



Occupational Accident

Coverage Summary – Gold (Page 1 of 2)

Occupational Accident insurance provides benefits for certain injuries that may occur while you are on duty and under dispatch to the motor carrier listed on your Evidence of Coverage. To be eligible for benefits, the injury must be directly caused by an accident and independent of other causes. This insurance does not provide coverage for sickness and does not provide statutory Workers' Compensation coverage. Coverage is available for Members age 18 to 70.

Combined Single Limit	\$1,000,000 (maximum amount payable for all benefits)
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Medical Benefits

Provides coverage for medical care that is medically necessary due to a covered injury.	
Maximum Benefit	\$1,000,000
Maximum Benefit Period	104 weeks
Physical Therapy	36 visits maximum
Chiropractic Services	\$1,000 maximum
Ambulance Services	\$1,000 maximum (\$10,000 for air ambulance)
Dental Care	\$1,000 maximum

Temporary Total Disability Benefits

Provides disability benefits when you are temporarily disabled from working due to a covered injury.	
Maximum Benefit Period	104 weeks
Weekly Benefit	70% of net earnings up to \$700 / week
Net Earnings Calculation	Member (Owner Operator) – 33.33% of your line haul revenue for the 52 weeks prior to your injury. Member (Contract Driver) - Your gross earnings reported by your fleet owner for the 52 weeks prior to the injury. Covered Co-Driver, Partner or Helper - Their gross earnings reported by the member for the 52 weeks prior to their injury.
Waiting Period	7 day waiting period before benefits become payable
Commencement Period	Disability must commence within 3 months from the date of injury.

Continuous Total Disability Benefits

Provides disability benefits when you are expected to be totally disabled for the remainder of your life and have received a Social Security Disability Award due solely to the covered injury.	
Maximum Benefit Period	To age 70
Weekly Benefit	70% of net earnings up to \$700 / week
Waiting Period	105 weeks

Accidental Death and Dismemberment Benefits

Provides benefits for death or dismemberment according to the schedule outlined in the policy.	
Maximum Death Benefit	\$250,000 - Spouse (or dependent children, if no spouse) \$ 25,000 - Named beneficiary or estate (if no spouse or dependent children)
Death Payment Schedule	\$ 25,000 Followed by monthly payments of \$1,000
Dismemberment Benefit	Up to \$250,000 (according to the schedule outlined in the policy) Payments are reduced by any disability benefits payable for the injury.

Paralysis Benefits

Provides benefits for permanent paralysis according to the schedule outlined in the policy.	
Maximum Benefit	Up to \$250,000 (according to the schedule outlined in the policy) Payments are reduced by any disability benefits payable for the injury.

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Conditions and Exclusions

The Occupational Accident policy contains certain conditions that outline your rights and obligations, including the following duties after a loss has occurred:

- Claims must be reported to us within 30 days of the date of injury. If notice cannot be given to us within that time frame, it must be given as soon as reasonably possible, but in no event longer than 2 years. **Claims should be reported to 563-587-5331.**
- In the event of a claim, you must provide us sufficient proof of loss, including but not limited to medical documentation of your injury, copies of your driver logs, copies of drug and/or alcohol tests and police reports, if applicable.

The Occupational Accident policy also includes various exclusions, which may result in a denial or limitation of benefits for various types of claims. The policy excludes the following losses:

- Sickness, disease and medical conditions
- Injuries that occur when you are not engaged in the usual and customary duties of your occupation
- Cumulative injuries
- Injuries that occur if you are in violation of the Federal Department of Transportation regulations regarding alcohol and drug use at the time of accident
- Hernias and hemorrhoids (**Covered under the Non-Occupational Accident Coverage, if applicable**)
- Mental, functional nervous or emotional disorders without demonstrable organic cause
- Pre-existing conditions
- Occupational Disease
- Conditions, maladies or disorders involving the heart, its arteries and/or vessels not resulting from an accident resulting in injury of external origin
- Injuries for which benefits are payable under Workers' Compensation
- Damage to eye glasses, contact lenses, hearing aids or prosthetics
- Medical treatment received outside of the United States, except treatment on an emergency basis or treatment that has been approved by us

IMPORTANT NOTICE: This Coverage Summary is designed to provide a general overview of the coverage being offered. This summary, however, is not a substitute for the policy itself. All of your rights and obligations are governed by the policy and you should carefully review the policy to confirm all details of the coverage. If you need a copy of the policy, or if you have questions about your coverage, please contact your Customer Service Representative at (800) 793-5235.



Non-Occupational Accident

Coverage Summary

Non-Occupational Accident insurance provides benefits for certain injuries that may occur due to non-work-related accidents, **in addition to covering hernias and hemorrhoids.**

Combined Single Limit	\$25,000
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Accident Medical & Dental Expense Benefits

Provides coverage for medical and/or dental care for an insured Member that is medically necessary due to a covered injury.	
Maximum Medical Benefit	\$25,000
Deductible	\$0
Maximum Accumulation Period	52 weeks
Dental Care	\$1,000 maximum

Temporary Total Disability Benefits

Provides disability benefits when you are temporarily disabled from working due to a covered injury.	
Maximum Benefit Period	52 weeks
Weekly Benefit	Matches weekly TTD benefit of the Occupational Accident Plan purchased.
Waiting Period	7 day waiting period before benefits become payable
Commencement Period	Disability must commence within 3 months from the date of injury.

Accidental Death & Dismemberment Benefits

Provides benefits for death or dismemberment according to the schedule outlined in the policy.	
Principal Sum	\$25,000

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Physical Damage Deluxe

Coverage Summary (Page 1 of 2)

OVERVIEW

TransGuard's Physical Damage Deluxe Plan for the NAIT Insurance Program is one of the most comprehensive plans available today. The addition of the Extended Physical Damage endorsement expands the plan to include coverage in six fundamental areas.

PLAN

Comprehensive	(i.e. fire, theft, vandalism, etc.) There are four deductible choices: \$250, \$500, \$1,000 and \$2,500. The deductible of choice is applied to each claim.
Collision	The deductible of choice on comprehensive coverage is automatically assigned to collision coverage. The deductible is applied to each claim.
Glass Breakage	All glass replacements are subject to a \$100 deductible per window. If glass repairs are less than \$100, no deductible is applied.
Towing	Towing charges are paid from the scene of a covered accident to a nearby repair facility or storage lot. Also covered are reasonable and necessary storage charges of an insured vehicle until it can be moved to a repair facility. These payments are not subject to policy limits.
Personal Contents	Provides coverage for loss of personal belongings that are kept in your scheduled vehicle, but not permanently attached to the vehicle. Property that is stored in the trailer is not covered. The coverage provides benefits up to a \$2,000 annual limit with a \$100 deductible per claim. Jewelry is covered up to a maximum of \$250. The policy pays the depreciated value of the item up to \$500. In the event of a claim, an itemized list and receipts must be provided and police reports are required for theft losses. Benefits are not available for the following: CB and two-way radios, cash, credit cards, radar detectors, cell phones, computers, satellite communication systems, antennas, sound producing equipment, tarpaulins, chains, or cargo securing devices, scanning monitor receivers, custom murals, paintings or graphics.
Temporary Rental	Physical Damage coverage is extended to a rental vehicle for 30 days from when the scheduled vehicle is out of service. This extension applies only if Physical Damage is purchased for the scheduled vehicle and the rental vehicle is obtained through a written rental agreement. The maximum limit of insurance on the rental vehicle is equal to the Stated Amount of the scheduled vehicle that is out of service. There is a \$1,000 deductible for tractors of the straight, box or van types or \$3,000 deductible for tractors with fifth-wheel coupling devices.

Physical Damage Deluxe

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BENEFITS

Benefits are provided on a Stated Amount basis, which means the driver chooses the dollar amount of insurance to place on the vehicle. In the event that the vehicle is a total loss, after the deductible is applied, benefits are paid on Actual Cash Value or Stated Amount, whichever is less.

STATED AMOUNT INSURANCE

The most we will pay for a loss is the *lesser* of the following amounts:

- The amount shown on your Evidence of Coverage; OR
- The Actual Cash Value of the damaged or stolen property if equal to or less than the Stated Amount Value at the time of loss; OR
- The cost of repairing or replacing the damaged or stolen property with other of like kind or quality.

An adjustment for depreciation and physical condition will be made in determining Actual Cash Value in the event of a total loss. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of betterment.

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Non-Trucking Liability

Coverage Summary

OVERVIEW

TransGuard's Non-Trucking Liability coverage for the NAIT Insurance Program protects the insured member for third-party bodily injury and property damage when using the scheduled vehicle as a private passenger vehicle while not using the vehicle for commercial purposes. Coverage is available for drivers age 18 to 75 who meet all underwriting eligibility requirements.

BENEFITS

Non-Trucking Liability is a combined single-limit policy.

NAIT, as a group policyholder, has elected Uninsured Motorist limits of \$25,000 per person / \$50,000 per occurrence, the minimum established by the state of Illinois, to apply to the group policy.

OPTIONS

There are two limits available:

\$1,000,000

\$ 500,000

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