



**AN ACCIDENT & SICKNESS INSURANCE PROPOSAL
PREPARED FOR:**

TOWN OF SANDISFIELD
66 SANDISFIELD ROAD
PO BOX 90
SANDISFIELD, MA 01255-0000

PRESENTED BY: GOWRIE GROUP INC
70 ESSEX ROAD
WESTBROOK, CT 06498

DATE PREPARED: 3/14/2023

This proposal is valid for 90 days.

Prepared For: TOWN OF SANDISFIELD

Additional Entity Summary	
Included:	TOWN OF SANDISFIELD FIRE DEPARTMENT TOWN OF SANDISFIELD POLICE DEPARTMENT

MEMBER FAMILY ASSISTANCE PROGRAM FEE: \$294

Prepared For: TOWN OF SANDISFIELD

VOLUNTEER FIRE BASIC BENEFITS		Quote Number:	231194
Loss of Life Benefits			
Accidental Death Benefit Amount		\$100,000	
Seat Belt Benefit Amount.....		\$25,000	
Safety Vest Benefit Amount.....		\$25,000	
Illness Loss of Life Benefit Amount.....		\$100,000	
Dependent Child & Education Benefit Amount... Per Dependent Child		\$30,000	
Repatriation Benefit Amount.....		\$2,500	
Lump Sum Living Benefits			
Accidental Dismemberment & Paralysis Benefit.....Principal Sum		\$100,000	
Vision Impairment Benefit	Principal Sum	\$100,000	
Cosmetic Disfigurement Resulting from Burns Benefit...Principal Sum		\$100,000	
HIV Positive Lump Sum Living Benefit.....Principal Sum		\$100,000	
Weekly Income Benefits			
Total Disability Benefit Weekly Amount (first 28 days).....		\$500	
Total Disability Benefit Maximum Weekly Amount (after 28 days).....		\$500	
Total Disability Minimum Weekly Amount		\$125	
Total Disability Elimination Period.....	Number of Days	0	
Total Disability Retroactive.....		No	
Partial Disability is equal to 50% of Total Disability Limit			
Medical Expense Benefits			
Benefits Paid: Primary			
Medical Expense Benefit	Maximum Amount	\$200,000	
Deductible.....		\$0	
Cosmetic Plastic Surgery Benefit	Maximum Amount	\$25,000	
Post-Traumatic Stress Disorder Benefit	Maximum Amount	\$25,000	
Critical Incident Stress Management Benefit.....	Maximum Amount	\$25,000	
Family Bereavement & Trauma Counseling Benefit.....	Per Person	\$1,000	
Felonious Assault Benefit.....		Included	
Home Alteration and Vehicle Modification Benefit.....	Maximum Amount	\$50,000	
Volunteer Basic Premium for 1 Year			\$3,915

Prepared For: TOWN OF SANDISFIELD

VOLUNTEER FIRE	Quote Number:	231194		
OPTIONAL BENEFITS	(ANNUAL PREMIUM SHOWN)	Limit	Premium	Premium
Weekly Injury Permanent Impairment Benefit.....		Included	\$74	
Massachusetts Survivor Accidental Death and Duty to Defend..		Included	\$1,247	

* Since these benefits are based on exposures (e.g. number of persons, type of activity, type of league) premium may vary annually based on differences in exposure.

Please Note: Coverage provided under the optional Off-Duty / 24-Hour AD&D benefit requires a Roster listing the covered members.

Total Volunteer Basic and Optional:	
Premium for 1 Year	\$5,236

**AUXILIARY POLICE
BASIC BENEFITS**

Quote Number: 231194

Loss of Life Benefits

Accidental Death Benefit Amount	\$100,000
Seat Belt Benefit Amount	\$25,000
Safety Vest Benefit Amount	\$25,000
Illness Loss of Life Benefit Amount	\$100,000
Dependent Child & Education Benefit Amount.. Per Dependent Child	\$30,000
Repatriation Benefit Amount	\$2,500

Lump Sum Living Benefits

Accidental Dismemberment & Paralysis Benefit..... Principal Sum	\$100,000
Vision Impairment Benefit..... Principal Sum	\$100,000
Cosmetic Disfigurement Resulting from Burns Benefit .. Principal Sum	\$100,000
HIV Positive Lump Sum Living Benefit	Principal Sum \$100,000

Weekly Income Benefits

Total Disability Benefit Weekly Amount (first 28 days)	\$500
Total Disability Benefit Maximum Weekly Amount (after 28 days)	\$500
Total Disability Minimum Weekly Amount	\$125
Total Disability Elimination Period..... Number of Days	0
Total Disability Retroactive	No
Partial Disability is equal to 50% of Total Disability Limit	

Medical Expense Benefits

Benefits Paid: Primary

Medical Expense Benefit..... Maximum Amount	\$200,000
Deductible	\$0
Cosmetic Plastic Surgery Benefit..... Maximum Amount	\$25,000
Post-Traumatic Stress Disorder Benefit	Maximum Amount \$25,000
Critical Incident Stress Management Benefit	Maximum Amount \$25,000
Family Bereavement & Trauma Counseling Benefit..... Per Person	\$1,000

Home Alteration and Vehicle Modification Benefit Maximum Amount \$50,000

Auxiliary Police Basic Premium for 1 Year \$737

Prepared For: TOWN OF SANDISFIELD

AUXILIARY POLICE	Quote Number:	231194		
OPTIONAL BENEFITS	(ANNUAL PREMIUM SHOWN)	Limit	Premium	Premium
Weekly Injury Permanent Impairment Benefit.....		Included	\$45	
Massachusetts Survivor Accidental Death and Duty to Defend..		Included	\$119	

* Since these benefits are based on exposures (e.g. number of persons, type of activity, type of league) premium may vary annually based on differences in exposure.

Please Note: Coverage provided under the optional Off-Duty / 24-Hour AD&D benefit requires a Roster listing the covered members.

Total Auxiliary Police Basic and Optional:	
Premium for 1 Year	\$901

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PART-TIME POLICE BASIC BENEFITS	Quote Number:	231194
Loss of Life Benefits		
Accidental Death Indemnity Benefit Amount.....		\$100,000
Seat Belt Benefit Amount.....		\$25,000
Safety Vest Benefit Amount.....		\$25,000
Illness Loss of Life Benefit Amount.....		\$100,000
Dependent Child & Education Benefit Amount... Per Dependent Child		\$30,000
Repatriation Benefit Amount.....		\$2,500
Lump Sum Living Benefits		
Accidental Dismemberment & Paralysis Benefit..... Principal Sum		\$100,000
Vision Impairment Benefit..... Principal Sum		\$100,000
Cosmetic Disfigurement Resulting from Burns Benefit... Principal Sum		\$100,000
HIV Positive Lump Sum Living Benefit..... Principal Sum		\$100,000
Weekly Income Benefits		
Total Disability Benefit Weekly Amount (first 28 days).....		\$500
Total Disability Benefit Maximum Weekly Amount (after 28 days).....		\$500
Total Disability Minimum Weekly Amount.....		\$125
Total Disability Elimination Period..... Number of Days		0
Total Disability Retroactive.....		No
Partial Disability is equal to 50% of Total Disability Limit		
Medical Expense Benefits		
Benefits Paid: Primary		
Medical Expense Benefit..... Maximum Amount		\$200,000
Deductible.....		\$0
Cosmetic Plastic Surgery Benefit..... Maximum Amount		\$25,000
Post-Traumatic Stress Disorder Benefit..... Maximum Amount		\$25,000
Critical Incident Stress Management Benefit..... Maximum Amount		\$25,000
Family Bereavement & Trauma Counseling Benefit..... Per Person		\$1,000
Home Alteration and Vehicle Modification Benefit Maximum Amount		\$50,000
Part-Time Police Basic Premium for 1 Year		\$1,473

Prepared For: TOWN OF SANDISFIELD

PART-TIME POLICE	Quote Number:	231194			
OPTIONAL BENEFITS	(ANNUAL PREMIUM SHOWN)	Limit	Premium	Premium	Premium
Weekly Injury Permanent Impairment Benefit		Included	\$91		
Massachusetts Survivor Accidental Death and Duty to Defend..		Included	\$238		

* Since these benefits are based on exposures (e.g. number of persons, type of activity, type of league) premium may vary annually based on differences in exposure.

Please Note: Coverage provided under the optional Off-Duty / 24-Hour AD&D benefit requires a Roster listing the covered members.

Total Part-Time Police Basic and Optional:	
Premium for 1 Year	\$1,802

Prepared For: TOWN OF SANDISFIELD

Quote Number:	231194
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Grand Total Premium for 1 Year	\$7,939
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NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 1271 Ave of the Americas, FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

APPLICATION FOR BLANKET ACCIDENT AND SICKNESS INSURANCE

Application for a plan of accident and sickness is hereby made by: TOWN OF SANDISFIELD

(Name of Policyholder)

to National Union Fire Insurance Company of Pittsburgh, Pa. for coverage under Blanket Accident and Sickness Policy Form V40039NUFIC as described in Quote Number _____ a copy of which is attached to and made a part of this application.

Policy Effective Date: _____

Customer Number: C03176

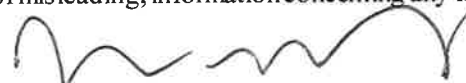
Payment Plan: 1 Year – Annual

The following changes in limits or coverage from the above mentioned Quote Number are hereby requested:

The above named entity hereby acknowledges that the changes shown above may result in a change of premium from that which was previously quoted.

The above named entity hereby understands that this application for accident and sickness coverage is subject to approval of the Company.

General Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.



(Signed by Authorized Representative)

Jonathan Sylbert, Town Manager

(Title of Authorized Representative)

5/8/23

(Date)

Signed by Licensed Resident Agent
(Where Required by law)