



This is a Summary of Benefits and that as a Summary, it does not provide complete details of the coverage that may be available. Please refer to the language in your certificate for a complete list of terms and conditions.

Accidental Death & Dismemberment

YOUR ELIGIBILITY

You must be a Member in good standing of the **National Ground Water Association**.

Class	Description	Sum
1	All Contractor Company Members or Supplier Company Members of the Policyholder primarily engaged in the business of groundwater-related construction or service and/or pump installation or service	\$75,000 (Occupational Coverage)
2	All Contractor Company Members or Supplier Company Members of the Policyholder primarily engaged in the business of groundwater-related construction or service and/or pump installation or service	\$25,000 (24-hour Pleasure Coverage)

Accidental Death & Dismemberment

Your accident coverage will pay you a benefit if you suffer any of the covered losses listed below. The amount of the benefit you will receive is the percentage of the principal sum.

Loss	Benefit Amount
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of Speech and Hearing (in Both Ears)	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum

OCCUPATIONAL COVERAGE

The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Insured Person suffers an Occupational Injury that results in Total Disability or Covered Death while performing Occupational Activities or during a Covered Activity:

1. While on the Business of the Policyholder; or
2. While On-Premises of the Policyholder; and
3. While operating, boarding or alighting from a registered vehicle.

24 HOUR ACCIDENT PROTECTION – PLEASURE ONLY

The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs anywhere in the world when he is NOT on assignment or at the direction of the Policyholder.

TERMINATION

Insurance for the Insured Person will end on the earliest of:

1. The date the person is no longer in an Eligible Class.
2. The end of the period for which the last premium is made.
3. The date this Policy ends.

Loss of coverage will not affect a claim that was incurred while you were a member in good standing.

Liberty Insurance Underwriters Inc., a Liberty Mutual company, issues Blanket Accidental Policy on policy form series LIUI BACC P001 OH (Ed. 12 13) and state variations identified by state code ("BA Policy"). **THIS IS A LIMITED BENEFIT POLICY.** The BA Policy can provide benefits if a covered injury is sustained, or death or dismemberment occurs, in a covered accident, and it is not a substitute for major medical insurance nor is it Medicare Supplement Insurance. Product design and availability vary by state. Features and benefits may vary based on state approval. The policy form contains definitions of each of the injuries, occurrences, or events covered by the policy and the periods during which the injury must be diagnosed or services provided, or the occurrences or events occur. Payment of benefits is in the form of a cash payment, and benefits will be reduced on and after certain ages. Payment is based upon sustaining a covered injury or covered death in a covered accident or the occurrence of a covered event and is subject to policy terms and conditions, including incurral periods, limitations, and exclusions, including, in certain instances, exclusions for sickness and disease, pre-existing conditions, and for injuries sustained during certain specific activities. Coverage provided and underwritten by Liberty Insurance Underwriters Inc. Home office: 175 Berkeley Street, Boston, MA 02116. Service center: Dover, NH. Visit www.ngwa.org to obtain more detailed information and a copy of the policy.

SELECTED DEFINITIONS

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person or Insured Dependent is covered under the Policy.

Covered Death means Accidental death:

1. which is the direct result of a Covered Accident;
2. which results directly and independently from all other causes from a Covered Accident and independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause; and
3. suffered by the Insured Person or Insured Dependent within the applicable time period specified in the Schedule of Benefits.

Covered Injury means Accidental bodily injury:

1. which is sustained by an Insured Person or Insured Dependent as a direct result of a Covered Accident that is external to the body;
2. which results directly and independently from all other causes from a Covered Accident (independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause) that causes a Covered Loss; and
3. suffered by the Insured Person or Insured Dependent within the applicable time period specified in the Schedule of Benefits.

The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person or Insured Dependent in any one Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

Covered Losses means any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Insured Person or Insured Dependent suffers a Covered Loss within the applicable time period specified in the Schedule of Benefits.

If the Insured Person or Insured Dependent suffers a Covered Death, the amount the Company will pay for Accidental Death and any other Covered Losses will not exceed the Principal Sum.

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of Sight means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger 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).

EXCLUSIONS

We will not pay benefits for accidental deaths or injuries suffered as a result of any of the following:

1. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by the Policy;
5. The Insured Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Loss occurred or the laws of the Home Country;
6. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
7. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon the Company's receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
8. Travel outside the United States
9. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial airline;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents whether the loss

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results directly or non directly from the treatment except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;

11. Travel in or on any off-road motorized vehicle that does not require licensing as a motor vehicle;
12. Participation in any motorized race or contest of speed or stunt show;
13. Aggravation during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity, unless the Company receives a written medical release from the Insured Person's Physician;

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. a Resident of the Same Household;
2. an Immediate Family Member including Domestic Partner of either the Insured Person or the Insured Person's Spouse;
3. the Insured Person

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