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Occupational Accident Insurance for Small Fleet Accounts

$1,000,000 Occupational Accident Program as low as $139.74 per month

Program limit	$1,000,000 Combined Single Limit for any person due to any one Occupational Accident
Accidental death & dismemberment	$250,000 Principal Sum - Paid lump sum
Accident medical/dental	$1,000,000 maximum Medical and Dental Expense benefit $0 deductible per accident 104 week maximum benefit period
Temporary total disability	$500 weekly benefit after 7 day waiting period 104 week maximum benefit period
Continuous total disability	$500 weekly benefit after 104 week waiting period Maximum benefit payable to age 70
Non-occupational accident	$10,000 AD&D Principal Sum - Paid as lump sum $10,000 Medical and Dental Expense benefit - $0 deductible per policy 52 week maximum benefit period
Hernia, hemorrhoid, occupational disease, cumulative trauma	$10,000 lifetime maximum $0 deductible per accident
Passenger accident death and dismemberment	$10,000 Principal Sum - Paid as lump sum
Passenger accident medical/dental	$10,000 maximum Medical and Dental benefit - $0 deductible per policy 104 week maximum benefit period
Emergency evacuation	$5,000 Limit
Family transportation	$1,000 Limit
Trauma counseling	$600 Maximum Limit $100 Per Visit/6 Visit Maximum

For more information, please contact: accident-and-health-us@convexin.com

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Summary of coverage

Coverage	Value	Standard	Premier
Accidental death & dismemberment	**$150,000 Principal Sum — Accidental Death** • Paid lump sum **$150,000 Principal Sum — Accidental Dismemberment**	**$250,000 Principal Sum — Accidental Death** • Paid lump sum **$250,000 Principal Sum — Accidental Dismemberment**	**$300,000 Principal Sum — Accidental Death** • Paid lump sum **$300,000 Principal Sum — Accidental Dismemberment**
Accident medical/dental	**$500,000 Maximum Benefit including Dental Expenses** • $0 deductible 104 week maximum benefit period	**$1,000,000 Maximum Benefit including Dental Expenses** • $0 deductible 104 week maximum benefit period	**$1,000,000 Maximum Benefit including Dental Expenses** • $0 deductible 104 week maximum benefit period
Combined single limit	**$500,000**	**$1,000,000**	**$1,000,000**
Temporary total disability	**$400 weekly benefit after 7 day waiting period** 104 week maximum benefit period	**$500 weekly benefit after 7 day waiting period** 104 week maximum benefit period	**$600 weekly benefit after 7 day waiting period** 104 week maximum benefit period
Continuous total disability	**$400 weekly benefit period after 104 week waiting period** Maximum benefit payable to age 70	**$500 weekly benefit period after 104 week waiting period** Maximum benefit payable to age 70	**$600 weekly benefit period after 104 week waiting period** Maximum benefit payable to age 70
Non-occupational accident	**None**	**$10,000 Principal Sum — Accidental Death** **$10,000 Principal Sum — Accidental Dismemberment** **$10,000 Accident Medical/Dental** • $0 deductible 52 week maximum benefit period	**$10,000 Principal Sum — Accidental Death** **$10,000 Principal Sum — Accidental Dismemberment** **$10,000 Accident Medical/Dental** • $0 deductible 52 week maximum benefit period
Hernia, hemorrhoid, occupational disease, cumulative trauma	**None**	**$10,000 lifetime maximum benefit**	**$10,000 lifetime maximum benefit**

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Summary of coverage

Coverage	Value	Standard	Premier
Passenger accident medical/dental	**None**	**$10,000 Maximum Benefit including Dental Expenses** • $0 deductible 104 week maximum benefit period	**$10,000 Maximum Benefit including Dental Expenses** • $0 deductible 104 week maximum benefit period
Passenger accident death & dismemberment	**None**	**$10,000 Principal Sum — Accidental Death** **$10,000 Principal Sum — Accidental Dismemberment**	**$10,000 Principal Sum — Accidental Death** **$10,000 Principal Sum — Accidental Dismemberment**
Rehabilitation	**None**	**None**	**$25,000 Maximum Limit**
Emergency evacuation	**None**	**$5,000 Limit**	**$5,000 Limit**
Family transportation	**None**	**$1,000 Limit**	**$1,000 Limit**
Trauma counseling	**None**	**$600 Maximum Limit** **$100 Per Visit/** **6 Visit Maximum**	**$600 Maximum Limit** **$100 Per Visit/** **6 Visit Maximum**

Equipment	Value	Standard	Premier
Class I	**$120.31**	**$139.74**	**$150.10**
Class II	**$135.53**	**$154.43**	**$173.36**
Class III	**$154.46**	**$180.16**	**$195.91**
Class I*	Dry Van, Reefer, Intermodal		* Excluded are HazMat (e.g., Flammable, Caustic, Explosive, Poisonous) Haulers, Moving & Storage, White Glove/Home Delivery
Class II*	Non-HazMat Tanker, Redi-Mix		
Class III*	Flat Bed, Auto Hauler, Dump, Aggregate, Oversized Loads, and Classes not covered in Class I or II		

Convex North America Insurance Services LLC

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

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

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