

CHUBB®

Voluntary Accident
Disability Income

With Accidental Death
& Dismemberment
Insurance Options

United States
Trotting Association



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

No one wants to think about the possibility of having a life-threatening accident, but the fact is, accidents are the fourth leading cause of death*. Take advantage of this valuable program. Today, let the Van Gundy Agency assist you in enrolling in the Voluntary Accident Plan!

"This insurance helps pay the bills while you're laid up. I can't say enough about the importance of this insurance, and I very highly recommend it to everyone!"
Mitchell Walker of Michigan

(*National Vital Statistics Report, Volume 64,
Number 2, February 16, 2016)

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
gmneely@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 Accident Disability* benefit and \$100,000 Accidental Death & Dismemberment benefit. Annual Premium \$328.00.
- **Option 2** - \$500 Weekly Accident Disability* benefit and \$250,000 Accidental Death & Dismemberment benefit. Annual Premium \$819.00.

Plan B: 24 Hour Accident

- **Option 1** - \$300 Weekly Accident Disability* benefit and \$100,000 Accidental Death & Dismemberment benefit. Annual Premium \$378.00.
- **Option 2** - \$500 Weekly Accident Disability* benefit and \$250,000 Accidental Death & Dismemberment benefit. Annual Premium \$944.00.
- **Option 3** - \$1,000 Weekly Accident Disability* benefit and \$250,000 Accidental Death & Dismemberment benefit. Annual Premium \$2,110.00.

* If, within 30 days of a covered accident, 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.

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 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 Loss of 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.

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 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 or 100% of the principal sum has been paid.

Paralysis: If an accidental bodily injury causes the insured person to suffer paralysis, such insured person will be paid from 25% to 100% of the principal sum.

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 5% of the principal sum subject to a maximum of \$25,000.

Rehabilitation Expense: If an accidental bodily injury causes you to suffer a covered loss which 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 5% of the principal sum subject to a maximum of \$25,000.

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 seatbelt, 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.

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
- Quadriplegia
- Paraplegia
- Hemiplegia
- Uniplegia

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.
- your incarceration after a conviction.
- you being intoxicated at the time of the accident.
- 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

Address/P.O. Box

City State ZIP Code

Phone Number Cell Number

Social Security Number Date of Birth

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
\$328 Annual Premium
- Option 2: \$250,000 AD&D and \$500 Disability
\$819 Annual Premium

Plan B: 24 Hour Accident

- Option 1: \$100,000 AD&D and \$300 Disability
\$378 Annual Premium
- Option 2: \$250,000 AD&D and \$500 Disability
\$944 Annual Premium
- Option 3: \$250,000 AD&D and \$1,000 Disability
\$2,110 Annual Premium

Your Signature

Please mail form and premium to:

Van Gundy Insurance

101 S. Towanda Avenue, Normal, IL 61761



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Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at new.chubb.com. Insurance provided by Federal Insurance Company. All products may not be available in all states. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Chubb is the world's largest publicly traded property and casualty insurance group. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. Chubb, PO Box 1600, Whitehouse Station, NJ 08889-1600.

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