



Occupational Accident Summary of Benefits Association for Delivery Drivers

Great American Insurance Company is dedicated to protecting Independent Contractors while providing flexible, innovative products to meet the insurance needs of the growing independent contractor's workforce. We understand your unique needs as an Independent Contractor and provide generous Occupational Accident coverage that includes medical, disability, death and dismemberment benefits for accidents that occur on the job.

This summary of benefits includes a brief description of coverages and benefits offered and effective and termination dates are subject to all terms and conditions as outlined in the Policy.

Eligibility

PLAN A

Independent Contractors between the ages of 18 and 80 who are members of the Association for Delivery Drivers while engaged in delivery business for themselves or under contract with another company. Authorized helpers between the ages of 18 and 80 who perform occupational services not paid by W-2 unless permitted by law. Class A CDL operators must be between the ages of 23 and 80.

PLAN B

Independent Contractors between the ages of 18 and 80 who are members of the Association for Delivery Drivers while engaged in delivery business for themselves or under contract with another company. Authorized helpers between the ages of 18 and 80 who perform occupational services not paid by W-2 unless permitted by law. Class A CDL operators must be between the ages of 23 and 80.

PLAN C

Independent Contractors in the state of California between the ages of 18 and 80 who are members of the Association for Delivery Drivers while engaged in delivery business for themselves or under contract with another company. Class A CDL operators must be between the ages of 23 and 80. Does not include helpers.

BENEFITS

Accidental Death and Dismemberment and Paralysis and Severe Burn

If Injury to an Insured Person results in Accidental Death, Dismemberment, Paralysis or Severe Burn while under Covered Contract, the Company will pay the percentage of the principal sum shown in the Summary of Benefits chart for the Covered Loss subject to all terms and conditions of the Policy.

Accident Medical Expense Benefit

If an Insured Person suffers an Occupational Injury that requires him or her to be treated by a Physician within the Accident Medical Expense Benefit Commencement Period, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Maximum Benefit Amount and Maximum Benefit Period shown in the Summary of Benefits per Insured Person for all Injuries caused by a single Accident, subject to any applicable Deductible Amount. The Maximum Benefit Period starts on the date of the Accident that caused such Injury. The Deductible Amount for the Accident Medical Expense Benefit is the Deductible Amount shown in the Summary of Coverages, if any, which must be met separately for each Accident from the Usual and Customary Charges for Medically Necessary Covered Accident Medical Services incurred due to Injuries sustained by the Insured Person in that Accident. Accident Medical Expense benefits are subject to all terms and conditions of the Policy.

Temporary Total Disability

If Injury to an Insured Person results in Temporary Total Disability within the disability commencement period subject to satisfaction of any waiting periods shown in the Summary of Benefits chart, the Company will pay the Temporary Total Disability Benefits specified. Temporary Total Disability benefits are subject to all terms and conditions of the Policy.

Continuous Total Disability

If Injury to an Insured Person, resulting in Temporary Total Disability, such that a Temporary Total Disability Benefit is payable under this Policy, subsequently results in Continuous Total Disability, the Company will pay the Continuous Total Disability Benefit as outlined in Summary of Coverages and in accordance with all terms and conditions of the Policy.

Occupational Disease Benefit

If an Insured Person sustains an Occupational Disease as a result of exposure to environmental or physical hazards, during the course of the Insured Person's Occupational activities, and the date on which the Insured Person last performed such Occupational activities occurred during the Policy period, benefits for Accident Medical Expense and Temporary Total Disability Benefits are paid as outlined in the Description of Benefits chart and in accordance with all terms, conditions, and limitations of the Policy.

Hemorrhoid Benefit

If an Insured Person sustains Hemorrhoids as a result of Occupational activities, and such Hemorrhoids are sustained and surgically repaired during the Policy period, benefits for Accident Medical Expense and Temporary Total Disability Benefits are paid as outlined in the Description of Benefits chart and in accordance with all terms, conditions, and limitations of the Policy.

Hernia Benefit

If an Insured Person sustains a Hernia as a result of Occupational activities, and such Hernia is sustained and surgically repaired during the Policy period, benefits for Accident Medical Expense and Temporary Total Disability Benefits are paid as outlined in the Description of Benefits chart and in accordance with all terms, conditions, and limitations of the Policy.

Occupational Cumulative Trauma Benefit

If an Insured Person sustains an Occupational Cumulative Trauma as a result of Occupational activities, and the date on which the Insured Person last performed such Occupational activities occurred during the Policy period, benefits for Accident Medical Expense and Temporary Total Disability Benefits are paid as outlined in the Description of Benefits chart and in accordance with all terms, conditions, and limitations of the Policy.

Felonious Assault Benefit

If an Insured Person sustains an Injury as a result of a Felonious Assault, provided that the Insured Person is performing Occupational activities, and the date on which the Insured Person last performed such Occupational activities occurred during the Policy period, benefits for Accidental Death, Accidental Dismemberment, Paralysis, Severe Burn, Temporary Total Disability Benefits and Continuous Total Disability Benefits are paid as outlined in the Description of Benefits chart and in accordance with all terms, conditions, and limitations of the Policy.

Carjacking

If an Insured Person sustains an Injury as a result of a Carjacking of a Motor Vehicle while the Insured Person is operating, riding as a passenger in, or getting into or out of such Motor Vehicle, provided the Insured Person is performing Occupational activities, and the date on which the Insured Person last performed such Occupational activities occurred during the Policy period, benefits for Accidental Death, Accidental Dismemberment, Paralysis, and Severe Burn are paid as outlined in the Description of Benefits chart and in accordance with all terms, conditions, and limitations of the Policy.

Scope of Policy

Excess Benefits-When an Insured Person has any Injury or loss to which both Accident Medical Expense coverage under this Policy and health care coverage under one or more other policies or plans applies, then the Accident Medical Expense benefit under this Policy shall apply only in excess of the benefits of the other Policy or plan subject to all terms and conditions of the Policy.

Claim Information

Written notice of claim must be received by the Company within 20 days after an Insured Person's Covered Loss, or as soon thereafter as reasonably possible. Notice must be given by or on behalf of the claimant to the Company at Great American Insurance Company, ON Demand Claims, 301 E. 4th St., 22nd Floor; Cincinnati, OH 45202, 1-833-444-0161, with information sufficient to identify the Insured Person.

SUMMARY OF COVERAGE CHART

		Plan A	Plan B	Plan C
		Eligibility: Independent Contractors between the ages of 18 and 80 who are members of the Association for Delivery Drivers while engaged in delivery business for themselves or under contract with another company. Authorized helpers between the ages of 18 and 80 who perform occupational services not paid by W-2 unless permitted by law. Class A CDL operators must be between the ages of 23 and 80.	Eligibility: Independent Contractors between the ages of 18 and 80 who are members of the Association for Delivery Drivers while engaged in delivery business for themselves or under contract with another company. Authorized helpers between the ages of 18 and 80 who perform occupational services not paid by W-2 unless permitted by law. Class A CDL operators must be between the ages of 23 and 80.	Eligibility: Independent Contractors in the state of California between the ages of 18 and 80 who are members of the Association for Delivery Drivers while engaged in delivery business for themselves or under contract with another company. Class A CDL operators must be between the ages of 23 and 80. Does not include helpers.
DESCRIPTION OF BENEFITS		Occupational	Occupational	Occupational
ACCIDENTAL DEATH AND DISMEMBERMENT	Maximum Benefit Amount	\$250,000	\$150,000	\$350,000
	Survivor's Benefit	(100,000) + \$2,000 Per Month Up To 75 Months)	(\$50,000) + \$1,000 Per Month Up To 100 Months	(\$50,000) + \$1,500 Per Month Up To 200 Months
	Incurral Period	52 Weeks	52 Weeks	52 Weeks
	Paralysis And Severe Burn	Included in Principal Sum	Included in Principal Sum	Included in Principal Sum
ACCIDENTAL MEDICAL EXPENSE	Maximum Benefit Amount	\$1,000,000	\$500,000	\$1,000,000
	Commencement Period	90 Days	90 Days	90 Days
	Deductible	\$100	\$200	\$200
	Incurral Period	104 Weeks	104 Weeks	104 Weeks
Accidental Dental	Maximum Benefit Amount	\$2,500 Per Accident	\$2,500 Per Accident	\$2,500 Per Accident
Chiropractic Care, Occupational Therapy, Physical Therapy	Maximum Benefit Amount	No Sublimit Applies	No Sublimit Applies	No Sublimit Applies
	Max Number Of Treatments	No Sublimit Applies	No Sublimit Applies	No Sublimit Applies
TEMPORARY TOTAL DISABILITY	Maximum Benefit Amount	70% Avg Wkly Earnings Up To \$700 Max/\$200 Min Per Wkly Benefit	70% Avg Wkly Earnings Up To \$600 Max/\$150 Min Per Wkly Benefit	66% Avg Wkly Earnings Up To Wkly Max/Min Amounts Required by California Labor Code 4453(a)(10)
	Waiting Period	7 Days Retroactive	9 Days Retroactive	7 Days Retroactive
	Duration-Max Benefit Period	104 Weeks	104 Weeks	104 Weeks
	Commencement Period	90 Days	90 Days	90 Days
		**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown		**Subject to the lesser of: 66% of Average Weekly Earnings or the Maximum Weekly Benefit Amount
CONTINUOUS TOTAL DISABILITY	Maximum Benefit Amount	70% Avg Wkly Earnings Up To \$700 Max/\$200 Min Per Wkly Benefit	70% Avg Wkly Earnings Up To \$600 Max/\$150 Min Per Wkly Benefit	66% Avg Wkly Earnings Up To Wkly Max/Min Amounts Required by California Labor Code 4453(a)(10)
	Waiting Period	104 Weeks	104 Weeks	104 Weeks
	Duration-Max Benefit Period	Up To Social Security Retirement Age	Up To Social Security Retirement Age	Up To Social Security Retirement Age
		**Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown. ** Social Security Retirement Age (SSRA) will vary depending upon the Enrollee's date of birth. If the Enrollee reaches his/her SSRA before satisfying the waiting period, he/she may not qualify for Continuous Total Disability Benefits.		** Social Security Retirement Age (SSRA) will vary depending upon the Enrollee's date of birth. If the Enrollee reaches his/her SSRA before satisfying the waiting period, he/she may not qualify for Continuous Total Disability
COMBINED SINGLE LIMIT		\$1,000,000 per Insured Person	\$500,000 per Insured Person	\$1,000,000 per Insured Person
AGGREGATE LIMIT		\$2,000,000 per Accident	\$1,000,000 per Accident	\$2,000,000 per Accident

		Plan A	Plan B	Plan C
DESCRIPTION OF BENEFITS		Occupational	Occupational	Occupational
OCCUPATIONAL DISEASE BENEFIT	Maximum Accidental Medical Benefit Per Injury/Lifetime	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
	Maximum Benefit Period Per Injury	10 Weeks	10 Weeks	10 Weeks
	Temporary Total Disability Maximum Benefit Period Per Injury	Included in the Above Noted Limits	Included in the Above Noted Limits	Included in the Above Noted Limits
HEMORRHOID BENEFIT	Maximum Accidental Medical Benefit Per Injury/Lifetime	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
	Maximum Benefit Period Per Injury	10 Weeks	10 Weeks	10 Weeks
	Temporary Total Disability Maximum Benefit Period Per Injury	Included in the Above Noted Limits	Included in the Above Noted Limits	Included in the Above Noted Limits
HERNIA BENEFIT	Maximum Accidental Medical Benefit Per Injury/Lifetime	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
	Maximum Benefit Period Per Injury	10 Weeks	10 Weeks	10 Weeks
	Temporary Total Disability Maximum Benefit Period Per Injury	Included in the Above Noted Limits	Included in the Above Noted Limits	Included in the Above Noted Limits
OCCUPATIONAL CUMULATIVE TRAUMS BENEFIT	Maximum Accidental Medical Benefit Per Injury/Lifetime	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
	Maximum Benefit Period Per Injury	10 Weeks	10 Weeks	10 Weeks
	Temporary Total Disability Maximum Benefit Period Per Injury	Included in the Above Noted Limits	Included in the Above Noted Limits	Included in the Above Noted Limits
FELONIOUS ASSAULT BENEFIT	Accidental Death & Dismemberment Section	Included in the Above Noted Limits	Included in the Above Noted Limits	Included in the Above Noted Limits
	Temporary Total Disability Section	Included in the Above Noted Limits	Included in the Above Noted Limits	Included in the Above Noted Limits
	Continuous Total Disability Section	Included in the Above Noted Limits	Included in the Above Noted Limits	Included in the Above Noted Limits
	Maximum Benefit Amount	\$10,000	\$10,000	\$10,000
CARJACKING BENEFIT	Accidental Death & Dismemberment Section	Included in the Above Noted Limits	Included in the Above Noted Limits	Included in the Above Noted Limits
	Maximum Benefit Amount	\$10,000	\$10,000	\$10,000

Association for Delivery Drivers

This Summary of Benefits is a brief description of the important features of your insurance plan. It is not a contract of insurance. The complete terms and conditions of coverage are set forth in the policy. In the event of any conflict between the information contained herein and the actual policy, the policy will govern. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.



FLEXIBLE INSURANCE FOR THE WORKFORCE OF THE FUTURE

Why choose Great American for your Independent Contractor Coverage?

- **20 years of Occupational Accident expertise**
- **Exceptional financial strength (A+)***
- **Dedicated in-house claims**
- **Alternative Risk Solutions**
- **Flexible, customized coverage options**

***A.M. Best rate of “A+” (Superior) affirmed December 15, 2023.**

Important Information-Coverage features described herein are summarized. Refer to the actual policy for a full description of applicable terms, conditions, limits, and exclusions. Occupational Accident Policies underwritten by Great American Insurance Company, an authorized insurer. Benefits and offerings vary by state. This is not intended as a solicitation or offer to sell an insurance product in a jurisdiction in which the solicitation, offer, sale or purchase thereof would be unlawful. Great American Insurance Group, 301 E. Fourth St, Cincinnati, OH 45202.