

Aegis Security Insurance Co.
Accident Claims
2407 Park Drive
PO Box 61140
Harrisburg, PA 17106-1140
PH 717-540-0600 FAX 717-657-9499
www.WilsonGregory.com
POLICY NO. SGL-23000
NC-A-RTE (OR)

**THIS IS LIMITED ON-ROUTE ONLY
INDEPENDENT CONTRACTOR ACCIDENT
INSURANCE -- READ IT CAREFULLY
BENEFITS ARE NOT PAYABLE FOR LOSS
DUE TO SICKNESS
THIS CERTIFICATE PROVIDES BENEFITS
FOR SPECIFIC LOSSES FROM
ACCIDENTS ONLY**

UNDERWRITTEN BY:
Aegis Security Insurance Co.
2407 Park Dr., Suite 200
P.O. Box 3153 (17105)
Harrisburg, PA 17110
717-540-0600 A Stock Insurance
Company, Herein called the
"Company"

**SRX-99077 (HELPER)
\$5.00/MONTH/INSURED**

THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED PRIMARILY BY THE LAW OF A STATE OTHER THAN FLORIDA

THE COMPANY HEREBY CERTIFIES that the Independent Contractor insured under said policy (herein called the Insured) is insured under and subject to the terms, conditions and limits of liability of the said policy against loss resulting directly and independently of all other causes from bodily injuries caused by an accident occurring while the policy is in force as to the Insured, herein called such injuries.

This certificate replaces any and all certificates previously issued to the Insured with respect to the policy above identified.

ELIGIBILITY FOR ENROLLMENT

All active Independent Contractors of the Participant, who have attained their ninth birthday anniversary and who have not attained their ninetieth birthday anniversary are eligible for the insurance hereunder. ****All benefits are reduced by one-half for those persons age 65 or over.**

EFFECTIVE DATE OF INDIVIDUAL INSURANCE

Coverage for an Insured begins on the date the Insured is enrolled under the policy. The Insured's coverage begins at 12:01 A.M., Standard Time, on the Effective Date, at the Insured's place of residence.

TERMINATION DATE OF INDIVIDUAL INSURANCE

Coverage for an Insured will terminate on the earliest of the following dates:

1. The date the policy terminates; or the date on which the Participation Agreement ends;
2. The date the Insured ceases to be an active Independent Contractor of the Participant;
3. The date the Insured attains the age of 90 years; or
4. The premium due date, if the Insured's premium has not been paid.

Coverage will terminate at 12:01 A.M., Standard Time, on the termination date, at the Insured's place of residence.

**THIS CERTIFICATE IS SIGNED FOR AEGIS SECURITY INSURANCE COMPANY
BY ITS PRESIDENT AND SECRETARY**



Secretary



President

DEFINITION OF TERMS

ACCIDENT means a sudden unforeseeable event occurring which:

- (1) causes Injury to one or more Insured's; and
- (2) occurs while coverage is in effect for the Insured.

BENEFICIARY means the person to whom we pay the accidental death benefit.

DOCTOR means a licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to treat the type of Injury for which claim is made. The Doctor may not be the Insured or a member of his/her immediate family, a person living with him/her, or retained by the Participant.

HOSPITAL means an institution which:

- (1) is operated by law for the care and treatment of injured or sick persons;
- (2) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- (3) has medical, diagnostic and treatment facilities, with major surgical facilities on its premises or available to it on a prearranged basis; and charges for its services;
- (4) is under the supervision of a staff of Doctors;
- (5) provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.)

Hospital does not include any institution, which is primarily a rest home, nursing home, convalescent home, a home for the aged, an alcoholism or drug addiction treatment facility, or a facility for treatment of mental disorders.

INJURY means bodily harm, which results, directly and independently of all other causes, from an Accident.

INSURED means an eligible Independent Contractor of the Participant for whom insurance is in force under the policy.

INTOXICATED pursuant to any applicable law of Florida, it means having a disturbance or impairment of mental and/or physical faculties caused by the ingesting or contact of alcohol, licit or illicit drugs or any other substance defined in the law. Determination of this condition must be made by either a field sobriety test or by a law enforcement officer or designee or any other determination allowed by the law.

ON-ROUTE means while:

- (1) Delivering newspapers to subscribers. "Delivery" begins with delivery to first subscriber and concludes with delivery to last subscriber without deviation and outside the property line of the insured's residence;
- (2) Collecting from subscribers;
- (3) Soliciting non-subscribers on an established route;
- (4) On a Company sponsored trip.

SICKNESS means disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and unforeseeable result of an accidental cut or wound, or accidental food poisoning.

SUBSTITUTE means one who replaces a regular carrier who is temporarily absent from the route. A "substitute" does not include a regular or occasional helper who assists the regular carrier on route.

PART II – ON-ROUTE ACCIDENT DISABILITY BENEFIT

If such Injury results in total and continuous disability of the Insured within 10 days after the Accident, we will pay NIL per week for NIL weeks per Accident. There is a NIL day waiting period before benefits begin. "Total Disability" means the Insured is unable to perform his/her regular duties as a newspaper carrier and is under the regular care of a legally qualified Doctor.

PART IV - ON-ROUTE EXCESS MEDICAL EXPENSE AND DEATH AND DISMEMBERMENT BENEFITS

A. On-Route Accident Medical Expense Benefits

If an Insured is Injured directly and independently of all other causes from a covered accident while delivering, collecting, soliciting on an established route or while on a trip authorized, sponsored by or as a guest of the Policyholder, we will pay the usual and customary charge for the following benefits:

- (1) Medical treatment, including surgery and x-ray, by a Doctor and Physiotherapy to a maximum of \$250.00 per 12-month period after the date of first treatment;
- (2) Hospital room and board and the reasonable and customary miscellaneous Hospital expenses of a Hospital;
- (3) Emergency and out-patient treatment in a Hospital;
- (4) Special nursing service, in and out of a Hospital by a graduate registered nurse
- (5) Ambulance service; and
- (6) Dental treatment for Injury to sound natural teeth.

Covered expenses must be incurred within 24 months after the date of Accident and the first treatment must be within 10 days of the Accident. Benefits will be paid only for covered medical expenses which are in excess of the benefits paid/payable under Medicare, Worker's Compensation or similar law; and any valid collectible individual, group, blanket, franchise or pre-payment insurance plan covering the Insured. Benefits will be paid for the usual and customary charges up to the maximum benefit amount of **\$250,000.00**. If a covered Injury requires outpatient "Physiotherapy", we will pay up to a maximum benefit of \$250.00 per Insured for any one 12-month period after the date of the first treatment. "Physiotherapy" means a physical or mechanical therapy, diathermy, ultra-sound therapy, heat treatment in any form, manipulation or massage.

B. On-Route Accidental Death, Dismemberment and Loss of Vision Benefits

If such Injury shall cause any of the specific losses set forth below, we will pay the sum set opposite such loss:

For Loss of: Life	\$12,500.00	Both Hands; or Both Feet; or Sight of Both Eyes	\$12,500.00
One Hand and One Foot	\$12,500.00	One Hand and Sight of One Eye.	\$12,500.00
One Foot and Sight of One Eye	\$12,500.00	Either Hand; or Either Foot; or Sight of Either Eye	\$ 6,250.00

Benefits will be payable when the loss occurs within 365 days from the date of the Accident. Only one benefit, the largest, will be paid for injury due to one Accident. The loss of hands or feet shall mean complete severance at or above the ankle or wrist joints so that no part of the hand or foot remains, and loss of sight of eye or eyes shall mean the irrevocable loss of the entire sight thereof.

HOW TO FILE FOR BENEFITS

Medical treatment must begin within 10 days from the date of Accident and a properly completed Claim Form must be filed and received by the insurance company within 90 days from the date of Accident. Notify the newspaper immediately of an Accident and request a claim form from the circulation department. The newspaper must complete Part 3 and provide a copy of the circulation billing statement or check disbursement evidencing premium payment covering the date of Accident before providing the claim form. For on-route Accidents, the newspaper must also complete the Special On-Route Accident Report Form and an authorized representative must sign the Letter of Recommendation. It is then the responsibility of the Insured to complete Parts 1, 2 and have the attending physician complete Part 4 of the claim form. Attach ITEMIZED medical/hospital bills and mail to the insurance company address on the front page. Send additional bills as you receive them.

If an Insured is age 65 or over at the time of a covered Accident, benefits shall be reduced by 50%.

RETAIN THIS CERTIFICATE - When the required premium is paid, this Certificate will constitute your description of benefits.

The Master Policy is on file and available for your reference at the newspaper office.

WARNING: any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurance company, or files a claim containing a false or deceptive statement, is guilty of insurance fraud and will be prosecuted to the fullest extent of the law.

GENERAL EXCLUSIONS

This plan does not cover loss caused by: (1) intentionally self-inflicted injury; suicide or any attempt thereof; (2) voluntary self-administration of any drug or chemical substance not prescribed by and taken according to the directions of a Doctor (Accidental ingestion of a poisonous substance does not apply); (3) participation in a riot or insurrection; (4) engaging in any illegal or criminal enterprise or activity; (5) declared or undeclared war or any enemy action; (6) an Accident which occurs while the Insured is on active duty service in any Armed Forces-If proof of service received, we will refund any premium paid for this time (Reserve or National Guard active duty is not excluded unless it extends beyond 31 days); or (7) sickness, disease, bodily or mental infirmity or medical or surgical treatment for disease, bacterial or viral infection regardless of how contracted. This does not include pyogenic infection sustained through an accidental cut or wound or accidental food poisoning; (8) hernia of any kind, however sustained; (9) the diagnosis, care or treatment of Carpal Tunnel Syndrome, Bursitis or Tendonitis. Coverage also does not apply for (1) expenses for any Hospital confinement or any surgical, medical or other treatment or services or supplies which are not recommended and approved by a Doctor who is attending the Insured or are not necessary for the treatment of the Injury; or (2) any loss caused by or resulting from the Insured being intoxicated.

NOTE: All benefits are reduced by one-half for those persons age 65 and over.

Exclusions applicable to On-Route Coverage Only: In addition to the above exclusions, benefits will not be paid (1) for repair or replacement of existing partial or full dentures, braces or fixed or moveable bridges; (2) for repair or replacement of existing eyeglasses, contact lenses, artificial limbs, orthopedic braces or orthotic devices; (3) for which benefits provided under any Medicare plan under which an Insured is or could be covered; (4) for which an Insured has been paid or has received benefits under any Worker's Compensation or similar law; (5) for benefits paid or payable under any valid and collectible individual, group, blanket, franchise or pre-payment insurance plan held by the Insured, his or her parents or guardian or by Participant for the benefit of the Insured.

Substitute carriers are automatically covered for on-route benefits only. Carrier helpers are not covered under the terms and conditions of this policy, but are eligible to purchase their own coverage.