

STANDARD INSURANCE COMPANY
Home Office: P.O. Box 711, PORTLAND, OREGON 97207
1-800-247-6888

INSURED:

POLICY NUMBER:

**BUSINESS PROTECTOR
DISABILITY INCOME PROTECTION COVERAGE
OUTLINE OF COVERAGE**

READ YOUR POLICY CAREFULLY

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Standard Insurance Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.

DISABILITY INCOME PROTECTION COVERAGE

This category of coverage is designed to provide, to persons insured, benefits for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Benefits are not provided for basic hospital, basic medical-surgical, or major-medical expenses.

Date _____

Agent _____

Address _____

Telephone _____

DEFINITIONS

You/Your mean the insured under this policy. We/Us mean Standard Insurance Company. These definitions apply to both the policy and to this Outline.

BENEFITS OF THIS POLICY

We will pay the policy benefits if you become totally disabled as a result of Sickness or Injury. These terms are defined below:

SICKNESS - Your sickness or disease which first manifests itself:

- a. After the Effective Date; and
- b. While this policy is in force.

INJURY - Accidental bodily injury sustained by You:

- a. After the Effective Date; and
- b. While this policy is in force.

DISABILITY - This includes both total disability and partial disability. These terms are defined below.

TOTAL DISABILITY - Because of Your injury or sickness You are:

- a. Unable to perform the substantial and material duties of Your regular occupation; and
- b. Under the care of a physician appropriate for Your injury or sickness.

PARTIAL DISABILITY - You are not totally disabled, but because of injury or sickness, You are:

- a. Under the care of a physician appropriate for Your injury or sickness; and
- b. (i) Able to do all the substantial and material duties of Your regular occupation, but for no more than 50% of the time You normally spent on these duties immediately prior to the injury or sickness; or (ii) able to do some, but not all, of the substantial and material duties of Your regular occupation.

BENEFITS PAYABLE FOR DISABILITY - The policy provides for these terms:

Commencement Date: Day of Disability

Base Amount: \$ **Maximum Benefit: \$**

On and after the commencement date, Your covered business overhead expenses will be reimbursed during any continuous period of total disability until the maximum benefit has been paid. For the first month following the commencement date, we will not pay more than the base benefit. Base benefits not paid in a month may be carried over to succeeding months. Covered expenses not reimbursed in a month may also be carried over. (See policy terms regarding Benefit Limits and Partial Disability Benefit.)

If You die while total disability benefits are being paid, we will pay a benefit to the owner. The benefit will be the lesser of:

- a. Three times the base amount; and
- b. The maximum benefit less the sum of all benefits paid for that period of disability.

We will pay each premium falling due after the commencement date if disability benefits are payable on the premium's due date. If benefits are payable, we will refund to the owner any premium due and paid:

- a. Prior to the commencement date; and
- b. During your continuous disability.

PRESUMPTIVE TOTAL DISABILITY - We will consider you to be totally disabled if injury or sickness causes you to totally and permanently lose one of the following:

1. Speech;
2. Hearing in both ears;
3. Sight in both eyes;
4. Use of both hands;
5. Use of both feet; or
6. Use of one hand and one foot.

The commencement date for any presumptive total disability will be the first day of that presumptive total disability.

PREMIUM FOR THIS POLICY

The annual premium for this policy is \$_____. If premiums are payable under a different mode, the premium for that mode is:

Special Monthly \$_____

Premiums may be paid under any of these modes: annually, semi-annually or quarterly. We may agree to payment under a special monthly mode, paid through your bank. This special mode will continue at our option, subject to written notice of termination. There is a 31-day grace period for all premiums due except the first.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS POLICY

To receive benefits, you must be under the regular care of a licensed physician appropriate for the injury or sickness other than: yourself; the owner; or a family member.

Benefits are not payable during the first 90 days of disability due to pregnancy or childbirth. Benefits also are not payable if disability is caused or contributed to by any of these:

- a. Declared or undeclared war;
- b. An act or incident of war; or
- c. Participation in insurrection.

Also, benefits are not payable if disability is caused or contributed to by a pre-existing condition which is:

- a. Specifically excluded; or
- b. Not disclosed on your application.

TIME LIMIT ON CERTAIN DEFENSES - After two years from the later of:

- a. This policy's Effective Date; and
- b. Its most recent Reinstatement date;

no misstatements, except fraudulent misstatements, made by You or the Owner, in the application for the policy or for Reinstatement, shall be used to:

- a. Rescind the policy; or
- b. Deny a claim for Disability starting after the end of such two year period.

For Disability starting after two years from the later of:

- a. The policy's Effective Date; and
- b. Its most recent Reinstatement date;

no claim will be reduced or denied because a disease or physical condition existed before such date, unless:

- a. It is specifically excluded; or
- b. There was a fraudulent misstatement in the application for the policy or for reinstatement.

RENEWABILITY OF THIS POLICY

NONCANCELLABLE/GUARANTEED RENEWABLE - This policy is:

- a. Noncancellable; and
- b. Guaranteed renewable to the policy anniversary on or next following the Your age 65, provided all required premiums are paid.

As long as the policy remains in force, We may not:

- a. Cancel the policy;
- b. Change its terms; or
- c. Change the premium charged.

The policy terminates at Your age 65, except under the terms of the Renewal Option, below. Age 65 means the policy anniversary on or next following Your 65th birthday.

RENEWAL OPTION - Business overhead expense coverage may be continued from Your age 65 as long as:

- a. You remain actively at work for at least 30 hours per week;
- b. You are responsible for the expense of maintaining an office or business; and
- c. You are not disabled when we receive your request.

Coverage will be for total disability only. There will be a limited benefit period. We may change premium rates.

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED BY THE POLICY. THIS OUTLINE IS NOT THE CONTRACT AND IS NOT PART OF IT. SEE THE POLICY FOR GOVERNING CONTRACT PROVISIONS.

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ACKNOWLEDGMENT OF RECEIPT - TEXAS

(Disability Income Protection Coverage, Outline of Coverage)

I have received a copy of Standard Insurance Company's Outline of Coverage in connection with my application for disability income insurance.

Date Signed

Signature of Applicant

TO AGENT: You must return this signed form to the home office with all Texas applications for disability income insurance (including business overhead expense insurance).