

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

Piloting Extension of Coverage

Eligible members have the ability to apply for a coverage extension to include piloting while performing law enforcement, emergency response duties. Members must contact (215) 399-2903 to obtain a Pilot History Application. Once approved by the Insurance Company, member will be extended policy benefits for an additional premium. Such coverage will become effective the first day of the following month after written approval is granted.



Address: 205 West Tever Street,
Plant City, FL 33563
Phone : (888) 746-8869
Website: www.VLEOA.org
*The VLEOA is a Tax-Exempt 501-C (3)
Public Charity.*

Accident Insurance for



Starr Indemnity & Liability Company

www.Starr-international.com

This document provides only brief descriptions of the coverages available. The Policy contains reductions, limitations, exclusions and termination provisions. Not all coverages are available in every state. Insurance is underwritten by Starr Indemnity & Liability Company, with its principal place of business in New York. Full details of the coverages are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.



Starr Indemnity & Liability Company

COUNT ON A STARR SOLUTION

Who's covered and when

All members of the Policyholder for whom the appropriate premium has been paid and whose names are on file with the Policyholder are eligible for coverage.

Coverage applies while performing any and all law enforcement, emergency response and criminal justice duties in any full-time, part-time, auxiliary, reserve, volunteer or off-duty capacity. Coverage is extended to including preventing a crime while off-duty.

Accidental Death & Dismemberment - \$35,000 Principal Sum

If Injury to the Covered Person results, within the 365 days from date of Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. 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
Life	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Hemiplegia	75% of the Principal Sum
Paraplegia.....	75% of the Principal Sum
One Member	50% of the Principal Sum
Uniplegia.....	25% of the Principal Sum
Thumb and Index Finger of the Same Hand.....	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body.

“Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means.

“Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” or “Loss of Four Fingers of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the

joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

Bereavement and Trauma Counseling Benefit – maximum of \$100 paid for each session up to a total of 10 sessions.

We will pay counseling sessions, up to the Maximum Benefit Amount shown in the Schedule of Benefits and subject to the following conditions, when the Covered Person and/or Immediate Family Member requires bereavement and trauma counseling because the Covered Person suffered a Covered Loss that resulted directly and independently of all other causes from a Covered Accident. Such counseling must meet all of the following conditions:

1. Covered bereavement and trauma counseling expenses must be incurred within one year from the date of the Covered Accident causing the Covered Loss.
2. The expense is charged for a bereavement or trauma counseling session for the Covered Person and/or one or more of his or her Immediate Family Member.
3. Counseling is provided under the care, supervision or order of a Doctor.
4. A charge would have been made if no insurance existed.

"Immediate Family Member" means a person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister) or child (includes legally adopted child or stepchild), grandchild and grandparent.

Covered bereavement and trauma counseling benefits do not include any expense for which the Covered Person is entitled to benefits under any Workers' Compensation Act or similar law.

Coma Benefit – monthly benefit of 1% of the Principal Sum up to a total of 11 months.

We will pay the Coma Benefit shown in the Schedule of Benefits if a Covered Person becomes Comatose within 31 days of a Covered Accident and remains in a Coma for at least 31 days.

We reserve the right, at the end of the first 31 days of Coma, to require additional proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense.

We will pay this benefit in periodic payments and a lump sum as shown in the Schedule of Benefits. Periodic payments will end on the first of the following dates:

1. The end of the month in which the Covered Person dies.
2. The end of the 11th month for which this benefit is payable.
3. The end of the month in which the Covered Person recovers from the Coma.

A person is deemed “Comatose” or in a “Coma” if he or she is in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

HIV Occupational Accident Benefit – benefit amount of \$2,000

If, as a direct result of an Injury as defined in this Benefit the Covered Person tests HIV Positive, We will pay an HIV Occupational Accident Benefit.

1. In order to receive this Benefit, the Covered Person must file with the Policyholder, within 48 hours of the accident, an incident report (notice of exposure), on a form satisfactory to Us, which describes the nature of the exposure to HIV.
2. Submit such incident report to Us as soon as reasonably possible after the accident.
3. Not have previously tested positive for HIV, or if the Covered Person had previously tested positive for HIV, the Covered Person must have subsequently tested negative to HIV prior to the date of the accident.
4. Submit to us, as soon as reasonably possible, proof that the Covered Person tested negative for HIV in a preliminary screening test, such as an ELISA or other appropriate Food and Drug Administration (FDA) approved test (other than saliva or urine testing) within 48 hours of the Injury at an authorized laboratory other than the laboratory of the Policyholder.
5. Thereafter, test HIV Positive within 26 weeks of the date of the Injury reported in item 1) above.

We must receive notification of HIV Positive test results as soon as reasonably possible.

This Benefit will be paid:

1. After We receive proof of HIV test results as indicated in this Benefit.
2. According to the General Provisions of the Policy.

We will not pay for any cost incurred for HIV tests or any related testing.

In no event will We provide benefits for HIV, acquired immune deficiency syndrome (AIDS), AIDS-related com-

plex (ARC), or any complications arising there from, except as specifically provided in this Benefit.

“Injury”, for the purpose of this Benefit, means an accidental:

1. Cutaneous exposure through abraded skin
2. Percutaneous exposure
3. Mucocutaneous exposure that occurs while you are covered by this Benefit and Actively at Work.

“HIV” means human immunodeficiency virus. “HIV Positive” means the presence of HIV antibodies in Your blood as substantiated through both a positive screening test enzyme-linked immunosorbent assay (ELISA), and a positive supplement test such as Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positive results as specified by the manufacturer(s).

The specific amount for this Benefit is shown in the Schedule of Insurance.

Weekly Accident Indemnity Benefit - \$200 maximum weekly benefit; 260 maximum number of weeks.

If, as a result of an Injury, the Covered Person is rendered Totally Disabled within 30 days of the accident that caused the Injury, the Company will pay a benefit after 7 day(s) of Total Disability due to that Injury in any one Period of Disability. No benefit is provided for the first 7 day(s) of Total Disability in that Period of Disability. The amount of the benefit per week is the lesser of: (1) the Weekly Maximum Amount shown for the Weekly Accident Indemnity Benefit in the Benefit Schedule; or (2) 66.67% of Weekly Earnings. It is payable weekly so long as the Insured remains Totally Disabled due to that Injury in that Period of Disability, up to the Maximum Number of Weeks shown for the Weekly Accident Indemnity Benefit in the Benefit Schedule in all Periods of Disability resulting from all Injuries caused by the same accident. The Company will pay benefits calculated at a rate of 1/7th of the weekly benefit for each day of Total Disability for which the Company is liable when the Insured is Totally Disabled for less than a full week. Only one benefit is provided for any one day of Total Disability, regardless of the number of Injuries causing the Total Disability. No benefits are payable under this Rider if the Insured had no earnings at the time of the accident causing the Injury from an occupation, job or work being performed at that time.

If the Covered Person returns to perform the material and substantial duties of his or her occupation for any employer on a full or part-time basis, he or she may return to Total Disability status if: (1) the Covered Person has not been back to work for longer than 30 days; and (2) the

Insured is again Totally Disabled due to the same Injury which caused the original Total Disability.

Periods of Total Disability separated by less than 30 consecutive days will be considered one period of disability unless due to separate and unrelated causes.

The Company reserves the right (as often as it may reasonably require) to determine, on the basis of all the facts and circumstances, that the Covered Person is Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

“Occupation” means the occupation, job or work the Covered Person performed at the time of the accident causing the Injury for which benefits are claimed under this Policy.

“Period of Disability” means a period of consecutive days of continuous Total Disability.

“Totally Disabled/Total Disability” means that the Covered Person is unable to perform the material and substantial duties of his or her Occupation for any employer.

“Weekly Earnings” means the Covered Person’s base weekly earnings in his or her Occupation at the time of the accident causing the Injury for which benefits are claimed under this Policy, but not including overtime, bonuses, tips, commissions, and special compensation.

**Aggregate Limit of Liability - Benefit Maximum:
\$3,000,000.**

We will not pay more than the Benefit Maximum for all losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

Exclusions:

We will not pay benefits for any loss or Injury that is caused by, or results from:

1. Intentionally self-inflicted Injury
2. Suicide or attempted suicide
3. War or any act of war, whether declared or not
4. Service in the military, naval or air service of any country
5. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental exter-

nal cut or wound or accidental ingestion of contaminated food

6. Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline
7. Commission of, or attempt to commit, a felony.
8. Participation in any team sport or any other athletic activity, except participation in a Covered Activity
9. 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.
 - D. The Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
11. The Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.
12. The Covered Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.