

## FARMERS' ACCIDENT INSURANCE FORM

Throughout this Form the words “you” and “your” refer to the Named Insured as stated on the “Declaration Page” and the words “we”, “us” and “our” refer to the company providing this insurance.

This coverage applies only if shown on the “Declaration Page”. Persons insured include only those who are specifically named on the “Declaration Page” for each coverage specified.

Limits of insurance are as stated on the “Declaration Page”. The stated limits represent the aggregate limit for all “accidents” occurring during the Policy period.

### Coverage A – Accidental Death and Dismemberment Benefits

If injury should occur and result in any of the following insured losses within three hundred and sixty-five (365) days of the date of the “accident”, “we” will pay for permanent and total loss of use.

Insured Loss	Percentage (%) of Limit	Definition of Loss
Life	100%	Complete loss of life.
Both Hands	100%	Complete severance at or above the wrist or ankle joint but below the elbow or knee joint.
Both Feet	100%	
Entire Sight of Both Eyes	100%	Irrecoverable loss of the entire sight.
One Hand and One Foot	100%	Complete severance at or above the wrist or ankle joint but below the elbow or knee joint.
One Hand and Entire Sight of One Eye	100%	Complete severance at or above the wrist joint but below the elbow joint and the irrecoverable loss of the entire sight in one eye.
One Foot and Entire Sight of One Eye	100%	Complete severance at or above the ankle joint but below the knee joint and irrecoverable loss of the entire sight.
Speech and Hearing	100%	Total and irrecoverable loss of ability to speak and hear.
One Arm	75%	Complete severance at or above the elbow or knee joint.
One Leg	75%	
One Hand	66.6%	Complete severance at or above the wrist or ankle joint but below the elbow or knee joint.
One Foot	66.6%	
Entire Sight of One Eye	66.6%	Irrecoverable loss of the entire sight.
Speech <u>or</u> Hearing	50%	Total and irrecoverable loss of ability to speak or hear.
Thumb and Index Finger of Either Hand	33.3%	Complete severance at or above the first phalange.
Hearing in One Ear	16.6%	Total and irrecoverable loss of ability to hear.

Insured Loss	Percentage (%) of Limit	Definition of Loss
Quadriplegia (Complete paralysis of both upper and lower limbs)	100%	Permanent and irrecoverable paralysis of such limbs.
Paraplegia (Complete paralysis of both lower limbs)	100%	
Hemiplegia (Complete paralysis of upper and lower limbs on one side of the body)	100%	

Any indemnity payable for the above losses shall be paid only if such loss is permanent, total and irrecoverable and has been continuous for a period of three hundred and sixty-five (365) days from the date of the "accident".

Indemnity provided under Coverage A, Accidental Death and Dismemberment Benefits, will not be paid under any circumstances for more than one (1) loss, sustained by any one (1) "insured person" as the result of any one (1) "accident". If more than one (1) limit applies, only the highest limit will be paid.

### Coverage B – Replacement Labour Expenses

"We" agree to pay up to the Coverage B, Replacement Labour Expenses, limit as stated on the "Declaration Page" to "you" for expenses that are incurred and verified to hire replacement labour to carry out necessary activities which, if not carried out, would result in a loss of income to "you".

The physical injury must have been caused by "accident", which has been verified by a medical doctor, and prevent "you" or a designated person, who is specifically named on the "Declaration Page" for each coverage of this Form, from carrying out their normal work activities on the insured "farming" premises as stated on the "Declaration Page".

### Special Exclusions, Provisions and Definitions

#### Exclusions

Coverage shall not apply to:

- (a) anyone not engaged in the business of "farming";
- (b) loss caused by an "accident" which occurred prior to the inception date of this coverage;
- (c) any intentionally self-inflicted injury;
- (d) suicide or any attempted suicide while sane or insane;
- (e) any loss caused by sickness, disease (including pre-existing disease) or natural causes;
- (f) any disability caused by or related to pregnancy, miscarriage or giving birth;
- (g) any loss resulting from service, including part-time or temporary service in the armed forces;
- (h) war, civil war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), rebellion, revolution, insurrection, military, usurped power or participation in a riot or public disturbance;
- (i) any loss that is a consequence of travel or flight in any aircraft if the "insured person" is the pilot or crew member of the aircraft or if the flight is made for purposes of instruction, training or testing;
- (j) any expense incurred more than three hundred and sixty-five (365) days after the date of the "accident";
- (k) any loss or injury caused as a result of committing a crime or any illegal activity;
- (l) any loss or injury resulting from operating a mechanical or motorized device, "motor vehicle" or farm vehicle while impaired by drugs or alcohol; and
- (m) any loss or injury resulting from riding in or driving any type of "motorized vehicle" or farm vehicle in any kind of speed contest.

## **Provisions**

- (1) "You" shall provide "us" with medical evidence supported by a physician substantiating that the injury was caused by "accident" and has prevented the "insured person" from carrying out their normal "farming" employment activities.
- (2) The "insured person" shall resume their normal work activities as soon as medically able.
- (3) "You" are required to preauthorize any claims for Coverage B, Replacement Labour Expense, with "us".
- (4) Each claim for Coverage B, Replacement Labour Expense, shall be subject to a two hundred (\$200) dollar deductible per "insured person".
- (5) The limit stated on the "Declaration Page" for Coverage B, Replacement Labour Expenses, is the maximum payable as a result of any one (1) "accident" or series of "accidents". Recurring disability resulting from the same "accident" shall be included in the stated limit.
- (6) Benefits payable in the event of a claim for loss of life of an "insured person" are payable to the beneficiary designated on the "Declaration Page". If no such designation exists, benefits payable in the event of a loss of life claim are payable to the estate of the "insured person".
- (7) Benefits available under Coverage B, Replacement Labour Expense, are payable to "you".
- (8) If other valid and collectible insurance with any other insurer is available to "you" covering a loss also covered by this Form, other than insurance that is specifically stated to be excess of this Form, the insurance afforded by this Form shall be in excess of and not contribute with such other insurance. Nothing herein shall be construed to make this Form subject to the terms, conditions and limitations of other insurance.

## **Definitions**

**"Accident"** means a sudden, unforeseen, unplanned or unintended event or series of events that may result in injury, dismemberment or death.

**"Insured Person"** means a person stated on the "Declaration Page" who is insured under this coverage Form.

**Except as otherwise provided in this Form, all terms, provisions and conditions of this Policy apply.**