



GREATAMERICAN.
INSURANCE GROUP

Trucking Division

HSR
Health Special Risk, Inc.

Passenger Accident Insurance

In spite of your best efforts to prevent accidents, they can and do happen every day. If a serious accident occurs, and an Authorized Guest Passenger is injured, your primary concern should not be the financial loss such an accident can cause you. That's why Health Special Risk designed an Accident Insurance Program that can help provide a covered Authorized Passenger with benefits in the event of a covered accident.

Eligibility

Authorized Guest Passengers of an Independent Owner Operator or Employee of a Participating Motor Carrier in the Health Special Risk Program & whose names are on file with Health Special Risk and for whom the required premium has been paid and a completed enrollment form has been signed. Guest Passengers do not include hitchhikers, co-drivers or employees of the Participating Motor Carrier or the Independent Owner Operator who are receiving remuneration or compensation of any kind for the Covered Activity.

Covered Activity

All trips authorized by the Participating Motor Carrier which are taken in the vehicle authorized by the Participating Motor Carrier. Coverage includes getting in or out of, or on or off of the vehicle. Coverage exists 24 hours a day while the driver operates the vehicle while under Dispatch from the Participating Motor Carrier.

- Accidental Death and Dismemberment
- Survivors Benefit
- Paralysis Benefit
- Severe Burn Benefit
- Accidental Medical Expense Coverage, including Accident Dental Expense coverage

Effective Date

If enrolling within 31 days after becoming eligible, the later of: (1) the Policy Effective Date; (2) the date the person becomes a member of an eligible class of persons as described in the Eligible Persons section of the Schedule of Benefits; the date the Passenger Authorization Form is completed and received by the Motor Carrier; or (4) the date on which the first premium payment is received by the Plan Administrator on or before its due date.

Termination Date

The earliest of the following dates: (1) the date this Policy is terminated; (2) the premium due date if premiums are not paid when due; (3) the date the Authorized Passenger ceases to be a member of an Eligible Class of persons as described in the Eligible Persons section of the Schedule of Benefits; (4) the date coverage ends for any reason with respect to the Owner-Operator, Employee Driver or the Contract Driver with respect to whom he or she is an Authorized Passenger; or (5) the last day of the period for which the Authorized Passenger's coverage was elected and for which the premium has been received by the Plan Administrator.

General Definitions

Ambulatory Medical Center means a licensed public establishment with an organized staff of Physicians and permanent facilities that are equipped and operated primarily for the purpose of providing medical services or performing surgical procedures. Such establishment must provide continuous Physician and registered nursing (RN) services whenever a patient is in the facility. An Ambulatory Medical Center does not include a Hospital, a Physician's office, or a clinic.

Authorized Passenger means a passenger: (1) who is listed as an Authorized Passenger in the Schedule of Benefits provided by the Certificateholder; (2) who is a minimum of 10 years of age; (3) who does not drive the vehicle, load or unload cargo, secure or unsecure cargo, fuel or participate in any other activity of the vehicle; and (4) for whom premium has been paid. In no event will the term "Authorized Passenger" include a hitchhiker.

Custodial Services means any of the following kinds of services which are provided to care for an Insured Person's physical well-being, but are not intended primarily as medical treatment for a specific Injury. Custodial Services include, but shall not be limited to, services:

- (1) related to watching or protecting the Insured Person;
- (2) related to performing or assisting the Insured Person in performing any activities of daily living, such as: (a) walking; (b) grooming; (c) bathing; (d) dressing; (e) getting in or out of bed; (f) toileting; (g) eating; (h) preparing foods; or (i) taking medications that can usually be self-administered; and
- (3) that are not required to be performed by trained or skilled medical or paramedical personnel.

Dependent Child(ren) means the Insured Person's unmarried children (including natural children from the moment of birth, step- or foster-children, or adopted children, from the moment of placement in the home of the Insured Person) who are under age 19 (24 if attending an accredited institution of higher learning on a full-time) [basis] and primarily dependent on the Insured Person for support and maintenance at the time of the Insured Person's death caused by an Occupational Injury. It also includes any unmarried Dependent Child(ren) of the Insured Person who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured Person for support and maintenance at the time of the Insured Person's death caused by an Occupational Injury.

The Company may require proof of the Dependent Child(ren)'s incapacity and dependency within 60 days before the Dependent Child(ren) reach(es) the age limit specified above. The Company may request that satisfactory proof of the Dependent Child(ren)'s continued incapacity and dependency be submitted to the Company on an annual basis. If the requested proof is not furnished within 31 days of the request, such child(ren) shall no longer be considered Dependent Child(ren) as of the end of that 31 day period.

Dispatch means the time the Insured actually operates a truck, including all of the following:

1. In route to pick up a load;
2. Picking up a load;
3. In route to deliver a load;
4. Unloading a load;
5. The waiting time for a load if the Insured is not at home.

Dispatch does not include time spent (a) during overnight stops, (b) on personal errands or personal side-trips, (c) for rest, entertainment or relaxation, or (d) in travel between the Insured's residence and a place at which the Insured performs Occupational services.

Durable Medical Equipment refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can also be used in the treatment of injury or for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hernia means a protrusion of an organ or part through connective tissue or through a wall of the cavity in which it is normally enclosed. Hernia does not include diaphragmatic (hiatal) hernia.

Hemorrhoids means a mass of dilated veins in swollen tissue at the margin of the anus or nearby within the rectum.

Injury means physical Injury to an Insured Person caused by an Occupational Accident while coverage is in force under this Policy, which results directly and independently of all other causes in a Covered Loss. All Injuries sustained by an Insured Person in any one Accident shall be considered a single Injury.

Insured means a person who: (1) is a member of an eligible class as described in the Eligible Persons section of the Schedule of Benefits, and (2) has enrolled for coverage, and (3) has paid the required premium. However, an Insured does not include any person covered under this Policy solely as an Authorized Passenger.

Insured Person means an Insured or, if Authorized Passenger coverage is scheduled on the Schedule of Benefits, an Authorized Passenger.

Medically Necessary means that a Covered Accident Medical Service: (1) is essential for diagnosis, treatment or care of the Occupational Injury for which it is prescribed or performed, (2) meets generally accepted standards of medical practice, and (3) is ordered by a Physician and performed either by a Physician or under his or her care, supervision or order.

Physician means a practitioner of the healing arts, acting within the scope of his or her license, who is neither: (1) the Insured Person nor (2) an Immediate Family Member of the Insured Person nor (3) retained by the Motor Carrier.

Sound Natural Teeth means natural teeth that either are unaltered or are fully restored to their normal function and are disease-free, have no decay, and are not more susceptible to injury than unaltered natural teeth.

Usual and Customary Charge(s) means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (or, for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, one that does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

Core Benefits

Accidental Death Benefits

When covered injuries result in loss within the incurral period shown in the Schedule and beginning on the date of the covered accident, this coverage will pay the Principal Sum as shown in the Benefit Schedule.

Survivor's Benefit

If covered injury results in death within the incurral period shown in the Schedule and beginning on the date of the covered accident, the Company will pay a monthly Survivors Benefit (hereafter referred to as "Monthly Benefit") to the surviving Spouse each month, subject to the Maximum Survivor's Benefit shown above. If there is no surviving Spouse, or if the Spouse dies or remarries, the Company will pay or continue to pay the monthly benefit to your surviving Dependent Children, if any. If there is more than one surviving Dependent Child, the monthly benefit will be distributed equally among the surviving Dependent Children.

The payment of the monthly benefit will end on the First to occur of the following dates:

1. the date your spouse dies or remarries, if there are no Dependent Children; or;
2. the date the last Dependent Child dies or is no longer eligible as defined below; or
3. the date the Maximum Survivor's Benefit has been paid.

If you are not survived by a Spouse or any Dependent Children, the Company will only pay the Accidental Death Benefit in accordance with the Payment of Claims provisions.

Accidental Dismemberment Benefits

If Injury to the Insured results in any one of the Losses, Severe Burn or Paralysis specified below, within the incurral period shown in the Schedule and beginning on the date of the covered accident, this coverage will pay the percentage of the Principal Sum shown below for that Loss:

For Loss of	Percentage of Principal Sum
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Arm or One Leg	75%
One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Four Fingers of Same Hand	25%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand.	25%
All Toes of Same Foot	13%
One Thumb	10%
One Finger	2%
One Toe	1%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of an arm or leg means complete severance through or above the shoulder or hip joint. “Loss” of four fingers means complete severance through or above the metacarpophalangeal joint of all four digits. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. “Loss” of all toes means complete severance through or above the metatarsophalangeal joint of all five digits. “Loss” of one thumb means complete severance through or above the metacarpophalangeal joint of the digit. “Loss” of one finger means complete severance through or above the metacarpophalangeal joint of the digit. “Loss” of one toe means complete severance through or above the metatarsophalangeal joint of one digit.

If an Insured Person as a result of the same Accident sustains more than one Loss, only one amount, the largest, will be paid.

Severe Burn

Severe Burn/Severely Burned - means cosmetic disfigurement of the surface of a body area due to an Injury that is a full-thickness or third-degree burn as determined by a Physician. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).

Specified Body Area	Maximum Percentage of Principal Sum
Face and Neck and Head	99%
Hand and Forearm Below Elbow Joint (Right)	22.5%
Hand and Forearm Below Elbow Joint (Left)	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint	13.5%
Torso Below Neck to Shoulder Joints and Hip Joints	36%
Torso Below Neck to Shoulder Joints and Hip Joints	36%
Thigh Below Hip Joint to Knee Joint (Right)	9%
Thigh Below Hip Joint to Knee Joint (Left)	9%
Foot and Lower Leg Below Knee Joint (Right)	27%
Foot and Lower Leg Below Knee Joint (Left)	27%

If more than one of the Insured Person’s Specified Body Areas is Severely Burned as a result of the same accident, the benefit payable is the lesser of: (1) the sum of the benefit amounts calculated separately, according to the above rules, with respect to each such Specified Body Area; or (2) 100% of the Principal Sum.

Paralysis

Type of Paralysis	Percentage of Principal Sum
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Uniplegia	25%

“Quadriplegia” means the complete and irreversible paralysis of both upper and both lower limbs. “Paraplegia” means the complete and irreversible paralysis of both lower limbs. “Hemiplegia” means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. “Uniplegia” means the complete and irreversible paralysis of one limb. “Limb” means entire arm or entire leg. As used in this policy, neither quadriplegia, paraplegia, hemiplegia, uniplegia, nor paralysis includes paresis.

Paralysis benefits for more than one type of paralysis may not be combined. If an Insured Person sustains more than one type of paralysis as a result of the same Accident, the only paralysis benefit payable under this policy will be the largest single paralysis benefit that applies.

Accidental Medical Expense

For treatment by a legally qualified physician or surgeon within 30 days of a covered accident, we will pay up to the maximum amount selected for the following services:

1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (RN);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof;
8. physical therapy, Occupational therapy, and chiropractic care, up to the Physical Therapy, Occupational Therapy and Chiropractic Care Maximum, if any, shown in the Schedule;
9. rental of Durable Medical Equipment, up to the actual purchase price of such equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances;
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician’s written prescription; or
12. repair or replacement of Sound Natural Teeth damaged or lost as a result of Injury, up to the Dental Maximum, if any, shown in the Benefit Schedule.

Accident Dental

Coverage is for sound natural teeth as a result of an accident.

Accidental Medical Expense Exclusions

In addition to the Exclusions in Section VI of this policy, Usual and Customary Charges for Covered Accident Medical Services do not include, and benefits are not payable with respect to, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or repair of existing Durable Medical Equipment, unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition;
2. new or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums;
3. new eyeglasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Occupational Injury has caused impairment of sight; or
4. repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight;
5. new hearing aids or hearing examinations, unless Injury has caused impairment of hearing, or repair or replacement of existing hearing aids, unless for the purpose of modifying the item because Occupational Injury has caused further impairment of hearing;
6. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense Benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense Benefit in lieu of such rental expense);
7. Custodial Services; or
8. Personal Comfort or Convenience Items.

We will not pay for such items

Temporary Total Disability

Temporary Total Disability is not a covered benefit in the Passenger Accident Plan.

Continuous Total Disability

Continuous Total Disability is not a covered benefit in the Passenger Accident Plan.

Non-Occupational Coverage

Non-Occupational Coverage as described in the Policy is not a covered benefit in the Passenger Accident Plan

Limits

Combined Single Limit

The Combined Single Limit stated in the Schedule will be the total limit of the Company's liability for any and all benefits payable under this Policy with respect to any one Insured Person arising out of any and all Injury sustained by such individual as the result of any one Accident.

Aggregate Limit of Liability

The Aggregate Limit of Liability stated in the Schedule will be the total limit of the Company's liability for all benefits payable under this Policy with respect to all Insured Persons arising out of Injury sustained by one or more Insured Person(s) as the result of any one Accident. If the total of such benefits exceeds the Aggregate Limit of Liability, the Company shall not be liable to any Insured Person for a greater proportion of such Insured Person's benefits than said Aggregate Limit of Liability bears to the total benefits afforded all such Insured Persons under this Policy.

General Exclusions

This Policy does not cover any Injury, Accident, expense, or loss caused in whole or in part by, or resulting in whole or in part from, any of the following:

1. an Insured Person's suicide or any attempt at suicide; intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;
2. sickness, disease or infection of any kind, except bacterial infection due to a cut or wound, or botulism or ptomaine poisoning, caused directly by an Occupational Accident;
3. any Pre-Existing Condition, unless the Insured Person has been continuously covered under this Policy (or a substantially identical policy issued by the Company or another insurer, of which this policy is a renewal) for twelve consecutive months;
4. Occupational Cumulative Trauma, unless (and then only to the extent that) such coverage has been specifically added to this Policy by endorsement;
5. Occupational Disease, unless (and then only to the extent that) such coverage has been specifically added to this Policy by endorsement;
6. hernia of any kind, unless (and then only to the extent that) such coverage has been specifically added to this Policy by endorsement;
7. hemorrhoids of any kind, unless (and then only to the extent that) such coverage has been specifically added to this Policy by endorsement;
8. performing, learning to perform or instructing others to perform as a master or crew member of any vessel while covered under the Jones Act or the United States Longshoremen's and Harbor Workers' Compensation Act or any amendment of that Act, or any similar state or federal law;
9. declared or undeclared war, or any act of declared or undeclared war;
10. full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty;
11. any Injury for which the Insured Person is entitled to benefits pursuant to any workers' compensation law or other similar legislation;
12. employers' liability
13. the Insured Person's being under the influence of any drug or intoxicant, unless taken at the direction of his or her Physician; or

14. the Insured Person's commission of, or attempt to commit, a felony; or
15. travel or flight in or on (including getting in or out of, or on or off of) any type of aircraft, if the Insured Person is:
 - a. riding as a passenger in an aircraft not designed and licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder; or
16. any strike, boycott or stop-work action, whether or not the Insured Person participated in such strike, boycott, or stop-work action.

Payment of Claims

Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section. Upon receipt of due written proof of loss, payments for all other losses will be made to (or on behalf of, if applicable) the Insured Person suffering the loss. If an Insured Person dies before all payments required under this policy have been made, then any remaining amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section. If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property.

If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's sole judgment, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

The Company may pay benefits directly to any Hospital or person rendering covered services, unless the Insured Person requests otherwise in writing. Such request must be made no later than the time proof of loss is filed. Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Supplemental Benefit Riders

Emergency Evacuation

The company will pay, subject to the limitation set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, but not exceeding the Maximum Benefit Amount shown in the Schedule per Insured Person for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sicknesses from the same or related causes.

The Physician ordering the Emergency Evacuation must certify that the severity of the Insured Person's Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

The Occupational Accident Claims Department of Great American Insurance Company must make all arrangements and must authorize all expenses in advance for any Emergency Evacuation benefits to be payable. The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact the Occupational Accident Claims Department of Great American Insurance Company in advance. A claim for Emergency Evacuation benefits is to be reported to an authorized claim representative at 1-800-297-1971.

Covered Emergency Evacuation Expense(s) –means an expense that (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Emergency Evacuation –means, if warranted by the severity of the Insured Person’s Injury or Emergency Sickness: (1) the Insured Person’s immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured Person’s Transportation to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above.

An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

Emergency Sickness –means an illness or disease, diagnosed by a Physician, which meets all of the following criteria; (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person’s condition or place his or her life in jeopardy; and (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the Insured Person suffering the symptom and while the Insured Person is performing Occupational services.

Medically Necessary Emergency Evacuation Service –means any Transportation, medical treatment, medical service or medical supply that: (1) is an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; and (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured Person.

Transportation –means moving the Insured Person during an Emergency Evacuation by land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

Repatriation of Remains

If an Insured Person suffers loss of life due to Injury or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence, the Company will pay, subject to the limitation set out herein, for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence, but not exceeding the Maximum Benefit Amount per Insured Person.

The Occupational Accident Claims Department of Great American Insurance Company must make all arrangements and must authorize all expenses in advance for any Repatriation of Remains benefits to be payable. The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact the Occupational Accident Claims Department of Great American Insurance Company in advance. A claim for Repatriation of Remains benefits is to be reported to an authorized claim representative at 1-800-297-1971.

Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

Emergency Sickness –means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person’s condition or place his or her life in jeopardy; and (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the Insured Person suffering the symptom and while the Insured Person is performing Occupational Services.

Supplemental Coverage Option

If your Benefit Plan specifies that it includes a rider for Supplemental Accident Benefits and the additional premium has been paid, coverage has been extended to include the following benefits for periods while the Authorized Passenger is on an authorized trip and is outside of the covered vehicle:

Accidental Death & Dismemberment	\$10,000 Lump Sum
Accident Medical Expense	\$5,000 Maximum Benefit
Commencement Period	90 Days
Deductible Per Occurrence	\$25.00
Incurral Period	52 weeks

How to Enroll

1. Choose your Benefit Plan and Complete the applicable enrollment form attached.
2. Make your check payable to Health Special Risk, Inc. and submit it with the enrollment form. This will cover your initial premium payment.
3. Mail your enrollment form and premium check to your agent.

Agent Name: _____

Agency Name: _____

Agent Address: _____

Agent Phone Number: _____

How to Report a Claim

Claims Instructions

1. Call the Great American Trucking Division Claims Call Center 24/7
Phone: 1-800.297.1971
2. State that you are reporting an Occupational Accident Claim.
3. Identify yourself as an Authorized Passenger.
4. Identify the Policyholder sponsoring your Benefit Plan and the Driver with whom you were riding at the time of your Accident.

Claims Forms and all related documentation should be mailed or emailed to:

- Great American Insurance/Trucking Claims
P.O. Box 2348
Cincinnati, OH 45202
TruckerClaims@gaig.com

Administered By

Health Special Risk, Inc.

880 Sibley Memorial Hwy. Suite 101
Mendota Heights, Minnesota 55118
Phone: 651.455.8889 Fax: 651.455.1877
Toll-Free: 866.910.0131

Disclaimer

Coverage is summarized. Coverage features and product availability may vary. Please contact us for additional information, and refer to the actual policy for a full description of applicable terms, conditions, limits and exclusion. Policies are underwritten by Great American Insurance Company. ©2017 Great American Insurance Company. Great American Insurance Group, 301 E. Fourth St., Cincinnati, OH 45202. All rights reserved. This coverage is not Workers' Compensation Insurance or for any other purpose except occupational accidents (unless non-occupational benefits apply). This policy does not cover disease unless otherwise endorsed.



Trucking Division

Great American Insurance Company
 301 E. 4th Street, Cincinnati, OH 75202
 513-369-5000

Agency: Health Special Risk, Inc. (PC 2348)
 880 Sibley Memorial Hwy, Suite 101
 Mendota Heights, MN 551181736

Policyholder: Health Special Risk, Inc., - PAC Program
 (Annual)
 880 Sibley Memorial Hwy Ste 101
 Mendota Heights, MN 55118

Policy Number: OA3941732

OCCUPATIONAL ACCIDENT INSURANCE INDIVIDUAL PASSENGER ACCIDENT INSURANCE APPLICATION

SCHEDULE OF BENEFITS:

Plan Option 1

Description of Benefits	Occupational	Non-Occupational	Passenger
ACCIDENTAL DEATH AND DISMEMBERMENT	Not Covered	Not Covered	\$100,000 Principal Sum
Maximum Benefit Amount			
Survivor's Benefit			Lump Sum
Incurral Period			52 Weeks
Paralysis And Severe Burn			Included In Principal Sum, Refer to Policy Schedule for Benefits
ACCIDENTAL MEDICAL EXPENSE	Not Covered	Not Covered	\$50,000
Maximum Benefit Amount			
Commencement Period			90 Days
Deductible			\$0
Incurral Period			52 Weeks
Accidental Dental			\$1,000 Per Injury \$5,000 Lifetime
Maximum Benefit Amount			
Chiropractic Care, Occupational Therapy, Physical Therapy			No Sublimit Applies
Maximum Benefit Amount			
Max Number Of Treatments			No Sublimit Applies
TEMPORARY TOTAL DISABILITY	Not Covered	Not Covered	Not Covered
Maximum Benefit Amount			
Waiting Period			
Duration-Max Benefit Period			
Commencement Period			
	**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown		
CONTINUOUS TOTAL DISABILITY	Not Covered	Not Covered	Not Covered
Maximum Benefit Amount			
Waiting Period			
Duration-Max Benefit Period			
	**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown.		
	** Social Security Retirement Age (SSRA) will vary depending upon the Enrollee's date of birth. If the Enrollee reaches his/her SSRA before satisfying the waiting period, he/she may not qualify for Continuous Total Disability Benefits.		

Additional Benefit Riders

Repatriation of Remains	Max Benefit Amount	Not Covered	Not Covered	\$50,000
Emergency Evacuation	Max Benefit Amount	Not Covered	Not Covered	\$100,000

Supplemental Accident

ACCIDENTAL DEATH AND DISMEMBERMENT				\$10,000 Lump Sum
ACCIDENTAL MEDICAL EXPENSE	Max Benefit Amount	Not Covered	Not Covered	\$5,000 Maximum Benefit
COMMENCEMENT PERIOD				90 Days
DEDUCTIBLE PER OCCURENCE				\$25.00
INCURRAL PERIOD				52 Weeks
CERTIFICATE COMBINED SINGLE LIMIT/AGGREGATE	Max Benefit Amount	Not Covered	Not Covered	\$100,000
PASSENGER ACCIDENT PREMIUM PER PERSON PER YEAR	Max Benefit Amount	Not Covered	Not Covered	\$66.00
SUPPLEMENTAL ACCIDENT RATE PER PERSON PER YEAR OPTIONAL	Max Benefit Amount	Not Covered	Not Covered	\$24.00

This coverage is not Workers' Compensation Insurance or for any other purpose except occupational accidents (unless non-occupational benefits apply). This policy does not cover disease unless otherwise endorsed. The list of benefits is only a brief description of the actual coverages. Certain exclusions and limitations do apply. For complete details please refer to your policy. In the event of any conflict between the information listed here and the actual policy, the insurance policy will govern in all cases.

*Social Security Retirement Age (SSRA) will vary depending upon your date of birth. If you are to reach your SSRA before satisfying the waiting period, you may not qualify for Continuous Total Disability Benefits.

SCHEDULE OF BENEFITS:

Plan Option 2

Description of Benefits		Occupational	Non-Occupational	Passenger
ACCIDENTAL DEATH AND DISMEMBERMENT	Maximum Benefit Amount	Not Covered	Not Covered	\$100,000 Principal Sum
	Survivor's Benefit			Lump Sum
	Incurral Period			52 Weeks
	Paralysis And Severe Burn			Included In Principal Sum, Refer to Policy Schedule for Benefits
ACCIDENTAL MEDICAL EXPENSE	Maximum Benefit Amount	Not Covered	Not Covered	\$100,000
	Commencement Period			90 Days
	Deductible			\$0
	Incurral Period			52 Weeks
	Accidental Dental Maximum Benefit Amount			\$1,000 Per Injury \$5,000 Lifetime
Chiropractic Care, Occupational Therapy, Physical Therapy	Maximum Benefit Amount			No Sublimit Applies
	Max Number Of Treatments			No Sublimit Applies
TEMPORARY TOTAL DISABILITY	Maximum Benefit Amount	Not Covered	Not Covered	Not Covered
	Waiting Period			
	Duration-Max Benefit Period			
	Commencement Period			
		<i>**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown</i>		
CONTINUOUS TOTAL DISABILITY	Maximum Benefit Amount	Not Covered	Not Covered	Not Covered
	Waiting Period			
	Duration-Max Benefit Period			
		<i>**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown.</i>		
		<i>** Social Security Retirement Age (SSRA) will vary depending upon the Enrollee's date of birth. If the Enrollee reaches his/her SSRA before satisfying the waiting period, he/she may not qualify for Continuous Total Disability Benefits.</i>		
Additional Benefit Riders				
Repatriation of Remains	Max Benefit Amount	Not Covered	Not Covered	\$50,000
Emergency Evacuation	Max Benefit Amount	Not Covered	Not Covered	\$100,000
Supplemental Accident				
ACCIDENTAL DEATH AND DISMEMBERMENT ACCIDENTAL MEDICAL EXPENSE COMMENCEMENT PERIOD DEDUCTIBLE PER OCCURENCE INCURRAL PERIOD	Max Benefit Amount	Not Covered	Not Covered	\$10,000 Lump Sum \$5,000 Maximum Benefit 90 Days \$25.00 52 Weeks
CERTIFICATE COMBINED SINGLE LIMIT/AGGREGATE	Max Benefit Amount	Not Covered	Not Covered	\$100,000
PASSENGER ACCIDENT PREMIUM PER PERSON PER YEAR	Max Benefit Amount	Not Covered	Not Covered	\$84.00
SUPPLEMENTAL ACCIDENT RATE PER PERSON PER YEAR OPTIONAL	Max Benefit Amount	Not Covered	Not Covered	\$24.00
<p>This coverage is not Workers' Compensation Insurance or for any other purpose except occupational accidents (unless non-occupational benefits apply). This policy does not cover disease unless otherwise endorsed. The list of benefits is only a brief description of the actual coverages. Certain exclusions and limitations do apply. For complete details please refer to your policy. In the event of any conflict between the information listed here and the actual policy, the insurance policy will govern in all cases.</p> <p>*Social Security Retirement Age (SSRA) will vary depending upon your date of birth. If you are to reach your SSRA before satisfying the waiting period, you may not qualify for Continuous Total Disability Benefits.</p>				

2. DRIVER AND BENEFICIARY INFORMATION

Name: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip : _____ Home Phone: _____ Cell: _____

Beneficiary Name: _____ Relationship: _____

Indicate type of driver: Owner Operator Co-Driver Contract-Driver Scheduled Co-Driver Fleet Driver Team Driver

Other, including an authorized passenger _____

CDL Number: _____ Unit Number/VIN# : _____

Paid by: 1099 W-2 Contracted By: _____

Motor Carrier Name & Address: _____

Agent Name: _____ Agent Phone: _____

Agent Address: _____

Annual Plan: 1 (\$66.00) 2 (\$84.00) Accept Supplemental Accident Benefits (\$24.00/year) Yes No

I accept reject The Passenger Accident insurance offered by the above listed Policyholder or Participating Motor Carrier. I understand that coverage becomes effective when this application has been received and approved by Great American Insurance Company or its authorized agent. I further understand that coverage terminates on the date the policy is terminated; or I am no longer under contract with the above mentioned motor carrier; or my premium is not paid. I also understand that coverage may be available on an individual policy subject to underwriting guidelines in effect at termination of the above policy.

Driver Signature _____ Date _____

Medical Information Authorization: I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or any other organization, institution or person that has any records, including any medical history for the above named person to furnish such information or copies of records to the insurance companies association or its representatives. A photographic copy of this authorization shall be as valued as the original.

Driver Signature _____ Date _____

FLORIDA STATUTE 817.234(1)(b)

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

NEW MEXICO STATUTE 59A-16C-8

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

OHIO INSURANCE CODE 3999.21

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insured, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."



Trucking Division

Great American Insurance Company
 301 E. 4th Street, Cincinnati, OH 75202
 513-369-5000

Agency: Health Special Risk, Inc. (PC 2348)
 880 Sibley Memorial Hwy, Suite 101
 Mendota Heights, MN 551181736

Policyholder: Health Special Risk, Inc., - PAC Program (Monthly)
 880 Sibley Memorial Hwy Ste 101
 Mendota Heights, MN 55118

Policy Number: OA3941731

OCCUPATIONAL ACCIDENT INSURANCE INDIVIDUAL PASSENGER ACCIDENT INSURANCE APPLICATION

SCHEDULE OF BENEFITS:

Plan Option 3:

Description of Benefits	Occupational	Non-Occupational	Passenger
ACCIDENTAL DEATH AND DISMEMBERMENT			
Maximum Benefit Amount	Not Covered	Not Covered	\$200,000 Principal Sum
Survivor's Benefit			Lump Sum
Incurral Period			52 Weeks
Paralysis And Severe Burn			Included In Principal Sum, Refer to Policy Schedule for Benefits
ACCIDENTAL MEDICAL EXPENSE			
Maximum Benefit Amount	Not Covered	Not Covered	\$100,000
Commencement Period			90 Days
Deductible			\$0
Incurral Period			52 Weeks
Accidental Dental			\$1,000 Per Injury \$5,000 Lifetime
Chiropractic Care, Occupational Therapy, Physical Therapy			No Sublimit Applies No Sublimit Applies
TEMPORARY TOTAL DISABILITY			
Maximum Benefit Amount	Not Covered	Not Covered	Not Covered
Waiting Period			
Duration-Max Benefit Period			
Commencement Period			
	<i>**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown</i>		
CONTINUOUS TOTAL DISABILITY			
Maximum Benefit Amount	Not Covered	Not Covered	Not Covered
Waiting Period			
Duration-Max Benefit Period			
	<i>**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown.</i>		
	<i>** Social Security Retirement Age (SSRA) will vary depending upon the Enrollee's date of birth. If the Enrollee reaches his/her SSRA before satisfying the waiting period, he/she may not qualify for Continuous Total Disability Benefits.</i>		

Additional Benefit Riders

Repatriation of Remains	Max Benefit Amount	Not Covered	Not Covered	\$50,000
Emergency Evacuation	Max Benefit Amount	Not Covered	Not Covered	100,000

Additional Benefit Riders

ACCIDENTAL DEATH AND DISMEMBERMENT				\$10,000 Lump Sum
ACCIDENTAL MEDICAL EXPENSE	Max Benefit Amount	Not Covered	Not Covered	\$5,000 Maximum Benefit
COMMENCEMENT PERIOD				90 Days
DEDUCTIBLE PER OCCURENCE				\$25.00
INCURRAL PERIOD				52 Weeks
CERTIFICATE COMBINED SINGLE LIMIT/AGGREGATE	Max Benefit Amount	Not Covered	Not Covered	\$200,000
PASSENGER ACCIDENT PREMIUM PER PERSON PER MONTH	Max Benefit Amount	Not Covered	Not Covered	\$16.50
SUPPLEMENTAL ACCIDENT RATE PER PERSON PER MONTH OPTIONAL	Max Benefit Amount	Not Covered	Not Covered	\$2.00

This coverage is not Workers' Compensation Insurance or for any other purpose except occupational accidents (unless non-occupational benefits apply). This policy does not cover disease unless otherwise endorsed. The list of benefits is only a brief description of the actual coverages. Certain exclusions and limitations do apply. For complete details please refer to your policy. In the event of any conflict between the information listed here and the actual policy, the insurance policy will govern in all cases.

*Social Security Retirement Age (SSRA) will vary depending upon your date of birth. If you are to reach your SSRA before satisfying the waiting period, you may not qualify for Continuous Total Disability Benefits.

SCHEDULE OF BENEFITS:

Plan Option 4:

Description of Benefits		Occupational	Non-Occupational	Passenger
ACCIDENTAL DEATH AND DISMEMBERMENT	Maximum Benefit Amount	Not Covered	Not Covered	\$100,000 Principal Sum
	Survivor's Benefit			Lump Sum
	Incurral Period			52 Weeks
	Paralysis And Severe Burn			Included In Principal Sum, Refer to Policy Schedule for Benefits
ACCIDENTAL MEDICAL EXPENSE	Maximum Benefit Amount	Not Covered	Not Covered	\$300,000
	Commencement Period			90 Days
	Deductible			\$0
	Incurral Period			52 Weeks
	Accidental Dental			\$1,000 Per Injury \$5,000 Lifetime
Chiropractic Care, Occupational Therapy, Physical Therapy	Maximum Benefit Amount			No Sublimit Applies
	Max Number Of Treatments			No Sublimit Applies
TEMPORARY TOTAL DISABILITY	Maximum Benefit Amount	Not Covered	Not Covered	Not Covered
	Waiting Period			
	Duration-Max Benefit Period			
	Commencement Period			
		<i>**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown</i>		
CONTINUOUS TOTAL DISABILITY	Maximum Benefit Amount	Not Covered	Not Covered	Not Covered
	Waiting Period			
	Duration-Max Benefit Period			
		<i>**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown.</i>		
		<i>** Social Security Retirement Age (SSRA) will vary depending upon the Enrollee's date of birth. If the Enrollee reaches his/her SSRA before satisfying the waiting period, he/she may not qualify for Continuous Total Disability Benefits.</i>		

Additional Benefit Riders

Repatriation of Remains	Max Benefit Amount	Not Covered	Not Covered	\$50,000
Emergency Evacuation	Max Benefit Amount	Not Covered	Not Covered	\$100,000

Additional Benefit Riders

ACCIDENTAL DEATH AND DISMEMBERMENT				\$10,000 Lump Sum
ACCIDENTAL MEDICAL EXPENSE	Max Benefit Amount	Not Covered	Not Covered	\$5,000 Maximum Benefit
COMMENCEMENT PERIOD				90 Days
DEDUCTIBLE PER OCCURENCE				\$25.00
INCURRAL PERIOD				52 Weeks
CERTIFICATE COMBINED SINGLE LIMIT/AGGREGATE	Max Benefit Amount	Not Covered	Not Covered	\$300,000
PASSENGER ACCIDENT PREMIUM PER PERSON PER MONTH	Max Benefit Amount	Not Covered	Not Covered	\$22.80
SUPPLEMENTAL ACCIDENT RATE PER PERSON PER MONTH OPTIONAL	Max Benefit Amount	Not Covered	Not Covered	\$2.00

This coverage is not Workers' Compensation Insurance or for any other purpose except occupational accidents (unless non-occupational benefits apply). This policy does not cover disease unless otherwise endorsed. The list of benefits is only a brief description of the actual coverages. Certain exclusions and limitations do apply. For complete details please refer to your policy. In the event of any conflict between the information listed here and the actual policy, the insurance policy will govern in all cases.
 *Social Security Retirement Age (SSRA) will vary depending upon your date of birth. If you are to reach your SSRA before satisfying the waiting period, you may not qualify for Continuous Total Disability Benefits.

SCHEDULE OF BENEFITS:

Plan Option 5:

Description of Benefits		Occupational	Non-Occupational	Passenger
ACCIDENTAL DEATH AND DISMEMBERMENT	Maximum Benefit Amount	Not Covered	Not Covered	\$100,000 Principal Sum
	Survivor's Benefit			Lump Sum
	Incurral Period			52 Weeks
	Paralysis And Severe Burn			Included In Principal Sum, Refer to Policy Schedule for Benefits
ACCIDENTAL MEDICAL EXPENSE	Maximum Benefit Amount	Not Covered	Not Covered	\$50,000
	Commencement Period			90 Days
	Deductible			\$0
	Incurral Period			52 Weeks
	Accidental Dental			\$1,000 Per Injury \$5,000 Lifetime
Chiropractic Care, Occupational Therapy, Physical Therapy	Maximum Benefit Amount			No Sublimit Applies
	Max Number Of Treatments			No Sublimit Applies
TEMPORARY TOTAL DISABILITY	Maximum Benefit Amount	Not Covered	Not Covered	Not Covered
	Waiting Period			
	Duration-Max Benefit Period			
	Commencement Period			
		<i>**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown</i>		
CONTINUOUS TOTAL DISABILITY	Maximum Benefit Amount	Not Covered	Not Covered	Not Covered
	Waiting Period			
	Duration-Max Benefit Period			
		<i>**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown.</i>		
		<i>** Social Security Retirement Age (SSRA) will vary depending upon the Enrollee's date of birth. If the Enrollee reaches his/her SSRA before satisfying the waiting period, he/she may not qualify for Continuous Total Disability Benefits.</i>		

Additional Benefit Riders

Repatriation of Remains	Max Benefit Amount	Not Covered	Not Covered	\$50,000
Emergency Evacuation	Max Benefit Amount	Not Covered	Not Covered	\$100,000

Additional Benefit Riders

ACCIDENTAL DEATH AND DISMEMBERMENT				\$10,000 Lump Sum
ACCIDENTAL MEDICAL EXPENSE	Max Benefit Amount	Not Covered	Not Covered	\$5,000 Maximum Benefit
COMMENCEMENT PERIOD				90 Days
DEDUCTIBLE PER OCCURENCE				\$25.00
INCURRAL PERIOD				52 Weeks
CERTIFICATE COMBINED SINGLE LIMIT/AGGREGATE	Max Benefit Amount	Not Covered	Not Covered	\$100,000
PASSENGER ACCIDENT PREMIUM PER PERSON PER MONTH	Max Benefit Amount	Not Covered	Not Covered	\$12.00
SUPPLEMENTAL ACCIDENT RATE PER PERSON PER MONTH OPTIONAL	Max Benefit Amount	Not Covered	Not Covered	\$2.00

This coverage is not Workers' Compensation Insurance or for any other purpose except occupational accidents (unless non-occupational benefits apply). This policy does not cover disease unless otherwise endorsed. The list of benefits is only a brief description of the actual coverages. Certain exclusions and limitations do apply. For complete details please refer to your policy. In the event of any conflict between the information listed here and the actual policy, the insurance policy will govern in all cases.

*Social Security Retirement Age (SSRA) will vary depending upon your date of birth. If you are to reach your SSRA before satisfying the waiting period, you may not qualify for Continuous Total Disability Benefits.

2. DRIVER AND BENEFICIARY INFORMATION

Name: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip : _____ Home Phone: _____ Cell: _____

Beneficiary Name: _____ Relationship: _____

Indicate type of driver: Owner Operator Co-Driver Contract-Driver Scheduled Co-Driver Fleet Driver Team Driver

Other, including an authorized passenger _____

CDL Number: _____ Unit Number/VIN# : _____

Paid by: 1099 W-2 Contracted By: _____

Motor Carrier Name & Address: _____

Agent Name: _____ Agent Phone: _____

Agent Address: _____

Monthly Plan: 3 (\$16.50) 4 (\$22.80) 5 (\$12.00) Accept Supplemental Accident Benefits (\$2.00/month) Yes No

I accept reject The Passenger Accident insurance offered by the above listed Policyholder or Participating Motor Carrier. I understand that coverage becomes effective when this application has been received and approved by Great American Insurance Company or its authorized agent. I further understand that coverage terminates on the date the policy is terminated; or I am no longer under contract with the above mentioned motor carrier; or my premium is not paid. I also understand that coverage may be available on an individual policy subject to underwriting guidelines in effect at termination of the above policy.

Driver Signature _____ Date _____

Medical Information Authorization: I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or any other organization, institution or person that has any records, including any medical history for the above named person to furnish such information or copies of records to the insurance companies association or its representatives. A photographic copy of this authorization shall be as valued as the original.

Driver Signature _____ Date _____

FLORIDA STATUTE 817.234(1)(b)

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

NEW MEXICO STATUTE 59A-16C-8

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

OHIO INSURANCE CODE 3999.21

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insured, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."