



SCHEDULE
Certificate of Insurance

ZURICH AMERICAN INSURANCE COMPANY
Schaumburg, Illinois

Policy No: GTU-3586574
Policyholder Name: The LDF Companies
Policyholder Address: 2959 N. Rock Road
Wichita, Kansas 67226

Certificateholder: All active, full-time employees of the Policyholder.

Table with 3 columns: Coverages, Form Number, Classes Covered. Rows include Accidental Death and Accidental Dismemberment with details on Principal Sum.

If the Family Plan is selected, the Principal Sum for the Covered Spouse shall be: 1) 50% of your Principal Sum if you, at the time of the Injury, had no Covered Child(ren); or 2) 40% of your Principal Sum if, at the time of the Injury, you have one or more Covered Child(ren).

Table with 4 columns: Enhanced Benefits, Form Number, Classes, Covered. Rows include Monthly Coma, Higher Education, Day Care Benefit, Continuation of Insurance, and Seat Belt Benefit.

Table with 4 columns: Hazards, Form Number, Classes, Covered. Row includes H-1.

Table with 2 columns: Other attached forms, Form Number. Rows include Continuation of Coverage at Age 70, Combined Single Limit, and Enrollment Form Required.

Certificate of Insurance

ZURICH AMERICAN INSURANCE COMPANY
(hereinafter called the Company)
Schaumburg, Illinois

Having issued Accident Policy Number GTU-3586574 to cover the eligible employees of:

THE LDF COMPANIES

The insurance evidenced by this certificate provides ACCIDENT insurance only. It does not provide coverage for sickness. This certificate describes the main features of the Policy, but the Policy is the only contract under which benefit payments are made. If there is an inconsistency between the certificate and the Policy, the Policy shall govern.

IMPORTANT NOTICE - THIS INSURANCE DOES NOT PROVIDE FOR SICKNESS

DEFINITIONS

Coverages mean the losses for which this Policy provides benefits. The Coverages included in this Policy are listed on the Schedule and are attached to this certificate.

Covered Loss means a loss which meets the requisites of one or more Coverage or Enhanced Benefit, results from a Hazard, and for which benefits are payable under this Policy.

Covered Child(ren) means dependent child(ren) of the Insured who rely on the Insured for more than 50% of their support, are dependents of the Insured for Federal Income tax purposes, and are either: 1) less than 19 (nineteen) years of age; or 2) is less than 25 (twenty-five) years of age and enrolled on a full-time basis in a college, university, or trade school. If a dependent child is mentally retarded or physically handicapped, insurance will not stop at age 19 or 25 if the child is both:

- (1) Incapable of self-sustaining employment by reason of mental retardation or physical handicap, and
- (2) Chiefly dependent upon the Covered Person for support and maintenance.

Proof of incapacity and dependency must be sent to the Company for the Covered Person within 31 days of the child reaching age 19 or 25. Continuing proof may be required by the Company but not more often than annually.

The aforementioned child(ren) shall only be Covered Child(ren) if the Family Plan is elected.

Covered Person means any person who has coverage under this Policy. It includes the Insured, and his or her Covered Spouse and/or Covered Child(ren) if the Family Plan is selected.

Covered Spouse means the Insured's legal married spouse, under age 70, if the Family Plan is selected. A legally married spouse will not be considered a Covered Spouse if they are also an Insured under this Policy.

Family Plan means that the Insured has made an election on the enrollment form to provide coverage for his or her spouse and/or children. If the Insured and his legally married spouse are both Insured's under this Policy, only one may select the Family Plan.

Combined Single Limit means the most We will pay under all Coverages of this Policy, combined, for an Injury or Injuries sustained by a Covered Person that resulted from one accident. This amount is listed in the Schedule.

Enhanced Benefits mean additional benefits provided for by this Policy. The Enhanced Benefits included in this Policy are listed on the Schedule and are attached to this certificate.

Hazards are those events described in the Hazard pages attached to this certificate to which the Coverages and Enhanced Benefits apply. The Hazards are listed on the Schedule.

Injury means a bodily injury directly caused by accidental means which is independent of all other causes, results from a Hazard, and occurs while the Covered Person is insured under this Policy.

Policy means the Group Insurance Policy listed in the Schedule.

Policyholder means the group named on the front of this certificate.

Principal Sum is the amount that certain benefits are calculated from. Your Principal Sum is shown in the Schedule.

You, Your or Insured means an active, full-time employee of the Policyholder who completes an enrollment form, if required in the Schedule.

We, Us, and Our refers to Zurich American Insurance Company.

WHAT COVERAGES ARE INCLUDED IN THE POLICY?

Accidental Death

If a Covered Person dies as a result of an Injury, We will pay the Principal Sum. The death must occur within 365 days of the Injury.

If the conveyance in which a Covered Person is riding disappears, is wrecked, or sinks, and the Covered Person is not found within 365 days of the event, we will presume that the person lost his or her life as a result of Injury. If travel in such conveyance was covered under the terms of this Policy, We will pay the Principal Sum, subject to all Policy terms.

If a Covered Person is exposed to weather because of an accident and this results in a loss of life, We will pay the Principal Sum, subject to all Policy terms.

U-GA-204-A CW (5/97)

Accidental Dismemberment

If an Injury to a Covered Person results in any of the following Losses, we will pay the benefit shown. The Covered Loss must occur within 365 days of the accident.

The benefit amounts are based on the Covered Person's Principal Sum.

Loss of	Benefit
1. Both hands or both feet	Principal Sum
2. One hand and one foot	Principal Sum
3. One hand or one foot plus the loss of sight of one eye	Principal Sum
4. Sight of both eyes	Principal Sum
5. Speech and Hearing	Principal Sum
6. Speech or Hearing	1/2 of Principal Sum
7. One Hand; one foot; or sight of one eye	1/2 of Principal Sum
8. Thumb and index finger of the same hand	1/4 of Principal Sum
Loss of Use of	
1. Four limbs	Principal Sum
2. Three limbs	3/4 of Principal Sum
3. Two Limbs	2/3 of Principal Sum
4. One limb	1/2 of Principal Sum

For purposes of this benefit:

- Loss shall mean:
 - For a foot or hand, actual severance through or above an ankle or wrist joint;
 - Actual severance through or above the metacarpophalangeal joint of a thumb or index finger;
 - Total and permanent loss of sight;
 - Total and permanent loss of speech;
 - Total and permanent loss of hearing.
- Loss of Use shall mean total paralysis of a limb or limbs which is determined by Our competent medical authority to be permanent, complete and irreversible.

If more than one Loss arises out of the same accident, We will pay only one benefit. This will be the largest one. If a Covered Person can recover benefits under both the Accidental Dismemberment Benefit and the Accidental Death Benefit as a result of the same accident, the most We will pay is the Principal Sum.

U-GA-201-A CW (5/97)

U-GA-102-A CW (5/97)

HAZARDS

24 Hour Accident Protection

Excluding Corporate Owned or Leased Aircraft

H-1

The hazards insured against by this policy are:

An Injury sustained by a Covered Person anywhere in the world.

Limitations:

Air travel coverage is limited to a loss sustained during the trip, while the Covered Person is a passenger, riding in or on, boarding or getting off:

- A. Any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
 - 1. Medical certificate; and
 - 2. Pilot certificate with a proper rating to pilot such aircraft
- B. Any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Exclusions:

Coverage is not provided:

- A. If the Covered Person is the pilot, operator, member of the crew or cabin attendant of any aircraft; or
- B. Unless We have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
 - 1. Any aircraft other than those expressly stated above;
 - 2. Any aircraft being used for, or in connection with, aerial photography;
 - 3. Any conveyance or aircraft being used for tests or experimental purposes;
 - 4. Any aircraft that requires a special permit or waiver from the agency that has jurisdiction over the conveyance, even if granted;
 - 5. Any aircraft owned or controlled by, or under lease to the Policyholder or an Insured or a member of a Covered Person's family or household;
 - 6. Any aircraft operated by the Policyholder or one of its employees including members of an employee's family or household; or
 - 7. Any conveyance used in a race or speed test.

U-GA-319-A CW (5/97)

WHAT ENHANCED BENEFITS ARE INCLUDED IN THIS POLICY?

Monthly Coma

If a Covered Person sustains an Injury within 365 days of a covered accident, and such Injury causes the Covered Person to be in a Coma for at least 31 consecutive days, We will pay a Monthly Coma Benefit.

The Monthly Coma Benefit is equal to 1% of the Covered Person's Principal Sum, and shall be paid each month the Covered Person remains in a Coma following the initial 31 day period. The Monthly Coma Benefit will end on the earliest of the following:

- 1. The Covered Person is no longer in a Coma which directly resulted from the Injury;
- 2. The Covered Person received a Monthly Coma Benefit for 100 months; or
- 3. The total amount received by the Covered Person as a result of the accident, pursuant to all Coverages and Enhanced Benefits contained in this Policy is equal to the Covered Person's Principal Sum.

Coma shall be determined by Our competent medical authority. In no event shall the total amount paid for all benefits resulting from the Covered Loss exceed the Covered Person's Principal Sum.

U-GA-217-A CW (5/97)

U-GA-102-A CW (5/97)

Higher Education

If the Insured selected the Family Plan, and suffers a loss of life which is covered under the Accidental Death Benefit, We will pay, in addition to all other benefits payable under the Policy, a "Higher Education Benefit" to each Covered Child.

A Covered Child is eligible for the Higher Education Benefit if on the date of the accident:

1. He or she is enrolled as a full-time student in an accredited college, university or trade school; or
2. He or she was at the 12th grade level and enrolls in an accredited college, university or trade school within one year from the date of the accident.

The Higher Education Benefit that will be paid by Us is equal to 4% of the Insured's Principal Sum, to a maximum of \$4,000. This amount shall be paid annually for four consecutive years if the Covered Child continues his or her education. Before this benefit is paid each year, the Covered Child must present written proof, acceptable to Us, that he or she is attending an institution of higher learning on a full-time basis.

If, at the time of the accident, the Family Plan is selected, but there are no dependent children who qualify for this benefit, We will pay an additional benefit of \$1,000 to the designated beneficiary.

U-GA-218-A CW (5/97)

Day Care

If an Insured elects the Family Plan and either the Insured or his or her Covered Spouse suffer a loss of life which is covered under the Accidental Death Benefit, We will pay, in addition to all other benefits payable pursuant to the Policy, a "Day Care Benefit" on behalf of **each** Covered Child if:

1. On the date of the accident, the Covered Child was enrolled in an Accredited Child Care Facility, or enrolls in such facility within 90 days from the date of loss; and
2. The Covered Child is under age 13.

The Day Care Benefit shall be equal to the lesser of:

1. The actual cost of the child care;
2. 3% of the Principal Sum of the Covered Person who suffered the loss of life; or
3. \$3,000.

If both the Insured and his or her Covered Spouse suffer a simultaneous loss of life, the Day Care Benefit shall be based on the Insured's Principal Sum.

The Day Care Benefit shall be paid annually for four consecutive years if:

1. The Covered Child is under age 13 at the time of each annual payment; and
2. Proof, acceptable to Us, is received by us that verifies that the Covered Child remains enrolled in an Accredited Child Care Facility.

An Accredited Child Care Facility means:

1. A child care facility that operates pursuant to state and local laws;
2. Is licensed by the state for such child care facilities; and
3. Has been provided with a Tax Identification Number by the Internal Revenue Service.

An Accredited Child Care Facility does not include a hospital; the child's home; a nursing or convalescent home; a facility for the treatment of mental disorders; an orphanage; or a treatment center for drug and alcohol abuse.

U-GA-219-A CW (5/97)

Continuation of Insurance

If an Insured, who is enrolled in the Family Plan, suffers a loss of life covered under the Accidental Death Benefit, all Coverages and Enhanced Benefits under this Policy which were in force on the date of the loss, with respect to Covered Persons other than the Insured, are continued automatically for 365 days after the date of the loss at no additional cost.

U-GA-223-A CW (5/97)

U-GA-102-A CW (5/97)

Seat Belt Benefit

If a Covered Person suffers a loss of life covered under the Accidental Death Benefit, and the Injury which caused the accidental death directly resulted from an automobile accident, We shall pay to the beneficiary an additional benefit, which equals 10% of the Principal Sum up to a maximum \$10,000, provided that the Covered Person was:

- 1. Operating or riding as a passenger in any private passenger automobile designed for use primarily on public roads; and
- 2. Wearing an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the Injury.

Verification of the Covered Person’s actual use of the seat belt or lap and shoulder restraints is required as follows:

- 1. in the official law enforcement report of the accident, through certification by the investigation officers; or
- 2. By other reasonable proof, acceptable to Us.

We will not pay this benefit if the driver of the automobile in which the Covered Person was riding was either:

- 1. under the influence of alcohol; or
 - a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his/her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items shall be considered proof of the driver’s intoxication.
- 2. Under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.

U-AG-225-A CW (5/97)

Continuation Of Coverage At Age 70

At age 70, the Insured’s Principal Sum shall be based on the Insured’s previous Principal Sum per the following schedule:

<u>Age at Date of Loss</u>	<u>Percent of Principal Sum</u>
70-74	65%
75-79	45%
80-84	30%
85 & Over	15%

This only applies to the Accidental Death Benefit and Accidental Dismemberment Benefit, if they apply to this Policy.

U-GA-303-A CW (5/97)

WHAT ITEMS ARE EXCLUDED OR LIMITED FROM COVERAGE?

- A.** A loss shall not be a Covered Loss if it is caused by, contributed to, or resulting from:
 - 1. Suicide, attempted suicide, or a purposeful self-inflicted wound;
 - 2. War or any, act of war, declared or undeclared;
 - 3. A Covered Person’s involvement in any type of active military service;
 - 4. Illness, disease or infection;
 - 5. Pregnancy, including childbirth, but not including complications thereof;
 - 6. Travel or flight in an aircraft except to the extent stated in the Hazards;
 - 7. Skydiving, parasailing, hanggliding, bungee-jumping, or any similar activity; or
 - 8. The Covered Person’s participation in the commission or attempted commission of any felony or assault.
- B.** No benefits will be paid for amounts that exceed the Combined Single Limit. The Combined Single Limit, if any, is shown in the Schedule of Benefits.
- C.** No benefits will be paid for a Covered Loss contributed to, either directly or indirectly, by a Covered Person’s being:
 - 1. Intoxicated.
 - a. A Covered Person will be conclusively presumed to be intoxicated if the level of alcohol in his/her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated if operating a motor vehicle.

U-GA-102-A CW (5/97)

- b.** An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items shall be considered proof of the Covered Person's intoxication.
- 2.** Under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.

WHEN DOES COVERAGE TERMINATE?

Your insurance terminates at the end of the period for which premium has been paid and during which any of the following occurs:

- A.** The Policy is terminated
- B.** You cease to be an Eligible Person
- C.** You fail to pay the required premium if You are so required.

Covered Person other than you. Insurance terminates at the earliest of the following:

- A.** The date your insurance terminates;
- B.** The first premium due date after the person no longer qualifies as a Covered Person; or
- C.** For the Covered Spouse, the date the Covered Spouse reaches age 70.

HOW DO YOU FILE A CLAIM?

- A. Notice.** You or the beneficiary, or someone on Your behalf, must give Us written notice of the Covered Loss within 90 days of such loss. The notice must name the Covered Person who sustained the Injury, Your name, and the Policy Number. To request a claim form, You or the beneficiary, or someone on Your behalf may contact Us at 1-888-889-5330. Send the notice to the Claims Department, Zurich American Insurance Company, P. O. Box 307010, Jamaica, NY 11430-7010, or any of Our agents. Notice to Our agents is considered notice to Us.
- B. Claims Forms.** We will send the claimant Proof of Loss forms within 15 days after We receive notice. If the claimant does not receive the Proof of Loss form in 15 days after submitting notice, he or she can send Us a detailed written report of the claim and extent of loss. We will accept this report as a Proof of Loss if sent within the time fixed below for filing Proofs of Loss.
- C. Proof of Loss.** Written Proof of Loss, acceptable to Us, must be sent within 90 days of the loss. Failure to furnish Proof of Loss acceptable to Us within such time shall neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of Loss and the proof was provided as soon as reasonably possible.

WHEN AND HOW WILL WE PAY CLAIMS?

- A. Time of Payment.** We will pay claims for all Covered Losses, other than Covered Losses for which this policy provides any periodic payment, immediately upon receipt of written Proof of Loss that is acceptable to Us. Unless an optional periodic payment is stated or chosen, any loss to be paid in periodic payments will be paid at the end of each four week period. The unpaid balance which remains when our liability ends will then be paid when We receive the Proof of Loss that is acceptable to Us.
- B. Who We Will Pay.**
 - 1.** Loss of Your Life. Covered Losses resulting from your death are paid to the beneficiary named at the time of death. If there is no beneficiary named, or the named beneficiary predeceases or dies at the same time as you, We will pay the benefit to your decedents who survive you in the following order:
 - a.** Your legally married spouse;
 - b.** Your children;
 - c.** Your parents;
 - d.** Your estate.
 - 2.** Loss of Life of a Covered Person other than You. Covered Losses for the death of a Covered Person other than you shall be paid to you. If you pre-decease or die at the same time as the Covered Person other than you, the benefit shall be paid to the beneficiary unless the beneficiary designation has not been made or is no longer living at the time of death. In such case, the benefits shall be paid to your estate.
 - 3.** All other claims. Benefits are to be paid to You. You may direct in writing that all, or part of the Accident Medical Expense Benefit, if applicable, shall be paid directly to the party who furnished the service. The direction may be changed by You at any time up to the filing of the Proof of Loss.

C. Physical Examination and Autopsy. We have the right to examine a Covered Person when and as often as we may reasonably request while the claim is pending. Such examination shall be at Our expense. We can have an autopsy made unless forbidden by law.

D. Choice of Service Provider. The Covered Person has the sole right to choose his or her doctor and hospital.

GENERAL POLICY CONDITIONS

A. Assignment of Interest. A transfer of interest is binding when we get written notice on a form acceptable to Us. We have no duty to confirm that a transfer is valid.

B. Beneficiaries. You have the sole right to name a beneficiary. The beneficiary has no interest in the policy other than to receive certain payments. You may change the beneficiary at any time unless You have assigned the interest in the policy. In such case, the person who You have assigned the interest in the policy to may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed unless the previous beneficiary was designated as irrevocable. Any beneficiary designation must be in writing on a form acceptable to Us.

C. Suit Against Us. No action on this Policy may be brought until 60 days after written Proof of Loss has been sent to Us. Any action must commence within 3 years (5 years in Kansas and Tennessee; and 6 years in South Carolina and Wisconsin) of the date the written Proof of Loss was required to be submitted. If the law of the state where the Covered Person lives makes such limit void, then the action must begin within the shortest time period permitted by law.

D. Conformity with Statute. Terms of this Policy that conflict with the laws of the state where it is delivered are amended to conform to such laws.

E. Change or Waiver. A change or waiver of any terms or conditions of this Policy must be issued by Us in writing and signed by one of our executive officers. No agent has authority to change or waive Policy terms or conditions. A failure to exercise any of our rights under this Policy shall not be deemed as a waiver of such rights in the same or future situations.

F. Clerical Error. A clerical error or omission will not increase or continue Your coverage or benefits which otherwise would not be in force. If You apply for insurance which You are not eligible, We shall only be liable for any premiums paid to Us.

In Witness Whereof, We have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by Our authorized representative.

ZURICH AMERICAN INSURANCE COMPANY



John J. Amore
President
Zurich American Insurance Company



David A. Bowers
Corporate Secretary
Zurich American Insurance Company