

What you should know about the *Federal Tort Claims Act* and how it affects you as a *Rural Letter Carrier*



What is the Tort Claims Act?

The Federal Tort Claims Act of 1961 is a federal statute that provides for a government administered protection plan for all government employees, and the government itself, should any liability be incurred by any of its employees or agents in the course of their official duties.

Will the Tort Claims Act protect the Rural Letter Carrier from liability in the event of an on-route accident?

Yes. Federal employees are protected against liability resulting from their operation of a motor vehicle while within the scope of their official employment. **This protection is on-route protection only.** *Any deviation from your assigned route could jeopardize your Tort Claims coverage. The government protects you from liability only; damage to your vehicle is not covered. To fully protect your vehicle, separate coverage must be purchased.*

Will the Rural Letter Carriers' Vehicle Insurance Plan also protect the Rural Carrier from liability while on the route?

Yes and more. The RLC Vehicle Insurance Program provides *complete coverage* for Rural Carriers insured through the plan - *on and off the route*. And if the government ever denies your on-route liability claim under the Tort Claims Act, the RLC Vehicle Insurance Program will work with you and the Postal Service to make sure you are protected.

What should the Rural Letter Carrier do in the event of an on-route accident?

All accidents must be reported to your Postmaster or Supervisor and to your insurance company as soon as possible. Failure to report an accident could jeopardize your coverage.

What happens when an on-route liability claim is reported to the Rural Letter Carriers' Vehicle Insurance Program?

If you are insured through the Rural Letter Carriers' Program, the other party will be immediately notified that their claim should first be presented to the Postmaster for payment under the Tort Claims Act. If the government denies the claim because you deviated from your route, don't worry - your RLC Program will protect you.

Does the Postmaster have the authority to deny protection under the Tort Claims Act, or to deny a claim?

No. All Tort Claim denials must come from the U.S. Postal Services Legal Department.

Will any insurance company protect the Rural Letter Carrier if the government denies an on-route liability claim?

Not necessarily. Many companies simply won't insure your route vehicle, and if they do, they charge you a higher *business use or commercial use rate*. Also, many agents don't seem to fully understand the Federal Tort Claims Act and the needs of government employees. That's why the National Rural Letter Carriers' Association recommends the RLC Vehicle Insurance Program - the same people who have looked after the special needs and interests of Rural Carriers since 1953. First of all, RLC Vehicle Insurance Plan representatives understand the government's tort liability procedures. So by placing a special exclusion on your RLC Program policy, you can be offered a lower pleasure use or route car rate on your auto insurance.

NRLCA
VEHICLE INSURANCE PLAN



How can I find out more about the Rural Letter Carriers' Vehicle Insurance Program?

It's easy. Just call toll free: **1-888-325-7727** for complete details and rates. One of the friendly RLC Program Customer Service Representatives will be happy to answer all of your questions.

Eligibility, benefits, discounts and coverages may vary.

The content herein is for descriptive purposes only. The exact protection provided is subject to the terms, conditions and exceptions of the policy contract issued.

Underwritten by these member companies of the National General Insurance Group, Winston-Salem, NC: Integon National Ins. Co., National General Assur. Co.,

National General Ins. Co., MIC General Ins. Corp. and GMAC Ins. Co. Online Inc.

Underwritten in TX by National General Assur. Co. and National General Ins. Co.

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1. Tell us about yourself

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime phone: () _____ Present insurance company (if none, explain): _____

E-mail: _____

Do you own your home? Yes No Your current policy expires (mo/day/yr): / /

If you have an RV, do you live in it full-time? Yes No Auto liability limits: \$250,000/\$500,000 \$100,000/\$300,000

Occupation: _____ Other \$50,000/\$100,000 \$25,000/\$50,000

Do you currently have any of the following? GM Card GMAC Mortgage GMAC Auto Financing

2. Tell us about your vehicle(s) (List all vehicles you want insured)

Veh.	Year	Make (Chevrolet/Monaco)	Model (Cavalier/Dynasty)	Body (4 Dr./Motorhome)	Length (RV only)	Driven to Work/School		Estimated Annual Mileage
						Miles one way	Days per week	
1								
2								
3								

Veh.	Used in Business or Route Vehicle? If Yes, Describe Use	Kept at Residence?	If No - Address Kept If Yes - On Street or Off Street	Equipped with Anti-Lock Brakes?	Equipped with Automatic Seatbelts or Airbags?	Equipped with OnStar?
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Tell us about all drivers in your household (Be sure to include yourself)

Name	Relationship	Date of Birth	Sex	Marital Status	Years Licensed	Commercial Drivers License or Class B?	Social Security Number	Percentage of Use		
								Vehicle 1	Vehicle 2	Vehicle 3
	Self					<input type="checkbox"/> Yes <input type="checkbox"/> No				
						<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number Required for Head of Household Only			
						<input type="checkbox"/> Yes <input type="checkbox"/> No				

4. Tell us about your claim history

List any moving violations, suspensions, revocations, accidents — regardless of fault — in the past 5 years and comprehensive losses over \$1,000. Residents in Oregon list only past 3 years.

Driver	Date	Type of Accident or Traffic Violation	Amount of Damage	Anyone Injured?
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. coverage loss greater than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. coverage loss greater than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. coverage loss greater than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE MAKE SURE TO MENTION YOUR SPECIAL STATE CODE **R-62**