

Convex US Accident & Health Passenger Accident Insurance



Underwriting Company:

Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

Life Insurance Company of North America is located at 51 Madison Ave, New York, NY 10010

Administered by:

Convex North America Insurance Services LLC
Principal office: 47 Hulfish Street, Suite 310, Princeton, NJ 08542
Not all benefits or provisions may be applicable for all states.
Policy Form Series: BA-01-1000.00, BA-02-1000.00

IMPORTANT: This program provides insurance for covered accidents only while insureds are participating in Covered Activities as described herein.

THIS IS A LIMITED POLICY WHICH PAYS BENEFITS DURING THE COVERAGES SHOWN IN THE SCHEDULE OF BENEFITS ONLY.

AHR-NYL-BND-002 (04/26)



Importance of Passenger Accident Insurance

In the event of an accident, an injured guest passenger in a truck or motor carrier vehicle has the right to sue both the driver of the vehicle and the trucking or motor carrier company. This policy provides the benefits outlined in this brochure to guest passengers who experience a covered injury while traveling with a driver who is operating the vehicle under a lease arrangement, on authorized trips, for the covered trucking or motor carrier company (the Policyholder).

Eligibility

An Eligible Person is a person in an Eligible Class.

Class 1: All guest passengers 18 years of age and over who accompany the driver (employee driver and/or independent contractor) while the driver is operating and under lease on authorized trips on behalf of the Policyholder and whose names are on file with the Policyholder.

Class 2: All guest passengers under the age of 18 and who accompany the driver (employee driver and/or independent contractor) while the driver is operating and under lease on authorized trips on behalf of the Policyholder and whose names are on file with the Policyholder.

Covered Activities

Coverage will generally apply while participating in the following Covered Activities:

Class 1 and 2: Coverage is provided while riding as an authorized passenger while in or on, or immediately boarding or alighting from the covered vehicle.

Effective and Termination Dates

Dates may vary depending on the state of issue.

Effective Date: An Insured's coverage under the Policy begins on the latest of:

1. The Policy effective date, provided that the policy premium has been paid;
2. The date he or she is eligible.

Termination Date: An Insured's coverage under the Policy ends on the earliest of:

1. The Policy is terminated;
2. The Insured is no longer eligible;
3. The period ends for which premium is paid, subject to the grace period; or
4. The Insured fails to pay the required premium, if the Insured is so required.

Benefits

Accidental Death Benefit and Accidental Dismemberment Benefit

If Injury to an Insured results from a Covered Accident while covered under the policy and within 365 days of the Accident, in any one of the losses shown herein, We will pay the Benefit Amount shown on the Questionnaire for that loss. Except as specifically provided herein, if multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

Covered Loss	Benefit Amount
Death	100% of the Accidental Dismemberment Benefit Amount
Two or More Members	100% of the Accidental Dismemberment Benefit Amount
One Member	50% of the Accidental Dismemberment Benefit Amount
Thumb and Index Finger of the Same Hand	25% of the Accidental Dismemberment Benefit Amount

Accident Medical Expense Benefit

We will reimburse up to the Benefit Amount, if an Insured suffers a Covered Injury that, within 90 days of the date of the Covered Accident that caused the Covered Injury, requires him or her to be treated by a Doctor. We will pay the Usual and Customary charges incurred for Covered Medical Services that are Medically Necessary and received due to that Covered Injury. Benefits are payable for charges incurred within the 52 Weeks.

Excess Benefit With Integrated Deductible

This provision applies only after the Insured satisfies any Deductible and when an Insured has Usual and Customary charges and healthcare coverage under one or more other Benefit Plans. If a claim qualifies for both the Accident Medical Expense Benefit and another Benefit Plan, this Policy serves as excess coverage. Benefits will be determined only after the other Benefit Plan benefits have been exhausted, as described below, unless both:

1. The other Benefit Plan has coordination or excess benefits rules that require benefits to be determined in excess of the benefits of Accident Medical Expense Benefit; and
2. Accident Medical Expense Benefit has covered the Insured longer than the other Benefit Plan has.

When the Accident Medical Expense Benefit is an excess plan, the benefits of Our Benefit(s) for the Coinsurance percentage of the Usual and Customary charges will be reduced when the sum of:

1. The benefits that would be payable for [the Coinsurance percentage of the] Usual and Customary charges under the Accident Medical Expense Benefit in the absence of this provision; and
2. The benefits that would be payable for those same expenses under the other Benefit Plans in the absence of provisions with a purpose like that of a coordination or excess benefits provision, whether or not claim is made; exceeds the amount of the Coinsurance percentage of the Usual and Customary charges. In that case, the Accident Medical Expense Benefit benefits will be reduced so that they and the other Benefit Plans' benefits do not total more than the amount of the Coinsurance percentage of the Usual and Customary charges.

Home Alteration and Vehicle Modification Benefit

We will pay the Benefit Amount, when the Insured suffers a Covered Loss, other than a Loss of Life, from a Covered Accident.

This benefit will be payable if all of the following conditions are met:

1. Prior to the date of the Covered Accident causing such Covered Loss, the Insured did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. As a direct result of such Covered Loss, the Insured now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. The Insured requires home alteration or vehicle modification within 1 year(s) of the date of the Covered Accident.

Rehabilitation Benefit

We will reimburse up to the Benefit Amount when the Insured requires Rehabilitation after sustaining a Covered Loss from a Covered Accident. The Insured must require Rehabilitation within 1 year(s) after the date of the Covered Accident.

For the purpose of this Benefit, the Definitions Section of the Policy is amended to include the following:

Rehabilitation means medical services; supplies; or treatment; or Hospital confinement (or part of a Hospital confinement) that satisfies all of the following conditions:

1. Are essential for physical rehabilitation required due to the Insured's Covered Loss;
2. Meet generally accepted standards of medical practice;
3. Are performed under: the care; supervision; or order of a Physician;
4. Prepare the Insured to return to his or any other occupation.

Seat Belt and Air Bag Benefit

We will pay the Seat Belt Benefit Amount, if an Insured suffers a loss of life for which the Accidental Death Benefit is payable under this Policy and the Covered Accident causing death occurs while the Insured is operating, or riding as a Passenger in, an Automobile and wearing a properly fastened Seat Belt.

We will pay the Air Bag Benefit Amount, if an Insured suffers a loss of life for which the Accidental Death Benefit is payable under this Policy and the Covered Accident causing death occurs while the Insured is operating, or riding as a Passenger in, an Automobile and:

1. The Insured was positioned in a seat equipped with a factory installed Airbag; and
2. The Insured was properly strapped in the Seat Belt when the Airbag inflates;

In order to get paid under this Benefit Amount, the police report must establish that the Airbag inflated properly upon impact.

If a police report is not available, or it is unclear whether the Insured was wearing a Seat Belt or positioned in a seat protected by a properly functioning and properly deployed Airbag, We will pay a limited benefit of \$1,000.

For the purpose of this Benefit, the Definitions Section of the Policy is amended to include the following:

Automobile means a self-propelled private passenger motor vehicle with four or more wheels that is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but not limited to:

1. A sedan
2. Station wagon
3. Sport utility vehicle, and
4. A motor vehicle of the pickup, panel, van, camper, or motor home type

Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

Airbag means an inflatable supplemental passive restraint system installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications that inflates upon collision to protect an individual from injury and death. An Airbag is not considered a Seat Belt.

Seat Belt means:

1. An unaltered belt, lap restraint or shoulder restraint installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications; or
2. A child restraint device that meets the standard of the National Safety Council and is properly secured and utilized in accordance with applicable state law and the recommendations of its manufacturer for children of like age and weight.



Travel Assistance Benefit

We will pay up to the Medical Evacuation Benefit Amount, if an Insured is Injured on a Covered Trip and is being treated in a Hospital, medical facility, clinic or by a medical provider which, based on Our or Our Assistance Provider's evaluation, cannot provide medical care in accordance with Western Medical Standards, We or Our Assistance Provider will arrange for, and cover the cost for, the transport of the Insured to the nearest Hospital or medical facility which can provide such care. We or Our Assistance Provider must be contacted prior to the transport, except for medical emergencies for which We or Our Assistance Provider must be contacted as soon as possible after the evacuation) and We or Our Assistance Provider must pre-authorize the transport for this Medical Evacuation Benefit to be payable. No transport will be covered without the prior recommendation of the attending Doctor.

Based on all the circumstances, We or Our Assistance Provider will determine the standard of care of a hospital or medical facility, clinic or medical provider for the limited purpose of determining Our liability.

In addition to the Exclusions shown under this Benefit, the following apply specifically to the Medical Evacuation Benefit:

1. The medical care which is being provided is consistent with Western Medical Standards. We or Our Assistance Provider will make that determination based on all the circumstances;
2. If it is not medically necessary to transport the Insured to another hospital or medical facility. We or Our Assistance Provider will make that determination based on all the circumstances;

We will pay up to the Return of Remains Benefit Amount, if an Insured dies while on a Covered Trip, We or Our Assistance Provider will make arrangements and pay for the local preparation of the body for transport (including cremation), travel clearances and authorizations, standard shipping container (including urn or coffin) and transportation of the body or remains to its country of destination. We or Our Assistance Provider must be contacted prior to the preparation and transportation of the body and We or Our Assistance Provider must pre-authorize the services and transportation for this Return of Remains Benefit to be payable.

Limitation on Multiple Covered Losses

If an Insured suffers more than one Covered Loss as a result of the same Accident, We will pay only one benefit, the largest benefit. This does not apply to acquired brain injuries and prosthetic devices, orthotic devices and related services.

Limitation on Multiple Covered Policies

If an Insured can recover benefits under more than one accident policy written by Us, We will pay under only one policy, the policy which offers the Insured the largest benefit.

Aggregate Limit

If more than one Insured suffers a Covered Loss in the same Accident, then We will not pay more than the Aggregate Limit of Insurance shown in the Schedule of Benefits. If an Accident results in Benefit Amounts becoming payable, which when totaled, exceed the applicable Aggregate Limit of Insurance shown above, then the Aggregate Limit of Insurance will be divided proportionally among the Insureds, based on each applicable Benefit Amount. The Aggregate Limit of Insurance applies only to the following Benefit: Accidental Death & Dismemberment Benefit.

Definitions

Definitions may vary depending on the state of issue.

Accident	A sudden, unexpected and unintended event that occurs by chance at an identifiable time and place during the Policy Term and results in bodily Injury to the Insured. The accident must occur while an Insured is covered under this Policy.
Covered Accident	An Accident that occurs while coverage is in force for an Insured and results in a loss or Injury covered by this Policy for which benefits are payable.
Covered Activity	Any activity that the Policyholder requires an Insured to attend, or that is under its supervision and control and insured under this Policy.
Covered Expenses	Expenses actually incurred by or on behalf of an Insured for treatment, services and supplies covered by this Policy. For an Insured to receive benefits from a Covered Accident, coverage under this Policy must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received by an Insured. A Covered Expense is incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.
Covered Loss	A loss which meets the requisites of one or more Benefits, results from a Covered Injury, and for which benefits are payable under this Policy.
Deductible	The dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Insured on a per Accident basis before Accident Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.
Doctor	A licensed health care provider acting within the scope of his or her license and rendering care or treatment to an Insured that is appropriate for the conditions and locality.
Eligible Person	A person in an Eligible Class.
Emergency Care	Bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in: <ul style="list-style-type: none"> • placing the patient's health in serious jeopardy; • serious impairment to bodily functions; or • serious dysfunction of any bodily organ or part.
Hospital	A public or private institution which: <ol style="list-style-type: none"> 1. is licensed in accordance with the laws of the jurisdiction where it is located; 2. is accredited by The Joint Commission (not applicable to Hospitals located outside the United States); 3. operates for the reception, care and treatment of sick, ailing or injured persons as in-patients; 4. provides organized facilities for diagnosis and medical or surgical treatment; 5. provides 24 hour nursing care; 6. has a Doctor or staff of Doctors; and 7. is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts. Hospital also includes a state tax-supported institution that would otherwise be considered a Hospital, except that it does not have an operating room and related equipment for surgery.
Injury	Accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.
Insured	A person in a Classes of Eligible Persons for whom the required premium is paid making insurance in effect for that person.
Policy	A legal contract between the Policyholder and Us which describes the terms and conditions of insurance subject to its provisions, limitations and exclusions.
Policyholder	The company or organization that elects to provide this Policy to their employees, members or participants.
Sound Natural Tooth	A tooth which is intact with a root, pulp, and a maximum of two surfaces restored and/or decayed, and no missing tooth structure due to fracture.

Exclusions

Exclusions may vary depending on the state of issue. Benefits will not be paid for any Covered Injury, Covered Loss or Covered Expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for under this Policy:

1. Intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. Declared or undeclared war or act of war. War or act of war does not include acts of terrorism;
3. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
4. Piloting or serving as a crewmember;
5. Commission or attempt to commit a felony; an assault or other illegal activity;
6. Commission of or active participation in a riot or insurrection;
7. Flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
 - a. A fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. A passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent;
8. Travel in or on any on-road or off-road motorized vehicle, that does not require licensing as a motor vehicle;
9. Participation in any motorized race or contest of speed;
10. An Accident if the Insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless:
(a) the Insured holds a valid learners permit and (b) the Insured is receiving instruction from a driver's education instructor;
11. Medical or surgical treatment; diagnostic procedure; administration or anesthesia; or medical mishap or negligence including malpractice;
12. Travel in any aircraft: owned; leased; or controlled by the Policyholder or any of its subsidiaries or affiliates. An aircraft will be deemed to be controlled by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days or more than 15 days in any year;
13. Injuries compensable under Workers' Compensation law or any similar law;
14. A Covered Accident that occurs while on active-duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active-duty training is not excluded unless it extends beyond 31 days;
15. A cardiovascular accident or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Insured participates in a Covered Activity;
16. Aggravation, during a Covered Activity, of any Injury the Insured suffered before participating in that Covered Activity;
17. The insured being under the influence of drugs or intoxicants while operating a motorized vehicle. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. If the such jurisdiction does not have a law to define intoxication, then under this Policy it will mean a blood alcohol content of .08 or greater;
18. Participation in professional; club; intercollegiate; interscholastic; intramural sports;
19. Release whether or not accidental; by any person unlawfully or intentionally, of nuclear energy or radiation, including Sickness or disease resulting from such release.

Exclusions Continued

For the purpose of the Accident Medical Expense Benefit, the following additional exclusions apply:

1. Pregnancy, childbirth, elective abortion, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
2. Complications of pregnancy or miscarriage, except as a result of a Covered Accident;
3. Elective or cosmetic surgery, except for reconstructive surgery needed as a result of a Covered Injury;
4. Orthopedic appliances used mainly to protect a Covered Injury;
5. Treatment or service provided by a private duty nurse;
6. Routine physical exams and medical services or wellness visits;
7. Overuse symptoms including, but not limited to, bursitis; shin splints; stress fractures; heat exhaustion; heat stroke; heat prostration; malfunction of the heart; embolism; reinjuries or the aggravation thereof; sprains; hernia; strains; muscle tears; repetitive motion injuries and/or treatment of injuries that result over a period of time (such as blisters and tennis elbow) and that are normal result of participation in a Covered Activities;
8. Mental and nervous disorders;
9. Physical and occupation therapy;
10. Medical emergency evacuation;
11. Experimental or investigative treatment or procedures;
12. Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member except for treatment for Dental Services provided for under this Policy; or member of the Insured's household;
13. Treatment of hernia; Osgood-Schlatter's Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by a Covered Injury;
14. Blood; blood plasma; or blood storage except expenses by a Hospital for processing or administration of blood;
15. Eyeglasses; contact lenses; hearing aids; wheelchairs; braces; appliances; examinations or prescriptions for them; or repair or replacement of existing artificial limbs; or orthopedic braces.
16. Covered medical expenses for which the Insured would not be responsible for in the absence of this Policy;
17. Conditions that are not cause by a Covered Accident;
18. Participation in any activity or Coverage not specifically covered by this Policy;
19. Any: treatment; service or supply not specifically covered by this Policy;
20. Personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.

Exclusions Continued

For the purpose of the Travel Assistance Benefit, the Common Exclusion Section of the Policy is deleted and replaced with the following:

- 1.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
- 2.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from war or any act of war, whether declared or undeclared (not including acts of terrorism);
- 3.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from involvement in any type of active military service.
- 4.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from participation in the commission or attempted commission of a crime, any felony, an assault, active participation in an insurrection or riot;
- 5.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity;
- 6.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from being intoxicated. An Insured will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the state in which the Accident occurred, to be intoxicated, if operating a motor vehicle. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Insured's intoxication;
- 7.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from the intentional use of illegal drugs or intentional misuse of prescription or over the counter drugs (not taken as directed);
- 8.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from the Insured riding in or on, boarding, or getting off any aircraft if the Insured is the pilot, operator, member of the crew or cabin attendant of such aircraft;
- 9.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from the Insured riding in or on, boarding, or getting off any aircraft Owned or Controlled by, or Under lease to the Insured or a member of the Insured's family's household;
- 10.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from the Insured riding in or on, boarding, or getting off any aircraft engaged in Specialized Aviation Activity;
- 11.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from the Insured riding in or on, boarding, or getting off any conveyance except aircraft used for tests or experimental purposes, or in a race or speed test;
- 12.** The Injury, death, hospitalization, imminent physical danger, or reported disappearance of the Insured is caused by, or results from alcoholism or drug addiction;
- 13.** The Covered Trip was undertaken for the specific purpose of securing medical treatment;
- 14.** We or Our Assistance Provider did not pre-authorize the transportation and/or services;
- 15.** The Covered Trip was undertaken against the advice of a physician or medical practitioner;
- 16.** The costs incurred are not necessary and/or are excessive. We or Our Assistance Provider will make that determination based on all the circumstances;
- 17.** Based upon the medical condition of the Insured and/or the local conditions and circumstances, We or Our Assistance Provider determines that the medical evacuation or repatriation is not appropriate. We or Our Assistance Provider will make that determination based on all the circumstances;

Questionnaire

Producer Information

Producer of Record								
Producer Company Name								
Street Address								
City				State			ZIP	
Phone				Email				
Website Address								

Are you the incumbent? Yes No

Proposed Policyholder Information

Proposed Policyholder Legal Name								
Street Address								
City				State			ZIP	
Phone				FEIN Number				
Website Address								

Type Of Organization

Describe Organization	
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Proposed Coverage Effective Date

Coverage becomes effective on the proposed date only if the Company has received the completed questionnaire and approved the risk on or before the proposed effective date. If the completed questionnaire is received after the proposed effective date, coverage will not take effect until the Company receives and accepts the questionnaire and approves the risk. Please enter the proposed effective date in the spaces below. The coverage period is one (1) year from the organization's Policy effective date.

M	M	D	D	Y	Y	Y	Y
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Plan Options

Maximum Benefit Amounts	Plan 1	Plan 2	Plan 3
Accident Medical Expense	\$100,000	\$200,000	\$300,000
Benefit Period	52 Weeks	52 Weeks	52 Weeks
Incurral Period	90 Days	90 Days	90 Days
Deductible	\$0	\$0	\$0
Dental Maximum – (per tooth per accident)	Included in Maximum Medical Benefit	Included in Maximum Medical Benefit	Included in Maximum Medical Benefit
Accidental Death	Class 1: \$100,000 Class 2: \$10,000	Class 1: \$200,000 Class 2: \$20,000	Class 1: \$300,000 Class 2: \$25,000
Incurral Period	365 Days	365 Days	365 Days
Accidental Dismemberment	Class 1: \$100,000 Class 2: \$10,000	Class 1: \$200,000 Class 2: \$20,000	Class 1: \$300,000 Class 2: \$25,000
Incurral Period	365 Days	365 Days	365 Days
Home Alteration and Vehicle Modification Benefit	The lesser of \$10,000 or 5% of the Accidental Death Benefit Amount	The lesser of \$10,000 or 5% of the Accidental Death Benefit Amount	The lesser of \$10,000 or 5% of the Accidental Death Benefit Amount
Seat Belt and Airbag Benefit	Seat Belt: The lesser of \$10,000 or 5% of the Accidental Death Benefit Amount Airbag: The lesser of \$5,000 or 5% of the Accidental Death Benefit Amount	Seat Belt: The lesser of \$10,000 or 5% of the Accidental Death Benefit Amount Airbag: The lesser of \$5,000 or 5% of the Accidental Death Benefit Amount	Seat Belt: The lesser of \$10,000 or 5% of the Accidental Death Benefit Amount Airbag: The lesser of \$5,000 or 5% of the Accidental Death Benefit Amount
Medical Evacuation Benefit Amount	\$100,000	\$100,000	\$100,000
Return of Remains Benefit Amount	\$50,000	\$50,000	\$50,000
Aggregate Limit of Indemnity	\$1,000,000	\$2,000,000	\$3,000,000

*The actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

Plan Costs (Please select only one plan / exposure bracket that applies to your group)

Total Drivers	Plan 1	Plan 2	Plan 3
1 to 25	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000
26 to 50	<input type="checkbox"/> \$675	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,350
51 to 100	<input type="checkbox"/> \$875	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,750
101 to 200	<input type="checkbox"/> \$1,750	<input type="checkbox"/> \$2,625	<input type="checkbox"/> \$3,500
201 to 300	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000

Total Actual Drivers:

*The Minimum Premium is \$500 per policy per year. Rates shown are per Policy year. Rates may vary based upon prior claims history.

Previous Insurance (rates may vary from this brochure based on prior claim history)

If an accident insurance program has been in force for your organization's participants, please give full details for the past three (3) years:

Policy Effective & Expiration Dates	Name of Carrier	Exposure	Annual Gross Premium	Paid Claims	Claim Reserve Amount	Number of Claims
Total						

Valuation Date of Premium and Losses

Check here if no prior coverage (Upon review, more detail may be requested.)

Approval

We will review the completed questionnaire promptly and notify you if coverage will be provided, or if there are any problems, miscalculations or omissions that would prevent us from issuing coverage.

Signed Statement

All information on the questionnaire is correct to the best of my knowledge. I understand that the Company must accept and approve this questionnaire before coverage is effective. I agree that the Company may audit my records to verify proper payment. By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as presented in this brochure.

Officer's name (print)		Title (print)	
Signature			
Date Signed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

For Official Use Only

Disclaimer

Upon signature below by authorized representative of Convex U.S., this insurance binder is being provided as a source of information. While it summarizes the terms of the policy that Life Insurance Company of North America intends to issue, this document is not intended to serve as a comprehensive record of your policies' coverage, terms, or limitations. This document is not an insurance policy and does not provide an agreement for insurance or the grant of any coverages. All coverages outlined in this binder are subject to the full terms, exclusion and limitations listed within the policy.

Policy Number	
Bound Premium	
Bound Plan Option	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
Bound Effective Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Authorized Representative

Signed By	
Name	
Title	
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



For more information contact your Convex US Accident & Health representative by scanning the QR code or clicking the following link
us.convex.com/underwriting/accident-health



Convex North America Insurance Services LLC

Principal office: 47 Hulfish Street, Suite 310, Princeton, NJ 08542

AR Insurance License 3001470380, CA Insurance License 6006844

Information regarding Convex US's Licensing can be found **here**.

us.convexin.com

IMPORTANT: This program provides accident insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.

THIS INSURANCE COVERAGE IS RENEWABLE AT THE OPTION OF THE COMPANY AND MAY BE CANCELLED OR NON-RENEWED BY THE COMPANY SUBJECT TO THE TERMS AND CONDITIONS IN THE POLICY. THIS POLICY IS SUBJECT TO CHANGES OR INCREASES IN THE PREMIUM AT TIME OF RENEWAL OR TO NONRENEWAL.

New York Life Insurance Company:

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