

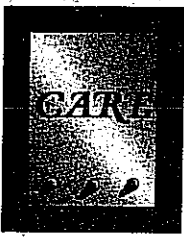


HIGHLIGHTS

- Twelve Month Rate Guarantee
- Combined Limit for all benefits including Weekly Accident Indemnity; Accident Medical; Accidental Death and Dismemberment; and Loss of Use
- Availability of a PPO (not required)
- Limits up to \$1,000,000
- Deductibles as low as \$500
- Benefit Period of 1, 2 or 3 years
- Rates based on: percentage of payroll or per person
- Available to Groups with 2 + Lives
- Low Minimum Premium - \$50 a month

DISCLAIMER

THE POLICY DESCRIBED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THE POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES CERTAIN COMMON-LAW DEFENSES TO SUIT AS WELL AS CERTAIN LIMITATIONS ON LIABILITY THAT WOULD OTHERWISE BE AVAILABLE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKER'S' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.



CORPORATE ACCIDENT for RESPONSIBLE EMPLOYERS

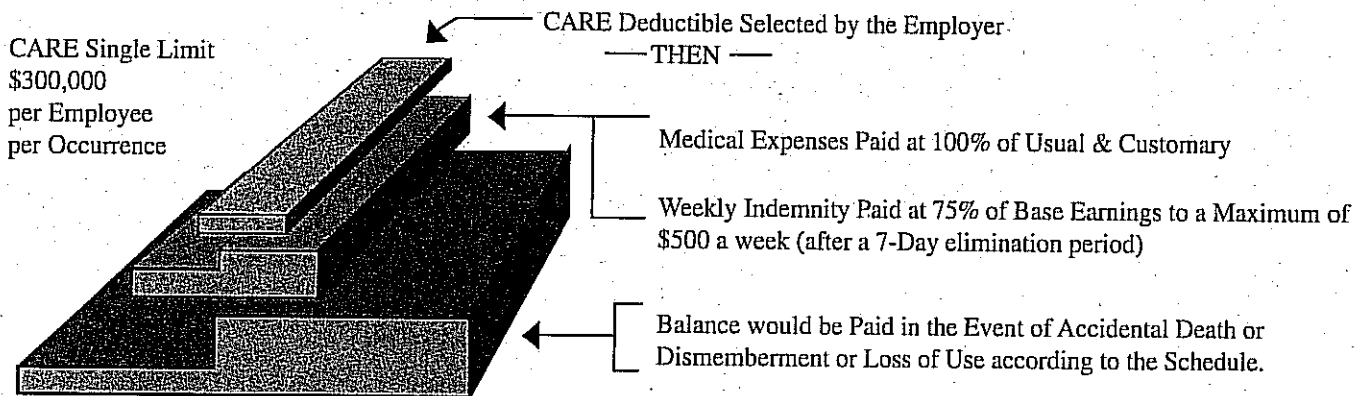
Over the past few years, the use of accident insurance plans to provide coverage for employees injured on the job has greatly increased, and the forms, rating approach, and benefits available have changed to meet the demands of the employer. Corporate Accident for Responsible Employers is the newest in the evolution of products to give employers choices in funding for coverage of accidental injuries on the job.

The plan is designed to be used as a stand alone accident program to allow the employer to budget its costs properly. The employer can select the CARE benefit that best fits its needs. There is a single limit and deductible for all benefits avoiding the necessity to try to determine what would be appropriate for each. All benefits are available to meet the expenses where necessary.

The plan is not designed as a substitute for workers' compensation and the employer should be aware of the differences before choosing any accident program.

OPERATION OF THE PLAN

Coverage will be provided, subject to the limits of the contract, for employees suffering a covered loss where the amount of the loss exceeds the deductible up to the single CARE limit selected. A \$300,000 limit will provide up to that amount in medical expenses or a combination of accident medical, disability or death and dismemberment benefits. Some internal limits apply but the plan provides benefits where it is necessary. The employee gets to use the full coverage to pay for the losses sustained; therefore, the employer is not purchasing benefits employees will not use.



PREFERRED PROVIDER ORGANIZATION

We have contracted with a PPO Network so that in the event an employee uses one of the participating medical providers, the bill will be repriced. This only occurs if we receive the bill prior to any payment.

The employer wins, when employees use contracted providers, because the overall cost of the program is decreased and the employee still receives care from qualified professionals.

SINGLE LIMIT—Per Employee, Per Occurrence

- Deductible can be from a minimum \$500 to \$100,000
- Single Limit can be as low as \$100,000 or as high as \$1,000,000
- The Benefit Period is either 52, 104, or 156 weeks long



DESCRIPTION OF COVERAGE

Amounts paid for all benefits as the result of one injury shall not exceed the CARE Single Limit

Accidental Death & Dismemberment Benefit

If, while covered under this policy, an employee suffers one of the following losses, within the benefit period (365 or 730 days) as the result of a covered accident the Company will pay the appropriate corresponding benefit:

Loss of	Benefit
Life	The Principal Sum*
Both Hands or Both Feet	The Principal Sum*
Speech and Hearing in Both Ears	The Principal Sum*
Sight of Both Eyes	The Principal Sum*
One Hand and One Foot	The Principal Sum*
One Hand and Sight of One Eye	The Principal Sum*
One Foot and Sight of One Eye	The Principal Sum*
One Hand or One Foot	1/2 The Principal Sum*
Speech or Hearing in Both Ears	1/2 The Principal Sum*
Sight of One Eye	1/2 The Principal Sum*
Thumb and Index Finger (same hand)	1/4 The Principal Sum*
Loss of Use of:	
Both Arms and Both Legs	The Principal Sum*
Both Arms or Both Legs	3/4 The Principal Sum*
One Arm and One Leg	3/4 The Principal Sum*
One Arm or One Leg	1/2 The Principal Sum*

"Loss" when used in reference to: hand means the actual, permanent and complete severance of all four fingers or the complete severance through or above the wrist joint; foot means the actual, permanent and complete severance through or above the ankle joint; sight means the total and irrecoverable loss of sight; speech or hearing means the complete and irrecoverable loss of that function; thumb and index finger means the complete severance through or above the metacarpophalangeal joints.

"Loss of Use" means the total loss of movement or total feeling in the arm (including the hand) and/or leg (including the foot) as determined by a physician to be complete and irrecoverable.

*The Principal Sum reduces at age 70.

The Principal Sum is equal to the CARE Single Limit; however, for any one employee the Principal Sum cannot exceed ten (10) times the employee's annual base salary.

ACCIDENTAL BODILY INJURY or INJURY means an Injury suffered by the Insured which is the direct result of an accident which occurs while the Insured's coverage under this Policy is in force. The Injury must be involuntary and direct and independent of all other causes. The Injury must result directly from any of the covered Hazards described in the policy.

Annual Base Salary: for non-commissioned employees is the amount of compensation to an employee from the employer, excluding overtime, bonus or commissions; and for commissioned employees, it is the average annual earning over the past 3 years; for employees with less than 3 years history with the employer, an average monthly earning will be calculated and multiplied by 12.

In the event an employee suffers a covered Accidental Death the minimum Principal Sum is 15% of the CARE Single Limit and will be paid regardless of any other amounts paid under the policy.

Primary Accident Medical Benefit

If while covered under the policy, an employee suffers covered losses requiring hospital, surgical or medical treatment, the Company will pay for those expenses that are medically necessary and do not exceed the reasonable and customary limits in the geographical area where the treatment is rendered. The employee must be under the care of a physician.

Expenses shall be considered covered if the first charge occurs within 30 days of the date of the accident and are incurred within the benefit period selected by the employer.

Weekly Accident Indemnity Benefit

If an employee becomes totally disabled within 30 days of a covered accident, the Company will pay the lesser of: a) 75% of the employee's Base Weekly Salary; b) a maximum weekly benefit of \$500; c) 85% of base weekly salary reduced by any post disability earnings; or d) 125% of the lesser of a) or b) above reduced by any post disability earnings. This benefit is payable after the employee has been disabled for seven consecutive days as verified by the employee's attending physician for as long as the employee is totally disabled (and not active at work), but not to exceed the selected benefit period.

"Base Weekly Salary" is the employee's Annual Base Salary divided by 52.

"Total Disability" means the employee is unable to perform all the material duties of his/her occupation.

Order of Benefit Payments

If more than one benefit is payable under the policy, the Company will pay the benefits in the following order according to the date the Company receives written notice that an employee incurred a covered loss: Accidental Medical Expense, Weekly Accidental Indemnity, Accidental Dismemberment, Accidental Death.

If the Company is unable to determine the order of benefit payment, the Company reserves the sole right to determine any other order of benefit payment without any prejudices to the employee or any beneficiary.



Aggregate Limit of Liability for Common Accidents

The maximum policy amount for all losses to all insured employees resulting from one accident shall not exceed the lesser of \$2,000,000 or ten (10) times the CARE Single Limit. Requests for other limits will be considered.

Plan Exclusions

This Policy does not cover any loss caused by or resulting from:

- 1) suicide or any attempt at suicide or intentionally self-inflicted injury, while sane or insane;
- 2) committing or attempting to commit an assault or felony;
- 3) war or act of war whether declared or not;
- 4) disease, sickness, bodily or mental infirmity, and medical or surgical treatment for any of these;
- 5) ptomaine or bacterial infection, other than bacterial infection occurring in consequence of a covered accidental cut or wound;
- 6) participation in the military, naval or air forces of any country;
- 7) participation in a riot, rebellion or insurrection of any act or any incident to any of these. For purposes of this exclusion, "participation" means to take an active part in common with other; "riot" means any use of or the threat to use force or violence by three or more persons without the authority of law;

8) with regard to aircraft (unless We have agreed in writing to cover any of the hazards listed in a) through d) below:

- a) boarding, alighting from, or being on any aircraft owned, operated or leased by the Policyholder, the Insured, or a member of the Insured's household;
- b) flying in any aircraft which is rocket propelled;
- c) flying in any aircraft being used for aerobatics, racing or an endurance test, crop dusting, seeding, fertilizing, or spraying, fighting a fire, any exploration, pipe or power line patrol, the pursuit of animals or birds, aerial photography, banner towing or skywriting, or any test or experimental purpose;
- d) flying when a special permit or waiver from the proper authority has to be issued;

9) any accidental bodily injury that occurs while an Insured has been determined to be legally intoxicated, under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless administered on the advice of a Physician and is taken according to the prescribed dosage, when the use of such substance was approximate cause of the Accidental Bodily Injury.

For medical benefits only, no coverage is provided for experimental or custodial treatment, or for personal comfort items such as use of telephone or television.

ADMINISTRATION

Employer Contribution

Our program is designed for employers who desire to provide these coverages as an employee benefit plan; therefore we require 100% of the cost to be paid by the employer. All employees must participate.

New Employees

All employees are covered as of the date they become active at their jobs. No waiting period is required.

Employee Termination

Coverage for an employee stops as soon as he/she is no longer an active employee.

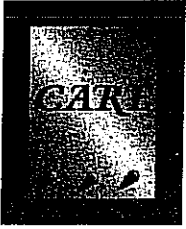
Policy Termination and Renewal

The Policy remains in effect until its Expiration Date, subject to the required premium being paid. The Company can extend the policy by giving the policyholder written confirmation of such extension.

Premium Payments

Premiums are due on the monthly due date. Calculations should be made based on payroll for last complete payroll month. Accounts not paid by the 31st day after the premium due date will lapse for non-payment of premium.

Also available, when approved by our underwriter, are level premium installments. When paying with a level premium installment, the Client has the option of paying a level premium on a monthly, or annual basis. In order to do this we would need annual payroll reports to calculate the payments, and the account would be audited on an annual basis. Once the audit is complete, any additional premium would be due at that time. If the audit reveals too much premium was paid, it would not be refunded as the level payments are minimum deposit payments.



UNDERWRITING RULES

We are very flexible in our underwriting of risks for CARE; however, as with all insurance products, we adhere to certain guidelines. Each rating class can have a different benefit, provided rating Class A employees have a higher or equal benefit as rating Class B employees; rating Class B employees have a higher or equal benefit to rating Class C employees, etc. For example: if rating Class C had a \$300,000 benefit, rating Class D could not have a greater benefit, but Classes A & B could have higher benefits. The rating classes are subject to the approval of the underwriting department.

Please submit your request for coverage five days prior to the desired effective date with the following information:

- Certification by Policyholder;
- First month's premium check payable to Fidelity Security Life Insurance Company;
- Three years claims experience for groups of 50+ lives or that contain class "F" (must be quoted by Home Office);
- Completed Information Sheet;
- Completed Census Information Form;
- Completed Single Case Commission Agreement;
- Product Information Disclaimer signed by the agent.

You will be notified when your case has been approved and when the coverage is effective. This process takes from 5 to 7 business days as we may require further information from you or your client. Once approved, we will send you a policy for delivery along with an application to be signed and returned by the Policyholder. As soon as the case is approved, the premium reporting forms will be sent directly to your client.

Do not cancel any existing coverage until your group has been accepted for coverage.



SPECIAL QUOTATION INFORMATION REQUIREMENTS

To receive a CARE quotation on groups that fall outside the brochure program, please be sure you supply us or your General Agent with:

- actual name and address of the group;
- the nature of business;
- the total number of employees currently on payroll or being reported to the State Employment Commission. Please break the total employee count down by class;
- the applicable occupational code, or a complete detailed job description of each employee (please remember job titles are not job descriptions);
- the estimated monthly payroll*, broken down by occupational code if available;
- the past three years claims experience under any occupational injury plan, indicating whether the plan covered accidents only, or accident and occupational diseases. The more detailed the experience, the better underwriting we will be able to do. Include the number of claims involved, the amounts filed, the amounts paid and pending (if possible separate death, disability, and medical losses.)

* When supplying the estimated monthly payroll, please calculate the monthly salaries of hourly paid employees by figuring their weekly salary and multiplying by "4.30". For each hourly paid employee, you **MUST** denote the number of hours per week you have used to figure the weekly salary. When this information is not provided, we will assume that all employees work a 40 hour week, which may adversely affect our quotation.

Offered by:

Underwritten by:

Fidelity Security Life Insurance Company
Kansas City, Missouri

Rated A- Excellent, Based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry.

Arranged through:



**AMERICAN GROUP
INSURANCE SERVICE, INC.**

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SIS

This brochure contains a brief description of the plans of insurance offered to qualified employers. The exact provisions governing the insurance are contained in the master policy issued to each group on form number M00223.