

Section I Policyholder Information**Name of Policyholder:** BUTTS COUNTY GA**Address** 625 WEST THIRD STREET**City** JACKSON **State** GA **Zip Code** 30233**Phone Number:****Contact Name:****Effective Date:** 01/01/2018**Policy Number:** 9907-47-80**INSURANCE REQUESTED****A) CLASS OF INSURED PERSONS**

- 1 All Active Law Enforcement Officers of the Policyholder
- 2 The County Clerks, County Commissioner, County Administrator, County Attorney, CFO and Risk Manager of the Policyholder.
- 3 All Active Firefighters to include EMT and EMS Personnel and Volunteer Firefighters of the Policyholder

B) PRINCIPAL SUM

- 1 \$50,000
- 2 \$250,000
- 3 \$50,000

C) HAZARD

- 1 Business
- 2 24 Hour Business Travel
- 3 Business

D) ACCIDENTAL DEATH AND DISMEMBERMENT**Class**
All**Accidental:**

| | Benefit 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% |

E) ADDITIONAL BENEFITS

| CLASS | BENEFIT | BENEFIT AMOUNT |
|-------|---------|----------------|
|-------|---------|----------------|

| | | |
|---|------------------------------------|---|
| 1 | Child Care Expense | 5% of the Principal Sum up to a maximum of \$5,000 for each Dependent Child Maximum Benefit Amount \$25,000 |
| | Coma | 1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum |
| 1 | Education Expense | 5% of the Principal Sum up to a maximum of \$5,000 for each eligible Dependent Child Maximum Benefit Amount \$25,000 |
| 1 | Felonious Assault | 10% of Principal Sum Maximum Benefit Amount \$50,000 |
| 1 | Psychological Therapy | 5% of Principal Sum Maximum Benefit Amount \$25,000 |
| 1 | Rehabilitation Expense | 5% of Principal Sum Maximum Benefit Amount \$25,000 |
| 1 | Spouse Employment Training Expense | 10% of Principal Sum Maximum Benefit Amount \$50,000 |
| 2 | Child Care Expense | 5% of the Principal Sum up to a maximum of \$5,000 for each Dependent Child Maximum Benefit Amount \$25,000 |
| 2 | Coma | 1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum |
| 2 | Education Expense | 5% of the Principal Sum up to a maximum of \$5,000 for each eligible Dependent Child Maximum Benefit Amount \$25,000 |
| 2 | Felonious Assault | 10% of Principal Sum Maximum Benefit Amount \$50,000 |
| - | Psychological Therapy | 5% of Principal Sum Maximum Benefit Amount \$25,000 |
| 2 | Rehabilitation Expense | 5% of Principal Sum Maximum Benefit Amount \$25,000 |
| 2 | Spouse Employment Training Expense | 10% of Principal Sum Maximum Benefit Amount \$50,000 |
| 3 | Child Care Expense | 5% of the Principal Sum up to a maximum of \$5,000 for each Dependent Child Maximum Benefit Amount \$25,000 |
| 3 | Coma | 1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum |
| 3 | Education Expense | 5% of the Principal Sum up to a maximum of \$5,000 for each eligible Dependent Child Maximum Benefit Amount \$25,000 |
| 3 | Felonious Assault | 10% of Principal Sum Maximum Benefit Amount \$50,000 |
| 3 | Psychological Therapy | 5% of Principal Sum Maximum Benefit Amount \$25,000 |
| 3 | Rehabilitation Expense | 5% of Principal Sum Maximum Benefit Amount \$25,000 |
| 3 | Spouse Employment Training Expense | 10% of Principal Sum Maximum Benefit Amount \$50,000 |

Aggregate Limit of Insurance

The Aggregate Limit of Insurance applies:
\$1,000,000 per Accident