



CHUBB®

Voluntary Accident Disability Income

**With Accidental Death &
Dismemberment
Insurance Options**

**United States
Trotting Association**



It doesn't always happen to "someone else."

Accidents can cause financial hardships for survivors who still have mortgages, loans, and education costs to pay. Take advantage of this valuable insurance program.

Today, let the Van Gundy Agency assist you in enrolling in the Voluntary Accident Plan!

"I have had a policy with Van Gundy for many years. It is important for my family to be protected in case of any accident or injury that would keep me from earning an income.

"I injured my shoulder, which required surgery and left me unable to physically run my stable due to a long recovery period. By receiving the accident disability payments through my coverage, I was able to have some security for my family.

"I hope coverage through Van Gundy for horseman will continue to be available, as it is affordable and vital."

John McDermott

Plan Benefits, Amounts, Options And Costs

The USTA has made the Voluntary Accident coverage available with two coverage options.

Plan A: Occupational Accident Coverage: Coverage is provided for Injury sustained arising out of or in the course of being hit, struck, bitten, knocked down, run over or otherwise injured by a horse, sulky or jog cart in the course of training or driving at the track, farm, or training facility. Coverage is also provided for Injury sustained while in the paddock area and while coming and going with a horse from the barn area in preparation for, or upon completion of training and/or racing.

Plan B: 24-hour Accident Insurance: Coverage is provided 24 hours a day, 365 days a year, on and off the job.

You owe it to yourself and your family to take advantage of this valuable product. To sign up, return payment with the completed enrollment form (located on the back section of this brochure.) For payment options with Van Gundy or if you have any questions, contact:

Gail McNeely at Van Gundy Insurance
Phone: 309-452-1156 | Fax: 309-452-7500
gmcneely@vangundy.com
www.vangundy.com

Licensed USTA Drivers and Trainers under the age of 70, may select from the following plans:

Plan A: Occupational Accident

- **Option 1** - \$300 Weekly Temporary Total Disability benefit and \$100,000 Accidental Death & Dismemberment benefit. Annual Premium \$360.00.
- **Option 2** - \$500 Weekly Temporary Total Disability benefit and \$250,000 Accidental Death & Dismemberment benefit. Annual Premium \$890.00.

Plan B: 24 Hour Accident

- **Option 1** - \$300 Weekly Temporary Total Disability benefit and \$100,000 Accidental Death & Dismemberment benefit. Annual Premium \$410.00.
- **Option 2** - \$500 Weekly Temporary Total Disability benefit and \$250,000 Accidental Death & Dismemberment benefit. Annual Premium \$1,030.00
- **Option 3** - \$1,000 Weekly Temporary Total Disability benefit and \$250,000 Accidental Death & Dismemberment benefit. Annual Premium \$2,300.00.

All coverage terminates at age of 70.

Schedule of Benefits

Accidental Loss of Life & Dismemberment Coverage
Benefit Amount (percentage of the principal sum amount)

Loss of Life	100%
Loss of Speech & Loss of Hearing	100%
Loss of Speech & Loss of One of Hand, Foot or Sight of an Eye	100%
Loss of Hearing & Loss of One of Hand, Foot, or Sight of an Eye	100%
Loss of Both Hands, Loss of Both Feet, Loss of Sight of Both Eyes or a Combination of any Two of a Loss of a Hand, a Loss of a Foot or Loss of Sight of an Eye	100%
Loss of One Hand, Loss of One Foot, or Loss of Sight of an Eye	50%
Loss of Speech or Hearing	50%
Loss of Thumb & Index Finger of the Same Hand	25%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

Additional Features Available For You

Brain Damage: If an accidental bodily injury results in brain damage to you, this benefit will pay 100% of the principal sum. This benefit will be paid if all following conditions are met: the brain damage begins and is diagnosed by a physician within 30 days of the accident, if you are confined in a Hospital or other licensed facility to receive treatment prescribed and supervised by a physician within 30 days of the accident, the brain damage continues for 12 months and a physician determines the brain damage is permanent, complete and irreversible at the end of the 12 months.

Burn: If an accidental bodily injury causes you to suffer third degree burns, this benefit will pay a benefit determined by multiplying the percentage of body surface burned, as determined by the attending physician, by 10% of the principal sum up to a maximum of \$20,000.

Coma: If an accidental bodily injury causes you to lapse into a coma within 30 days of the accident, remain in a coma for 30 consecutive days, and be confined to a hospital within the first 30 days, the coverage pays monthly benefit amounts equal to 1% of the principal sum. Coma payments will be made until you are no longer in a coma, you are deceased, or 100% of the principal sum has been paid.

Psychological Therapy: If an accidental bodily injury causes you to suffer a covered loss which results in a physician determining that psychological therapy is required, we will reimburse expenses incurred within two (2) years from the date of loss, up to 10% of the principal sum subject to a maximum of \$25,000. This benefit will be paid on an excess basis. We will determine the charge for Psychological Therapy and will reduce that amount by amounts paid by or payable by any other plan.

Rehabilitation Expense: If an accidental bodily injury causes you to suffer a covered loss which prevents you from performing all of the duties of your primary occupation and results in a physician determining that rehabilitation is required, then

this benefit will reimburse expenses incurred within two (2) years from the date of loss, up to 10% of the principal sum subject to a maximum of \$25,000. This benefit will be paid on an excess basis. We will determine the charge for Rehabilitation and will reduce that amount by amounts paid by or payable by any other plan.

Seat Belt and Occupant Protection Device: If you suffer an accidental bodily injury resulting in a covered loss of life while you are operating or riding in a private passenger automobile and using a seat belt, an additional benefit of 10% of the principal sum, up to \$25,000, will be paid. If it cannot be determined if you were using a seat belt, then an alternate benefit amount of \$3,000 will be paid. This benefit also pays an additional 10% of the principal sum, up to \$25,000 if you suffer an accidental bodily injury as set forth above and you are positioned in a seat protected by a properly deployed occupant protection device. The benefit amount for an occupant protection device will only be paid if a benefit amount (other than the alternate benefit amount) for seat belt is paid. The actual use of the seat belt and proper operation of the Occupant Protection Device at the time of the accident must be part of an official accident report, or, certified in writing by an investigating police officer. No benefit will be paid if an insured person is operating or riding as a passenger in a vehicle used for a race or contest of any type.

Temporary Total Disability: If, within 30 days of a covered accident, an accidental bodily injury causes you to have a disability that is determined by a physician to be continuous and prevent you from performing all the substantial and material duties pertaining to your occupation, this coverage will pay a weekly benefit beginning on the 31st day for up to 52 weeks, provided you provide satisfactory evidence of the continuing disability. This benefit is excess of any other valid and collectible benefits under any other plan and the total payments to you from all sources, including this benefit, shall not exceed 100% of your earned income.

Definitions

Brain Damage means physical damage to the brain that causes Your inability to perform, without assistance, at least three (3) Activities of Daily Living.

Burn or Burned means a third degree burn, according to the Rule of Nines or the Lund-Browder Chart, caused by a source that is thermal, chemical, electrical or nuclear.

Coma means a profound state of unconsciousness, as determined by a Physician according to the Glasgow Coma Scale, from which You cannot be aroused to consciousness even by powerful stimulation.

Occupant Protection Device means either an air bag, which inflates for added protection to the head and chest areas, or any other personal safety restraint system other than a Seat Belt recognized by the U.S. National Highway Transportation Safety Board.

Other Plan means any other insurance or payment source for Medical Services or disability, including but not limited to health coverage, disability insurance, worker's compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance "fault" or "no-fault", employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.

Multiple Losses Maximum Payment Clause

For the coverages listed below, if an Insured has multiple losses as the result of one accident, the insurer pays only the single largest benefit amount applicable:

- Accidental Death & Dismemberment
- Brain Damage
- Coma

Your Beneficiary

Your beneficiary for the loss of life benefit shall be the beneficiary you name on the enrollment form.

Plan Exclusions

Insurance does not apply to any accident, accidental bodily injury or loss caused by or resulting from:

- you being in, entering or exiting any aircraft owned, leased or operated by his or her employer; or operated by an employee of, or on behalf of his or her employer.
- you being in, entering or exiting any aircraft while you are acting or training as a pilot or crew member.
- your emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.
- your incarceration after a conviction.
- you being intoxicated at the time of the accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.
- you being under the influence of any narcotic or other controlled substance at the time of the accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a physician.
- your participation in military action while in active military service with the armed forces of any country or established international authority. This exclusion does not apply to the first 60 days of active military service.
- your suicide, attempted suicide or intentionally self-inflicted injury.
- war

Insurance also does not apply to any accident, accidental bodily injury or loss when:

- the United States of America has imposed any trade or economic sanctions prohibiting insurance of any accident, accidental bodily injury or loss; or
- there is any other legal prohibition against providing insurance of any accident, accidental bodily injury or loss.

Enrollment Form

Voluntary Accident Election of Coverage

Policyholder: United States Trotting Association

Policy #: 6477-9460

Please check one:

- New Enrollment
- Change in Existing Coverage

Please print clearly

Last Name	First Name	Middle Name
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Address/P.O. Box

City	State	ZIP Code
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Phone Number

Email Address

Social Security Number	Date of Birth
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USTA Driver/Trainer License Number

Your Loss of Life Beneficiary

Relationship

Plan Choice: (check all of the plans that apply)

Plan A: Occupational Accident

- Option 1:** \$100,000 AD&D and \$300 Disability
\$360 Annual Premium
- Option 2:** \$250,000 AD&D and \$500 Disability
\$890 Annual Premium

Plan B: 24 Hour Accident

- Option 1:** \$100,000 AD&D and \$300 Disability
\$410 Annual Premium
- Option 2:** \$250,000 AD&D and \$500 Disability
\$1,030 Annual Premium
- Option 3:** \$250,000 AD&D and \$1,000 Disability
\$2,300 Annual Premium

Your Signature

Please mail enrollment form and premium to:

Van Gundy Insurance
101 S. Towanda Avenue, Normal, IL 61761

RIVO





VAN GUNDY
INSURANCE



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