

Date: May 14, 2020
Effective: 07/01/2020

Title: _____
Date: _____

(Signature)

ACCIDENT COVERAGES	MAXIMUM	CURRENT	OPTION 1	OPTION 2	OPTION 3
Accidental Death & Dismemberment	639,000	639,000			
Accident Medical Benefit	300,000	300,000			
Medical Expense Deductibles - per person/per claim	No Limit	0			
Medical Expense Deductibles - Aggregate	No Limit	0			
Weekly Indemnity (up to)	2,500	1,000			
Waiting Period	0 Days	0			
Benefit Period (5 yrs, or Age 70 or Life)	5 Yrs, Age 70 or Life	Life			
Permanent Total Disability Lump Sum (Coverage Available Only if Weekly Indemnity Coverage is Purchased)	500,000	500,000			
HEART OR CIRCULATORY MALFUNCTION					
Principal Amount	639,000	639,000			
Medical Benefit	300,000	300,000			
Weekly Indemnity (up to)	2,500.00	1,000			
Benefit Period (5 yrs and/or Under Age 70)	5 yrs &/or Under Age 70	Life			
INFLUENZA, LAGRIPPE AND PNEUMONIA					
Principal Amount	639,000	639,000			
Medical Benefit	300,000	300,000			
Weekly Indemnity (up to)	2,500	1,000			
Benefit Period (5 yrs, or Age 70 or Life)	5 Yrs, Age 70 or Life	Life			
CONTAGIOUS AND INFECTIOUS DISEASE					
Principal Amount	639,000	639,000			
Medical Benefit	300,000	300,000			
Weekly Indemnity (up to)	2,500	1,000			
Benefit Period (5 yrs, or Age 70 to Life)	5 Yrs, Age 70 or Life	Life			
CANCER PRESUMPTION-Firefighters					
Weekly Indemnity	2,500	1,000			
Maximum Benefit Period	5 Years or Age 70	Life			
Lump Sum Benefit (Optional)					
Early Stage Cancer Benefit	6,250	0			
Advanced Cancer Benefit	25,000	0			
Lifetime Maximum Benefit	50,000	0			
OTHER COVERAGES					
24 Hour AD&D	25,000	0			
Adaptive home and vehicle benefit	25,000/25,000	25,000/25,000			
Brain Damage	100% of AD&D Limit	Included			
Child Care Expense	30,000	30,000			
Coma	100% of AD&D Limit	Included			
Critical Burn Expense	450,000	450,000			
Education Expense	30,000	30,000			
Family Expense Benefit = \$250 Per Day for 21 Days	5,250	5,250			
Felonious Assault	50,000	50,000			
Funeral Expense	15,000	15,000			
Home Health Care	25,000	25,000			
Hospital Benefit - \$60 Per Day up to 730 Days	\$60/730 Days	60			
Occupational HIV Positive Benefit	450,000	450,000			
Occupational Hepatitis Benefit	450,000	450,000			
Parent Care	30,000	30,000			
Psychological Therapy (Post Traumatic Stress-\$20,000 Incl.)	50,000	20,000			
Psychological Therapy \$10,000 Indemnity Available with Accident Weekly Indemnity Only	10,000	10,000			
Reconstructive Surgery (Bodily Injury)	25,000	25,000			
Seat Belt/Air Bag Benefit	30,000/30,000	30,000			
Spouse Employment Training Expense	30,000	30,000			
Survivor Benefit (1% of Principal Sum to 12 Months)	1% of AD&D Limit	Included			

JUNIOR OFFICERS					
Principal Amount	10,000	10,000			
Medical Benefit	25,000	25,000			
MEDICAL PREMIUM		\$ 7,049			
AD&D PREMIUM - Career		\$ 268			
AD&D PREMIUM - Volunteer/Aux		\$ 2,818			
CABOT CLAIMS MANAGEMENT FEE		\$ 0			
TOTAL PREMIUM		\$ 10,135			

This worksheet is for quoting purposes only - Refer to policy for terms and conditions.

Cabot Risk Strategies, LLC

Disclosure

This is a coverage summary, not a legal contract. This summary is provided to assist in your understanding of your insurance program. Please refer to the actual policies for specific terms, conditions, limitations and exclusions that will govern in the event of a loss. Specimen copies of all policies are available for review prior to the binding of coverage.

In evaluating your exposure to loss, we have been dependent upon information provided by you. If there are other areas that need to be evaluated prior to binding of coverage, please bring these areas to our attention. Should any of your exposures change after coverage is bound, such as your beginning new operation, hiring employees in new states, buying additional property, etc., please let us know so proper coverage(s) can be discussed.

Higher limits may be available. Please contact us if you would like a quote for higher limits.

Information Concerning Our Compensation:

Unless otherwise specifically negotiated and agreed to with our client, our professional compensation is customarily based on commission calculated as a percentage of the premium collected by the insurer and are paid to us by the insurer. We may also receive from insurers and insurance intermediaries additional compensation (monetary and non-monetary), which is contingent on volume, profitability or other factors pursuant to agreements we may have with them relating to all or part of the business we place with those insurers or through those intermediaries. Such agreements may be in effect with one or more of the insurers with whom your insurance is placed, or with the insurance intermediary we use to place your insurance. In addition to commissions, we may charge fees to you provided however, such fees will always be identified separately and in agreement with you. We will be pleased to discuss with you further details of any contingent compensation agreements pertinent to your placement upon your request.

