

**BLANKET ACCIDENT COVERAGE SUMMARY**

<b>Insured</b>	Colorado Special Districts Property and Liability Pool (CSD Pool). Individual Named Members on file with CSD Pool Administrator																																									
<b>Carrier</b>	QBE Insurance Corporation																																									
<b>Policy Number</b>	XHH000001																																									
<b>Term</b>	January 1, 2023 to January 1, 2024																																									
<b>Eligible Persons</b>	Registered* community volunteers while performing their assigned duties for the Member Districts supervised and sponsored volunteer activities excluding those volunteers compensable under workers' compensation coverage including, but not limited to, volunteer board members acting in their administrative duties for the Member District and volunteer firefighters.																																									
<b>Indemnity Benefits</b>	<p>Accidental Death and Dismemberment: <i>Loss must occur within 365 days of the covered accident</i></p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Covered Loss</u></th> <th style="text-align: right;"><u>Benefit Amount</u></th> </tr> </thead> <tbody> <tr> <td>Loss of Life</td> <td style="text-align: right;">\$15,000</td> </tr> <tr> <td>Loss of Two or More Hands or Feet</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>Loss of Sight of Both Eyes</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>Loss of One Hand or Foot and Sight in One Eye</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>Loss of Speech and Hearing</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>Quadriplegia</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>Paraplegia</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>Hemiplegia</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>Loss of One Hand or Foot</td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td>Loss of Sight in One Eye</td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td>Loss of Speech</td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td>Loss of Hearing in Both Ears</td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td>Loss of Thumb and index Finger of the Same Hand</td> <td style="text-align: right;">\$12,500</td> </tr> <tr> <td>Loss of Thumb and Index Finger of the Same Hand</td> <td style="text-align: right;">\$12,500</td> </tr> <tr> <td> All Member Aggregate – All Conditions</td> <td style="text-align: right;"> \$500,000</td> </tr> </tbody> </table> <p>Accident Medical Expense Benefits: <i>Full Excess Medical Expense (Other Health Care Plan Reduction 50%)</i></p> <table border="0"> <tr> <td><b>Maximum for all Accident Medical Expense</b></td> <td style="text-align: right;"><b>\$25,000</b></td> </tr> <tr> <td>First Covered Expense Incurred within</td> <td style="text-align: right;">90 days after a covered accident</td> </tr> <tr> <td>Benefit Period</td> <td style="text-align: right;">One year from the date of the covered accident</td> </tr> <tr> <td>Deductible Each Covered Accident</td> <td style="text-align: right;">\$0</td> </tr> </table>		<u>Covered Loss</u>	<u>Benefit Amount</u>	Loss of Life	\$15,000	Loss of Two or More Hands or Feet	\$50,000	Loss of Sight of Both Eyes	\$50,000	Loss of One Hand or Foot and Sight in One Eye	\$50,000	Loss of Speech and Hearing	\$50,000	Quadriplegia	\$50,000	Paraplegia	\$50,000	Hemiplegia	\$50,000	Loss of One Hand or Foot	\$25,000	Loss of Sight in One Eye	\$25,000	Loss of Speech	\$25,000	Loss of Hearing in Both Ears	\$25,000	Loss of Thumb and index Finger of the Same Hand	\$12,500	Loss of Thumb and Index Finger of the Same Hand	\$12,500	 All Member Aggregate – All Conditions	 \$500,000	<b>Maximum for all Accident Medical Expense</b>	<b>\$25,000</b>	First Covered Expense Incurred within	90 days after a covered accident	Benefit Period	One year from the date of the covered accident	Deductible Each Covered Accident	\$0
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<b>Indemnity Benefits Continued</b>	<u>Covered Expense</u>	<u>Benefit Amount</u>
	In-Patient Hospital Services ICE or CCU Benefit	100%, up to two times the average semi-private room rate
	Daily In-Hospital Benefit	100% of the average semi-private room rate
	In Hospital Miscellaneous Services Benefit	100%
	Ambulatory Medical Center	100%
	Emergency Room Treatment	100%
	Physician Services – Surgery Benefit	100%
	Physician Services – Assistant Surgeon	100%
	Physician’s Surgical Facility	100%
	Second Opinion or Consultation	100%
	Physician’s Assistant	100%
	Anesthesia Benefit	100%
	Inpatient Visits	100%
	Office Visits	100%
	Outpatient X-Ray, CT Scan, MRI & Laboratory Tests	100%
	Outpatient Physiotherapy	100%
	Nursing Services	100%
	Ambulance Services	100%
	Medical Equipment Rental	100%
	Medical Services and Supplies	100%
	Dental Services	100%
	Prescription Drug Benefit	100%
<b>Report All Claims to</b>	Phone: (800) 318-8870, ext. 1 Email: <a href="mailto:claims@csdpool.org">claims@csdpool.org</a>	

**This document represents only a brief summary of coverage.  
Please refer to the master policy for actual coverage, terms, conditions and exclusions.**

*\*Registered means the number of volunteers listed on the Member District’s General Liability Schedule and the individuals listed on the Member District’s volunteer roster.*