

**Plan of Coverage (Specify Limits Desired)**

AD&D Catastrophic Loss: Principal Sum.....\$ \_\_\_\_\_

Medical Expenses .....\$ \_\_\_\_\_  
 Deductible .....\$ \_\_\_\_\_

Accident Weekly Income .....\$ \_\_\_\_\_  
 Benefit Period:  2 years;  5 years;  to age 65

COLA:  Yes  No

Partial Disability (included with Weekly Income benefit)

Permanent Total Disability .....\$ \_\_\_\_\_

**Other Coverages**

Additional Benefit for Loss of Life (included at no charge) .....\$ 2,000

Benefit for Additional Covered Conditions: Principal Sum .....\$ \_\_\_\_\_  
 Medical Expenses.....\$ \_\_\_\_\_  
 Deductible .....\$ \_\_\_\_\_  
 Weekly Income .....\$ \_\_\_\_\_  
 Benefit Period:  26 weeks;  52 weeks;  104 weeks

Hospital Indemnity: Accident Daily Benefit .....\$ \_\_\_\_\_  
 Accident/Sickness Daily Benefit .....\$ \_\_\_\_\_  
 Maximum Amount .....\$ up to \$5,000 reimbursed

Education Benefit:  Yes  No

Seat Belt Coverage:  Yes  No .....\$ 20,000

Cosmetic Disfigurement From Burns: Benefit Amount .....\$ \_\_\_\_\_  
 Family Expense Benefit Amount  Yes  No .....\$ up to \$5,000 reimbursed

Firefighter Auxiliary  
 Principal Sum .....\$ \_\_\_\_\_  
 Medical Expenses.....\$ \_\_\_\_\_  
 Deductible .....\$ \_\_\_\_\_  
 Hospital Indemnity Daily Benefit .....\$ \_\_\_\_\_

\*Junior Firefighters  
 Principal Sum .....\$ \_\_\_\_\_  
 Medical Expenses.....\$ \_\_\_\_\_  
 Deductible .....\$ \_\_\_\_\_

\*no charge for \$10,000 AD&D and AME.

(Note: Minimum policy premium is \$375.)

6. Signature of Person Providing Information: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title or Position: \_\_\_\_\_

7. Agent Name, Address and Agency Code: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Licensed Resident Agent (where required): \_\_\_\_\_



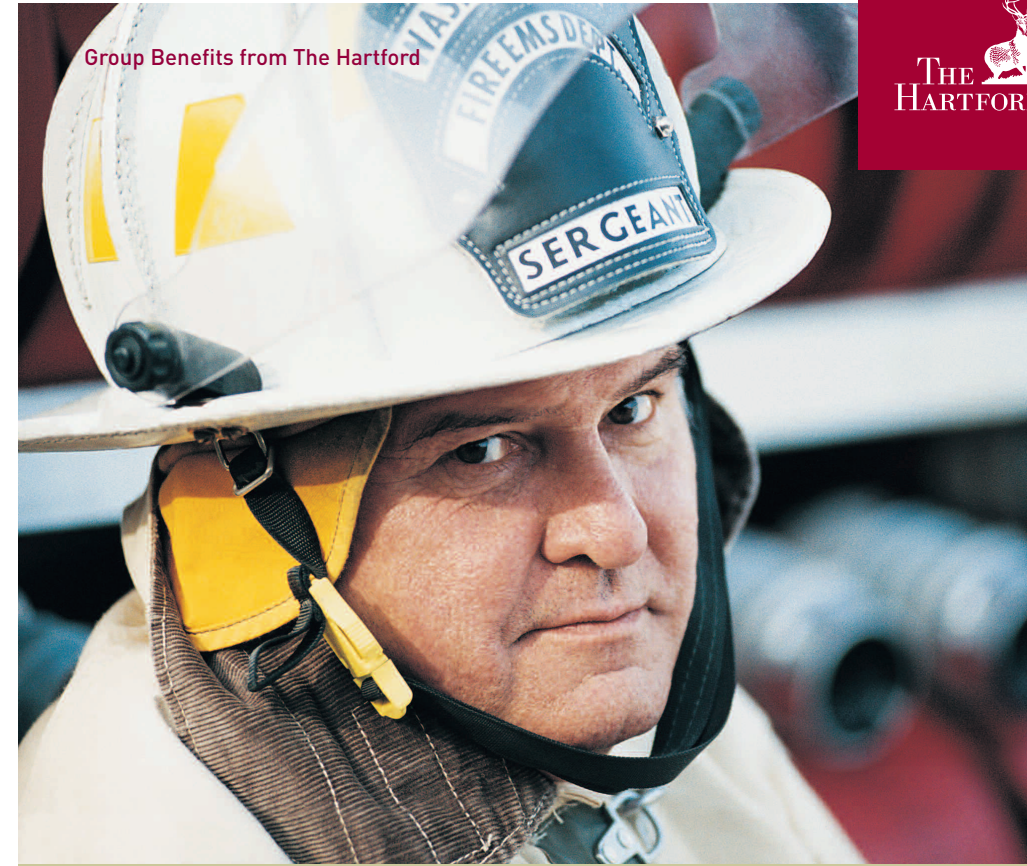
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Expertise without equal.  
 Benefits without burden.™



Group Benefits from The Hartford



New York Volunteer Firefighter Program

Protect yourself against financial loss if injured in the line of duty.

Expertise without equal.  
 Benefits without burden.™

## Group Benefits from The Hartford

Volunteer firefighters and volunteer members of ambulance, first-aid and rescue squads freely risk life and limb to save life and property in their communities.

They neither ask, nor receive pay for the work they do, but they should at least be protected against financial loss if they are injured in the line of duty.



## The Protection

The Hartford's Volunteer Firefighter Accident Policy contains a comprehensive array of benefits to help provide this necessary security, including:

**Income Protection** against loss of earnings if disabled;

**Indemnity** for loss of life, limb, sight, speech or hearing;

**Payment** of medical care expenses for injuries and additional covered conditions.

## Who The Policy Covers

**For Class 1:** All volunteer members of the fire company, including members of the Organization who may receive a nominal fee as a retainer.

All paid drivers or employees of an ambulance, first aid or rescue squad not affiliated with a fire company; paid drivers or employees of the Organization regularly employed as full-time firefighters;

Volunteers neither ask, nor receive pay for the work they do, but they should at least be protected against financial loss if they are injured in the line of duty.

All deputized bystanders who are not members of the Organization or any other voluntary firefighter organization, but have been deputized by the Fire Chief or other official of the Organization for an emergency.

All members of another volunteer firefighter organization whose services have been accepted by the Organization for a particular emergency.

**Class 2:** Registered Junior Firefighters of the organization.

**Class 3:** Members of the Firefighters Auxiliary of the Organization.

## When Coverage is Provided

**For Class 1:** The policy covers each Class 1 Insured Person who is on duty while:

1. at a fire, traveling to or returning from a fire, at a fire drill, at a parade, funeral or at a test or trial of any fire-fighting Apparatus; or
2. assisting, with other members of the Organization, another fire department, company or unit thereof;
3. performing duties directly related to the prevention or investigation of the fires or other disasters;
4. instructing or being instructed in fire duties, attending or participating in a competitive or non-competitive training school or program;
5. attending or working at meetings;
6. working in connection with the construction, testing, inspection, repair or maintenance of:
  - a) the firehouse, fixtures, furnishings and equipment thereof;
  - b) the fire fighting vehicles, apparatus and equipment used by the fire department, fire company or other unit thereof;
7. working in connection with the construction, testing inspection, repair or maintenance of fire alarm and water supply systems, fire wells, fire cisterns or fire suction pools;

8. practicing for, or participating as a contestant or an official in any competitive tournament, contest or public exhibition conducted for firefighters which is intended to promote the efficiency of the fire department, fire company or any unit thereof;
9. engaged in the inspection of fire fighting vehicles and apparatus prior to delivery under a contract of purchase, or performing duties in relation to the delivery thereof;
10. participating in a competitive fund raising event in which the Volunteer Firefighter or Volunteer Ambulance Worker is a competitor. In no event will this include participation in league athletics;
11. working in connection with a call for general ambulance service by a member of an emergency rescue and first aid squad;
12. attending a convention or conference of firefighters or officers;
13. performing work or services, leading or directing an authorized youth program;
14. participating in, or attending as a volunteer member of the Organization (but not as a paid driver or employee), any other regularly approved, supervised activity of the Organization; or
15. riding on Organization Apparatus (including a private passenger automobile furnished by the Organization for the transportation of the Fire Chief or other official of the Organization) while traveling to or returning from a fire drill, a parade, or a test or trial of any fire-fighting Apparatus.

Coverage is provided when performing work or services, leading or directing an authorized youth program.

Necessary travel including travel directly to and return directly from a Covered Activity is covered for all items except items, 5, 6, 8, and 12.

However, any necessary travel directly connected with the covered activity under items 5, 6, 8, 12 will be considered part of the covered activity.

**For Class 2:** (Junior Firefighters) The Policy covers each Class 2 Insured Person who is on duty under direct supervision of the Fire Chief or other authorized official of the Organization.

**For Class 3:** (Firefighters Auxiliary) This Policy covers each Class 3 Insured Person who is on duty and is:

1. at a fire, traveling to or returning from a fire, at a fire drill, at a parade, funeral, or at a test or trial of any fire-fighting Apparatus;
2. at a drill, parade or test or trial of any emergency Apparatus;
3. participating in, or attending as a volunteer member of the Organization, (but not as a paid driver or employee) any other regularly approved, supervised activity of the Organization; or
4. riding on Organization Apparatus (including a private passenger automobile furnished by the Organization for the transportation of the Fire Chief or other official of the Organization) while traveling to or returning from a fire drill, a parade, or a test or trial of any fire-fighting Apparatus.



## Coverage Maximums

Coverage	Maximum Benefit
Accidental Death & Dismemberment Catastrophic Loss . . . .	\$200,000*
Accident Medical Expense . . . . .	\$100,000*
Accident Total Disability up to 2 years, 5 years, or to age 65 . . . . .	\$1,000 per week
Accident Partial Disability . . . . . payable up to 80% of the . . . . . benefit under Accident Total Disability	
Permanent Total Disability . . . . .	\$200,000
Cost of Living Adjustment Benefit . . . . .	See Benefit
Additional Benefit for Loss of Life . . . . .	\$2,000++
Benefit for Additional Covered Conditions	
Death Benefit . . . . .	\$200,000*
Medical Expense Benefit . . . . .	\$100,000*
Total Disability Benefit up to 26, 52, or 104 weeks . . . . .	\$1,000 per week
Cosmetic Disfigurement from Burns . . . . .	\$200,000*
Family Expense Reimbursement . . . . .	\$5,000
Seatbelt Benefit . . . . .	\$20,000
Education Benefit . . . . .	\$5,000 per person/year
Accident Hospital Indemnity . . . . .	\$100/day up to 365 days
Hospital Indemnity . . . . .	\$100/day up to 2 years
Firefighters Auxiliary	
AD&D Catastrophic Loss . . . . .	\$50,000
Accident Medical Expense . . . . .	\$50,000
Accident Hospital Indemnity . . . . .	\$100/day up to 180 days
Junior Firefighters	
AD&D Catastrophic Loss . . . . .	\$10,000+
Accident Medical Expense . . . . .	\$25,000+

\*Higher benefits may be available upon request.

+No charge for \$10,000 coverage amount.

++Included automatically with all policies issued at no charge.

**Benefits Available:** our flexible plan design allows fire companies to choose benefits that best fit the needs of their firefighters.

## Accidental Death and Dismemberment (AD&D) Catastrophic Loss Benefit

Maximum benefit available is \$200,000. Higher benefits may be available upon request.

### Pays for loss of:

Life . . . . .	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes . . . . .	The Principal Sum
One Hand and One Foot . . . . .	The Principal Sum
Either Hand or Foot and Sight of One Eye . . . . .	The Principal Sum
Hearing in Both Ears and Speech . . . . .	The Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia) . . . . .	The Principal Sum
Movement of Both Lower Limbs (Paraplegia) . . . . .	The Principal Sum
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia) . . . . .	The Principal Sum
Hearing in One Ear and Speech . . . . .	Three-Quarters of The Principal Sum
One Arm or One Leg . . . . .	Three-Quarters of The Principal Sum
Movement of One Upper Limb or One Lower Limb . . . . .	One-Half of The Principal Sum
Speech or Hearing in Both Ears . . . . .	One-Half of The Principal Sum
Either Hand or Foot . . . . .	One-Half of The Principal Sum
Sight of One Eye . . . . .	One-Half of The Principal Sum
Hearing in One Ear . . . . .	One-Quarter of The Principal Sum
Thumb and Index Finger of Either Hand . . . . .	One-Quarter of The Principal Sum
One Thumb . . . . .	One-Twentieth of The Principal Sum
Each Joint of Finger or Toe . . . . .	One One-Hundredth of The Principal Sum

The term "loss" will mean with regard to hand or foot, complete severance through or above wrist or ankle joint; with regard to sight, speech or hearing, total and irrecoverable loss of sight, speech or hearing, with regard to thumb or index finger, complete severance through or above metacarpophalangeal joint; with regard to arm or leg, complete severance through or above the elbow or knee joint; with regard to each joint of finger or toe, complete severance through or above the joint of the finger or toe; with regard to movement, complete and irreversible paralysis involving the entire arm with respect to the upper limb, or entire leg with respect to the lower limb.

If the insured person disappears while he or she is engaged in an activity within the scope of coverage of the policy and his or her body has not been found within one year following such disappearance, then, for the purposes of this benefit, it will be deemed that he or she suffered “loss of life”.

## Accident Medical Expense Benefit

*Maximum benefit available is \$100,000. Higher benefits may be available upon request. Individual deductibles of \$100, \$250, \$500 and \$1,000 are available.*

Pays the reasonable expenses incurred (not to exceed the maximum benefit amount selected and in excess of any deductible amount) for medical care prescribed by the doctor for treatment of injuries sustained as a result of an accident.

**This benefit includes medical expenses for skin grafting or plastic surgery due to injury — up to the full amount of the Accident Medical Benefit.**

**It also includes a post traumatic stress disorder benefit up to a maximum of \$5,000 per person for all expenses incurred as the result of one or more traumatic events. Benefits are further limited to expenses incurred within 12 months of participation in the covered activity during which the traumatic event occurred.**

**Post-Traumatic Stress Disorder** means:

- a) recurrent and intrusive distressing recollection of the traumatic event;
- b) recurrent distressing dreams of the traumatic event;
- c) suddenly acting or feeling the traumatic event is recurring; or
- d) intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event.



**Traumatic Event** means an event that is outside the range of usual human experiences and would be markedly distressing to almost anyone, such as:

- a) actual or threatened serious physical harm to the Insured's Person's life or body;
- b) witnessing actual or threatened serious physical harm to the life or body of another person who has recently been or is being seriously injured or killed as a result of an accident or physical violence.

## Accident Total Disability Benefit

*Maximum benefit available is \$1,000 per week. The fire company may select a weekly benefit amount from \$100 to \$1,000 in \$50 increments.*

**Traumatic event means an event that is outside the range of usual human experiences and would be markedly distressing to almost anyone**

In the event of Total Disability due to injury, this benefit will pay a Weekly Benefit Amount for each week of disability for 2 years, 5 years or to Age 65, depending on the Benefit Period selected by the Fire Company.

The weekly benefits, payable on the first day of disability, will be the weekly benefit amount selected by the Fire Company or 70% of the insured person's average weekly wage, whichever is less. Benefits will be reduced by: any other income benefits which the insured person is entitled, such as Workers' Compensation or Social Security; 50% of income from rehabilitative employment; and all income from any employer or from any work.

However, in no event will benefit payments be less than \$100 per week. Furthermore, if the insured person's Social Security disability benefits increase due to a cost of living adjustment, benefit payments will not be offset by the increase.

**Total Disability** means the complete and continuous inability of the insured person to:

- a) perform the essential duties of his or her regular occupation until the weekly benefit has been paid for 104 weeks; and there-after,
- b) engage in any gainful occupation for which the insured person can be reasonably fitted through training, experience or education.

Our goal is to educate and motivate individuals with disabilities to lead productive and fulfilling lives, and to reach their highest level of ability.

## Managed Disability

As one of the nation's largest writers of disability coverages and as a leader in the managed disability marketplace, it's our business to help maximize abilities. Hartford Life Managed Disability is more than just a single product or program. It's a comprehensive approach that brings together all aspects of disability products, programs and services to focus on helping to successfully control disability costs while getting covered persons back on the job quickly in a positive and humanistic way. We accomplish this through partnership and cost containment.

*Partnership:* Hartford life, fire companies, covered persons, rehabilitation specialists, physicians and others work together toward the common goals of returning covered persons to work and containing costs. We work with covered persons to establish counseling, retraining or continuing education programs, worksite modifications and job placement opportunities.

*Cost Containment:* Through cost-containment techniques, we focus on providing the most for the disability benefits dollar. Our techniques include early intervention, careful review of appropriate treatment, duration/review guidelines, disability case management, rehabilitation programs, Social Security Assistance, and return-to-work programs.

Our goal is to educate and motivate individuals with disabilities to lead productive and fulfilling lives, and to reach their highest level of ability. For instance, our *rehabilitation programs* include: vocational counseling, work site modifications, coordination of vocational testing, transferable skills training, job seeking skills training, job placement services, education and retraining.

By emphasizing abilities rather than disabilities, The Hartford gets covered persons rehabilitated and motivated to return to work as quickly as possible. We strive to reduce disability costs and to allow claimants to maintain productive lifestyles.

## Cost of Living Adjustment Benefit

The Cost of Living Adjustment (COLA) option can help claimants stay ahead of inflation. If an insured person has been totally disabled for 12 consecutive months, COLA allows benefit payments to increase each year that the insured remains disabled following the first full year of a covered disability. The increase will be the lesser of 3% or one-half the percentage change in the consumer price index. An insured person can receive up to ten annual increases.

## Accident Partial Disability Benefit

*This benefit is automatically included with the Accident Total Disability Benefit. The benefit period matches the benefit period selected by the fire company under the Accident Total Disability Benefit.*

Benefits for partial disability are paid if an insured person receives total disability benefits, but is then able to perform at least one of the substantial and material duties of his or her occupation, either part-time or full-time. The Partial Disability Benefit lets an insured person rebuild his or her income to its pre-disability level as he or she returns to full-time employment. This benefit is payable for the maximum payment period selected by the fire company for the Accident Total Disability Benefit: 2 years, 5 years or to age 65; and is payable up to 80% of the benefit under Accident Total Disability.

## Permanent Total Disability

*Maximum benefit available is \$200,000.*

Pays the benefit selected, less any amount paid or payable under the Accidental Death and Dismemberment Catastrophic Loss Benefit and the Accelerated Benefit, if the insured person suffers a permanent total disability after a period of continuous total disability equal to the payment period selected under the Accident Total Disability Benefit.

This benefit is available only if the Accidental Death and Dismemberment Catastrophic Loss Benefit and the Accident Total Disability Benefit are purchased and only if the 104- or 260-week Accident Total Disability payment period option is selected. *The maximum benefit available for Permanent Total Disability is equal to the benefit selected under the Accidental Death and Dismemberment Catastrophic Loss Benefit.*



## Additional Benefit for Loss of Life - \$2,000

We will pay an additional benefit amount for Loss of Life if an Insured Persons' injury results in loss of Life which:

- a) is a direct result of participation in emergency duty;
- b) occurs within 26 weeks of the date of emergency duty;
- c) is paid or payable as a death benefit by the Volunteer Ambulance Worker's Benefit Law, Chapter 64-B of the Consolidated Laws of New York, the Volunteer Firefighters' Benefit Law, Chapter 64-A of the Consolidated Laws of New York or Workers' Compensation; and
- d) is not payable under the Accidental Death and Dismemberment Benefit

## Benefit for Additional Covered Conditions

When an insured person suffers from an Additional Covered Condition as a result of participation in a covered activity, we will pay a Death Benefit, Medical Expense Benefit and/or a Total Disability Benefit.

When an insured person suffers from an additional covered condition as a result of participation in a covered activity, we will pay a Death Benefit, Medical Expense Benefit and/or a Total Disability Benefit.

Covered condition means a disease, illness, or infection that would so naturally and unavoidably result from injury as to be recognized as injury under New York Volunteer Firefighters Benefit or Volunteer Ambulance Workers Laws. Although these laws do not cover certain competitive fund raising activities, this definition will encompass like conditions arising from such covered activities. However, this does not extend coverage to league athletics.

Additional means conditions exclusive of those that would ordinarily meet this policy's definition of Injury so as not to duplicate any benefits for injury.

### Death Benefit

*Maximum benefit available is \$200,000.*

Pays the selected Death Benefit if the insured person dies from within 26 weeks of the participation in a covered activity.

### Medical Expense Benefit

*Maximum benefit available is \$100,000.*

Pays the Reasonable Expenses for necessary medical care (not to exceed the maximum benefit amount selected and in excess of any deductible amount) incurred within 52 weeks after the date of the covered activity.

**Total Disability Benefit** *Maximum benefit available is \$1,000 per week. The Fire Company may select a weekly benefit amount from \$100 to \$1,000 in \$50 increments.*

In the event of total disability due to a covered sickness, this benefit will pay a weekly benefit amount for each week of disability for 26 weeks, 52 weeks or 104 weeks, depending on the benefit period selected.

The weekly benefit amount is calculated as described under the Accident Total Disability Benefit. In no event will benefit payments be less than \$100 per week. No payment will be made under this benefit during any time for which a benefit is payable under the Accident Total Disability Benefit.

## Cosmetic Disfigurement from Burns

*Maximum benefit available is \$200,000.*

Provides coverage when an insured person suffers third or fourth degree burns from participating in a covered activity. Pays up to the maximum benefit amount selected for cosmetic disfigurement. The benefit payable for any one loss is based on a percentage proportional to the total amount of the body actually burned and on the severity of the burn. If benefits are payable under the Cosmetic Disfigurement from Burns Benefit, and at a later date, benefits are payable for the same area of the body under the Accidental Death and Dismemberment Catastrophic Loss Benefit, we will pay any amount due which is equal to the difference between the two benefits.



## Family Expense Reimbursement Benefit

Maximum benefit available is \$5,000.

When benefits are payable under the Cosmetic Disfigurement from Burns Benefit, then benefits are also payable to the insured's immediate family for necessary transportation, meals and lodging if the severity of the burn requires hospitalization at least 50 miles from the insured's permanent residence. Expenses incurred are payable for a maximum of 52 weeks from the date of the injury.

## Seat Belt Coverage

Benefit amount: \$20,000.

A \$20,000 death benefit will be paid if loss of life occurs due to a covered seat belt accident. A "covered seat belt accident" means the unintentional collision of an automobile or fire engine during which the insured person is participating in a covered activity and is wearing a seat belt. A police report must indicate the insured person was wearing an unaltered seat belt at the time of the accident.



A "covered seat belt accident", a police report must indicate the insured person was wearing an unaltered seat belt at the time of the accident.



### Special Risk Life & Health Department Volunteer Firefighters Blanket Accident Policy

Hartford Life Insurance Company  
 Hartford Fire Insurance Company

Request for Insurance

1. Name of Policyholder: \_\_\_\_\_  
Address of Policyholder: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_

Is this an association or countywide organization?  Yes.  No. If yes, are all companies covered?  Yes.  No.

2. Name of Organization(s) (name of Fire Department or Company, Ambulance, First-Aid or Rescue Squad) to be covered: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_

Is your Organization covered by Worker's Compensation or similar policy?  Yes  No.

3. Does the city, town or village or any Fire Department or Company (Ambulance, First-Aid or Rescue Squad) within the city, town or village carry similar insurance with any other company?  Yes.  No. If yes, please give the following information for the past three years:

Name of Carrier:	_____	_____	_____
Policy Year:	20_____	20_____	20_____
Total Premium:	\$_____	\$_____	\$_____
Total Incurred Claims:	\$_____	\$_____	\$_____

4. How many fire houses or locations of ambulance, first-aid or rescue squads in the city, town or village are to be covered: \_\_\_\_\_

List the name, location, number of pieces of apparatus and description of all apparatus for each firehouse or ambulance, first-aid or rescue squad to which this insurance shall apply.

(Attach a separate sheet of paper, if necessary.)

Name	Location	Number of Pieces
_____	_____	_____

(Fire truck, engine or pumper, hose wagon, ladder truck, patrol, ambulance, tournament truck and any other piece of apparatus.)

5. Policy Term: \_\_\_\_\_ Year(s) Desired Effective Date: \_\_\_\_\_

New Business  Renewal of Policy Number: \_\_\_\_\_

Coverage will commence on the desired effective date or on the date the request is accepted by Hartford Life, whichever is later.

(Cont.)