



**State of Colorado
Volunteer Firefighters'
Accidental Death &
Dismemberment and
Disability Insurance**

Coverage Summary

Insured Person: Volunteer Firemen means a firefighter who renders service to a fire department in a municipality, fire district, or any other type of volunteer fire department in the state of Colorado, and does not receive compensation under a contract of employment as a firefighter.

Policy Period: February 11, 2009 to: February 11, 2010
12:01 A.M Standard Time at the address of the Policyholder

Schedule of Benefits

Accidental Death and Dismemberment Catastrophic Loss Benefit:	Principal Sum:	\$25,000.00
Accident Total Disability Benefit:	Weekly Benefit Amount:	100.00
	Maximum Payment Period:	104 weeks
Accident Partial Disability Benefit:	Weekly Benefit Amount:	See Benefits
	Maximum Payment Period:	104 weeks
Rehabilitative Employment Benefit:		Covered
Permanent Total Disability Benefit:	Principal Sum:	\$10,000.00
Accelerated Benefit (Living Benefit Option):	Principal Sum:	See AD&D Benefit
	Maximum Benefit Amount:	\$12,500.00



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Claim forms may be downloaded from the State of Colorado website <https://dola.colorado.gov/dlg/fa/vfp/index.html> by clicking on "Statewide Accidental Death and Disability Insurance" or you may call The Harbour Group to request a claim form.

To report a Claim:

Medical: P. O. Box 3856; Alpharetta, GA 30023
(800)678-6702 Fax (770)752-7306

Disability: P. O. Box 2993; Hartford, CT 06104-2993
(888)232-5340 Fax (860)843-9144

Your Agent:

Thomas St. Denis II, President
The Harbour Group of Ohio, LLC
66 Remick Boulevard
Springboro, OH 45066
(800)252-8160 or (937)885-4200
tsd@hginsurance.com