

WHO IS COVERED?

Coverage is provided for the following membership classes and any bystander deputized at the time of the emergency.

Volunteer coverage

Volunteers include auxiliary members, junior members, members-in-training, officers, directors, trustees and administrative personnel. Non-member volunteers asked to help are also covered while participating in a Covered Activity. Throughout this summary these personnel are identified as members.

Volunteer members are considered members who are non-compensated, paid on call and/or part-time paid members averaging less than 25 hours a week. Your volunteer coverage does not extend to paid employees (career), except for administrative personnel.

WHEN DOES COVERAGE APPLY?

Coverage applies while a member is participating in a specific Covered Activity.

Coverage is provided when a member performs any normal duty of the emergency service organization when under the direction of an officer, whether it is an emergency or non-emergency duty. Travel to and from these duties is covered.

A Covered Activity also includes an activity that requires immediate action by the member at the scene of an emergency while not acting on behalf of any organization. These activities are commonly called Good Samaritan Acts.

Athletic events for fundraising, social functions attended primarily by members (such as softball games at annual picnics), firematic events, training and athletic events on premise and approved by the organization are also Covered Activities.

Coverage is limited for other athletic events and there is no coverage for league sports (unless a rider is attached to the policy). Football, ice hockey, field hockey, lacrosse, soccer, boxing, rugby, and martial arts are excluded sports. If your emergency service organization is involved in athletic events contact your VFIS representative.

WHAT BENEFITS ARE PROVIDED?

Benefits are paid for Injury(ies) or Illness(es). An Illness is a disease, sickness or infection which;

1. Manifests itself at a Covered Activity with the member interrupting participation to receive immediate medical treatment, or
2. Directly results from a Covered Activity with the member receiving medical treatment within 48 hours. The time limit is waived for infectious disease.
3. Illness also includes the Mandatory Quarantine of an Insured Person.

Examples of Illness include heart impairment, infectious disease or strokes.

VOLUNTEER

LOSS OF LIFE BENEFITS	Limit
Accidental Death Benefit Amount.....	\$175,000
Seat Belt Benefit Amount.....	\$43,750
Safety Vest Benefit Amount.....	\$43,750
Military Death Benefit Amount.....	\$15,000
Illness Loss of Life Benefit Amount.....	\$175,000
Dependent Child and Education Benefit Amount.....	\$30,000
Spousal Support and Education Benefit Amount.....	\$15,000
Memorial Benefit Amount.....	\$5,000
Dependent Elder Benefit Amount.....	\$5,000
Repatriation Benefit Amount.....	\$2,500

We will pay a Death Benefit when a member dies as a result of an Injury or Illness that occurs:

- a. during a specific Covered Activity; or
- b. due to a covered Injury or Illness; or
- c. due to a heart attack or stroke within 48 hours of an emergency response or training exercise requiring active physical participation.

The Memorial Benefit is paid to the members' department to be used at the department's discretion for items such as final expenses, establishing a memorial or trust fund, or to provide financial assistance to beneficiaries.

LUMP SUM LIVING BENEFITS	Limit
Accidental Dismemberment and Paralysis Benefit Principal Sum.....	\$175,000
Vision Impairment Benefit Principal Sum.....	\$175,000
Injury Permanent Impairment Benefit Principal Sum.....	\$175,000
Heart Permanent Impairment Benefit Principal Sum.....	\$175,000
Illness Permanent Impairment Benefit Principal Sum.....	\$175,000
Cosmetic Disfigurement Resulting From Burns Principal Sum.....	\$175,000
HIV Positive Lump Sum Living Benefit Principal Sum.....	\$175,000

Impairment and Dismemberment Benefits are paid at a percentage of the benefit limit, subject to the specific terms of the policy. However, the HIV Benefit is provided in a lump sum according to the policy terms and conditions.

VOLUNTEER**WEEKLY INCOME BENEFITS****Limit / Duration**

During the first 28 days of Total Disability the weekly benefit payable is the limit shown.	\$400
After 28 days of Total Disability the weekly limit shown is the maximum amount payable. The actual amount payable is equal to 100% of your member's pre-disability wages offset by loss of income benefits received from Workers' Compensation and Other Valid and Collectible Insurance.	\$900
Minimum amount of Total Disability payable after 28 days.	\$100
Maximum period for which Total Disability benefits are paid.	10 years
During the first 28 days of Partial Disability the weekly benefit payable is the limit shown.	\$200
After 28 days of Partial Disability the weekly limit shown is the maximum amount payable.	\$450
Minimum amount of Partial Disability payable after 28 days.	\$50
Maximum period for which Partial Disability benefits are paid.	1 year
Weekly Injury Permanent Impairment (Lifetime) Benefit.	Included
Weekly Injury Permanent Impairment Benefit COLA.	Included

Total Disability means the member is unable to perform all the material and substantial duties of their own occupation. (After 10 years (520 weeks), Total Disability means the inability to perform the material and substantial duties of any Gainful Occupation.)

Total Disability benefits will be increased on July 1, following the first 52 consecutive weeks. Benefits will be increased a minimum of 5% up to a maximum of 10%, based on the increase of the CPI-U.

Partial Disability means the member is unable to perform one or more, but not all, of the material and substantial duties of their own occupation.

Weekly Injury Permanent Impairment Benefit:

If a member suffers a 50% or greater Permanent Impairment as a result of an Injury, we will pay a weekly benefit equal to the percentage of the Permanent Impairment multiplied by the weekly disability benefit the member was receiving on the 29th day of disability. Payments begin when Total Disability benefits and Extended Total Disability benefits (when selected) end. Weekly Injury Permanent Impairment benefits will continue for life. The member could go back to their own or any other occupation and continue to receive this benefit.

You have selected the **Weekly Injury Permanent Impairment COLA** benefit. As a result each year the member's benefit will be increased a minimum of 5% to a maximum of 10%, based on the increase of the CPI-U.

Permanent Impairment means a medical condition which is a physical or functional abnormality or loss, which remains after the maximum medical rehabilitation has been achieved, and is considered stable or non-progressive at the time the evaluation is made. The evaluation of Permanent Impairment is based on the current version of the American Medical Association's *"Guides to the Evaluation of Permanent Impairment."*

VOLUNTEER

MEDICAL EXPENSE BENEFITS	Limit
Medical Expense Benefit Maximum Amount.....	\$200,000
Benefits Paid: Primary	
Cosmetic Plastic Surgery Maximum Amount.....	\$25,000
Post-Traumatic Stress Disorder Maximum Amount.....	\$25,000
Critical Incident Stress Management Maximum Amount.....	\$25,000
Family Expense Benefit (per day).....	\$100
Family Bereavement and Trauma Counseling Benefit Maximum Amount (per person).....	\$1,000

Post-Traumatic Stress Disorder means emotional stress resulting from a Traumatic Incident experienced by a member, during participation in a Covered Activity, which adversely affects their psychological and physical well being.

Traumatic Incident means an abnormal experience outside the range of usual human experience.

The **Family Expense Benefit** is paid after a member has been admitted to the hospital as a result of an Injury or Illness. For each day a member participates in Out-Patient Physical Therapy, after being hospitalized, 50% of the benefit shown will be paid. This benefit is payable the first day of hospitalization and paid for up to 26 weeks.

The **Family Bereavement and Trauma Counseling Benefit** is paid after a member's death or exposure to a Traumatic Incident due to participation in a specific Covered Activity which results in the member's spouse, Dependent Child, or Resident Immediate Family Member requiring counseling. Treatment must be prescribed and monitored by a Physician.

VOLUNTEER

OTHER BENEFITS	Limit
Occupational Retraining Benefit Maximum Amount.....	\$20,000
Transition Benefit.....	Included
Felonious Assault Benefit Amount.....	\$87,500
Home Alteration and Vehicle Modification Benefit Maximum Amount.....	\$50,000

Occupational Retraining: If, as a result of an Injury or Illness, a member is not able to be gainfully employed and chooses to enroll in school or a training program with the objective of returning to work, we will pay tuition, room and board and other expenses up to the limit shown above. This coverage is in excess of Workers' Compensation and Other Valid and Collectible Insurance. The program must be agreed upon by the member and VFIS.

Transition Benefit: If, while receiving Total Disability, a member is terminated from regular employment and remains unemployed after Total Disability benefits end, this benefit will be provided for up to 26 weeks.

Felonious Assault: If an Accidental Death, Illness Loss of Life, Accidental Dismemberment and Paralysis, Vision Impairment, Injury Permanent Impairment, Heart Permanent Impairment, Illness Permanent Impairment, Cosmetic Disfigurement or HIV Positive Lump Sum Living benefit is payable as a result of a Felonious Assault while participating in a Covered Activity, we will pay the Felonious Assault benefit maximum amount. Felonious Assault means any willful or unlawful use of force upon the Insured Person with the intent to cause bodily injury; that results in bodily harm; and that is a felony or a misdemeanor.

Home Alteration and Vehicle Modification: If, as a direct result of an Injury or Illness that results in a covered permanent and irrevocable loss, a member is required to make alterations to his home and/or vehicle we will pay up to the limit shown above for such alterations incurred within three years of the Injury or Illness causing the loss. This benefit is excess of all other benefits payable including Workers' Compensation.

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OPTIONAL BENEFITS	Limit
Weekly Hospital Benefit Amount.....	Not Included
First Week Total Disability Benefit Amount	Not Included
Coordinated 28 Day Total Disability Benefit Amount.....	Not Included
Extended Total Disability Benefit.....	Included
Long-Term Total Disability.....	Not Included
Long-Term Total Disability COLA.....	Not Included
Extra Expense Benefit	
Monthly Amount.....	Not Included
Maximum Amount.....	Not Included
24-Hour Accident Benefit – Injury only.....	Not Included
Off-Duty Accident Benefit – Injury only.....	Not Included
Organized Team Sports.....	Not Included

Weekly Hospital Benefit provides members with additional weekly income when hospitalization or outpatient physical therapy is required for a covered Injury or Illness.

First Week Total Disability Benefit provides an additional payment for the first week of Total Disability as a result of a covered Injury or Illness.

Coordinated 28 Day Total Disability Benefit protects higher wage earners by providing an additional income benefit after coordinating with Total Disability Benefit Weekly Amount (1st 28 days) and Workers' Compensation as a result of a covered Injury or Illness.

Extended Total Disability Benefit provides Total Disability benefits for a total of 10 years (an additional 260 weeks) when selected.

Long-Term Total Disability Benefit provides Total Disability benefits to age 70, beginning after 10 years (520 weeks) of Total Disability. For this benefit, Total Disability means the inability to perform any Gainful Occupation.

Extra Expense benefits will begin after 26 weeks of Total Disability due to a covered Injury or Illness. This benefit will cease when the member is no longer disabled. The Extra Expense Benefit Maximum Amount is the most we will pay.

24-Hour Accident Benefit – Injury only benefits are provided to a member who dies or suffers dismemberment, vision loss or paralysis due to an accidental Injury. This benefit is payable for both on-duty and off-duty activities.

Off-Duty Accident Benefit – Injury only benefits are provided to a member who dies or suffers dismemberment, vision loss or paralysis due to an accidental Injury. This benefit is payable for off-duty activities.

Organized Team Sports rider provides specified coverage for league sports. (Refer to Policy.)

CAREER PERSONNEL RIDER.....Not Included

Career personnel have the same coverages and limits as Volunteers subject to the following:

- (1) The definition of member is amended to include paid employees of the Policyholder, which is primarily staffed by volunteers. A paid employee is one who works an average 25 hours or more employment per week.
- (2) The following benefit(s) are available only to volunteers and not paid employees:
 - Weekly Injury Permanent Impairment Benefit
 - Weekly Injury Permanent Impairment COLA
 - Transition Benefit
 - Extended Total Disability Benefit
 - Long-Term Total Disability
 - Long-Term Total Disability COLA
 - Extra Expense Benefit
- (3) In no event will coverage provided to paid employees by way of this rider be in lieu of any Workers' Compensation act or similar law.

Coverage	Covered Auto Symbols	Limit of Insurance (this is the most we will pay for any one accident or loss)	Premium
Liability (combined single limit)	10	\$1,000,000 each accident	\$
Personal Injury Protection (PIP) (or equivalent no-fault coverage)	N/A	Refer to ITEM THREE and each PIP or added PIP endorsement	
Added Personal Injury Protection (or equivalent added no-fault coverage)	N/A	Separately stated in each added PIP endorsement	
Property Protection Insurance (Michigan Only)	N/A	Separately stated in the P.P.I. endorsement minus Ded. for each accident	
Auto Medical Payments	N/A	each person	
Medical Expense and Income Loss Benefits (Virginia only)	N/A	Separately stated in each Medical Expense and Income Loss Benefits endorsement	
Uninsured Motorists (UM)	10	\$ 1,000,000 each accident	\$
Uninsured Motorists (UM) (when not included in UM coverage)	10	Included in UM coverage	
Physical Damage – Comprehensive	7, 8, 9	Refer to ITEM THREE and ITEM FOUR (if applicable)	\$
Physical Damage – Specified Causes of Loss	N/A		
Physical Damage – Collision	7, 8, 9		\$
Physical Damage – Towing and Labor	7	Refer to ITEM THREE	
Other Auto Coverages			
Estimated Coverage Part Premium:		\$	
Taxes, Fees and Surcharges:		\$	
Total Premium:		\$	

This coverage part provides only those coverages activated by a Covered Auto Symbol or a Premium shown below:

ITEM TWO: Coverage and Covered Autos

ITEM ONE: Named Insured – Refer to the Common or Auto Policy Declarations

AUTO COVERAGE PART DECLARATIONS

Named Insured: COUNTY OF SUSSEX
 Policy Number: V...
 Policy Period: From To

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
1	1992	SPARTAN	PUMPER	PR	457C19K04PC0D8034	\$ 300,000
2	2003	FREIGHTLINER	TANKER	T	1FVHBGA833HK55228	\$ 180,000
3	2005	INT'L	PUMPER	PR	1HTMKAZR25H139481	\$ 260,000
4	2001	ALF	PUMPER	PR	423AAACG91RJ20784	\$ 350,000
5	1991	GRUMMAN	PUMPER	PR	1G9PSPFSXMR088209	\$ 200,000
6	1997	PIERCE	PUMPER	PR	4P1CT02U6VA000274	\$ 300,000
7	1987	FORD	PUMPER	PR	1FDXK84NXHVAA04242	\$ 100,000
8	1996	NAVISTAR	PUMPER TANKER	PT	1HTSDADRSVH447575	\$ 200,000
9	1988	FORD	BRUSH VEH	BV	1FDHF38G9JNB07486	\$ 50,000
10	1999	PIERCE	PUMPER	PR	4P1C102U9XA001390	\$ 300,000
11	2007	KME	PUMPER TANKER	PT	1HTWYAHHT07J469717	\$ 325,000
12	2008	PIERCE	PUMPER	PR	4P1CS01A78A008839	\$ 370,000
13	2009	PIERCE	TANKER	T	4P1CU01E49A010380	\$ 400,000
14	2009	FORD	AMB ALS	ALS	1FDXE45P79DA76166	\$ 145,000
15	2010	CHEVY	AMB ALS	ALS	1GB9G5B67A1124140	\$ 155,000
16	2005	FORD	FIRST RESPONDER	FR	1FMZU73K85UC02226	\$ 35,000
17	2012	WELLS CARGO	TRAILER	OTH	1WC200C16C1193800	\$ 552,500
18	2020	KME	PUMPER LDH	PLDH	1K9AF4S85LN058956	\$ 51,500
19	2019	FORD	FIRST RESPONDER	FR	1FTFX1E556KKE74395	\$ 75,000
20	2005	FORD	BRUSH VEH	BV	1FDAX57P55EB87595	\$ 75,000

Auto Schedule Summary

ITEM THREE: Schedule of Your Auto Coverage

Named Insured: COUNTY OF SUSSEX
 Policy Number: _____
 Policy Period: From _____ To _____

See Schedule of Forms and Endorsements

Portable Equipment Forms

Estimated Coverage Part Premium: \$

Taxes, Fees and Surcharges:

Total Premium: \$

Schedule of Portable Equipment Coverage	
Coverage	Limit of Insurance
Coverage A Blanket	Guaranteed Replacement Cost
Coverage B Scheduled	NONE
	Deductible
	\$ 250
	NONE

PORTABLE EQUIPMENT COVERAGE PART DECLARATIONS

COUNTY OF SUSSEX

From To

Named Insured:
COUNTY OF SUSSEX

Policy Number:
Policy Period: From
To

GENERAL LIABILITY COVERAGE PART DECLARATIONS

Limits of Insurance

Each Occurrence or Medical Incident	\$ 1,000,000	
Medical Expense	\$ 10,000	Any One Person
Personal & Advertising Injury	\$ 1,000,000	
General Aggregate	\$ 10,000,000	
Products - Completed Operations Aggregate	\$ 10,000,000	
Products - Completed Operations are subject to the General Aggregate limit unless indicated otherwise		
Employers' Liability	NOT COVERED	
Bodily Injury by Accident	\$	Each Accident
Bodily Injury by Disease	\$	Policy Limit
Bodily Injury by Disease	\$	Each Employee or Volunteer

Estimated Coverage Part Premium: \$

Taxes, Fees and Surcharges:

Total Premium: \$

General Liability Forms

See Schedule of Forms and Endorsements.

Named Insured:
COUNTY OF SUSSEX

Policy Number:
Policy Period: From
To

COMMERCIAL EXCESS LIABILITY COVERAGE PART DECLARATIONS

THIS COVERAGE PART CONTAINS CLAIMS MADE COVERAGE.
PLEASE READ IT CAREFULLY.

Limits of Insurance

Each Occurrence Limit \$ 3,000,000

Products - Completed Operations Aggregate Limit
(where applicable) \$ 6,000,000

Aggregate Limit \$ 6,000,000

Retroactive Date
(applicable to Claims Made coverages) See Schedule of Controlling
Underlying Insurance

Estimated Coverage Part Premium: \$

Taxes, Fees and Surcharges:

Total Premium: \$

Commercial Excess Liability Forms

See Schedule of Forms and Endorsements.

This coverage part consists of these declarations, the schedule of controlling underlying insurance, the schedule of forms and endorsements, and any forms and endorsements we may later attach to reflect changes.