



Workplace Assault and Hazard Insurance

Providing emergency services to the public carries an inherent risk that all emergency responders accept in order to care for people in their communities and do their jobs. We want to help protect you.

Benefits Include:

(Please see Certificate of Insurance for full benefit details.)

Violent Assault Injury

Receive up to \$100,000 or \$200,000 in tax-free cash payments if an injury or fatality is sustained as a result of a workplace assault.

Needle-stick Injury and Infection

Up to \$100,000 or \$200,000 in tax-free cash payments in the event you miss work because you contracted an infectious disease in the workplace, including HIV, Hep-B & C, and Ebola.

Accidental Death Benefit

In the event of accidental death, whether on or off-duty, beneficiaries will receive a tax-free, lump sum cash payment of \$100,000 or \$200,000, in addition to any other life insurance benefits you already have.

Accidental Dismemberment

Offers up to \$100,000 or \$200,000 in tax-free, lump sum cash payment, in addition to other insurance benefits you may have.

Plan Options	Plan Option 1	Plan Option 2
Aggregate Benefit:	\$100,000	\$200,000
Felonious Assault/Violent Crime Monthly Benefit:	\$5,000 first month \$2,500 months 2-38	\$10,000 first month \$5,000 months 2-38
Monthly Premium: per insured life ^{1 2}	\$10.92	\$18.75

Underwritten by Lloyd's of London

¹Inclusive of state surplus lines taxes & fees.

²Premium is subject to increase in policy year 3 based upon the loss ratio but any increase shall not be greater than 3% in any Policy Year.

Benefit Summary



Policy Specifics

This is a brief description of the insurance provided by this plan to emergency responders. The Certificate of Insurance is the complete description of coverage and will be made available by FOP Benefits to the Insured Persons.

Felonious Assault/Violent Crime

- Loss occurs while on business for/or on the premises of the employer.
- **Benefit Period:** 38 months or the date the Insured returns to work, whichever first occurs.

Plan Options:	Plan Option 1	Plan Option 2
Benefit Amount:	\$5,000 first month \$2,500 months 2-38	\$10,000 first month \$5,000 months 2-38

Occupational HIV or Hepatitis B/C

- If during the Period of Coverage the INSURED PERSON suffers an ACCIDENT which directly results in the INSURED PERSON being first DIAGNOSED as HIV POSITIVE/POSITIVE FOR HEPATITIS B and/or HEPATITIS C as defined below as a direct result of BODILY INJURY occurring whilst the INSURED PERSON is carrying out his/her duties in connection with his/her occupation than Underwriters agree to pay to the INSURED PERSON the compensation stated in the Schedule of Compensation after the total claim has been substantiated.

Occupational HIV

Plan Options:	Plan Option 1	Plan Option 2
Benefit Amount:	\$100,000	\$200,000

Hepatitis B/C

Plan Options:	Plan Option 1	Plan Option 2
Benefit Amount:	\$500 per month	\$1,000 per month

- **Benefit Period:** Payable for 12 consecutive months once diagnosed, subject to policy maximums.

Ebola Virus Disease

- If during the Period of Coverage the INSURED PERSON suffers an ACCIDENT which directly results in the INSURED PERSON being first DIAGNOSED as testing positive for the Ebola Virus Disease as a direct result of BODILY INJURY occurring whilst the INSURED PERSON is carrying out his/her duties in connection with the INSURED while on the premises of the INSURED in the UNITED STATES OF AMERICA, then Underwriters agree to pay to the INSURED PERSON the compensation stated in the SCHEDULE after the total claim has been substantiated. It is conditional precedent to liability hereon that the INSURED PERSON must comply with all OSHA directives and protective standards. The INSURED PERSON must be accidentally exposed and diagnosed by a registered medical practitioner in accordance with laboratory and clinical criteria, the results of which must prove positive.

Plan Options:	Plan Option 1	Plan Option 2
Benefit Amount:	\$10,000 per month	\$20,000 per month

- **Benefit Period:** 10 months or the date the Insured returns to work, whichever first occurs.

Benefit Summary



Psychological Therapy

- The company will pay this additional benefit when the Insured Person suffers one or more losses for which benefits are payable under the Accidental Dismemberment benefit, Paralysis benefit, Coma benefit, Felonious Assault benefit or In-Hospital Indemnity benefit provided by the Policy.

Plan Options:	Plan Option 1	Plan Option 2
Benefit Amount:	The lesser of \$2,500 or 5% of the Insured Person's Principal Sum	The lesser of \$5,000 or 5% of the Insured Person's Principal Sum

Bereavement and Trauma Counseling

- The company will pay this additional benefit when the Insured Person suffers one or more losses for which benefits are payable under the Accidental Death and Dismemberment benefit, Paralysis benefit, Coma benefit, Felonious Assault benefit or In-Hospital Indemnity benefit provided by the Policy for the Insured Person, all of his/her Immediate Family Members and employees of the Insured Person's Employer who are victimized personally or may be traumatized by witnessing a workplace violence incident with respect to all such losses caused by the same accident.

Plan Options:	Plan Option 1	Plan Option 2
Benefit Amount:	\$75 per session for up to 10 sessions	\$150 per session for up to 10 sessions

Accidental Death and Dismemberment

Plan Options:	Plan Option 1	Plan Option 2
Benefit Amount:	\$100,000	\$200,000

- Coverage: Worldwide, full twenty-four hour.

This coverage applies to those benefits for which a Benefit Amount is shown:

Coverage	Benefit Amount
Loss of Life	100%
Loss of Both Hands or Both Feet or Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing in Both Ears	100%
Quadriplegia (Total paralysis of upper and lower limbs)	100%
Paraplegia (Total paralysis of both lower limbs)	75%
Hemiplegia (Total paralysis of upper and lower limbs on one side of the body)	50%
Uniplegia (Total paralysis of one upper or lower limb)	25%
Loss of One Hand or Foot	50%
Loss of Sight in One Eye	50%
Severance and Reattachment of One Hand or Foot	50%
Loss of Speech	50%
Loss of Hearing (in both ears)	50%
Loss of Hearing (in one ear)	25%
Loss of Thumb and Index Finger of the Same Hand	25%
Coma*	100%

*(1% of the Principal Sum is payable monthly for 11 months during which the Covered Person remains comatose. The remaining balance of 100% of the Principal Sum is payable at the beginning of the 12th month)

Benefit Summary



Coma Benefits

If during the Period of Coverage, the Insured sustains injury caused by an Accident which, directly or independently of any other cause and within one (1) year from the date of the Accident, resulting in a Coma, the benefit will be payable according to the Statement of Benefits.

Waiver of Premium: None

Waiting Period: None

Exclusions:

This policy does not cover loss directly or indirectly arising out of, contributed to or caused by or resulting from any of the following:

1. Intentionally self-inflicted Injury, suicide or attempted suicide, whether attempted or inflicted while sane or insane;
2. Any act of war, whether declared or not. Declared or undeclared War does not include acts of terrorism.
"War" is used to mean
 - a) hostilities following a declaration of War by a governmental authority;
 - b) if there is no declaration of War, then armed, open and continuous hostilities between two countries.
3. Any Accident occurring while riding on, boarding or alighting from, any aircraft:
 - a) as a pilot, crew member or student pilot;
 - b) being used for stunt flying, racing or endurance tests, fire fighting, exploration

*(This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.)
4. Commission or attempted commission of a felonious act, as defined by the laws of the jurisdiction where the crime takes place, which results in a conviction of the Insured Person.
5. The Insured being under the influence of an intoxicant or any drugs or narcotics not legally available unless used as prescribed by a licensed Physician for a medical condition other than drug addiction;
6. Insured's Mental or Nervous Disorder.
7. Any activity or condition specifically excluded by name on an Endorsement or Specific Activity Rider forming a part of the Insured Person's Policy;
8. Riding or driving in any kind of motorized race;
9. While the Insured is engaging or participating in naval, military or air force service or operation;
10. The Insured's Intoxication as defined herein;
11. Illness, disease, sickness or bacterial infection; except bacterial infection of an Accidental bodily injury or Accidental ingestion of a substance contaminated by bacteria, unless specifically stated to be included;
12. Any activity specifically prohibited under the terms and conditions of the Insured's Employment Contract;
13. An Act of Force or Violence, as defined, which involves the use, release or escape of pathogenic or poisonous biological or chemical materials or of nuclear materials, or which involves, directly or indirectly, nuclear reaction or radiation or radioactive contamination.
14. An Act of Terrorism, as defined and outlined in Endorsement Number 1. Nuclear Reaction, nuclear radiation or radioactive contamination.
 - Notwithstanding any provision to the contrary within this insurance or any endorsement thereto, it is agreed that this insurance is extended to include any bodily injury directly or indirectly caused by, resulting from, or in connection with any of the following:
 - a) Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not,
 - b) Terrorist activity,always provided that the Insured person(s) are not actively participating in any, or all, of (1) to (2) above, and further provided that neither (1) nor (2) above are the result of the utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined.