

# Supplemental Death Benefit Endorsement



We will pay a supplemental death benefit of \$10,000 for each **insured** whose death:

- 1) Is caused by an auto accident; and
- 2) Is sustained while the **insured** and all other occupants of the auto are wearing a **seat belt**.

We will pay the benefit only if an auto accident is the direct cause of bodily injury resulting in death. Such death must occur within one year of the date of the auto accident.

Any amounts payable under this endorsement shall not be reduced by any other amounts paid or payable under this policy.

## PROOF OF CLAIM

We will pay benefits under this endorsement if the **beneficiary** furnishes us with proof of the **insured's** death and:

- 1) a police report; or
- 2) other suitable proof

that, when the auto accident occurred, the **insured** and all other occupants of the auto were wearing a seatbelt.

## EXCLUSION

The supplemental death benefit will not be paid when the motor vehicle involved in the accident is owned by or furnished or available for your regular use and is not insured under the policy to which this endorsement is attached.

## DEFINITIONS

**Insured** as used in this endorsement means:

**You** or any **family member**, as defined in the auto policy to which this endorsement is attached, while **occupying** a motor vehicle designed for use mainly on public roads or a trailer of any type.

**Seat Belt** means:

- 1) manual or automatic safety belts; or
- 2) seat and shoulder restraints; or
- 3) a child restraint device.

**Beneficiary** means (in order of priority of payment):

- 1) the surviving spouse if a resident in the same household as the deceased at the time of the accident; or
- 2) if the deceased was an unmarried minor, either of the surviving parent(s) who had legal custody at the time of the accident; or
- 3) the estate of the deceased.