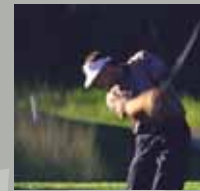




# Catastrophic Athletic Injury

*Accident Insurance  
for College Sports*



athletics

# Lifetime Catastrophic Athletic Injury Insurance

## BENEFIT SUMMARY

The Catastrophic Athletic Injury Insurance program is designed to cover college sports related catastrophic injury costs which exceed the limits of other insurance plans or workers' compensation.

## ELIGIBILITY

### Class I

Student athletes, student coaches, student managers, student trainers, and cheerleaders who are participating in all sanctioned and officially recognized intercollegiate/interscholastic sports. Also, all guest recruits who are participating in supervised activities which are on campus.

### Class II

Student athletes participating in club sports.

### Class III

Student athletes participating in Intramural sports.

## COVERAGE

### Class I

Coverage is provided for participation in scheduled intercollegiate and interscholastic games, supervised practice sessions and during authorized group or team travel that is paid for or reimbursed by the Participating School in connection with such games or practice sessions. Coverage is also provided for authorized and supervised conditioning that directly contributes toward the Insured Person's ability to participate as a player on an intercollegiate team and takes place at the school's athletic facilities or another facility specifically authorized by the school. For guest recruits coverage is provided for participation in Intercollegiate scheduled games and supervised practice sessions which are on campus and for which the guest was invited.

### Class II

Coverage is provided for participation in scheduled games, supervised practice sessions and during authorized group or team travel that is paid for or reimbursed by the Participating School in connection with such games or practice sessions.

### Class III

Coverage is provided for participation in scheduled intramural games.

## BENEFITS

### Accidental Death, Dismemberment, or Loss of Sight, Speech or Hearing

We will pay the benefit amounts shown for Accidental Death, Dismemberment or Loss of Sight, Speech or Hearing which results solely from an injury to the Insured which occurs during a covered event, and from no other contributory cause, and is sustained within the Loss Establishment Period of 365 days after the date of the injury.

If an Insured sustains more than one such loss as the result of one Accident, we will pay only one amount, the largest to which he or she is entitled. This amount will not exceed the Principal Sum that applies for the Insured.

| Loss  | Benefit Amount |
|---|----------------|
| Loss of Life                                    | \$10,000       |
| Loss of Both Hands                              | \$10,000       |
| Loss of Both Feet                               | \$10,000       |
| Loss of Entire Sight of Both Eyes               | \$10,000       |
| Loss of One Hand and One Foot                   | \$10,000       |
| Loss of One Hand and Entire Sight of One Eye    | \$10,000       |
| Loss of Speech and Hearing (Both Ears)          | \$10,000       |
| Loss of Speech or Hearing (Both Ears)           | \$5,000        |
| Loss of One Hand                                | \$5,000        |
| Loss of One Foot                                | \$5,000        |
| Loss of Entire Sight of One Eye                 | \$5,000        |
| Loss of Thumb and Index Finger of the Same Hand | \$2,500        |

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Loss of speech or hearing means their total and irrecoverable loss. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss.

### LOSS OF LIFE DUE TO HEART OR CIRCULATORY MALFUNCTIONS BENEFIT

If an Insured Person suffers loss of life within 90 days of the date of the accident that is the result of Heart or Circulatory Malfunction relative to the first diagnosis, we will pay the Maximum Benefit Amount shown in the Plan of Insurance.

### ACCIDENT MEDICAL EXPENSE

We will pay benefits for Medical Expenses incurred by an Insured within 24 months following a Covered Accident that are in excess

Coverage and/or benefit questions should be directed to the Administrator, Summit America Insurance Services  
1-800-955-1991

of the Covered Accident Deductible. Benefits will not exceed the Maximum Benefit Limit shown in the Schedule of Benefits. Medical Expense means the Reasonable and Customary charges: (a) of a professional ambulance service for Medically Necessary transportation to and from a Hospital; (b) of a Doctor for Medically Necessary care and treatment; (c) of a Hospital for Medically Necessary inpatient services, including room and board (not exceeding the semi-private room rate for each day of confinement unless a private room is Medically Necessary); (d) for Medically Necessary inpatient services and supplies, including intensive care services, and daily Hospital charges for personal Hospital services (including television, radio, telephone, barber, and beauty services); (e) for Medically Necessary outpatient and emergency room care and treatment; (f) for confinement in an Extended Care Facility; (g) for Home Health Care; (h) for medical or surgical services, prescription drugs, and other medical supplies commonly used for therapeutic or diagnostic services, which are Medically Necessary and prescribed by a Doctor operating within the scope of his or her license; (i) for care and treatment of mental and nervous disorders by a Doctor; (j) for treatment of subluxation or dislocation of the spine or treatment for the general purpose of correction of nerve interference and its effects, by manual or mechanical means when interference results from or is related to distortion or misalignment of or in the vertebral column; (k) physical therapy and (l) prosthetic devices.

## DISABILITY BENEFITS

**Total Disability Benefit:** If an Insured Person becomes Totally Disabled and has satisfied the Covered Accident Deductible, we will pay Total Disability Benefits as shown in the Schedule of Benefits. Thereafter, as shown in the Schedule of Benefits, we will pay a Total Disability Benefit for each subsequent month which will be increased by a percentage, as shown in the Schedule of Benefits, after the benefit has been paid for 12 months and after each subsequent 12-month period while the Insured Person remains Totally Disabled. Benefits will begin on the later of: (a) the date the Insured Person's Academic Class graduates; or (b) the end of the Academic Year in which the Insured Person became Totally Disabled; or (c) the date the Covered Accident Deductible is satisfied. Payment of the Total Disability Benefit will continue for so long as the Insured Person remains so disabled or the end of the Maximum Period Payable shown in the Schedule of Benefits; whichever is later.

**Partial Disability Benefit:** If an Insured Person becomes Partially Disabled immediately following a period of Total Disability for which Total Disability Benefits were paid, we will pay the Partial Disability Benefit shown in the Schedule of Benefits. The monthly Partial Disability Benefit amount will be increased by a percentage shown in the Schedule of Benefits after that benefit has been paid for 12 months and after each subsequent 12-month period while the Insured Person remains Partially Disabled. Partial Disability will end when the Insured Person is no longer Partially Disabled; or the Insured Person's average gross monthly earnings exceed \$2,500 for six consecutive months.

**Resumption of Disability:** If Total Disability or Partial Disability Benefits as provided herein cease and the Insured Person again becomes Totally Disabled or Partially Disabled as a result of the same Covered Accident which caused the earlier period of disability, benefits will resume after the new period of disability has persisted three consecutive months.



## ADJUSTMENT EXPENSE BENEFITS

We will pay the Adjustment Expense Incurred on behalf of the Totally Disabled Insured Person after the Covered Accident Deductible is satisfied, subject to the maximum benefit shown in the Schedule of Benefits. Adjustment Expenses are the Reasonable and Customary Expenses Incurred for (benefit amounts are shown in the Schedule of Benefits): (a) Medically Necessary Family Counseling for the Immediate Family of the Insured Person. (b) The training of a member of the Immediate Family of the Insured Person to perform rehabilitative or custodial functions necessary to the care of the Insured Person. (c) Travel by the Insured Person's Immediate Family members between their home and the Insured Person's place of treatment. Travel is limited to not more than two members of the Insured Person's Immediate Family at one time. (d) Lost earnings by the Insured Person's parents, guardians or spouse, due to, and in connection with, a Covered Accident. Lost earnings will be reimbursed for one parent/guardian or the spouse of the Insured Person.

## SPECIAL EXPENSE BENEFIT

We will pay for those Reasonable and Customary Expenses Incurred, after the Covered Accident Deductible has been satisfied, by an Insured Person who is Totally Disabled as a result of a Covered Accident for special items approved by the Insured Person's Doctor to accommodate his or her physical disability. Benefits will not exceed the Maximum Benefit Amount shown in the Schedule of Benefits. Special Expense items or modifications must be approved by the Doctor as being appropriate and as being Medically Necessary to accommodate the physical disability of the Insured Person.

## ANCILLARY ILLNESS OR INJURY EXPENSE BENEFIT

We will pay benefits for the Medically Necessary Medical Expenses and Dental Expenses Incurred, after the Covered Accident Deductible has been satisfied, as a result of an accidental bodily Injury or Illness to a Totally Disabled Person which occurs during the period he or she is receiving benefits in connection with a Covered Accident. Benefits will not exceed the Maximum Benefit Amount shown in the Schedule of Benefits.

## COLLEGE EDUCATION BENEFIT

The College Education Benefit provides payment for the full cost of attendance for a Totally Disabled Insured Person to complete his or her undergraduate degree: (a) at the school or alternate institution such person was attending at the time of the Covered Accident; or (b) for other covered persons, at the school or alternate institution such person will be attending; however, the amount of the College Education Benefit payable shall not exceed the lesser of the comparable full cost of attendance or the Maximum Aggregate Lifetime Benefit Amount as shown in the Schedule of Benefits. The full standard cost of attendance shall be as determined by the financial aid office at the particular school net of any other financial aid received by the Insured Person.

To qualify for the College Education Benefit, the Totally Disabled Insured Person must commence or recommence undergraduate study within the Loss Establishment Period, after the Covered Accident occurred, as shown in the Schedule of Benefits. The College Education Benefit will terminate at the earlier of: (a) the date the Insured Person completes the requirements for any undergraduate degree; (b) the twentieth (20th) anniversary of the date of the commencement or recommencement of undergraduate study; and (c) the date the Maximum Aggregate Lifetime Benefit has been met.

## OTHER INSURANCE/EXCESS NATURE OF POLICY

This insurance is excess over any other valid and collectible insurance or similar benefit program available to the Insured Person for a Covered Loss. If an Insured Person receives or is entitled to receive benefits or services from any source described in the policy for any benefit category of a Covered Loss for which he or she is entitled, such benefit will be in excess of the amount of such Other Insurance.



## EXCLUSIONS

**In all states the following general exclusions will apply:**

(a) Illness or disease or medical or surgical treatment thereof, including diagnosis, except as may be specifically provided for in the policy; as may result from an Injury sustained in a Covered Accident; a cardiovascular accident, stroke or other similar traumatic event caused by exertion while participating in a Covered Event; (b) bacterial infection, except infection of and through a wound accidentally sustained infection, except bacterial infection which results from the accidental ingestion of a contaminated substance or pyogenic infection which results from an accidental bodily Injury; (c) suicide or intentionally self-inflicted Injury while sane; (d) an act of declared or undeclared war; (e) participation in a riot or engagement in or attempt to commit a felony or being engaged in an illegal activity; (f) travel or flight in or descent from any aircraft, unless the Insured Person is a passenger for authorized group or team travel on a regularly scheduled flight on a commercial airline; or is a passenger on an aircraft chartered solely for the purpose of travel which has a valid airworthiness certificate from the jurisdiction in which operated and which is being operated by a duly licensed pilot; (g) charges which exceed the Reasonable and Customary charges; (h) charges Incurred for dental work unless the Insured Person sustains a Disablement which results in damage to his or her natural teeth; (i) charges Incurred for television, telephone, water pitcher, and other personal convenience items, or expenses for other persons, except as may be specifically provided for elsewhere; (j) charges Incurred for services or supplies not specifically provided for in the policy; (k) charges which would not have been made in the absence of insurance or which the Insured Person is not legally obligated to pay; (l) charges Incurred for cosmetic procedures, unless made necessary by a Disablement; (m) charges Incurred

for eyeglasses, contact lenses or hearing aids or for any examination or fitting related to these devices unless made necessary by a Disablement; (n) charges Incurred for care, treatment or service, which is not Medically Necessary to the diagnosis or treatment of a Disablement; (o) charges Incurred for the professional services of a person who either resides with or is an Immediate Family member; (p) charges Incurred for experimental or investigational treatment or procedures; (q) charges Incurred for articles of clothing which are intended for use more than once; (r) treatment of a Disablement sustained as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Doctor; (s) the use by the Insured of drugs or narcotics unless used as prescribed by a Doctor for a condition other than drug addiction; (t) routine medical examination and related medical services; (u) charges which are paid from any other insurance policy, service contract, workers' compensation or other arrangements of insured or self-insured group coverage (**not applicable in KS or NC**). The following general exclusions are added, subject to state approval: (v) elective treatment or surgery, health treatment or

examination where no Injury or Sickness is involved; (w) drugs that promote fertility, treat infertility, enable sexual performance or provide sexual enhancement.

**In NC, in addition to the general exclusions shown above, the following will apply:** (x) charges Incurred which have been paid under any other insurance policy, service contract, or other arrangements of insured or self-insured group coverage; (y) charges Incurred which have been paid under any other insurance policy, service contract, or other arrangements of insured or self-insured group coverage; charges Incurred for claims that are subject to the Workmen's Compensation Act, Article 1 of Chapter 97 of the General Statutes, but only to the extent of any specific medical charges for which the employee, employer, or carrier is liable or responsible and which were paid according to a final adjudication of the claim under that Article, or an order of the North Carolina Industrial Commission approving a settlement agreement entered into under that Article.

## NONDUPLICATION OF BENEFITS

If any item of expense is payable under more than one provision of this policy, payment will be made only under the provision providing the greater benefit.

## DEFINITIONS

**Covered Accident**, with respect to all benefits under this policy, except death benefits, means an accident which directly results in bodily Injury (not excluded from coverage by the policy Exclusions and Limitations) to the Insured Person as a result of which the Insured Person incurs a Covered Loss in excess of the Covered Accident Deductible, and which occurs to an Insured Person while this policy is in effect and between the Policy Dates and while he or she is participating in a Covered Event or performing directly assigned duties in connection with the Covered Event; and (a) which occurs during Covered Travel to and from the location of a Covered Event; (b) which occurs during a temporary stay at the location of a Covered Event held away from the location of the Insured Person's Participating School while the Insured Person is engaged in an activity or travel authorized by the Insured Person's Participating School; or (c) which occurs by a cardiovascular accident or stroke or other similar traumatic event caused by exertion while participating in a Covered Event.

With respect only to death benefits (not excluded from coverage by the policy Exclusions and Limitations), Covered Accident means an accident which occurs to an Insured Person while this policy is in effect and between the Policy Dates and while he or she is participating in a Covered Event or during Covered Travel.

**Covered Event** means those activities and events specified in the Schedule of Benefits.

**Covered Loss** means Reasonable and Customary: (a) Medical Expense; (b) Dental Expense; (c) Rehabilitation Expense; (d) Custodial Care Expense; (e) Adjustment Expense; (f) Special Expense; (g) Ancillary Illness or Injury Benefit; (h) Loss of Life Due To Heart or Circulatory Malfunction Benefit.

An expense will be a Covered Loss under this policy only to the extent that it is for Medically Necessary services, and not excluded under Exclusions and Limitations. Further, for those Insured Persons who have satisfied the Covered Accident Deductible, Covered Loss shall not include any expenses Incurred after the respective Date of Recovery. Covered Loss also

means Disability Benefits as described herein payable as a result of a Covered Accident.

**Heart or Circulatory Malfunction** means a disease or illness of the heart or circulatory system which: (a) is first diagnosed and treated while the Insured Person's coverage under the policy is in force and occurs in a Covered Event, within 24 hours after participation; and (b) the Insured Person has not before such participation been medically advised of/or has received any medical treatment for such Heart or Circulatory Malfunction.

**Hospital** means an institution which meets all of the following requirements: (a) It is licensed (if required) as a Hospital by applicable licensing authorities; (b) It is open at all times; (c) It is operated mainly to diagnose and treat Illnesses and Injuries on an inpatient basis; (d) It has a staff of one (1) or more Doctors on call at all times; (e) It has twenty-four (24) hour nursing services by registered nurses on duty or call; (f) It is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescent home, or like place; and (g) It has organized facilities for surgery or provides for such facilities for its patients through formal written agreement with other Hospitals.

**Injury or Injuries** means bodily Injury which results directly from an accident and which is independent from disease, sickness or other bodily functions.

**Partial Disability or Partially Disabled** means the inability as the direct result of Total/Catastrophic Disability of an Insured Person who, following a period of Total/Catastrophic Disability for which Total/Catastrophic Disability Benefits were paid under this policy, is engaged in an occupation, to perform all of the important duties of such occupation, and to earn a Partial Disability Gross Earnings Amount per month, or more, as shown in the Schedule of Benefits.

**Total/Catastrophic Disability or Totally/Catastrophically Disabled** means for the first 12 months: (a) the inability of the Insured Person, due to a Covered Accident, to engage in substantially the same activities as the Insured Person had engaged in immediately prior to the Covered Accident; and (b) the irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: (1) speech; (2) hearing of both ears; (3) sight in both eyes; (4) use of both arms; (5) use of both legs; (6) use of one arm and one leg; or (7) severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions.

For any period thereafter, Total/Catastrophic Disability or Totally/Catastrophically Disabled means: (a) the inability of the Insured Person, due to a Covered Accident, to engage in any gainful occupation or employment for compensation or profit for which he or she is or may become reasonably fitted by education, training, or experience; and (b) the irrecoverable loss suffered by the Insured Person, due to a Covered Accident, of: (1) speech; (2) hearing of both ears; (3) sight in both eyes; (4) use of both arms; (5) use of both legs; (6) use of one arm and one leg; or (7) severely diminished mental capacity due to brain stem or other neurological Injury such that the Insured Person is unable to perform normal daily functions.

**This brochure illustrates the highlights of this insurance. All information herein is subject to the provisions of Policy Form SB20CC, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between the brochure and the policy, policy provisions will prevail.**

**This coverage is not available in Connecticut, Louisiana, Maryland or New York.**

# S C H E D U L E O F B E N E F I T S

|  |  |
|--|--|
| <p><b>AGGREGATE LIMIT OF INDEMNITY:</b><br/>This is the maximum amount for which we are liable for an Insured Person for all benefits under this plan due to any one Accident.</p>   | \$5,000,000  |
| <p><b>COVERED ACCIDENT DEDUCTIBLE:</b><br/>Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible.</p>   | \$25,000   |
| <p><b>FULL EXCESS – Medical, Dental, Rehabilitative and Custodial Care Expense Benefits:</b></p> <p>Benefit Percentage<br/>Deductible Establishment Period<br/>Maximum Benefit Period – Class I<br/>Maximum Benefit Period – Classes II &amp; III<br/>Maximum Benefit Amount<br/>Maximum for Medically Necessary Hospital Inpatient Services and Supplies<br/>Maximum for Confinement in an Extended Care Facility per Calendar Year<br/>Daily Room and Board Limit for:<br/>    Private or Semi-Private Room<br/>    Which Confined<br/>    Intensive Care<br/>Combined Home Health Care and Custodial Care<br/>Maximum Benefit per Calendar Year<br/>    Custodial Care Maximum Benefit per Calendar Year<br/>    subject to the Combined Home Health Care and<br/>    Custodial Care Maximum Benefit per Calendar Year<br/>    Home Health Care Maximum Benefit per Calendar Year<br/>    subject to the Combined Home Health Care and<br/>    Custodial Care Maximum Benefit per Calendar Year</p> <p><b>*Class 1 Insureds Only</b> – The maximum benefit amount per calendar year for Custodial Care, Home Health Care and Combined Custodial Care/Home Health Care Benefits is \$100,000 during years 1-10 following the date of the Covered Accident. The maximum benefit amount per calendar year increases to \$110,000 during years 11-20 following the date of the Covered Accident and increases \$10,000 for each ten year period thereafter.</p> <p>Treatment of Mental or Nervous Disorders<br/>    Doctor Fees –<br/>        Amount per Visit/Visits per Day/Visits per Calendar Year<br/>        Inpatient Hospital<br/>Maximum Spinal Manipulative Services Benefit<br/>    Maximum Amount per Calendar Year<br/>    Maximum Visits per Calendar Year<br/>Maximum Outpatient Physical Therapy Benefit Amount per Calendar Year<br/>    Physical Therapy includes, but is not limited to, heat treatment, diathermy, microtherm, ultrasonic, adjustment, manipulation, massage therapy and acupuncture.</p> <p>Prosthetic Devices Benefit (Class I)<br/>    Maximum Benefit Amount payable during the first two (2) years after the covered accident<br/>    Maximum Benefit Amount payable for each consecutive ten (10) year period immediately thereafter<br/><br/>    Lifetime Maximum Benefit Amount</p> <p>Prosthetic Devices Benefit (Classes II &amp; III)<br/>    Maximum Benefit Amount payable during the first two (2) years after the covered accident<br/>    Maximum Benefit Amount payable for the remainder of the benefit period immediately thereafter<br/><br/>    Maximum Benefit Amount</p> | <p>100%<br/>24 Months<br/>Lifetime<br/>10 Years<br/>\$5,000,000<br/>Included in Medical Maximum<br/>\$365,000<br/><br/>Average Semi-Private Rate of Hospital in Usual and Customary Charges<br/><br/>\$100,000*<br/>\$100,000*<br/>\$100,000*</p> <p>\$50/1/50<br/>Up to 45 Days<br/><br/>\$1,000<br/>N/A<br/>\$50,000<br/><br/>\$100,000<br/>\$100,000 (\$200,000 if amputation of the leg is above the knee)<br/>\$500,000 (\$750,000 if amputation of the leg is above the knee)<br/><br/>\$100,000<br/>\$100,000 (\$200,000 if amputation of the leg is above the knee)<br/>\$200,000 (\$300,000 if amputation of the leg is above the knee)</p> |

# S C H E D U L E O F B E N E F I T S

## **Total Disability Benefit:**

|  |                   |
|--|-------------------|
| Total Disability Benefit for the First 12 Months | \$1,500 per Month |
| Total Disability Benefit After First 12 Months   | \$1,500 per Month |
| Percentage Increase After First 12 Months        | 4%                |
| Maximum Period Payable – Class I                 | Lifetime          |
| Maximum Period Payable – Classes II & III        | 10 Years          |

## **Partial Disability Benefit:**

|   |                      |
|---|----------------------|
| Percentage Increase After First 12 Months                   | 4%                   |
| Average Gross Monthly Earnings Limit for Partial Disability | \$2,500 for 6 Months |
| After-Tax Monthly Compensation                              | \$500                |
| Maximum Period Payable – Class I                            | Lifetime             |
| Maximum Period Payable – Classes II & III                   | 10 Years             |

## **Adjustment Expense Benefit:**

|  |  |
|--|--|
| Family Counseling                            | Must be rendered within 24 months after the Covered Accident |
| Maximum Number of Visits                     | 20   |
| Maximum Amount per Visit                     | \$70   |
| Training of Family Member                    | Must be rendered within 24 months after the Covered Accident |
| Maximum Expense for Training                 | \$2,500  |
| Travel for Immediate Family Members          | Must occur within 24 months after the Covered Accident       |
| Maximum Expense for Travel per Family Member | \$2,000  |
| Lost Earnings                                |  |
| % of Gross Lost Earnings                     | 75%  |
| Maximum Lost Earnings per Week               | \$500  |
| Maximum Number of Weeks                      | 13 within a 24-month period after the Covered Accident       |
| Maximum Benefit                              | \$40,000   |

## **Special Expense Benefit:**

|  |           |
|--|-----------|
| Special Expense Benefit (Class I)                                      |           |
| Limit During First 10 Years Following the Date of the Covered Accident | \$125,000 |
| Limit for Each 10-Year Period Thereafter                               | \$ 50,000 |
| Special Expense Benefit (Classes II & III)                             |           |
| Limit During First 10 Years Following the Date of the Covered Accident | \$125,000 |

## **Ancillary Illness or Injury Benefit:**

\$2,000 per Calendar Year Deductible; not to Exceed a Combined Maximum Benefit for all Injuries and Illnesses of \$100,000

## **College Education Benefit:**

|                           |          |
|---------------------------|----------|
| Loss Establishment Period | 5 Years  |
| Maximum Aggregate Benefit | \$60,000 |

## **Accidental Death, Dismemberment, Loss of Sight/Speech or Hearing Benefit:**

|                           |          |
|---------------------------|----------|
| Principal Sum             | \$10,000 |
| Loss Establishment Period | 365 Days |

## **Loss of Life Due To Heart or Circulatory Malfunctions Benefit:**

|                           |          |
|---------------------------|----------|
| Maximum Benefit Amount    | \$10,000 |
| Loss Establishment Period | 90 Days  |



Underwritten by:

**MUTUAL OF OMAHA INSURANCE COMPANY**

Home Office: Mutual of Omaha Plaza

Omaha, NE 68175

*mutualofomaha.com*

Policy Form SB20CC Series 8342S

ID Policy Form SB20CC Series 8365S

OK Policy Form SB20CC Series 8342S

OR Policy Form SB20CC Series 8359S

TX Policy Form SB20CC Series 8352S

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Questions should be directed to the Administrator,

Summit America Insurance Services  
7400 College Blvd., Suite 100  
Overland Park, KS 66210  
1-800-955-1991



Summit America Insurance Services  
2180 South, 1300 East, Suite 520  
Salt Lake City, UT 84106  
1-800-955-1991, ext. 198

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