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# VOLUNTEER FIREMEN'S INSURANCE PROGRAM

(FOR FIREMEN, POLICE, RESCUE SQUADS & EMERGENCY UNITS)

Protection against financial loss due to  
Accidental Injuries and Specified Sicknesses



Underwritten by  
AMERICAN SENTINEL INSURANCE COMPANY  
HARRISBURG, PENNSYLVANIA



## Accident Coverage

### **PART I – DEATH, DISMEMBERMENT, LOSS OF SIGHT, HEARING OR SPEECH AS A RESULT OF AN ACCIDENT**

When injury shall result in death, dismemberment, etc., the applicable amount shown in *PART I of the Schedule of Benefits* will be paid to the Insured Member or his Beneficiary. If more than one loss is sustained by an Insured Member as a result of a single accident, the amount payable shall be the largest portion of the Principal Sum shown for any such losses sustained.

### **PART II – ACCIDENT...LIFETIME WEEKLY INDEMNITY**

Benefit, as shown in *Part II of the Schedule of Benefits* for the chosen plan, will begin on the first day of disability and continues as long as the disability continues, even for *Life*. During the first 520 weeks, the benefit is paid when an Insured Member is unable to work at his *regular occupation*. Thereafter, the benefit continues as long as the disability prevents him from working at any occupation for which he is reasonably suited by reason of education, training or experience. To be covered, total disability must begin within 30 days of the date of the accident. Partial Disability (50%) is paid for a maximum of 13 weeks.

### **PART III – ACCIDENT...MEDICAL EXPENSE**

#### **(A) – ALL ACCIDENTS**

When injury shall require treatment by a duly licensed physician or surgeon, confinement within a hospital, employment of a registered graduate professional nurse and other medical services or supplies prescribed by a physician, the Company will pay the reasonable and customary expense, not to exceed the aggregate sum shown in *PART III, (Section A) of the Schedule of Benefits*.

#### **(B) – ADDITIONAL FOR PLASTIC SURGERY**

When injuries, as a result of burns or other causes, shall require skin grafting or plastic surgery by a duly licensed surgeon, the Company will pay, *in addition to the above PART III, (Section A)*, all reasonable and customary medical and surgical expenses actually incurred, not to exceed the sum of \$5,000.00.

Payment will be made only to the extent such Medical Expense is not covered under any first party benefits such as Automobile Insurance and Workers' Compensation.

### **PART IV – ACCIDENT – PERMANENT TOTAL DISABILITY INDEMNITY**

In addition to the above benefits, a lump sum of \$5,000, less any benefits paid for dismemberment or loss of sight and hearing, will be paid to the Insured Member who suffers a Total Disability which is continuous for a period of 52 weeks and who, thereafter, for the remainder of his life, is unable to engage in any work for which he is reasonably suited by reason of education, training or experience.

## Sickness Coverage

### **PART V – HEART OR CIRCULATORY MALFUNCTION**

If, as a result of participating in an emergency activity, an Insured Member should, within 48 hours, suffer a heart or circulatory malfunction resulting in:

#### **(A) – LOSS OF LIFE**

A lump sum benefit shall be paid in the amount shown in *PART V, (Section A) of the Schedule of Benefits*. The death benefit will be paid if death occurs as a result of the above malfunction.

#### **(B) – WEEKLY INDEMNITY**

Benefit, as shown in *PART V, (Section B) of the Schedule of Benefits* will begin the first day of disability and continue as long as the Insured Member is unable to perform the duties of his regular occupation, not to exceed a maximum of 104 weeks.

#### **(C) – MEDICAL EXPENSE**

Expenses incurred for required treatment by a duly licensed physician, confinement in a hospital, employment of a registered graduate professional nurse and other medical services or supplies prescribed by a physician shall be paid by the Company as actually incurred by the Insured Member within 12 months after his participation in the Emergency activity. Such payments shall not exceed the sum listed in *PART V, (Section C) of the Schedule of Benefits*, and only to the extent expenses are not covered by Workers' Compensation.

### **PART VI – HEART OR CIRCULATORY MALFUNCTION – NON EMERGENCY ACTIVITY (Optional)**

When an Insured Member suffers a Heart or Circulatory Malfunction as a result of participating in a Covered Activity such as volunteer work, a fund raising activity, repairing or testing equipment or other special activity endorsed on the Policy, the Company will pay the Loss of Life, Weekly Indemnity and Medical Expense Benefits subject to the Aggregate Benefit Limited indicated in the schedule. With respect to Medical Expense, payment will be made only to the extent such Medical Expenses are not covered by any Workers Compensation Benefits.

### **PART VII – SPECIFIED CONDITIONS – FLU, GRIPPE, PNEUMONIA, HERNIA, BACK SPRAIN OR STRAIN**

If, as a result of participation in an emergency activity, an Insured member should suffer any of these Special Conditions resulting in:

**(A) – LOSS OF LIFE** (Optional Coverage Benefit)

The Company will pay the Principal Sum stated in *PART VII, (Section A) of the Schedule of Benefits*.

**(B) – WEEKLY INDEMNITY**

Benefit, as shown in *PART VII, (Section B) of the Schedule of Benefits* will begin the first day of disability and continue as long as the Insured Member is unable to perform the duties of his regular occupation, not to exceed a maximum of 104 weeks.

**(C) – MEDICAL EXPENSE**

Expenses incurred for required treatment by a duly licensed physician, confinement in a hospital, employment of a registered graduate professional nurse and other medical services or supplies prescribed by a physician shall be paid by the Company as actually incurred by the Insured Member. Such payments shall not exceed the sum listed in *PART VII, (Section C) of the Schedule of Benefits*. To the extent such Medical Expense is not covered by Workers' Compensation.

**PART VIII – NON LEAGUE ATHLETIC ACCIDENT MEDICAL EXPENSE**

The Company will pay expenses incurred within 12 months of such participation, subject to the max amount. Does not cover football, hockey of any kind, lacrosse, soccer, boxing or organized sports.

**PART IX – INFECTIOUS DISEASES NOT INCLUDED IN PART VII** (Optional)

If, as a result of participating in an emergency activity, an Insured member should contract an "Infectious Disease" such as meningitis, encephalitis or scarlet fever and first manifested within 90 days following such participation.

• **INFECTIOUS DISEASES NOT INCLUDED IN PART VI**, the disease Acquired Immune Deficiency Syndrome (AIDS), contracted as a result of participation in an Emergency Activity while the policy is in force with respect to the Insured Member suffering such disease shall be covered providing:

(1) a report (notice of exposure) covering the character and nature of such exposure (such as mouth-to-mouth resuscitation, blood spill or contamination while attending an I-V drug abuser, intentional bite from infected person) is furnished to the Company within thirty (30) days of such exposure;

and

(2) such disease, (Acquired Immune Deficiency Syndrome – AIDS) is first manifested or tested positive within three (3) years following such participation.

**(A) – LOSS OF LIFE**

A lump sum benefit shall be paid in the amount shown in *PART IX, (Section A) of the Schedule of Benefits*.

**(B) – WEEKLY INDEMNITY**

Benefit, as shown in *PART IX, (Section B) of the Schedule of Benefits* will begin the first day of disability and continue as long as the Insured Member is unable to perform the duties of his regular occupation, not to exceed a maximum of 104 weeks.

**(C) – MEDICAL EXPENSE**

Expenses incurred for required treatment by a duly licensed physician, confinement in a hospital, employment of a registered graduate professional nurse and other medical services or supplies prescribed by a physician shall be paid by the Company as actually incurred by the Insured Member after his participation in an emergency activity. Such

payments shall not exceed the sum listed in *PART IX, (Section C) of the Schedule of Benefits*. Payment will be made to the extent such medical expenses are not covered by any Workers' Compensation.

**PART X – PREVENTATIVE INOCULATION EXPENSE** (Optional)

Should an Insured Member, while participating in an Emergency Activity, be exposed to Infectious or Contagious Diseases (such as meningitis, encephalitis, flu, pneumonia or scarlet fever) and require preventative inoculation, the Company will pay the amount of such preventative inoculation expense received within thirty (30) days of the date of exposure but not to exceed the Aggregate Benefit Limit as a result of any one exposure to an Insured Member.

## ACCIDENT & SICKNESS

**PART XI – HOSPITAL INDEMNITY – WEEKLY** (Optional)

Should an Insured Member require confinement in a hospital as a resident in-patient as a result of injury or sickness for which he is eligible to receive benefits under *PART II, (Section A); PART V, (Section B); PART VII, (Section B) or PART IX (Section B)*, the Company will pay the Weekly Indemnity stated in the Policy Schedule (1/7 of stated Weekly Hospital Indemnity on a Daily Basis) but not to exceed 26 weeks as a result of any one injury or sickness.

**PART XII – DOUBLE FIRST WEEK INDEMNITY** (Optional)

Should an Insured Member become totally disabled as a result of injury or sickness for which he is eligible to receive Weekly Indemnity Benefits under *PART II, (Section A); PART V, (Section B); PART VII, (Section B) or Part IX, (Section B)*, the Company will pay 1/7 of the Weekly Indemnity stated in the Policy Schedule for each day not to exceed 7 days.

**PART XIII – BENEFITS FOR EXPENSES INCURRED BY FAMILY WHILE VISITING AN INSURED MEMBER WHO IS CONFINED WITHIN A HOSPITAL MORE THAN FORTY MILES FROM INSURED MEMBER'S PERMANENT DOMICILE/RESIDENCE** (Optional)

When Injury or Heart-or Circulatory Malfunction, as defined in PART XVII; or a Specified Condition, as defined in Part VII; or an Infectious Disease, as defined in Part IX (provided there is an Amount of Insurance specified in the Policy Schedule) requires confinement within a HOSPITAL as a result of participation in a COVERED ACTIVITY and such HOSPITAL is more than forty (40) miles from the Insured Member's permanent domicile/residence, the Company will pay to the INSURED MEMBER'S spouse, children, parents, brother or sister the actual cost of meals, lodging and transportation incurred as a result of visits to the INSURED MEMBER during such hospital confinement subject to a maximum benefit limit indicated in the schedule.

**PART XIV – BENEFITS FOR EXPENSES INCURRED BY INSURED MEMBERS FOR IMMUNIZATION (Optional)**

When the Occupational Safety and Health Administration, a Department of Health, an Emergency Management Agency, or similar duly authorized and constituted Federal or State Agency issues a formal proclamation, notice or directive instructing, suggesting or mandating Emergency Personnel (Insured Member) incur expense for necessary immunization as a result of an epidemic or regional health hazard, the Company will pay the expense actually incurred by Insured Members so immunized not to exceed in the aggregate a maximum benefit limit indicated in the schedule.

**PART XV – OTHER INSURANCE WITH THIS INSURER**

If, by reason of membership or participation in the activities of more than one Fire Company or emergency organization, a person shall become insured under this policy and one or more similar policies issued by this insurer, insurance effective at any one time on the Insured Member under a like policy or policies in this insurer is limited to the one such policy elected by the insured, his Beneficiary, or his estate, as the case may be, and the insurer will return all premiums paid for all other such policies.

**PART XVI - EXCLUSIONS**

The policy does not cover any loss, fatal or non-fatal, caused by or resulting from (1) suicide or any attempt thereat while sane or self destruction or any attempt thereat while insane; (2) accident occurring in consequence of riding in any vehicle or device for aerial navigation, except as a passenger on a commercial aircraft operated by a scheduled airline, or as a passenger, but not as a crew member, on any aircraft while actually directing, as a Fire Company officer, fire fighting operations from such aircraft; (3) declared or undeclared war or any act thereof; (4) service in the armed forces of any country; (5) any kind of sickness or disease other than specifically provided herein; or (6) participation in athletic games or contests (sports).

**PART XVII - DEFINITIONS**

**Policyholder** means the organization or agency named as policyholder in the Policy Schedule.

**Insured Member** means a volunteer fireman, volunteer policeman, or member of a rescue or ambulance squad or other emergency unit belonging to the Policyholder; a paid driver or other person regularly employed by the Policyholder; or a bystander present at the scene of an emergency, deputized by the officer in charge to assist in fighting a fire or perform first aid or emergency squad duties.

**Injury** means accidental bodily injury sustained during and resulting from participation in a Covered Activity while this policy is in force with respect to the Insured Member so injured, and resulting directly and independently of all other causes in loss covered by this policy.

**Heart or Circulatory Malfunctions** means a myocardial infarction, angina pectoris, coronary thrombosis or cerebral vascular accident, which malfunction does not result from Injury or Infectious Disease as those terms are defined in the policy.

**Covered Activity** means any activity of an Insured Member in the performance of his duties as an Insured Member, provided such activity is performed at the direction of an officer of the Policyholder or is performed at the scene of an "Emergency Activity".

**Emergency Activity** means only an activity engaged in by an Insured Member while taking part in fire fighting, fire drills, training school activities, rescue or other emergency operations, which emergency activity is performed at the direction of an officer of the Policyholder, or when immediate action is required at the scene of an emergency not involving the Policyholder.

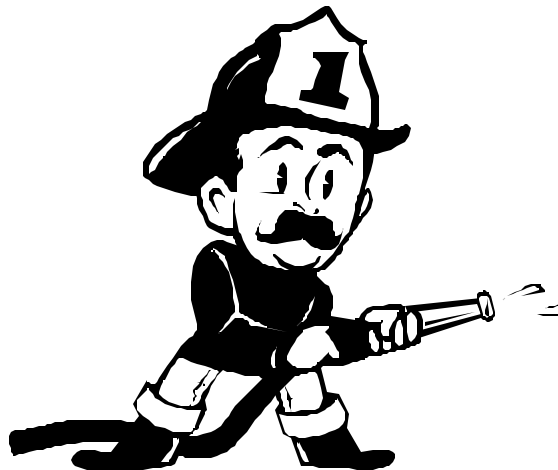
**Hospital** means an institution operated pursuant to law which is licensed or approved as a hospital by the responsible state agency; is primarily engaged in providing medical care and treatment of sick or injured persons on an in-patient basis; and provides 24 hour nursing service by or under supervision of graduate professional nurses (R.N.'s). **IT DOES NOT MEAN:** a military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces; convalescent, rest, or nursing facilities; or facilities primarily for the aged, drug or alcoholic rehabilitation, and those primarily affording custodial or educational care.

VARIOUS COVERAGES FOR SPORTS AVAILABLE ON AN OP-TIONAL BASIS. PLEASE REFER INQUIRES TO HOME OFFICE.



## SCHEDULE OF BENEFITS

<b><u>PART</u></b>	<b><u>SAMPLE PLAN</u></b>	<b><u>YOUR REQUIREMENTS</u></b>
<b>I. ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT, HEARING OR SPEECH</b> Pays for loss of:		
Life.....Principal Sum	\$25,000.00	
Both Hands or Both Feet.....	“	
One Hand and One Foot.....	“	
Entire Sight of Both Eyes.....	“	
Permanent Damage to Both Eyes – up to.....	“	
One Hand and Entire Sight of One Eye.....	“	
One Foot and Entire Sight of One Eye.....	“	
Speech and Hearing.....	“	
One Arm or One Leg.....	18,750.00	
One Hand or One Foot.....	12,500.00	
Entire Sight of One Eye.....	“	
Permanent Damage to One Eye – up to.....	“	
Speech or Hearing.....	“	
Both Thumbs.....	2,500.00	
One Thumb.....	1,250.00	
Each Joint of Fingers or Toes.....	250.00	
<b>II. ACCIDENT – LIFETIME WEEKLY INDEMNITY</b>		
Section A – Total Disability (per week).....	80.00	
Section B – Partial Disability (per week).....	40.00	
<b>III. ACCIDENT – MEDICAL EXPENSE</b>		
Section A – All Accidents.....	5,000.00	
Section B – Plastic Surgery (in addition to the above).....	5,000.00	
<b>IV. ACCIDENT-PERMANENT TOTAL DISABILITY INDEMNITY.....</b>	<b>5,000.00</b>	
<b>V. HEART OR CIRCULATORY MALFUNCTION</b>		
Section A – Loss of Life.....	15,000.00	
Section B – Weekly Indemnity.....	80.00	
Section C – Medical Expense – up to.....	2,000.00	
<b>ESTIMATED PREMIUM DEPENDING ON LOCATION</b>	<b>\$636.00</b>	



**SCHEDULE OF BENEFITS (continued)  
OPTIONAL COVERAGE**

<b><u>PART</u></b>	<b><u>SAMPLE PLAN</u></b>	<b><u>ESTIMATED PREMIUM</u></b>	<b><u>YOUR REQUIREMENTS</u></b>
VI. HEART OR CIRCULATORY MALFUNCTION - NON EMERGENCY ACTIVITY.....( <i>Optional</i> )	15,000.00	120.00	
VII. SPECIFIED CONDITIONS – FLU, GRIPPE, PNEUMONIA, HERNIA, BACK SPRAIN OR STRAIN			
Section A – Loss of Life.....( <i>Optional</i> )	25,000.00	178.00	
Section B – Weekly Indemnity..... “	80.00		
Section C – Medical Expense..... “	2,000.00		
VIII. NON LEAGUE ATHLETIC ACCIDENT MEDICAL EXPENSE...	1,000.00	INCLUDED	
IX. INFECTIOUS DISEASES NOT INCLUDED IN PART VI			
Section A – Loss of Life.....( <i>Optional</i> )	25,000.00	319.00	
Section B – Weekly Indemnity..... “	80.00		
Section C – Medical Expense..... “	2,000.00		
X. PREVENTATIVE INNOCULATION EXPENSE.....( <i>Optional</i> )	250 per person	56.00	
XI. HOSPITAL INDEMNITY – WEEKLY.....( <i>Optional</i> )	50.00/100.00	85.00/170.00	
XII. DOUBLE FIRST WEEK INDEMNITY.....( <i>Optional</i> )	80.00	88.00	
XIII. FAMILY EXPENSE BENEFIT UP TO \$5,000.00.....( <i>Optional</i> )	2,500.00	50.00	
XIV. IMMUNIZATION EXPENSE UP TO \$7,000.00.....( <i>Optional</i> )	2,000.00	240.00	

**AMERICAN SENTINEL WILL WRITE HIGHER LIMITS...MANY PLANS ARE AVAILABLE. THE COMPANY WILL DEVIATE FROM SET PLANS AND WRITE ANY COMBINATION OF BENEFITS. FOR QUOTATIONS AND PROMPT PROPOSALS, CALL THE HOME OFFICE TOLL FREE 1-800-692-7338 OR FAX (717) 657-9499.**

**MULTIPLE COMPANY OR LOCATION DISCOUNTS**

When there is more than one company involved in forming an association or similar group within one civil division (city, borough, town, village, township), or when more than one location for the same volunteer company is involved, the rates shown shall apply only to the first company. Additional companies, locations or units will be charged 25 percent of the total premium charge of the first location.

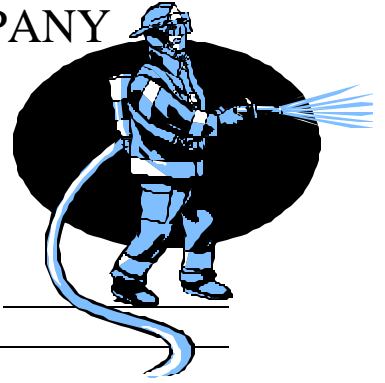
If ambulance service is provided by the fire company and that service is under the supervision of the fire chief or other designated officer of the company, then this service shall be considered an additional location or unit and charged as above.



# AMERICAN SENTINEL INSURANCE COMPANY

Telephone (717) 540-0600  
Toll Free (800) 692-7338  
FAX (717) 657-9499

## APPLICATION



**P.O. BOX 61140  
HARRISBURG, PENNSYLVANIA 17106-1140**

NAME OF FIRE DEPARTMENT, FIRE RELIEF ASSOCIATION OR EMERGENCY UNIT \_\_\_\_\_

PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

FIRE DEPARTMENT, FIRE RELIEF ASSOCIATION OR EMERGENCY UNIT IS COMPRISED OF \_\_\_\_\_ LOCATIONS. LIST LOCATIONS: \_\_\_\_\_

IF A FIRE DEPARTMENT, DOES FIRE DEPARTMENT OPERATE AN AMBULANCE SERVICE?  
 YES  NO INDICATE PLAN DESIRED \_\_\_\_\_

IS COVERAGE DESIRED FOR LOSS OF LIFE AS PROVIDED IN PART VII – SPECIFIED CONDITIONS – FLU, GRIPPE, PNEUMONIA, HERNIA, BACK SPRAIN OR STRAIN?  
 YES  NO

IS COVERAGE DESIRED IN PART IX FOR INFECTIOUS DISEASES NOT INCLUDED IN PART VII?  
 YES  NO

IS COVERAGE DESIRED FOR HOSPITAL INDEMNITY IN PART XI?  YES  NO  
If yes, check  Fifty (\$50.00) per week  One Hundred (\$100) per week  Other \$ \_\_\_\_\_

IS COVERAGE DESIRED FOR DOUBLE FIRST WEEK INDEMNITY AS PROVIDED IN PART XII?  
 YES  NO

IS COVERAGE FOR JUNIOR FIREMEN TO BE INCLUDED?  YES  NO

IS COVERAGE FOR LADIES AUXILIARY TO BE INCLUDED?  YES  NO  
If yes, check  Rider RB or  Rider RC.

IS COVERAGE DESIRED FOR PREVENTATIVE INOCULATION EXPENSES?  YES  NO  
If yes, check  \$250.00 Maximum Per Insured Member; or  \$375.00 Maximum Per Insured Member; or  \$500.00 Maximum Per Insured Member.

IS COVERAGE DESIRED FOR HEART OR CIRCULATORY MALFUNCTIONS FOR COVERED ACTIVITY NOT INCLUDED IN EMERGENCY ACTIVITY?  YES  NO  
If yes, check  \$5,000.00  \$10,000.00  \$15,000.00 Aggregate Benefit Limit Per Insured Member.

IS COVERAGE DESIRED FOR EXPENSES INCURRED BY FAMILY MEMBER WHILE VISITING AN INSURED MEMBER?  YES  NO If yes, state amount (\$5,000.00 Maximum) \$ \_\_\_\_\_

IS COVERAGE DESIRED FOR THE GROUP EMERGENCY IMMUNIZATION RIDER?  
 YES  NO  
If yes, state Group Aggregate Amount Desired (Maximum \$7,000.00) \$ \_\_\_\_\_

TOTAL PREMIUM: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

AGENT: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_