

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 _____

BENEFITS OF THIS POLICY

Standard Insurance Company will pay the benefits provided by this policy if the insured becomes totally disabled as a result of:

SICKNESS - Sickness or disease which first manifests itself after the effective date and while this policy is in force; OR

INJURY - Injury sustained after the effective date and while this policy is in force.

DISABILITY - This includes total disability, as defined below.

TOTAL DISABILITY - Because of your injury or sickness you are unable to perform with reasonable continuity the Substantial And Material Acts of your regular occupation in the usual and customary way.

BENEFITS PAYABLE FOR DISABILITY -

Commencement Date:

Day of Disability

Base Amount: \$

Maximum Benefit: \$

On and after the commencement date, your covered business overhead expenses, as provided by the policy, 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 or covered expenses not reimbursed may be carried over to succeeding months. (See policy provisions regarding Benefit Limits.)

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 prior to the commencement date and 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 other than annually, the premium for the mode chosen is as follows:

Special Monthly \$_____

Premiums may be paid annually, semi-annually or quarterly. Standard may agree to the payment of premiums under a special monthly arrangement through your bank. This arrangement will continue at the option of Standard, subject to written notice of termination. A 31-day grace period for paying premiums follows the due date of all premiums except the first.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS POLICY

Benefits under this policy are not payable during the first 90 days of disability due to pregnancy or childbirth. We will not pay benefits for declared or undeclared war or an act or incident of war. Also, benefits are not payable if disability is caused or contributed to by a pre-existing condition which is specifically excluded or which is not disclosed on your application.

After two years from the Effective Date, no misstatements, except fraudulent misstatements, in the application shall be used to rescind the policy or deny a claim for disability starting after the end of such two year period.

RENEWABILITY OF THIS POLICY

NONCANCELLABLE/GUARANTEED RENEWABLE - This policy is noncancellable and guaranteed renewable to the policy anniversary on or next following the insured's 65th birthday, provided that all required premiums are paid. As long as the policy remains in force, Standard can neither cancel the policy nor change its terms or the premium charged. The policy terminates by its terms on the policy anniversary on or next following the insured's 65th birthday, except as provided by the Renewal Option.

RENEWAL OPTION - Business overhead expense coverage may be continued from your age 65 as long as you remain actively at work for at least 30 hours per week, you are responsible for the expense of maintaining an office or business and 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.