



**Federal Insurance Company  
Special Risk Insurance Application**

**Section I Policyholder Information**

Name of Policyholder: Willamette Valley Lodge #7

Address: 11954 NE Glisan St., PMB 311

City: Portland State: OR Zip Code: 97220

Contact Name: Rod Edwards

Effective Date: 10/1/10

**A) INSURED PERSONS - The following are the Insured Persons:**

CLASS	DESCRIPTION
1 - 3	ALL ACTIVE MEMBERS IN GOOD STANDING OF THE POLICYHOLDER.

**B) HAZARD - The following are the Hazards for which insurance applies:**

CLASS	Hazard(s)	Principal Sum
1	24 - Hour Business and Pleasure (Provides coverage on or off duty)	\$15,000
2	Line of Duty Coverage - Covered Activities (Coverage is provided for injury sustained while on duty)	\$30,000
3	Common Carrier Business and Pleasure (Covers all transportation exposures 24-hours a day)	\$30,000

**B) HAZARD - Heart or Circulatory Malfunction -**

	Principal Sum
1	\$30,000
2	\$45,000
3	\$45,000

**C) ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS:**

CLASS - All	Accidental:	Benefits Amounts (Percentage of Principal Sum)
	Loss of Life	100%
	Loss of Speech and Loss of Hearing	100%
	Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
	Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
	Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
	Quadriplegia	100%
	Paraplegia	75%
	Hemiplegia	50%
	Loss of Hand, Loss of Foot or Loss of Sight of One Eye (Any One of each)	50%
	Loss of Speech or Loss of Hearing	50%
	Uniplegia	25%
	Loss of Thumb and Index Finger of the same hand	25%

**D) ADDITIONAL BENEFITS - The following are Benefit Amounts for all other benefits provided:**

CLASS	BENEFIT AMOUNT	BENEFIT
1 - 3	\$15,000	Felonious Assault - Pays a benefit if an insured person suffers an accidental bodily injury while on duty as the result of a felonious assault.
1 - 3	\$15,000	Rehabilitation Expense - If an accidental bodily injury causes an insured person to suffer a covered loss which prevents him or her from performing all the duties of his or her regular occupation and requires rehabilitation, as determined by a Physician, then this benefit will be payable as a flat amount for rehabilitation.
1 - 3	Seat Belt Benefit Amount: \$ 15,000 Occupant Protection Device Benefit Amount: \$15,000 Maximum Benefit Amount (for Seat Belt and Occupant Device): \$30,000 Alternate Benefit Amount (if no determination can be made): \$2,000	Seat Belt and Occupant Protection Device - Pays a benefit if an insured person suffers an accidental loss of life or a covered loss of life while wearing a seat belt in a private passenger automobile. This benefit also pays an additional benefit if an insured person is positioned in a seat protected by a properly deployed occupant protection device.

**Aggregate Limit of Insurance**

The Aggregate Limit of Insurance applies if more than one (1) Insured Person suffers a Loss in the same Accident, then We will not pay more than the Aggregate Limit of Insurance shown below:

\$1,000,000 per Accident

**Premium\***

Annual Amount Due: \$ 1,000  
Rate per member per month for Class 1- 3: \$ 0.075/\$1,000/month

\*Annual Premium is based on the current membership of 68 active members. Minimum annual premium is \$1,000.

**E) EXCLUSIONS**

- |                                  |                 |
|----------------------------------|-----------------|
| Owned, Operated, Leased Aircraft | Trade Sanctions |
| Disease or Illness               | Armed Forces    |
| Self Inflicted Injury            | Intoxication    |
| Incarceration                    | Narcotics       |
| War                              |                 |

**Employee Retirement Income Security Act**

Is this plan subject to Employee Retirement Income Security Act (ERISA) regulations? (Y/N) \_\_\_\_\_ N \_\_\_\_\_

Policy Acceptance

The undersigned declares that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the Company in consideration of payment of the required premium. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy. The acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy.

Fraud Warning

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

Name of Policyholder: Willamette Valley Lodge #7, F.O.P. PORTLAND OR

9-7-10

Date

Godwin A. Edwards

Signature

President

Title

[Signature]

Company Authorized Representative