



Nationwide Mutual Insurance Company

Home Office: Columbus, Ohio

Nationwide® Franchise Accidental Death & Specific Loss Insurance Policy

Policy Number: 0-9100001-0-00000

Insuring Agreement

We promise to pay the benefits shown herein. It is a legal contract between You and Us. We make this promise and issue this contract in exchange for the premium payments provided through the **OHIO FARM BUREAU FEDERATION, INC.**

Table of Contents

Insuring Agreement	Page 1	Term of a Person's Coverage	Page 3
Key Words Defined	Page 1 & 2	Contract Term	Page 3
Accidental Death & Specific Loss Benefit	Page 2	Claims Information	Page 3&4
Benefit Amounts	Page 2	General Information Exceptions (if any)	Page 4 Riders

Key Words Defined

When We use these words, We mean:

Farm Bureau - the American Farm Bureau Federation, Inc., and/or any of its state or local organizations.

OFB – The Ohio Farm Bureau Federation, Inc.

We, Our or Us – The Nationwide Mutual Insurance Company.

You, Your or Insured Member – the Policyholder who is a member of the OFB. However, if such Policyholder consists of more than one name: (1) the first person named will be the Insured Member; or (2) if the first name is a business entity, the first person named after such entity will be the Insured Member. If no name appears afterwards, the person who signed the membership application that is in effect at the time of the Accident will be the Insured Member.

Policy Anniversary - 12-month period from the date of issue of the Policy and each subsequent anniversary membership renewal

Accident – a specific event which is sudden, not expected, and over which the Insured has no control.

Spouse – Your spouse who resides in the same household as You and who is not legally separated from You.

Child(ren) – an unmarried child of You and/or Your Spouse by a present or former marriage, who resides in the same household as You and who is under 19 years of age. The term "child" includes a stepchild, foster child, legally adopted child, and a child under Your or Your Spouse's legal guardianship.

Insured – You, Your Spouse and or each Child.

Injury – a bodily injury which meets all of the following conditions: (1) it is caused solely by an Accident which happens anywhere in the world while the contract is in force on the Insured and while he or she is taking part in a Covered Activity; (2) it results in loss covered by the contract; and neither the injury nor the loss may result, in whole or in part, from sickness, disease, or bodily infirmity, or from any cause other than the Accident.

THIS IS LIMITED ACCIDENT INSURANCE. IT IS AN ACCIDENT ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS RESULTING FROM SICKNESS, DISEASE, OR BODILY INFIRMITY. PLEASE READ YOUR POLICY CAREFULLY.

Key Words Defined continued

Covered Activities:(1) using a farm tractor, farm truck with non-commercial or farm license or other farm implements, equipment or tools in farming operations; (2) working with domestic livestock in farming operations; (3) using powered yard and garden equipment; (4) in a residential or farm swimming pool, pond, cistern, well, or lagoon; (5) traveling directly to or from, or attending a Farm Bureau officially called and sponsored meeting, including, but not limited to, annual conventions, advisory/community council meetings, personnel meetings, and training meetings; or (6) riding in, boarding or alighting from a private passenger automobile or pickup truck for the purpose of soliciting Farm Bureau members.

Specific Loss means: (1) the actual, total, permanent, and irrecoverable loss of a natural: (a) arm or leg completely cut off at or above the elbow or knee joint; (b) hand or foot completely cut off at or above the wrist or ankle joint (the loss of a hand also means the loss of four entire fingers); or (c) thumb and index finger of the same hand completely cut off at or above the joints that attached them to the hand; (d) Paralysis of single or multiple Limbs, partial, incomplete, hemi, or quadriplegia; (2) the actual, total, not correctable, permanent, and irrecoverable loss of the entire sight of a natural eye, entire natural speech or entire hearing of a natural ear.

Limb means an arm or leg.

Paralysis means temporary suspension or permanent loss of function, especially loss of sensation or voluntary motion. The Insured must be paralyzed and under the care of a doctor for twelve straight months from the date paralysis began. At the end of this time, it must be medically determined that the paralysis is total and not reversible.

Accidental Death and Specific Loss Benefits

If, as a result of Injury, an Insured either loses his or her life or suffers one or more of the Specific Losses listed in the schedule below, We will pay in one lump sum the indicated amount(s) which apply(ies). Both the Injury and the loss must result from the Accident causing the Injury. The loss must occur within one year after the date of the Accident causing the Injury.

Benefit Provisions	When Your most recent period of uninterrupted membership is:					
	Less than 12 months (Insured & Spouse)	Less than 12 months and seat belt benefit applies (Insured & Spouse)	One or more consecutive years (Insured & Spouse)	One or more consecutive years and seat belt benefit applies (Insured & Spouse)	Each Child (regardless of membership term)	Each Child (regardless of membership term) and seat belt benefit applies
LOSS OF:						
Life.....	\$1,000	\$2,000	\$5,000	\$10,000	\$1,000	\$2,000
Each Arm or Leg.....	750	1,500	2,625	5,250	750	1,500
Each Hand or Foot...	500	1,000	1,750	3,500	500	1,000
The Sight of Each Eye...	500	1,000	1,750	3,500	500	1,000
Speech or Hearing...	500	1,000	1,750	3,500	500	1,000
Thumb & Index Finger of the Same Hand	250	500	875	1,750	250	500

We will not pay more than the loss of life benefit which applies to an Insured from any one Accident under the contract. No Specific Loss benefit is payable if the accidental death benefit is payable. No loss of the hand or foot is payable if the loss of the arm or leg benefit applying to the same Limb is payable. No loss of the thumb and index finger of the same hand benefit is payable if the loss of the hand or arm benefit applying to the same Limb is payable.

***NOTE:** (1) Your membership is interrupted if you fail to renew each Policy Anniversary in accordance with the OFB anniversary membership renewal rules; (2) the death and Specific Loss benefit for each Insured will be increased by \$500 if a Farm Bureau Safety Sticker is in place on the equipment involved at the time of the Accident; and (3) **when covered Injury occurs while riding in a self-propelled land conveyance, We will pay double the benefit(s) otherwise payable for any Insured using an approved seatbelt or child restraint system at the time of the Accident.**

Term of a Person's Coverage

TERM OF A PERSON'S COVERAGE — A person's coverage begins on the later of: (1) the effective date of the contract; or (2) when he or she becomes an OFB member.

A person's coverage ends on the first of these to occur: (1) when he or she is no longer an OFB member; (2) the date to which premium has been paid; or (3) the premium due date coinciding with or next following the termination date of the contract.

Termination of coverage will not affect a claim for an Accident which occurs before the coverage ends.

Contract Term

The contract begins on the effective date and ends on the termination date. The term begins and ends at 12:01 a.m. standard time, at Your residence.

You may cancel the contract at any time by giving Us advance written notice. Cancellation will be effective upon Our receipt of the notice or on a later date if requested in the notice. If You cancel the contract, We will return the unearned premium to the OFB. Such premium will be computed from Our short rate table, which is on file with the Ohio Insurance Department. We may not cancel this contract.

Termination or cancellation will not affect a claim for an Accident, which occurs before the termination or cancellation date.

Claims

When must written notice of claim be given? Written notice of claim must be given within 30 days after a covered loss occurs or as soon thereafter as reasonably possible. The notice must be sent to Our Home Office or to the OFB. It should include Your policy number, the claimant's name, the injured person's name and Your name.

How are claim forms obtained? Forms will be sent to persons who ask for them within 15 days after notice of claim is received. If not, written proof (including the event, nature and extent of loss) may be sent without using Our forms. This proof must meet the requirements of the next paragraph.

When must proof of loss be given? Written proof must be given to Us within 100 days after the date of loss. If it is not reasonably possible to give such proof, it should be given as soon thereafter as otherwise reasonably possible; but no later than one year from the time it is otherwise due. The one-year limit is waived if the Insured is legally incapable of giving such proof.

When will we pay claims? Benefits will be paid when We receive proper written proof of loss.

To whom will we pay claims? We shall pay the loss of life benefits to an Insured's designated beneficiary on file with Us at the time of payment. The beneficiary must be designated by You. If more than one beneficiary is designated for any one Insured, We shall pay the amount specified to each. If no amount is specified, We shall divide the benefit equally among those living at the time of the Insured's death. We are not responsible for the validity of a beneficiary designation. If there are no such beneficiaries on file or if none are living at the time of the Insured's death, We shall pay the loss of life benefit of (1) an insured Spouse or Child to You; and (2) a primary insured to Your estate. All other benefits will be paid to You. Those benefits payable to You which are unpaid at Your death will be paid to Your estate. If payment is to be made to an Insured's estate, or to an Insured or beneficiary who is a minor or otherwise not competent to give a valid release, We may pay up to \$1,000 to any relative by blood or connection by marriage of the Insured or beneficiary whom We consider to be entitled to the payment. Such payment made by Us in good faith will fully discharge Us to the extent of the payment.

How may the beneficiary be changed? You have the right to change Your beneficiary. Consent of a beneficiary is not needed unless the designation is irrevocable. Changes may be made during Your lifetime by written notice to Our Home Office or Your Ohio county farm bureau. A change will take effect when the notice is signed, whether or not You are living when We receive it. The change will not apply to any action taken by Us before We receive the change at Our Home Office.

Can a physical exam or an autopsy be required? Yes. We have the right to have a doctor examine a person whose condition is the basis of a claim. This may be done as often as is reasonably necessary while a claim is pending. We may also have an autopsy done unless forbidden by law. These will be at Our expense.

Is there a free choice of doctor? Yes. The Insured will have a free choice of a doctor. The doctor-patient relationship will be maintained.

General Information

What is your agreement with us? How can it be changed? The policy is the entire legal contract between You and Us. No contract change will be valid unless it is on an amendment signed by either Our President or Secretary. A change will not affect a claim for an Accident which occurs before the change is made. No agent may change this contract in any way.

What if this contract does not conform with Ohio law? If any provision of the contract conflicts with an Ohio law to which it must comply, such provision is amended to conform to the law's minimum requirements.

How are premiums paid? They are paid through the OFB. Premium on an Insured under this contract and one or more other contracts with the same form number is limited to the one elected by the Insured, if living; otherwise by his or her estate or beneficiary. We will return to the OFB all premiums paid for all other such contracts.

Are dividends available? Yes. On each January 1, the divisible surplus, if any, ascertained and apportioned to the contract, as a dividend will be paid to the OFB since the premium was paid by them. When You accept this contract, You are irrevocably assigning all such dividends to them.

When can legal action be brought? No action at law or in equity may begin earlier than 60 days from the time written proof of loss has been given as required by the contract. No such action may be brought after 3 years from the time written proof of loss is required to be given.

What constitutes the entire contract of insurance? This policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by one of Our executive officers' and unless such approval be endorsed or attached to the policy. No agent has the authority to change this policy or to waive any of its provisions.

No statement made by You (applicant) for a policy not included in the policy shall void the policy or be used to deny any claim or be used in any legal proceeding.

What is the time limit on certain defenses? After two years from the date of issue of this policy no misstatements, except fraudulent misstatements, made by You, (the applicant) in the application for this policy will be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such two year period.

What is the grace period? A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium, during which grace period this policy shall continue in force.

Is there a reinstatement provision? If any renewal premium is not paid within the time granted to You for payment, a subsequent acceptance of premium by Us or by any agent duly authorized by Us to accept such premium, without requiring in connection with an application for reinstatement, shall reinstate this policy.

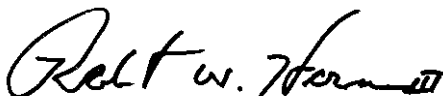
If We or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, this policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth day following the date of such conditional receipt unless You have previously notified Us in writing of its disapproval of such application. The reinstated policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement. In all other respects, We (the insured and Us) shall have the same rights as We previously had under this policy immediately before the due date of the defaulted premium, subject to any provisions endorsed or attached to in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty days prior to the date of reinstatement.

Mutual Policy Conditions

What is mutuality? By accepting the contract, You become one of Nationwide Mutual Insurance Company's members. You are entitled to one vote at the Nationwide Mutual Insurance Company member meetings. Upon termination, You cease to be a member.

When and where is the annual meeting? The annual meeting of Our members will be held at Our Home Office in Columbus, Ohio on the 1st Thursday of April, at 10 a.m. If the Board of Directors elects to change the time or place of such meetings, notice will be sent to each member at the address stated in the contract at least 10 days before such change.

Is there a contingent liability? No. This contract is not assessable.



Secretary



President