AUTOMOBILE DEATH INDEMNITY AND TOTAL DISABILITY COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

The insurance afforded is only for the coverage for which a specific premium charge is shown in the Schedule, and only for the person or persons named.

SCHEDULE

<table>
<thead>
<tr>
<th>Coverages</th>
<th>Insured Named</th>
<th>Coverage Limit</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Death Indemnity</td>
<td>Principal Sum per Person</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>B. Total Disability</td>
<td>Weekly Indemnity</td>
<td>$60</td>
<td></td>
</tr>
<tr>
<td>Maximum 200 Weeks</td>
<td></td>
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</tbody>
</table>

Total Premiums $        |

Coverage A - Death Indemnity

We will pay the principal sum stated in the Schedule in the event of the death of the insured which shall result directly and independently of all other causes from bodily injury caused by accident and sustained by the insured while occupying, or through being struck by, an auto, provided the death shall occur (1) within ninety days after the date of the accident, or (2) within fifty-two weeks after the date of the accident and during a period of continuous total disability of the insured for which weekly indemnity is payable under the Total Disability Coverage.

Coverage B – Total Disability - Maximum 200 Weeks-

We will pay $60 per week for the period of continuous total disability of the insured which shall result directly and independently of all other causes from bodily injury caused by accident and sustained by the insured while occupying, or through being struck by, an auto provided:

1. Such disability shall commence within, and extend beyond, twenty days from the date of the accident.
2. Any disability shall be deemed total disability only if it shall continuously prevent the insured from performing the usual duties of his or her regular occupation.
3. The weekly indemnity for total disability shall not extend beyond a period of 200 consecutive weeks from the date of commencement of disability as provided above.
4. If the insured who is disabled is not gainfully employed at the time of the accident, the rate of indemnity payable shall only be $30 per week.
5. Weekly indemnity for total disability is payable to the insured who is disabled and accrued weekly indemnity is payable every four weeks and any balance at termination of the disability period.

Definitions – With respect to this insurance:

"Auto" means a land motor vehicle or trailer not operated on rails or crawler-treads, but does not mean: (1) a farm type tractor or other equipment designed for use principally off public roads, except while actually upon public roads, or (2) a land motor vehicle or trailer while located for use as a residence or premises and not as a vehicle.

"Insured" means the person named in the schedule.

Exclusions

This insurance does not apply:
a. to **bodily injury** or death sustained by an **insured** in the course of his or her occupation while engaged (1) in duties incident to the operation, loading or unloading of, or as an assistant on, a public or livery conveyance or commercial **auto**, or (2) in duties incident to the repair or servicing of **autos**;

b. to **loss** caused by or resulting from disease except pus forming infection which shall occur through **bodily injury** to which this insurance applies;

c. to suicide, sane or insane, or to any attempt thereat;

d. to injury or death due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or condition incident to any of the foregoing.

**Conditions**

1. **Policy Provisions**: None of the Coverage Sections, Exclusions or Conditions of the policy shall apply to the insurance afforded by this endorsement except the following **CONDITIONS**:

   A.2.a. and b. DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS
   A.3. LEGAL ACTION AGAINST US
   B.3. LIBERALIZATION
   B.7. – POLICY PERIOD, COVERAGE TERRITORY

2. **Death of Insured**: If the **insured** dies, any insurance afforded by this endorsement for any surviving **insured** continues while the policy is in effect.

3. **Payment of Death Indemnity; Autopsy – Coverage A**: If the decedent **insured** is survived by a spouse who was a resident of the same household at the time of the **accident**, Death Indemnity is payable to such spouse; otherwise if the decedent **insured** was a minor, indemnity for death is payable to any parent thereof who was a resident of the same household at the time of the **accident**, otherwise Death Indemnity is payable to the estate of the decedent **insured**. We shall have the right and opportunity to make an autopsy where it is not forbidden by law.

4. **Beneficiary – Coverage A**: Consent of beneficiary is not requisite to cancellation, assignment, change of beneficiary, or any other change in the policy or in this endorsement.