

SERFF Tracking Number: ZURC-126042900 State: Arkansas
 Filing Company: Zurich American Insurance Company State Tracking Number: 41630
 Company Tracking Number: CW AH 28359
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: Group Accident Policy - New Optional Endorsment
 Project Name/Number: CW AH 28359 - Group Accident Policy - New Optional Endorsment /CW AH 28359

Filing at a Glance

Company: Zurich American Insurance Company

Product Name: Group Accident Policy - New SERFF Tr Num: ZURC-126042900 State: ArkansasLH

Optional Endorsment

TOI: H02G Group Health - Accident Only

SERFF Status: Closed

State Tr Num: 41630

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: CW AH 28359

State Status: Approved-Closed

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Rosalind Minor

Author: Patricia Chudik

Disposition Date: 02/26/2009

Date Submitted: 02/24/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 04/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: CW AH 28359 - Group Accident Policy - New Optional Endorsment Status of Filing in Domicile: Pending

Project Number: CW AH 28359

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 02/26/2009

Explanation for Other Group Market Type:

State Status Changed: 02/26/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to seek approval of new optional endorsements for use with our Group Accident Policy. The Group Accident Policy was placed on file in Arkansas under company filing number CW AH 25595 and department number 33895.

This new endorsement responds to the needs of our customers. This endorsement provides an additional accidental

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death benefit if the covered person is wearing an approved safety device while engaged in certain specified activities at the time of a covered accident.

This endorsement may be marketed through brokers, consultants, third party administrators and sales employees.

Company and Contact

Filing Contact Information

Patricia Chudik, Product Analyst pat.chudik@zurichna.com
 1400 American Lane (847) 605-7714 [Phone]
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Zurich American Insurance Company CoCode: 16535 State of Domicile: New York
 1400 American Lane Group Code: 212 Company Type:
 Schaumburg, IL 60102 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 36-4233459

Filing Fees

Fee Required? Yes
 Fee Amount: \$40.00
 Retaliatory? No
 Fee Explanation: Arkansas's fee is \$20 per endorsement.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$40.00	02/24/2009	25913421

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/26/2009	02/26/2009

SERFF Tracking Number: *ZURC-126042900* *State:* *Arkansas*
Filing Company: *Zurich American Insurance Company* *State Tracking Number:* *41630*
Company Tracking Number: *CW AH 28359*
TOI: *H02G Group Health - Accident Only* *Sub-TOI:* *H02G.000 Health - Accident Only*
Product Name: *Group Accident Policy - New Optional Endorsment*
Project Name/Number: *CW AH 28359 - Group Accident Policy - New Optional Endorsment /CW AH 28359*

Disposition

Disposition Date: 02/26/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-126042900 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Explanatory memorandum and statement of variables	Approved-Closed	Yes
Form	Safety Device Benefit	Approved-Closed	Yes
Form	Safety Device Benefit	Approved-Closed	Yes

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 Filing Company: Zurich American Insurance Company State Tracking Number: 41630
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Form Schedule

Lead Form Number: U-VA-112-A CW

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	U-VA-112-A CW (02/09)	Policy/Cont	Safety Device Benefit	Initial		39	U-VA-112-A CW - ZAIC Policy Amendatory Endorsement Safety Device Benefit.pdf
Approved-Closed	U-VA-113-A CW (02/09)	Policy/Cont	Safety Device Benefit	Initial		39	U-VA-113-A CW - ZAIC Certificate Amendatory Endorsement Safety Device Benefit.pdf

This endorsement, effective [_____], forms a part of **Policy No.**[_____], issued to [_____].

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy**:

SECTION II – SCHEDULE is amended to include the following:

ADDITIONAL BENEFITS:
Safety Device Benefit

Classes Covered
[ALL]

SECTION VI – ADDITIONAL BENEFITS is amended to include the following:

SAFETY DEVICE BENEFIT

If a[n] **[Insured][Covered Person]** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, and the **Injury** which caused the **Accidental** death directly resulted from an **Accident**, **We** will pay an additional benefit, [which equals [25%] of the **Insured's Principal Sum** up to a maximum] of [\$25,000], provided that the **[Insured][Covered Person]** was:

1. [operating] [or riding as a passenger] [in or on] [any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities]; and
2. wearing or protected by, as per manufacturer's instructions, any of the following:
 - a. [an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the **Injury**.]
 - b. [a manufacturer equipped air bag, provided the **[Insured's][Covered Person's]** seat belt or lap and shoulder restraint was fastened at the time of the **Accident**.]
 - c. [an **Approved Personal Flotation Device** while the **[Insured][Covered Person]** is swimming, engaging in water sports or legally operating or riding as a passenger in a boat, seagoing vessel, sailboard or personal watercraft.]
 - d. [an **Approved Motorcycle Helmet** while the **[Insured][Covered Person]** is operating or riding as a passenger on a motorcycle, scooter, moped, all-terrain vehicle (ATV), or all-terrain cycle (ATC) that is being operated legally per all local and state laws, rules and regulations.]
 - e. [an **Approved Snowmobile Helmet** while the **[Insured][Covered Person]** is operating or riding as a passenger on a snowmobile that is being operated legally.]
 - f. [an **Approved Bicycle Helmet**, while the **[Insured][Covered Person]** is legally operating a bicycle.]
 - g. [an **Approved Ski Helmet** while the **[Insured][Covered Person]** is engaged in downhill skiing or snowboarding, after purchasing a valid lift ticket and skiing/snowboarding during normal operating hours and on the marked premises of the facility selling the lift ticket.]
 - h. [an **Approved Equestrian Helmet** while the **[Insured][Covered Person]** is engaged in horseback riding.]
 - i. [an **Approved Protective Helmet** while the **Insured** is actively at work.]
 - j. [**Approved Body Armor** while the **Insured** is actively at work.]

Verification of the [Insured's][Covered Person's] actual use of the Safety Device is required as follows:

1. by supplying the official law enforcement report of the **Accident**, through certification by the investigating officers; or
2. by other reasonable proof, acceptable to **Us**.

[[We will not pay a **Safety Device Benefit** if the [Insured][Covered Person] was the driver or operator of [any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities], if at the time the [Insured][Covered Person] was:

1. [under the influence of alcohol:
 - a. a driver/operator will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be under the influence of alcohol if operating a motor vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication; or]
2. [under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage; or]
3. [engaged in contests or competitions.]]

SAFETY DEVICE BENEFIT DEFINITIONS:

[**Approved Personal Flotation Device (PFD)** means a United States Coast Guard approved Type I, II, III or V PFD of appropriate size for the intended user. For water skiing, other towed activities or operation of a personal watercraft a PFD labeled for that activity must be used.]

[**Approved Motorcycle Helmet** means a helmet meeting United States Department of Transportation Federal Motor Vehicle Safety Standard (FMVSS) 218 or subsequent standard(s).]

[**Approved Snowmobile Helmet** means a helmet meeting the United States Department of Transportation FMVSS 218 or subsequent standard(s).]

[**Approved Bicycle Helmet** means a helmet meeting American Society of Testing and Materials (ASTM) standard F1447 or subsequent standard(s).]

[**Approved Ski Helmet** means a helmet conforming to Snell Memorial Foundation standards S-98 or RS-98 or ASTM standard F2040 or subsequent standard(s).]

[**Approved Equestrian Helmet** means a helmet conforming to Snell Memorial Foundation standard E-2001 or ASTM standard F1163 or subsequent standard(s).]

[**Approved Protective Helmet** means a helmet complying with American National Standards Institute (ANSI) standard Z89.1-2003 or subsequent standard(s).]

[**Approved Body Armor** means a ballistic-resistant vest complying with National Institute of Justice (NIJ) Standard-0101.06 or subsequent standard(s).]

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Endorsement No. []

Signed for by Zurich American Insurance Company



Date: _____

This endorsement, effective [_____], forms a part of **Policy No.**[_____], issued to [_____].

THIS ENDORSEMENT CHANGES THE CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Certificate**:

SECTION II – SCHEDULE is amended to include the following:

ADDITIONAL BENEFITS:
Safety Device Benefit

Classes Covered
[ALL]

SECTION VI – ADDITIONAL BENEFITS is amended to include the following:

SAFETY DEVICE BENEFIT

If [You][or][Your Dependent] suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, and the **Injury** which caused the **Accidental** death directly resulted from an **Accident**, **We** will pay an additional benefit, [which equals [25%] of the **Insured's Principal Sum** up to a maximum] of [\$25,000], provided that [You][or][Your Dependent] was:

1. [operating] [or riding as a passenger] [in or on] [any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities]; and
2. wearing or protected by, as per manufacturer's instructions, any of the following:
 - a. [an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the **Injury**.]
 - b. [a manufacturer equipped air bag, provided [You][or][Your Dependent's] seat belt or lap and shoulder restraint was fastened at the time of the **Accident**.]
 - c. [an **Approved Personal Flotation Device** while [You][or][Your Dependent] [are][is] swimming, engaging in water sports or legally operating or riding as a passenger in a boat, seagoing vessel, sailboard or personal watercraft.]
 - d. [an **Approved Motorcycle Helmet** while [You][or][Your Dependent] [are][is] operating or riding as a passenger on a motorcycle, scooter, moped, all-terrain vehicle (ATV), or all-terrain cycle (ATC) that is being operated legally per all local and state laws, rules and regulations.]
 - e. [an **Approved Snowmobile Helmet** while [You][or][Your Dependent] [are][is] operating or riding as a passenger on a snowmobile that is being operated legally.]
 - f. [an **Approved Bicycle Helmet**, while [You][or][Your Dependent] [are][is] legally operating a bicycle.]
 - g. [an **Approved Ski Helmet** while [You][or][Your Dependent] [are][is] engaged in downhill skiing or snowboarding, after purchasing a valid lift ticket and skiing/snowboarding during normal operating hours and on the marked premises of the facility selling the lift ticket.]
 - h. [an **Approved Equestrian Helmet** while [You][or][Your Dependent] [are][is] engaged in horseback riding.]
 - i. [an **Approved Protective Helmet** while **You** are actively at work.]
 - j. [**Approved Body Armor** while **You** are actively at work.]

Verification of [You][or][Your Dependent's] actual use of the Safety Device is required as follows:

1. by supplying the official law enforcement report of the **Accident**, through certification by the investigating officers; or
2. by other reasonable proof, acceptable to **Us**.

[[We will not pay a **Safety Device Benefit** if [You][or][Your Dependent] was the driver or operator of [any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities], if at the time [You][or][Your Dependent] [were][was]:

1. [under the influence of alcohol:
 - a. a driver/operator will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be under the influence of alcohol if operating a motor vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication; or]
2. [under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage; or]
3. [engaged in contests or competitions.]]

SAFETY DEVICE BENEFIT DEFINITIONS:

[Approved Personal Flotation Device (PFD) means a United States Coast Guard approved Type I, II, III or V PFD of appropriate size for the intended user. For water skiing, other towed activities or operation of a personal watercraft a PFD labeled for that activity must be used.]

[Approved Motorcycle Helmet means a helmet meeting United States Department of Transportation Federal Motor Vehicle Safety Standard (FMVSS) 218 or subsequent standard(s).]

[Approved Snowmobile Helmet means a helmet meeting the United States Department of Transportation FMVSS 218 or subsequent standard(s).]

[Approved Bicycle Helmet means a helmet meeting American Society of Testing and Materials (ASTM) standard F1447 or subsequent standard(s).]

[Approved Ski Helmet means a helmet conforming to Snell Memorial Foundation standards S-98 or RS-98 or ASTM standard F2040 or subsequent standard(s).]

[Approved Equestrian Helmet means a helmet conforming to Snell Memorial Foundation standard E-2001 or ASTM standard F1163 or subsequent standard(s).]

[Approved Protective Helmet means a helmet complying with American National Standards Institute (ANSI) standard Z89.1-2003 or subsequent standard(s).]

[Approved Body Armor means a ballistic-resistant vest complying with National Institute of Justice (NIJ) Standard-0101.06 or subsequent standard(s).]

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Endorsement No. []

Signed for by Zurich American Insurance Company



Date: _____

SERFF Tracking Number: *ZURC-126042900* *State:* *Arkansas*
Filing Company: *Zurich American Insurance Company* *State Tracking Number:* *41630*
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Product Name: *Group Accident Policy - New Optional Endorsment*
Project Name/Number: *CW AH 28359 - Group Accident Policy - New Optional Endorsment /CW AH 28359*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-126042900 State: Arkansas
Filing Company: Zurich American Insurance Company State Tracking Number: 41630
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Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 02/26/2009
Comments:
Attachment:
Readability cert UVA Safety Device Benefit.pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 02/26/2009
Comments:
The form number for the approved application is U-VA-105-A AR, date of approval is 10-20-2006.

Satisfied -Name: Explanatory memorandum and statement of variables **Review Status:** Approved-Closed 02/26/2009
Comments:
Attachments:
Expl Safety Device Benefit Form and Rate Filing .pdf
Stmnt of variables Safety Device Benefit .pdf

Certificate of Readability



Zurich American Insurance Company

I have reviewed or supervised the preparation of the attached policy forms. I hereby certify that to the best of my knowledge, information, and belief, these policy forms comply with the minimum readability standards required by your State Insurance Code.

The policy forms listed below have achieved the following Flesch Scores using the Flesch Reading Ease software published by Micro Power & Light Co.:

Form Number	Title	Flesch Score
U-VA-112-A CW (02/09)	ZAIC Policy Amendatory Endorsement Safety Device Benefit	39
U-VA-113-A CW (02/09)	ZAIC Certificate Amendatory Endorsement Safety Device Benefit	39

Signature: 

Officer: Lisa Plante

Title: Vice President

Date: February 16, 2009



Zurich American Insurance Company

**EXPLANATORY MEMORANDUM
SAFETY DEVICE BENEFIT FORM AND RATE FILING
COMPANY FILING NUMBER – CW AH 28359
U-VA-112-A CW (02/09)
U-VA-113-A CW (02/09)**

This is a new endorsement filing responding to the needs of our customers. This endorsement provides an additional accidental death benefit if the covered person is wearing an approved safety device while engaged in certain specified activities at the time of a covered accident.

This endorsement may be marketed through brokers, consultants, third party administrators and sales employees.

This endorsement will be used with our Group Accident Policy, U-VA-100.

Statement of Variables



Zurich American Insurance Company
Schaumburg, Illinois

POLICY AMENDATORY ENDORSEMENT SAFETY DEVICE BENEFIT

Page 1

This endorsement, effective [____],
forms a part of **Policy No.**[____],

issued to [____].

Effective date of the Endorsement
Policy Number of Policy to which this Endorsement is
attached.
Name of Policyholder

SECTION II – SCHEDULE CLASSES COVERED [ALL]

The appropriate Classes Covered will be inserted.

SECTION VI – ADDITIONAL BENEFITS

If an

[Insured]

[Covered Person]

suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, and the **Injury** which caused the accidental death directly resulted from an **Accident**, **We** will pay an additional benefit, [which equals [25%] of the **Insured's Principal Sum** up to a maximum] of

[\$25,000], provided that the

[Insured]

[Covered Person] was:

1. [operating]
[or riding as a passenger]
[in or on]
[any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities]; and
2. wearing or protected by, as per manufacturer's instructions, any of the following:
 - a. [an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the **Injury**.]
 - b. [a manufacturer equipped air bag, provided the **[Insured's]**
[Covered Person's]
seat belt or lap and shoulder restraint was fastened at the time of the **Accident**.]
 - c. [an **Approved Personal Flotation Device** while the
[Insured]
[Covered Person]
is swimming, engaging in water sports or

This will be in or out.

This will be in or out.

This will be in or out. If in, the range will be 10% - 25%.

The range will be \$10,000 - \$50,000.

This will be in or out.

The will be in or out.

This will be in or out.

This will be in or out.

This will be in or out.

Any combination may be included.

This will be in or out.

This will be in or out. If in:

This will be in or out;

This will be in or out.

This will be in or out. If in:

This will be in or out;

This will be in or out.

legally operating or riding as a passenger in a boat, seagoing vessel, sailboard or personal watercraft.]

- d. [an **Approved Motorcycle Helmet** while the **[Insured]** **[Covered Person]** is operating or riding as a passenger on a motorcycle, scooter, moped, all-terrain vehicle (ATV), or all-terrain cycle (ATC) that is being operated legally per all local and state laws, rules and regulations.]
- e. [an **Approved Snowmobile Helmet** while the **[Insured]** **[Covered Person]** is operating or riding as a passenger on a snowmobile that is being operated legally.]
- f. [an **Approved Bicycle Helmet**, while the **[Insured]** **[Covered Person]** is legally operating a bicycle.]
- g. [an **Approved Ski Helmet** while the **[Insured]** **[Covered Person]** is engaged in downhill skiing or snowboarding, after purchasing a valid lift ticket and skiing/snowboarding during normal operating hours and on the marked premises of the facility selling the lift ticket.]
- h. [an **Approved Equestrian Helmet** while the **[Insured]** **[Covered Person]** is engaged in horseback riding.]
- i. [an **Approved Protective Helmet** while the **Insured** is actively at work.]
- j. [an **Approved Body Armor** while the **Insured** is actively at work.]

This will be in or out. If in:
This will be in or out;
This will be in or out.

This will be in or out. If in:
This will be in or out;
This will be in or out.

This will be in or out. If in:
This will be in or out;
This will be in or out.

This will be in or out. If in:
This will be in or out;
This will be in or out.

This will be in or out. If in:
This will be in or out;
This will be in or out.

This will be in or out.

This will be in or out.

Verification of the

[Insured's]

[Covered Person's]

actual use of the Safety Device is required as follows:

1. by supplying the official law enforcement report of the **Accident**, through certification by the investigating officers; or
2. by other reasonable proof, acceptable to **Us**.

This will be in or out.

This will be in or out.

[[**We** will not pay a **Safety Device Benefit** if the

[Insured]

[Covered Person]

was the driver or operator of

[any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities], if at the time the

[Insured]

[Covered Person] was:

1. [under the influence of alcohol:

This entire section will be in or out. If in:

This will be in or out;

This will be in or out;

Any combination may be included and will match the combination included in item 1 at the beginning of this section;

This will be in or out;

This will be in or out;

This will be in or out;

- a. a driver/operator will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be under the influence of alcohol if operating a motor vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication; or]
 - 2. [under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage; or]
 - 3. [engaged in contests or competitions.]]
- This will be in or out;
- This will be in or out.

SAFETY DEVICE BENEFIT DEFINITIONS:

[Approved Personal Flotation Device (PFD) means a United States Coast Guard approved Type I, II, III or V PFD of appropriate size for the intended user. For water skiing, other towed activities or operation of a personal watercraft a PFD labeled for that activity must be used.]

This will be in or out.

[Approved Motorcycle Helmet means a helmet meeting United States Department of Transportation Federal Motor Vehicle Safety Standard (FMVSS) 218 or subsequent standard(s).]

This will be in or out.

[Approved Snowmobile Helmet means a helmet meeting the United States Department of Transportation FMVSS 218 or subsequent standard(s).]

This will be in or out.

[Approved Bicycle Helmet means a helmet meeting American Society of Testing and Materials (ASTM) standard F1447 or subsequent standard(s).]

This will be in or out.

[Approved Ski Helmet means a helmet conforming to Snell Memorial Foundation standards S-98 or RS-98 or ASTM standard F2040 or subsequent standard(s).]

This will be in or out.

[Approved Equestrian Helmet means a helmet conforming to Snell Memorial Foundation standard E-2001 or ASTM standard F1163 or subsequent standard(s).]

This will be in or out.

[Approved Protective Helmet means a helmet complying with American National Standards Institute (ANSI) standard Z89.1-2003 or subsequent standard(s).]

This will be in or out.

[Approved Body Armor means a ballistic-resistant vest complying with National Institute of Justice (NIJ) Standard-0101.06 or subsequent standard(s).]

This will be in or out.

CERTIFICATE AMENDATORY ENDORSEMENT SAFETY DEVICE BENEFIT

Page 1

This endorsement, effective [____],
forms a part of **Policy** No. [____],

issued to [____].

Effective date of the Endorsement
Policy Number of Policy to which this Endorsement is
attached.
Name of Policyholder

SECTION II – SCHEDULE

CLASSES COVERED

[ALL]

The appropriate Classes Covered will be inserted.

SECTION VI – ADDITIONAL BENEFITS

If [You]

[or]

[Your Dependent] suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, and the **Injury** which caused the **Accidental** death directly resulted from an **Accident**, **We** will pay an additional benefit,

[which equals [25%] of the **Insured's Principal Sum** up to a maximum] of

[\$25,000], provided that

[You]

[or]

[Your Dependent] was:

1. [operating]
[or riding as a passenger]
[in or on]
[any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities]; and
2. wearing or protected by, as per manufacturer's instructions, any of the following:
 - a. [an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the **Injury**.]
 - b. [a manufacturer equipped air bag, provided [You]
[or]
[Your Dependent's] seat belt or lap and shoulder restraint was fastened at the time of the **Accident**.]
 - c. [an **Approved Personal Flotation Device** while [You]
[or]
[Your Dependent]
[are]
[is]
swimming, engaging in water sports or legally operating or riding as a passenger in a boat, seagoing vessel, sailboard or personal watercraft.]
 - d. [an **Approved Motorcycle Helmet** while [You]

This will be in or out.

This will be in or out.

This will be in or out

This will be in or out. If in, the range will be 10% - 25%.

The range will be \$10,000 - \$50,000.

This will be in or out.

The will be in or out.

This will be in or out.

Any combination may be included.

This will be in or out.

This will be in or out. If in:

This will be in or out;

This will be in or out;

This will be in or out.

This will be in or out. If in:

This will be in or out;

This will be in or out.

This will be in or out. If in:

This will be in or out;

<p>[or] [Your Dependent] [are] [is] operating or riding as a passenger on a motorcycle, scooter, moped, all-terrain vehicle (ATV), or all-terrain cycle (ATC) that is being operated legally per all local and state laws, rules and regulations.]</p>	<p>This will be in or out; This will be in or out; This will be in or out; This will be in or out.</p>
<p>e. [an Approved Snowmobile Helmet while [You] [or] [Your Dependent] [are] [is] operating or riding as a passenger on a snowmobile that is being operated legally.]</p>	<p>This will be in or out. If in: This will be in or out; This will be in or out.</p>
<p>f. [an Approved Bicycle Helmet, while [You] [or] [Your Dependent] [are] [is] legally operating a bicycle.]</p>	<p>This will be in or out. If in: This will be in or out; This will be in or out.</p>
<p>g. [an Approved Ski Helmet while [You] [or] [Your Dependent] [are] [is] engaged in downhill skiing or snowboarding, after purchasing a valid lift ticket and skiing/snowboarding during normal operating hours and on the marked premises of the facility selling the lift ticket.]</p>	<p>This will be in or out. If in: This will be in or out; This will be in or out.</p>
<p>h. [an Approved Equestrian Helmet while [You] [or] [Your Dependent] [are] [is] engaged in horseback riding.]</p>	<p>This will be in or out. If in: This will be in or out; This will be in or out.</p>
<p>i. [an Approved Protective Helmet while You are actively at work.]</p>	<p>This will be in or out. This will be in or out.</p>
<p>j. [Approved Body Armor while You are actively at work.]</p>	
<p>Verification of [You] [or] [Your Dependent's] actual use of the Safety Device is required as follows: 3. by supplying the official law enforcement report of the Accident, through certification by the investigating officers; or 4. by other reasonable proof, acceptable to Us.</p>	<p>This will be in or out. This will be in or out. This will be in or out.</p>
<p>[[We will not pay a Safety Device Benefit if [You] [or]</p>	<p>This entire section will be in or out. If in: This will be in or out; This will be in or out;</p>

[Your Dependent]

was the driver or operator of
[any private passenger automobile, motorcycle,
scooter, moped, bicycle, boat or seagoing vessel,
sailboard, personal watercraft, all-terrain vehicle,
all-terrain cycle, snowmobile or while participating
in downhill skiing, snowboarding, horseback riding,
water skiing or other towed activities], if at the time

[You]

[or]

[Your Dependent]

[were]

[was]:

1. [under the influence of alcohol:
 - a. a driver/operator will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be under the influence of alcohol if operating a motor vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication; or]
2. [under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage; or]
3. [engaged in contests or competitions.]]

This will be in or out;

Any combination may be included and will match the combination included in item 1 at the beginning of this section;

This will be in or out;

This will be in or out.

SAFETY DEVICE BENEFIT DEFINITIONS:

[Approved Personal Flotation Device (PFD)] means a United States Coast Guard approved Type I, II, III or V PFD of appropriate size for the intended user. For water skiing, other towed activities or operation of a personal watercraft a PFD labeled for that activity must be used.]

This will be in or out.

[Approved Motorcycle Helmet] means a helmet meeting United States Department of Transportation Federal Motor Vehicle Safety Standard (FMVSS) 218 or subsequent standard(s).]

This will be in or out.

[Approved Snowmobile Helmet] means a helmet meeting the United States Department of Transportation FMVSS 218 or subsequent standard(s).]

This will be in or out.

[Approved Bicycle Helmet] means a helmet meeting American Society of Testing and Materials (ASTM) standard F1447 or subsequent standard(s).]

This will be in or out.

[Approved Ski Helmet] means a helmet conforming to Snell Memorial Foundation standards S-98 or RS-98 or ASTM standard F2040 or subsequent standard(s).]

This will be in or out.

[Approved Equestrian Helmet means a helmet conforming to Snell Memorial Foundation standard E-2001 or ASTM standard F1163 or subsequent standard(s).]

This will be in or out.

[Approved Protective Helmet means a helmet complying with American National Standards Institute (ANSI) standard Z89.1-2003 or subsequent standard(s).]

This will be in or out.

[Approved Body Armor means a ballistic-resistant vest complying with National Institute of Justice (NIJ) Standard-0101.06 or subsequent standard(s).]

This will be in or out.