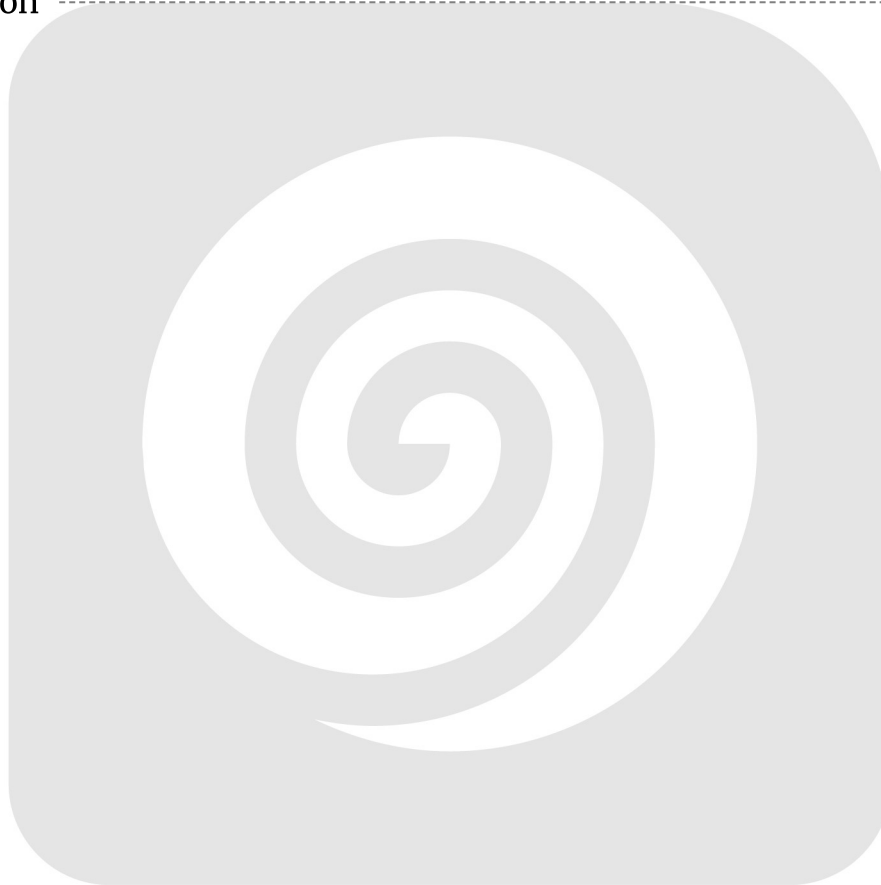


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# Introduction and Purpose

This Disability Insurance Agreement is made and entered into as of August 9, 2025, by and between DocuPal Demo, LLC, a company located at 23 Main St, Anytown, CA 90210, USA, and Acme, Inc ("ACME-1"), located at 3751 Illinois Avenue, Wilsonville, Oregon, 97070, USA.

The purpose of this Agreement is to establish the terms and conditions under which DocuPal Demo, LLC will provide disability insurance coverage to eligible employees of Acme, Inc. This insurance is designed to provide income replacement to insured individuals who become disabled. Disabilities covered are those that prevent an employee from performing the essential functions of their occupation. This agreement outlines eligibility requirements, benefit calculation methods, covered disabilities, exclusions, and the procedures for submitting claims and resolving disputes. It also details policy administration aspects such as premium payments, policy cancellation conditions, data privacy protocols, and the governing legal jurisdiction.

## Definitions and Key Terms

To ensure clarity and understanding, the following terms shall have the meanings ascribed to them below throughout this Disability Insurance Agreement:

**Disability:** For the purposes of this Agreement, "Disability" means the Insured Employee is unable, due to Injury or Sickness, to perform the material and substantial duties of their Occupation. We will review medical documentation and consider the demands of your occupation.

**Occupation:** "Occupation" refers to the specific employment position held by the Insured Employee with ACME-1 at the time the Disability began. It is not simply the job title but the specific responsibilities and duties that the employee performs.

**Pre-Existing Condition:** "Pre-existing Condition" means any Injury or Sickness for which the Insured Employee received medical advice, diagnosis, care, or treatment within the six (6) months immediately preceding the Insured Employee's effective date of coverage under this Agreement.



**Insured Employee:** An employee of ACME-1 who is eligible for and enrolled in the disability insurance coverage provided under this Agreement.

**Insurer:** Docupal Demo, LLC, the company providing the disability insurance coverage under this Agreement.

**Benefits:** The monetary payments provided to an Insured Employee who meets the definition of Disability, as outlined in this Agreement.

**Premiums:** The payments made by ACME-1 to Docupal Demo, LLC, to maintain the disability insurance coverage for its employees.

**Waiting Period (Elimination Period):** The period of time that must pass after the onset of a Disability before Benefits become payable. The waiting period for this policy is 90 days.

## Coverage and Benefits

### Coverage Details

This Disability Insurance Agreement provides financial protection to ACME-1 employees who become disabled and are unable to work. The policy covers disabilities that prevent an insured employee from performing the essential duties of their occupation. A qualified medical professional will determine if a disability qualifies for coverage under this agreement.

### Benefit Amounts

Benefit amounts are calculated as a percentage of the insured employee's pre-disability earnings. The specific percentage will be determined based on the coverage level selected for each employee. Details of the coverage level and applicable percentages are outlined in **Appendix A**.

### Benefit Duration

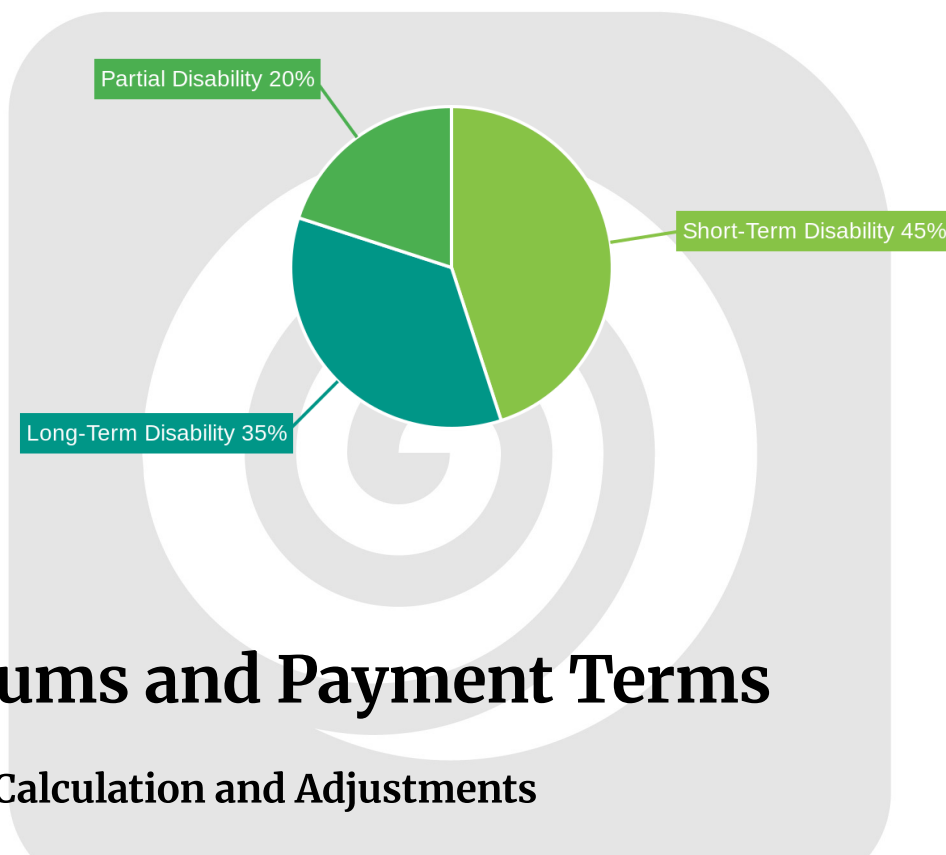
The maximum duration for benefit payments extends until the insured employee reaches a specified age or recovers from their disability. Specific duration limits are detailed in **Appendix B**.



## Conditions of Payment

Benefits are payable subject to the following conditions:

- The disability must be certified by a qualified medical professional.
- The insured employee must satisfy the waiting period, as defined in **Section 4**.
- The insured employee must be under the regular care of a physician.
- The disability must not be the result of any exclusion outlined in **Section 6**.



## Premiums and Payment Terms

### Premium Calculation and Adjustments

The premium for this Disability Insurance Agreement is determined based on several factors. These include the age, health, and occupation of the insured employees, as well as the amount of disability benefit provided. Docupal Demo, LLC reserves the right to adjust premiums annually. Adjustments will reflect changes in risk factors and overall claims experience.

## Payment Methods and Schedules

ACME-1 must make premium payments to Docupal Demo, LLC in USD. ACME-1 can make payments via electronic funds transfer or by check. Payments are due according to the selected schedule. ACME-1 may choose to pay premiums on a monthly or quarterly basis.

## Late or Missed Payments

Failure to remit premium payments on time may result in penalties. Docupal Demo, LLC will assess late payment fees for overdue payments. If ACME-1 fails to make a payment, coverage will continue during a grace period. Docupal Demo, LLC can cancel the policy if payment is not received by the end of the grace period.

## Premium Trends

# Waiting Period and Elimination Period

The waiting period, also known as the elimination period, is a defined timeframe that must pass before disability benefits become payable. For this Disability Insurance Agreement, the standard waiting period is 90 days. This means that benefits will not be paid for the first 90 days following the onset of a disability.

## Impact on Claim Eligibility

No benefits are payable during this 90-day waiting period. The waiting period begins on the first day of the qualifying disability.

## Exceptions and Accelerated Benefits

In certain specific cases, exceptions to the standard waiting period may apply. Accelerated benefits may be available for certain conditions or severe disabilities, as determined by Docupal Demo, LLC. The specifics of these exceptions are detailed in the policy's terms and conditions.



# Claims Procedures and Documentation

To initiate a disability claim, ACME-1 employees must complete and submit a claim form to Docupal Demo, LLC. This form can be obtained from Docupal Demo, LLC's website or by contacting their customer service department.

## Required Documentation

Along with the claim form, the following documentation must be provided:

- Complete medical records supporting the disability claim.
- Proof of income to verify the employee's earnings prior to the disability.

## Claims Processing

Docupal Demo, LLC will process the disability claim within 30 days of receiving the completed claim form and all required documentation. ACME-1 will be notified of the decision in writing.

## Appeals Process

If a claim is denied, ACME-1 has the right to appeal the decision. The appeal must be submitted in writing to Docupal Demo, LLC within a specified timeframe outlined in the denial letter. If the appeal is denied, ACME-1 may request an independent medical review of the claim. The cost of the independent review may be the responsibility of ACME-1, depending on the specific terms of this agreement.

# Exclusions and Limitations

This Disability Insurance Agreement has certain exclusions and limitations. These exclusions and limitations define the circumstances under which disability benefits may not be payable or may be subject to specific restrictions.

## Excluded Conditions

Benefits will not be provided for disabilities resulting from:

- Intentionally self-inflicted injuries.





- Active participation in illegal activities or occupations.
- Any pre-existing condition that was not disclosed by the employee and accepted by Docupal Demo, LLC during the application process. Pre-existing conditions will be excluded from coverage for a determined period as outlined in the policy.

## Coverage Limits

The policy contains specific limits on the amount and duration of disability benefits payable. The maximum benefit amount and the maximum period for which benefits will be paid are detailed in the policy's benefit schedule. Benefits may be reduced or terminated based on the terms outlined in this agreement. Employees must adhere to specific requirements, including providing medical information and cooperating with Docupal Demo, LLC during the claims process, to maintain eligibility for benefits.

## Termination and Cancellation

This Disability Insurance Agreement may be terminated under specific circumstances.

### Insurer Termination

Docupal Demo, LLC may terminate this Agreement if ACME-1 fails to pay the premiums as outlined in the Premium Payments section. Termination may also occur in the event of fraud or misrepresentation by ACME-1.

### Insured Cancellation Rights

ACME-1 retains the right to cancel this Agreement at any time. To cancel, ACME-1 must provide Docupal Demo, LLC with written notice of cancellation at least thirty (30) days prior to the intended date of cancellation.





# Rights and Obligations of Parties

## Insured's Obligations

ACME-1 must fulfill certain obligations to maintain continuous disability insurance coverage. This includes the timely payment of premiums as outlined in the premium schedule. ACME-1 is also required to provide accurate and complete information during the application process and throughout the term of this agreement. ACME-1 must cooperate fully with Docupal Demo, LLC in the investigation of any claims submitted under this policy. Failure to meet these obligations may impact coverage or claim eligibility.

## Insurer's Responsibilities

Docupal Demo, LLC is obligated to administer this Disability Insurance Agreement in good faith. This includes the prompt and fair assessment and payment of valid claims in accordance with the terms and conditions outlined herein. Docupal Demo, LLC is responsible for protecting the privacy of ACME-1's employee data and maintaining confidentiality as per applicable data protection laws. Docupal Demo, LLC will provide clear and consistent communication to ACME-1 regarding policy updates, claim status, and any other relevant information pertaining to this agreement.

## Dispute Resolution

In the event of any disagreement or dispute arising from this Disability Insurance Agreement, both parties agree to first attempt to resolve the matter through good-faith negotiation. If negotiation proves unsuccessful, the parties may pursue mediation. Should mediation not result in a resolution, the parties agree that the dispute will be settled by binding arbitration in accordance with the rules of the American Arbitration Association.

# Confidentiality and Data Protection

Docupal Demo, LLC is committed to protecting the confidentiality of personal and medical information. We adhere to strict security measures. These measures include encryption and access controls.



## Data Privacy

We comply with applicable data privacy regulations. This includes HIPAA, GDPR, and other relevant laws. Only authorized employees of Docupal Demo, LLC can access personal information. Third-party administrators and medical professionals may also have access when necessary. We ensure that all parties accessing data are bound by confidentiality agreements. We use appropriate safeguards. These safeguards prevent unauthorized access, disclosure, or misuse of personal information.

## Dispute Resolution and Governing Law

### Dispute Resolution

Docupal Demo, LLC and ACME-1 will attempt to resolve any disputes arising from this Disability Insurance Agreement through good-faith negotiations. If negotiations fail, the parties agree to first attempt to resolve the dispute through mediation. If mediation is unsuccessful, any unresolved dispute will be settled by binding arbitration in accordance with the rules of the American Arbitration Association. Arbitration must be completed before starting any litigation.

### Governing Law

This Disability Insurance Agreement will be governed by and construed in accordance with the laws of the State of Delaware, without regard to its conflict of laws principles. The courts of Delaware shall have jurisdiction over any legal action arising out of or relating to this Agreement.

## Miscellaneous Provisions

### Amendments

This Disability Insurance Agreement may be amended only by a written instrument signed by both DocuPal Demo, LLC and Acme, Inc. No modification or waiver of any provision shall be valid unless in writing and duly executed by both parties.



## Notices

All notices regarding this Agreement shall be considered duly given if sent by certified mail or by email with confirmation of receipt to the addresses listed in this Agreement.

## Force Majeure

Neither DocuPal Demo, LLC nor Acme, Inc. shall be liable for any failure to perform its obligations under this Agreement if such failure is caused by any act of God, war, fire, earthquake, strike, lockout, labor dispute, civil commotion, riot, act of terrorism, or other cause beyond its reasonable control.

# Signatures and Execution

This Disability Insurance Agreement becomes effective on the date both parties execute it. By signing below, DocuPal Demo, LLC and Acme, Inc. agree to all terms and conditions outlined in this document.

## Signatures

### DocuPal Demo, LLC

By: \_\_\_\_\_

Name:

Title:

Date: \_\_\_\_\_

### Acme, Inc.

By: \_\_\_\_\_

Name:

Title:

Date: \_\_\_\_\_



## Notarization

This agreement requires notarization to be fully valid.

### Notary Public for DocuPal Demo, LLC

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2025, before me, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

### Notary Public for Acme, Inc.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2025, before me, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



# About Us

Docupal Demo, LLC, a United States company located at 23 Main St, Anytown, CA 90210, provides this Disability Insurance Agreement. Our base currency is USD.

## Our Mission

Docupal Demo, LLC is dedicated to providing reliable and comprehensive disability insurance solutions. We aim to support businesses like ACME-1 in protecting their employees' financial well-being. Our mission is to offer peace of mind through dependable coverage and exceptional service.

