

CHUBB®

Chubb Accident Insurance Plan for Joint Apprentice Training Committees



Apprenticeship programs offer a path to meaningful and rewarding careers.



Hands-on experience means apprentices may face risks while learning their trade that may not be covered by Workers Compensation or General Liability Insurance. Offering Chubb's Accident Insurance Plan for Joint Apprentice Training Committees (JATCs) helps provide protection for apprentices training in your program. It helps to alleviate the financial impact in the case of an accident for you and your participants. The future of the skilled workforce lies in the hands of apprentices. Chubb's Accident Insurance Plan for JATCs helps protect your most valuable asset.

When you choose Chubb, you're relying on one of the strongest carriers in the market: a specialty Accident & Health carrier with the experience and financial strength to offer rich options, broad coverages and high benefit limits.



Chubb tailored this accident insurance uniquely for apprentices to cover the unexpected risks related to your trade.

Having the insurance protection of Chubb insurance bolsters the value of your training program for you and your participants.



Chubb's Accident Insurance Plan Offers:

- Valuable Accident Benefits:
 - Medical coverage to help pay for expenses that result from an Accidental injury
 - Lump sum payments in the event of death or dismemberment
 - Weekly benefits in the event of a disabling injury
- Peace of mind knowing your participants are covered
- Multiple plan options to meet your specific needs
- Simple administration — just answer a few basic questions and you're good to go!



Eligibility

Coverage is available for all registered participants, such as Apprentices, Trainees, Training Directors, Instructors and Committee Members.



Covered Activities

Coverage applies while participating in policyholder sponsored and supervised activities, training events or meetings, including direct travel to and from such activities.

Product Highlights

Accidental Death & Dismemberment Benefit

Pays lump sum benefits if any of the Losses shown in the Schedule of Covered Losses occur within one year of the date of the Accident. Benefits are payable for the percentage of the Principal Sum specified for the Loss.

“Loss of Foot” means complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

“Loss of Hand” means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint, proximal to the torso, on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later

reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

“Loss of Hearing” means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician.

“Loss of Life” means death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident.

“Loss of Sight” means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

“Loss of Sight of One Eye” means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

“Loss of Speech” means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician.

“Loss of Thumb and Index Finger” means complete severance, through the metacarpal phalangeal joints, proximal to the torso, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

Temporary Total Disability

Benefits are available if an Accidental Bodily Injury causes an Insured to suffer a disability that continues for a least 7 days. This benefit is payable weekly as long as the Insured remains Totally Disabled due to that Accidental Bodily Injury, up to a maximum of 52 weeks.

Schedule of Covered Losses

Accidental Loss of:	Benefit Amount
Life	100% of Principal Sum
Speech and Hearing	100% of Principal Sum
Speech and One of: Hand, Foot, or Sight of One Eye	100% of Principal Sum
Hearing and One of: Hand, Foot, or Sight of One Eye	100% of Principal Sum
Both Hands, Both Feet, Sight, or a combination of any two: Hand, Foot, or Sight of One Eye	100% of Principal Sum
Hand, Foot, or Sight of One Eye	50% of Principal Sum
Speech or Hearing	50% of Principal Sum
Thumb and Index Finger of the Same Hand	25% of Principal Sum

Accident Medical Expense Benefit

Helps pay the cost of Medical Expenses resulting from an Accidental Bodily Injury. Accident Medical Expense Benefits are only payable:

- For Reasonable and Customary Charges for Medical Services, up to the Maximum Benefit Amount;
- For Medically Necessary Medical Services;
- If an Insured incurs expenses for care or treatment within 90 days of the Accident causing the Accidental Bodily Injury; and
- For expenses incurred within 52 weeks of the date of the Accident causing the Accidental Bodily Injury.

Coverage is available on a Primary Basis. Primary coverage means that Accident Medical Expense Benefits apply regardless of other insurance coverage that may be available.

“Medical Services” means Medically Necessary services, including but not limited to: (1) medical care and treatment by a Physician; (2) Hospital room and board and Hospital care, both inpatient and outpatient; (3) drugs and medicines required and prescribed by a Physician; (4) diagnostic tests and x-rays prescribed by a Physician; (5) transportation in an Emergency Transportation Vehicle from the location where such Insured becomes injured to the nearest Hospital where appropriate medical treatment can be obtained; (6) dental care and treatment due to Accidental Bodily Injury; (7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy; (8) treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required; (9) rental or purchase, whichever is less of Durable Medical Equipment; (10) artificial limbs and other prosthetic devices; (11) orthopedic appliances or braces; and (12) eyeglasses, contact lenses and other vision or hearing aids.

Coverage Definitions

“Accident” or “Accidental” means a sudden, unforeseen, and unexpected event which: (1) happens by chance; (2) arises from a source external to an Insured; (3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; (4) occurs while the Insured is covered under the policy which is in force; and (5) is the direct cause of loss.

“Accidental Bodily Injury” means bodily injury which: (1) is Accidental; (2) is the direct cause of a loss; and (3) occurs while an Insured is insured under this policy, which is in force. Accidental Bodily Injury does not include a repetitive motion injury such as bursitis, stress fracture, strain, shin splints, Osgood Schlatter Disease, Chondromalacia, stress fractures, tendinitis, or Carpal Tunnel Syndrome.

“Medically Necessary” means a medical or dental service, supply or course of treatment which: (1) is ordered or prescribed by a Physician; (2) is appropriate and consistent with the patient’s diagnosis; (3) is in accord with current accepted medical or dental practice; and (4) could not be eliminated without adversely affecting the patient’s condition.

“Insured” means a person qualifying as a class member as shown in the Eligibility section: (1) for whom insurance is elected, and (2) on whose behalf premium is paid.

“Physician” means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: (1) an Insured; (2) an Immediate Family Member; (3) an Insured’s employer or business partner; or (4) the Policyholder.

“Other Plan” means any other insurance or payment source for Medical Services or disability, including but not limited to health coverage, disability insurance, worker’s compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance “fault” or “no-fault”, employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.

“Reasonable & Customary” means the lesser of: (1) the usual charge made by Physicians or other health care providers for a given service or supply; or (2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

“Temporary Total Disability” or

“Temporarily Totally Disabled” means that Accidental Bodily Injury solely and directly: (1) prevents an Insured from performing all the substantial and material duties of such Insured’s regular occupation, or with respect to an Insured who is unemployed, prevents the Insured from engaging in the normal and customary activities of a person of like age and sex in good health; (2) causes a condition which is medically determined, by a Physician, to be continuous, and (3) requires the continuous care of a Physician.

Coverage Exclusions and Limitations

Insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly:

- An insured being in, entering or exiting any aircraft: 1) owned, leased or operated by the Policyholder or on the Policyholder’s behalf; or 2) operated by an employee of the Policyholder on the Policyholder’s behalf.
- An insured being in, entering or exiting any aircraft while acting or training as a pilot or crew member. This does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
- A declared or undeclared war.
- Suicide, attempted suicide or intentionally self-inflicted injury.
- An insured’s emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. This does not apply to an insured’s bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria.
- An insured participating in military action while in active military service with the armed forces of any country or established international authority. However, this

exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.

- An insured being intoxicated (as defined by the laws of the jurisdiction where the Accident occurs) or under the influence of any narcotic or other controlled substance, unless taken and used as prescribed by a physician.
- Any occurrence while an insured is incarcerated after conviction.
- Insurance also does not apply to any Accident, Accidental Bodily Injury or loss when: 1) the U.S. has imposed any trade or economic sanctions prohibiting insurance of any Accident or Accidental Bodily Injury or; 2) there is any other legal prohibition against providing insurance of any Accident or Accidental Bodily Injury.

In addition, the Accident Medical Expense benefit does not apply to charges and services for:

- Any injury for which Worker’s Compensation benefits or occupational injury benefits are payable;
- Which the insured has no obligation to pay;
- Treatment by a person employed or retained by the Policyholder;

- For any injury occurring while fighting, except in self-defense;
- Treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice;
- Charges and services that are not medically necessary;
- For treatment involving conditions caused by repetitive motion injuries, or cumulative trauma and not as the result of an Accidental Bodily Injury.
- Personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, internet access, barber services or guest meals while confined in a Hospital;
- Routine physical exams that are not the result of an Accidental Bodily Injury.

Limitations apply to the following:

- If an Insured has multiple Losses as the result of one Accident, than We will pay only the single largest Benefit Amount applicable to the Losses suffered.
- Policy Aggregate Limit of Insurance: \$500,000
- If more than one Insured suffers a Loss in the same Accident, than We will not pay more than the Aggregate Limit shown.



Accident Coverage for Joint Apprentice Training Committees

Enrollment Form – Page 1 of 2

Customer Information

Name of Group:

Street Address:

City:

State:

Zip Code:

Nature of Business/SIC Code:

Plan Design Options

Benefit	Plan 1 Benefit Amount	Plan 2 Benefit Amount	Plan 3 Benefit Amount	Plan 4 Benefit Amount*	Plan 5 Benefit Amount	Plan 6 Benefit Amount
Accident Medical Expense Benefit Coverage	\$25,000 Primary	\$25,000 Primary	\$25,000 Primary	\$50,000 Primary	\$50,000 Primary	\$100,000 Primary
Temporary Total Disability Benefit	None	\$200 per week	\$400 per week	\$200 per week	\$400 per week	\$400 per week
Accidental Death & Dismemberment Benefit	\$25,000	\$25,000	\$25,000	\$50,000	\$50,000	\$100,000
Rate*	\$7.50 per person	\$10.00 per person	\$15.00 per person	\$20.00 per person	\$25.00 per person	\$35.00 per person
Check Plan Desired						

*Rate applies on an annual basis.

Rating Calculation

Number of Participants:

X Total Rate per Person:

= Total Premium:

Requested Coverage Effective Date

Coverage becomes effective on the requested date only if We have received the completed enrollment form and approved the risk on or before the requested effective date. If the enrollment form is received after the requested effective date, coverage will not take effect until We review and approve the risk. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy and coverage applies for one year from the Effective Date of the Policy.

____/____/____

Approval

We will review the completed form promptly and notify you if coverage will be provided, or if there are any problems, miscalculations, or omissions that would prevent us from issuing coverage.

Chubb. Insured.SM



Accident Coverage for Joint Apprentice Training Committees

Enrollment Form – Page 2 of 2

Billing

Agency Bill ☐ Direct Bill ☐

Previous Insurance (Rates may vary from this brochure based on prior claim history.)

If an accident insurance program has been in force for your organization's participants, please give full details for the past three (3) years:

Policy Year:

Total Premium: \$	\$	\$
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Total Paid Claims: \$	\$	\$
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Number of Claims:		
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Name(s) of Previous Carrier(s):

Check here if no prior coverage (Upon review, more detail may be requested.)

Producer Information

Name:

Street Address:

City:	State:	Zip Code:
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Contact Name:	Phone Number:
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Are you licensed with Chubb? Yes No

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Policy Acceptance: The undersigned declares that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the Company in consideration of payment of the required premium. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy. The acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy

Signature of Official Authorized to Contract for Policyholder

Date Signed

Print Name of Official Authorized to Contract for Policyholder

Please email completed form to lgriffin@segalco.com or send to your Segal broker.

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To take advantage of these plan designs, complete the application or contact your Segal broker.



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This plan is not available to policyholders located in Washington. In Florida, there must be a minimum of 51+ eligible participants in order to qualify. This is an accident-only policy and does not pay benefits for loss from sickness.

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. Insurance provided by Federal Insurance Company. All products may not be available in all states. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Surplus lines insurance sold only through licensed surplus lines producers. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.