# **COVERAGE FA - FARMERS' ACCIDENT INSURANCE**

This coverage applies only if so stated on the Declaration Page. Persons insured include only persons who are specifically named on the Declaration Page for this coverage. Limits of insurance are as stated on the Declaration Page. The stated limits are the overall limits for all accidents occurring during the policy year.

# 1. Accidental Death and Dismemberment Benefits

If injury shall, within 365 days of the date of the accident causing such injury, result in any of the following losses, the Company will pay for loss of or permanent and total loss of use of:

| Life   | Policy Limit                       |
|--|------------------------------------|
| Both Hands   | Policy Limit                       |
| Both Feet  | Policy Limit                       |
| Entire Sight of Both Eyes  | Policy Limit                       |
| One Hand and One Foot  | Policy Limit                       |
| One Hand and Entire Sight of One Eye   | Policy Limit                       |
| One Foot and Entire Sight of One Eye   | Policy Limit                       |
| Speech and Hearing   | Policy Limit                       |
| One Arm  | Three Quarters of the Policy Limit |
| One Leg  | Three Quarters of the Policy Limit |
| One Hand   | Two-Thirds of the Policy Limit     |
| One Foot   | Two-Thirds of the Policy Limit     |
| Entire Sight of One Eye  | Two-Thirds of the Policy Limit     |
| Speech or Hearing  | One-Half of the Policy Limit       |
| Thumb and Index Finger of Either Hand  | One-Third of the Policy Limit      |
| Hearing in One Ear   | One-Sixth of the Policy Limit      |
|  | ·                                  |
| Quadriplegia (Complete paralysis of both upper and lower limbs)                          |                                    |
| Paraplegia (Complete paralysis of both lower limbs)                                      |                                    |
| Hemiplegia (Complete paralysis of upper and lower limbs of one side of body)Policy Limit |                                    |

"Loss" as above used with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and index finger means complete severance at or above the first phalange; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; and as used with reference to hearing means the total and irrecoverable loss thereof.

Any indemnity payable for Loss of Use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of twelve months from the date of the accident.

"Loss" as above used with reference to quadriplegia, paraplegia and hemiplegia means the permanent and irrecoverable paralysis of such limbs.

Indemnity provided under this Part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured Person as the result of any one accident.

# 2. Replacement Labour Expenses (Optional Coverage)

The Company agrees to pay up to the limit stated on the Declaration Page for expenses, 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 the Insured provided;

i) physical injury, caused by accident and verified by a medical doctor, prevents the Named Insured, or other person specifically named on the Declaration Page, from carrying out his or her normal work activities.

### Special Exclusions and Provisions of Coverage FA

#### **Exclusions**

Coverage shall not apply to:

- a) Loss caused by an accident which occurred prior to the inception date of this coverage.
- b) Any intentionally self-inflicted injury.
- c) Suicide or any attempt thereat while sane or insane.
- d) Any loss caused by sickness.
- e) Any disability caused by or related to pregnancy; miscarriage or giving birth.
- f) Any loss resulting from service, including part-time or temporary service in the armed forces.
- g) War, insurrection or participation in a riot or public disturbance.
- h) 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.
- i) Any expense incurred more than one year after the date of the accident.

### **Provisions**

- (a) The Insured shall provide the Company with medical evidence supported by a physician substantiating that the injury was caused by accident and has prevented the Insured from carrying out his or her normal employment activities.
- (b) The Insured shall resume his or her normal work activities as soon as medically able.
- (c) The Insured is required to preauthorize any claims for Replacement Labour Expense coverage with the Company
- (d) Each claim for Replacement Labour Expense shall be subject to a deductible of \$200.00 per Insured Person.
- (e) The limit shown on the Declaration Page for Replacement Labour Expenses is the maximum payable as a result of any one accident and recurring disability resulting from the same accident shall be subject to this limit.

Benefits payable in the event of a claim for loss of life of an insured person are payable to the beneficiary designated on the Declarations 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. All other benefits payable are payable to the Insured Person.