

**Form #VCREE (Rev. December 17, 2007)**  
**Voluntary Compensation For Residence Employee Endorsement**

This endorsement applies if indicated under **COVERAGES** as shown on the policy declarations page.

**Definitions**

Words used in this endorsement have the same meaning as the definitions in Section II of the policy.

“**Employee**” means your residence employee and any person claiming or acting on the employee’s behalf.

“**Weekly indemnity**” means two-thirds of your employee’s weekly wage at the date of the accident but we will pay no more than \$100 per week. If indicated on the Coverage Summary page, we offer to pay the benefits described below if your employee does not accept these benefits or sues you, we may withdraw our offer, but this will not affect your legal liability insurance.

An employee who accepts these benefits must sign a release giving up any right to sue you. We have the right to recover from anyone, other than you, who is responsible for the employee’s injury or death.

An injured employee will if requested:

1. Submit to physical examination at our expense by doctors we select as often as we may reasonably require
2. Authorize us to obtain medical and other records.

In case of death, we can require an autopsy before we make payment. We will not pay benefits:

1. Unless your employee was actually performing duties for you when the accident happened
2. For any hernia injury
3. For injury or death caused by war, invasion, act of a foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, or military power.

**SCHEDULE OF BENEFITS**

**Loss of life**

If your employee dies from injuries received in the accident within the following 26 weeks, we will pay;

To those wholly dependant of him, a total of one hundred times the weekly indemnity in addition to any benefit for Temporary Total Disability paid up to the date of death.

Actual funeral expenses up to \$500.

**Temporary Total Disability**

If your employee temporarily becomes totally disabled from injuries received in the accident within the following 14 days and cannot work at any job, we will pay weekly indemnity up to 26 weeks while such disability continues. We will not pay for the first seven days unless the disability lasts for six weeks or more.

**Permanent Total Disability**

If your employee becomes permanently and totally disabled from injuries received in the accident within the following 26 weeks and cannot work at any job, we will pay weekly indemnity for 100 weeks in addition to benefits provided under Temporary Total Disability.

**Injury Benefits**

If, because of the accident, your employee suffers the loss of, or permanent loss of use of any of the following within 25 weeks of the accident, we will pay weekly indemnity for the number of weeks shown.

These benefits will be paid in addition to Temporary Total Disability Benefits but no others and for not more than 100 times the weekly indemnity.

**No. of Weeks**

1	Arm		100
		a) at or above elbow; or	100
		b) below elbow; or	80
2	Hand at wrist	OR	80
3	Thumb	a) at or above the second phalange joint; or	25
		b) below the second phalange joint involving a portion of the second phalange	18
	Index Finger	a) at or above the second phalange joint; or	25
		b) at or above the third phalange joint, or	18
		c) below the third phalange joint, involving a portion of the third phalange	12
	Any other finger	a) at or above the second phalange joint; or	15
		b) at or above the third phalange joint, or	8
		c) below the third phalange joint, involving a portion of the third phalange	5
4	Leg	a) at or above the knee; or	100
		b) below knee; or	75
5	Foot or ankle	OR	75
6	Great toe	a) at or above the second phalange joint; or	15
		b) below the second phalange joint, involving a portion of the second phalange	8
7	One eye	OR	50
	Both eyes		100
8	Hearing of one ear	OR	25
	Hearing of both ears		100

**Note:** For a combination of two or more of the items marked ♦, we will pay not more than 80 times the weekly indemnity. For a combination of two or more items marked ♦♦, we will not pay more than 35 times the weekly indemnity.

**Medical Expenses**

If, as a result of the accident, your employee incurs medical expenses, including surgical, dental, hospital, nursing and ambulance expenses, within the following 26 weeks, we will pay up to the maximum of \$1,000 in addition to all other benefits.

We will pay for the cost of supplying or renewing artificial limbs or braces, made necessary by the accident, for up to 52 weeks after the accident, subject to a maximum of \$5,000.

We do not insure you for costs recoverable from other insurance plans.

All other terms and conditions of the policy to which this endorsement applies remain unchanged.

**SPECIAL CONDITIONS**

With respect to Section II – Liability Coverage, including Voluntary Compensation for Residence Employees Endorsement when added, Statutory Conditions 1, 3, 4, 5, and 15 only apply. Otherwise, all of the Conditions set forth under the titles Statutory Conditions and Additional Conditions apply with respect to all of the perils insured by this policy except as these may be modified or supplemented by the Forms, Riders or Endorsements included herein or attached.

SAMPLE