



Attachment C
Expiring Policy
ITB 13-84131600-W
Accidental Death & Dismemberment Statutory Death Benefits



Endorsement No. 1

Renewal

Effective Date :	11/30/2016
Policy Number :	9906-63-97
Policyholder :	STATE OF FLORIDA
Policy Period :	11/30/2016 to 11/30/2017
Name of Company :	FEDERAL INSURANCE COMPANY
Issue Date :	10/19/2016

It is agreed that the Policy is amended as follows:

In consideration of the payment of premium of \$112,320.45, this Policy is renewed for a further period of 12 months beginning at 12:01 AM on 11/30/2016 and ending at 12:01 AM on 11/30/2017 standard time at the Policyholder's address as shown in the Insuring Agreement.

All other terms and conditions of the policy remain unchanged.

Authorized Representative



THIS NOTICE IS BEING SENT TO THE MASTER POLICYHOLDER OF A GROUP INSURANCE POLICY. IT DESCRIBES CHUBB'S POLICY FOR HANDLING CERTAIN PERSONAL INFORMATION OF ITS INDIVIDUAL CUSTOMERS.

PRIVACY NOTICE

At Chubb, we respect the privacy of our customers and are committed to treating your personal information responsibly. Chubb has been serving the insurance needs of our customers for more than a century. To provide innovative products and services that respond to your insurance needs, Chubb collects certain personal information about you. This Privacy Notice describes how we collect, share and protect your personal information and applies to current and former customers. Key points include:

- We do not sell your personal information to anyone.
- We do not share your personal information with other companies that would use it for their own marketing purposes.
- We use safeguards to protect your personal information from unauthorized access, use or disclosure.
- We require employees and service providers to maintain the confidentiality of your personal information.
- We engage in limited information sharing practices that are permitted by law without requiring an opt out option to permit customers to limit personal information sharing and therefore no action is required by you.

What Personal Information Do We Collect?

Chubb collects personal information about you and the members of your household to conduct business operations, provide customer service, offer new products and satisfy legal and regulatory requirements. The type of personal information we collect depends on the financial product or service you have with us. We may collect the following categories of information about you:

- Information from you directly or from your agent, broker or automobile assigned risk plan, including information from applications, worksheets, questionnaires, claim forms or other documents (such as name, address, driver's license number, Social Security number and amount of coverage requested);
- Information about your transactions with us, our affiliates or others (such as products or services purchased, claims made, account balances and payment history);
- Information from a consumer reporting agency (such as motor vehicle reports);
- Information from other non-Chubb sources (such as prior loss information and demographic information);
- Information from visitors to our websites (such as that provided through online forms and collected through other website tools); and
- Information from an employer, benefit plan sponsor, benefit plan administrator or group master policyholder for any Chubb individual or group insurance product that you may have (such as name, address and amount of coverage requested).

As used in this notice, the term "personal information" means any personally identifiable information about you that is not publicly available and that we obtain in connection with providing a financial product or service to you.



How Do We Use and Disclose Personal Information?	<p>Chubb may use and disclose the personal information we collect to:</p> <ul style="list-style-type: none">• Service, process or administer our business operations such as underwriting and claims;• Market our products or services;• Detect or prevent fraud; or• Comply with regulatory requirements. <p>The types of affiliated and non-affiliated third parties to whom we may disclose information for processing and servicing transactions include reinsurers, insurance agents or brokers, property and automobile appraisers, auditors, claim adjusters, third party administrators and, in the case of group insurance, employers, benefit plan sponsors, benefit plan administrators and group master policyholders. We may share personal information with our affiliates for their everyday business purposes. Chubb may also disclose personal information as otherwise required or permitted by law. For example, we may disclose information in response to a subpoena or to comply with an inquiry from a government agency or regulator. In addition, information we obtain from a report prepared by an insurance support organization may be retained by the insurance support organization and disclosed to other persons.</p>
Do We Share with Service Providers and Other Financial Institutions?	<p>Chubb may disclose personal information to our affiliates and to non-affiliated third parties that perform services for us, such as mailing your billing statements or marketing our products and services. We require companies that perform services for us to agree not to use or disclose your personal information except to perform the services for us. Where permitted by law, Chubb may disclose personal information to other financial institutions with which we have joint marketing agreements that include confidentiality and data safeguarding provisions.</p>
How Do We Protect Personal Information?	<p>Chubb uses administrative, technical and physical safeguards to protect your personal information from unauthorized access, use or disclosure. We limit access to personal information to only those persons who have a legitimate business need to access the information. The people who have access to personal information, including employees of Chubb and its affiliates and non-employees performing business functions for Chubb, are under obligations to safeguard such information.</p>
What About Health Information?	<p>Under certain circumstances, we also collect personal health information about our customers, such as information regarding an accident, disability or injury, for underwriting or claim handling purposes. Chubb does not disclose your personal health information for marketing purposes unless you expressly consent to our doing so.</p>
Can I Opt Out Or Limit Chubb's Sharing?	<p>The law permits certain types of disclosures without requiring an opt out option. Unlike some other companies, we do not disclose your personal information to non-affiliated third parties for their own marketing purposes. We also do not permit Chubb affiliates with whom you are not communicating or do not have any business relationship with to use your information to market to you. We similarly do not share information about your creditworthiness with our affiliates for their everyday business purposes. Because of the limited nature of Chubb's personal information sharing, Chubb is not required by law to offer an opt out option.</p>



**CHUBB GROUP
OF INSURANCE COMPANIES**

What Additional Rights Do I Have?	State law may give you additional rights with regard to your personal information, such as the right to access and correct information we have about you. Please see your policy for a description of such rights or contact our Privacy Office Customer Care Team using the contact information provided below.
What If I Have Questions?	If you have any questions about this notice or our practices with respect to personal information, please contact us by sending an email to privacyinquiries@chubb.com , calling our Privacy Office Customer Care Team at 1-800-258-2930 or mailing Privacy Inquiries, Chubb Group of Insurance Companies, 15 Mountain View Road, Warren NJ 07059.

Chubb Group of Insurance Companies (Chubb) is the marketing name used to refer to the insurance subsidiaries of The Chubb Corporation. This notice is being provided by the following Chubb companies to their consumer customers located in the United States: Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Insurance Solutions Agency, Inc., Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc., Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Pacific Indemnity Company, Texas Pacific Indemnity Company and Vigilant Insurance Company. **Last Revised 7/10/2015**



Business Travel Accident
INSURANCE PROGRAM
Issued by
FEDERAL INSURANCE COMPANY
FOR
STATE OF FLORIDA

SOME COVERAGES IN THE POLICY ARE EXCESS INSURANCE
4005FL

Chubb Underwriting Office: FEDERAL INSURANCE COMPANY
Suite 4700
233 South Wacker Drive
Chicago, IL 60606-6303

*Words and phrases that appear in **bold** print have special meaning and are defined in the Definitions section(s) of this policy. Defined terms include the plural.*

*Throughout this policy the words "**We**", "**Us**" and "**Our**" refer to the **Company** providing this insurance.*

Please Read This Policy Carefully

BTA5000

Table of Contents

Insuring Agreement..... 3

Premium Summary..... 4

Schedule Of Benefits..... 5

Hazards..... 14

Contract..... 15

 I - Insurance..... 15

 II - Eligibility, Effective Date, and Termination..... 22

 III - Extensions of Insurance..... 23

 IV - Maximum Payment for Multiple Losses and Multiple Benefits..... 23

 V - Territory..... 23

 VI - General Exclusions..... 23

 VII - Definitions..... 25

 VIII - General Provisions..... 36

BTA5001

Insuring Agreement

Section I

*Chubb Group of Insurance Companies
15 Mountain View Road, P.O. Box 1615
Warren, New Jersey 07061-1615*

Policyholder's Name and Address:

STATE OF FLORIDA
4050 ESPLANADE WAY, SUITE 360
TALLAHASSEE, FL 32399
Policy Number: 9906-63-97
Effective Date: 11/30/2015
Anniversary Date: November 30

*Issued by the stock insurance company
indicated below:*

FEDERAL INSURANCE COMPANY
*Incorporated under the laws of
INDIANA*

BTA5002

Section II Policy Period and Company

Policy Period

From: 11/30/2015

To: 11/30/2016

12:01 A.M. standard time at the **Policyholder's** address shown in Section I of the Insuring Agreement.

This insurance is provided by the **Company** in consideration of payment of the required premium.

The insurance under this policy begins on the Effective Date shown in Section I of the Insuring Agreement. The insurance under this policy ends on the last day of the Policy Period shown in Section II of the Insuring Agreement.

The **Policyholder's** acceptance of this policy terminates any prior policy of the same policy number, effective with the inception of this policy.

Company

The **Company** issuing this policy has caused this policy to be signed by its authorized officers, but this policy shall not be valid unless also signed by a duly authorized representative of the **Company**.

FEDERAL INSURANCE COMPANY (Incorporated under the laws of INDIANA)



President



Secretary



Authorized Representative

BTA5004FL

Premium Summary

Section I - Premium Due Date

11/30/2015

Section II - Premium Payment

The **Policyholder** shown in Section I of the Insuring Agreement is responsible for the collection and remittance of all required premiums. Premiums are calculated and payable as follows:

Business Travel Accident

Amount Due:

\$112,786.55

Any premiums shown as subject to adjustment will be adjusted as stated in the Premium Provisions under Section VIII - General Provisions of the Contract.

BTA5006

Schedule of Benefits

*Chubb Group of Insurance Companies
15 Mountain View Road, P.O. Box 1615
Warren, New Jersey 07061-1615*

Policyholder's Name:
STATE OF FLORIDA

*Issued by the stock insurance company
indicated below:*

FEDERAL INSURANCE COMPANY
*Incorporated under the laws of
INDIANA*

BTA6000

Section I - Insured Persons

The following are the **Insured Persons** under this policy:

Class	Description
1	All Law Enforcement Officers; Investigators and Inspectors; Pilots; Reserve, volunteer, and Auxiliary Officers; Patrol Officers; Certified Correctional Officers; Security Officers; Bailiff; Process Servers; Trainers; Probation Officers; Members of a bomb disposal unit; and any Officer eligible under Chapter 943 of the Florida Statutes of the Policyholder.
2	All Florida Highway Patrol Auxiliary Officers of the Policyholder.
3	All Florida Firefighters of the Policyholder.
4	All Members of the active Military, organized Militia of the Policyholder.
5	All Pilots of the Department of Transportation.

BTA6002

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple **Classes of Insured Persons** described above, then such person will only be insured under the **Class** which provides the **Insured Person** the largest **Benefit Amount** for the loss that has occurred.

BTA6004

Section II - Qualification Period

For **Insured Persons** in an eligible **Class** on the Effective Date: none

For **Insured Persons** entering an eligible **Class** after the Effective Date: none

BTA6008

Section III - Hazards

The following are the **Hazards** for which insurance applies:

Class	Hazard(s)
1	Business Hazard
2	Business Hazard
3	Business Hazard
4	Business Hazard
5	Business Hazard

If, subject to all the terms and conditions of this policy an **Insured Person** has insurance for covered loss on the date of an **Accident**, covered under multiple **Hazards** described above, then only one **Benefit Amount** will be paid. This **Benefit Amount** shall be the largest **Benefit Amount** applicable under all such **Hazards**.

BTA6010 (Ed. 7/06)

Section IV - Benefits

A) Principal Sum

The following are **Principal Sums** for each **Class**:

Class	Hazard	Principal Sum
1	Business Hazard	\$65,000*
2	Business Hazard	\$65,000*
3	Business Hazard	\$65,000*
4	Business Hazard	\$65,000*
5	Business Hazard	\$65,000*

*We will pay the greater of a) the **Benefit Amount** shown or b) the amount specified under Florida Statutes 112.19 or 112.191, or as amended, as of the date of the **Accident**.

BTA6012FM (Ed. 10/2010)

B) Accidental Death and Dismemberment Benefits:

This benefit applies to all **Classes** of **Insured Persons**. The following are **Losses** insured and the corresponding **Benefit Amount** expressed as a percentage of the **Principal Sum**:

Class(es)

Accidental:	Benefit Amounts (Percentage of Principal Sum)
Loss of Life	100%
Loss of Speech and Loss of Hearing	100%
Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (Any one of each)	50%
Loss of Speech or Loss of Hearing	50%
Uniplegia	25%
Loss of Thumb and Index Finger of the same hand	25%

This **Benefit Amount** is subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
BTA6016

If an **Insured Person** has multiple **Losses** as the result of one **Accident**, then **We** will pay only the single largest **Benefit Amount** applicable to the **Losses** suffered, as described in Section IV - Maximum Payment For Multiple Losses and Multiple Benefits of the Contract.

BTA6018

C) Additional Benefits

The following are **Benefit Amounts** for all other benefits provided under this policy:

Arson and Unlawful and Intentional Act (Firefighters)

Class 3

Loss of Life Benefit Amount \$190,000 *

This **Arson and Unlawful and Intentional Act (Firefighters)** benefit is not subject to Section IV-Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

* **We** will pay the greater of a) the **Benefit Amount** shown or b) the amount specified under Florida Statute 112.191 (2)(i), or as amended, as of the date of the **Accident**.

BTA6097 (Ed. 10/2010)

Burn

Class 1

Maximum Benefit Amount 10% of the **Principal Sum** up to a maximum of \$20,000

Class 2

Maximum Benefit Amount 10% of the **Principal Sum** up to a maximum of \$20,000

Class 3

Maximum Benefit Amount 10% of the **Principal Sum** up to a maximum of \$20,000

Class 4

Maximum Benefit Amount 10% of the **Principal Sum** up to a maximum of \$20,000

Class 5

Maximum Benefit Amount 10% of the **Principal Sum** up to a maximum of \$20,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6022

Child Care Expense

Class 1

Benefit Amount \$2,000 annually for each **Dependent Child**

Alternate Benefit Amount \$1,000

Maximum Benefit Amount \$25,000

Class 2

Benefit Amount \$2,000 annually for each **Dependent Child**

Alternate Benefit Amount \$1,000

Maximum Benefit Amount \$25,000

Class 3

Benefit Amount \$2,000 annually for each **Dependent Child**

Alternate Benefit Amount \$1,000

Maximum Benefit Amount \$25,000

Class 4

Benefit Amount \$2,000 annually for each **Dependent Child**

Alternate Benefit Amount \$1,000

Maximum Benefit Amount \$25,000

Class 5

Benefit Amount \$2,000 annually for each **Dependent Child**

Alternate Benefit Amount \$1,000

Maximum Benefit Amount \$25,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6028

COBRA Premium Expense

Class 1

Benefit Amount 5% per year of the **Principal Sum** subject to an Annual Maximum Amount of \$50,000

Class 2

Benefit Amount 5% per year of the **Principal Sum** subject to an Annual Maximum Amount of \$50,000

Class 3

Benefit Amount 5% per year of the **Principal Sum** subject to an Annual Maximum Amount of \$50,000

Class 4

Benefit Amount 5% per year of the **Principal Sum** subject to an Annual Maximum Amount of \$50,000

Class 5

Benefit Amount 5% per year of the **Principal Sum** subject to an Annual Maximum Amount of \$50,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6030

Coma

Class 1

Benefit Amount 1% per month of the **Principal Sum**
Maximum **Benefit Amount** 100% of the **Principal Sum**

Class 2

Benefit Amount 1% per month of the **Principal Sum**
Maximum **Benefit Amount** 100% of the **Principal Sum**

Class 3

Benefit Amount 1% per month of the **Principal Sum**
Maximum **Benefit Amount** 100% of the **Principal Sum**

Class 4

Benefit Amount 1% per month of the **Principal Sum**
Maximum **Benefit Amount** 100% of the **Principal Sum**

Class 5

Benefit Amount 1% per month of the **Principal Sum**
Maximum **Benefit Amount** 100% of the **Principal Sum**

This **Benefit Amount** is subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6032

Education Expense

Class 1

Benefit Amount \$2,000 annually for each eligible **Dependent Child**
Alternate Benefit Amount \$1,000
Maximum Benefit Amount \$25,000

Class 2

Benefit Amount \$2,000 annually for each eligible **Dependent Child**
Alternate Benefit Amount \$1,000
Maximum Benefit Amount \$25,000

Class 3

Benefit Amount \$2,000 annually for each eligible **Dependent Child**
Alternate Benefit Amount \$1,000
Maximum Benefit Amount \$25,000

Class 4

Benefit Amount \$2,000 annually for each eligible **Dependent Child**
Alternate Benefit Amount \$1,000
Maximum Benefit Amount \$25,000

Class 5

Benefit Amount \$2,000 annually for each eligible **Dependent Child**
Alternate Benefit Amount \$1,000
Maximum Benefit Amount \$25,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6036

Emergency Response (Firefighters)

Class 3

Loss of Life Benefit Amount \$65,000 *

This Emergency Response benefit is not subject to Section IV-Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

* We will pay the greater of a) the **Benefit Amount** shown or b) the amount specified under Florida Statute 112.191 (2)(i), or as amended, as of the date of the **Accident**.

BTA6095 (Ed. 10/2010)

Emergency Response (Law Enforcement Officer, Correctional Officer and Correctional Probation Officer)

Class 1

Loss of Life Benefit Amount \$65,000 *

Class 2

Loss of Life Benefit Amount \$65,000 *

Class 4

Loss of Life Benefit Amount \$65,000 *

This Emergency Response (Law Enforcement Officer, Correctional Officer and Correctional Probation Officer) benefit is not subject to Section IV-Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

* We will pay the greater of a) the **Benefit Amount** shown or b) the amount specified under Florida Statute 112.191 (2)(j), or as amended, as of the date of the **Accident**.

BTA6096 (Ed. 10/2010)

Funeral Expense

Class 1

Benefit Amount \$5,000

Class 2

Benefit Amount \$5,000

Class 3

Benefit Amount \$5,000

Class 4

Benefit Amount \$5,000

Class 5

Benefit Amount \$5,000

This **Benefit Amount** is not subject to Section IV-Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6099

Occupational Condition

Class 1

Benefit Amount \$65,000 *

Class 2

Benefit Amount \$65,000 *

Class 3

Benefit Amount \$65,000 *

Class 4

Benefit Amount \$65,000 *

Class 5

Benefit Amount \$65,000 *

This **Benefit Amount** is subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

*We will pay the greater of a) the **Benefit Amount** shown or b) the amount specified under Florida Statute 112.19 (2)(j), or as amended (for law enforcement officers, correctional officers or correctional probation officers) or as specified under Florida Statute 112.191(2) (i), or as amended (for firefighters), as of the date of the **Accident**.

BTA6100 (Ed. 10/2010)

Occupational Hepatitis

Class 1

Benefit Amount 25% of the **Primary Insured Person's Principal Sum** up to a maximum amount of \$50,000 of the **Primary Insured Person's Principal Sum**

Class 2

Benefit Amount 25% of the **Primary Insured Person's Principal Sum** up to a maximum amount of \$50,000 of the **Primary Insured Person's Principal Sum**

Class 3

Benefit Amount 25% of the **Primary Insured Person's Principal Sum** up to a maximum amount of \$50,000 of the **Primary Insured Person's Principal Sum**

Class 4

Benefit Amount 25% of the **Primary Insured Person's Principal Sum** up to a maximum amount of \$50,000 of the **Primary Insured Person's Principal Sum**

Class 5

Benefit Amount 25% of the **Primary Insured Person's Principal Sum** up to a maximum amount of \$50,000 of the **Primary Insured Person's Principal Sum**

This **Benefit Amount** is subject to Section IV-Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6059

Psychological Therapy

Class 1

Benefit Amount 5% of the **Principal Sum** up to a maximum of \$25,000

Class 2

Benefit Amount 5% of the **Principal Sum** up to a maximum of \$25,000

Class 3

Benefit Amount 5% of the **Principal Sum** up to a maximum of \$25,000

Class 4

Benefit Amount 5% of the **Principal Sum** up to a maximum of \$25,000

Class 5

Benefit Amount 5% of the **Principal Sum** up to a maximum of \$25,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6072

Reconstructive Surgery

Class 1

Benefit Amount 5% of the **Principal Sum** up to a maximum of \$25,000

Class 2

Benefit Amount 5% of the **Principal Sum** up to a maximum of \$25,000

Class 3

Benefit Amount 5% of the **Principal Sum** up to a maximum of \$25,000

Class 4

Benefit Amount 5% of the **Principal Sum** up to a maximum of \$25,000

Class 5

Benefit Amount 5% of the **Principal Sum** up to a maximum of \$25,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6076

Spouse Employment Training Expense

Class 1

Benefit Amount \$2,000

Class 2

Benefit Amount \$2,000

Class 3

Benefit Amount \$2,000

Class 4

Benefit Amount \$2,000

Class 5

Benefit Amount \$2,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6082

Temporary Total Disability

Class 2

Benefit Amount \$300

Maximum Benefit Period 104 weeks

Elimination Period 0 days

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6084

Unlawful and Intentional Act

Class 1

Loss of Life Benefit Amount \$190,000 *

Class 2

Loss of Life Benefit Amount \$190,000 *

Class 4

Loss of Life Benefit Amount \$190,000 *

This **Unlawful and Intentional Act** benefit is not subject to Section IV-Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

* **We** will pay the greater of a) the **Benefit Amount** shown or b) the amount specified under Florida Statute 112.191 (2)(j), or as amended, as of the date of the **Accident**.

BTA6098 (Ed. 10/2010)

Section V - Aggregate Limit of Insurance

\$10,000,000 per **Accident**

If more than one (1) **Insured Person** suffers a **Loss** in the same **Accident**, then **We** will not pay more than the Aggregate Limit of Insurance shown above. If an **Accident** results in **Benefit Amounts** becoming

payable, which when totaled, exceed the applicable Aggregate Limit of Insurance shown above, then the Aggregate Limit of Insurance will be divided proportionally among the **Insured Persons**, based on each applicable **Benefit Amount**.

BTA6088

Insurance only applies for the **Classes, Hazards, Benefits and Losses** that are specifically indicated as insured.

BTA6090

Hazards

Business Hazard

Business Hazard means all circumstances, subject to the terms and conditions of this policy, arising from and occurring during the course and scope of the **Primary Insured Person's** employment by the **Policyholder**. **Business Hazard** does not include **Commutation**.

BTA5505

Contract

Section I - Insurance

Subject to all the terms and conditions of this policy and the payment of required premium, We will provide the following insurance:

Accidental Death and Dismemberment

We will pay the applicable **Benefit Amount**, shown in Section IV-B of the Schedule of Benefits, if an **Accident** results in a covered **Loss** not otherwise excluded. The **Accident** must result from an insured **Hazard** and occur while an **Insured Person** is insured under this policy, while it is in force. The covered **Loss** must occur within one (1) year after the **Accident**.

BTA5010

Arson and Unlawful and Intentional Act (Firefighters)

We will pay the **Loss of Life Benefit Amount** for **Arson** and **Unlawful and Intentional Act (Firefighters)** shown in Section IV-C of the Schedule of Benefits, if a **Primary Insured Person** who is employed by the **Policyholder** as a firefighter, suffers an **Accidental Loss of Life** as a result of an:

- 1) act of **Arson**; or
- 2) **Unlawful and Intentional Act**.

The **Benefit Amount** for **Arson** and **Unlawful and Intentional Act (Firefighters)** is payable in addition to any other applicable **Benefit Amounts** under this policy.

Limitation on Arson and Unlawful and Intentional Act (Firefighters)

Insurance under this **Arson** and **Unlawful and Intentional Act** benefit does not apply to a **Primary Insured Person** if that **Primary Insured Person** commits the **Arson** or **Unlawful and Intentional Act**.

BTA5215 (Ed 10/2010)

Burn Benefit

We will pay up to the **Maximum Benefit Amount** for **Burns**, shown in Section IV - C of the Schedule of Benefits, if an **Accidental Bodily Injury** causes an **Insured Person** to be **Burned**. The **Benefit Amount** for **Burn** is determined by multiplying the percentage of the body surface actually **Burned** by the **Maximum Benefit Amount** for **Burn**. The attending **Physician** will determine the percentage applicable to each **Burn**.

The **Maximum Benefit Amount** for **Burn** is payable in addition to any other applicable **Benefit Amounts** under this policy.

BTA5014

Child Care Expense

We will reimburse **Child Care Expenses** up to the **Benefit Amount** for **Child Care Expense**, shown in Section IV-C of the Schedule of Benefits, if **Accidental Bodily Injury** causes a **Primary Insured Person's** covered **Loss of Life**. The **Benefit Amount** for **Child Care Expense** is payable in addition to any other applicable **Benefit Amounts** payable under this policy.

This insurance applies only if the **Primary Insured Person** has a **Dependent Child** under the age of thirteen (13) years for whom **Child Care Expenses** are incurred within 365 days of a **Primary Insured Person's** covered **Loss of Life**.

We will reimburse **Child Care Expenses** for each eligible **Dependent Child**. However, **Our** total payment will not exceed the **Maximum Benefit Amount** for **Child Care Expense** shown in Section IV-C of the Schedule of Benefits, regardless of the number of **Dependent Children** for whom payment is made.

If, on the date of a **Primary Insured Person's** covered **Loss of Life**, a **Primary Insured Person** has insurance under this policy for a **Dependent Child**, but does not have any **Dependent Child** eligible for **Child Care Expense** payments, then **We** will pay the Alternate **Benefit Amount**, shown in Section IV-C of the Schedule of Benefits. If **We** pay this Alternate **Benefit Amount**, then **We** will not make any further payments for **Child Care Expense**.

Child Care Expenses shall be paid to the natural person who incurs such expenses for the **Dependent Child**. The Alternate **Benefit Amount** in lieu of **Child Care Expense** reimbursement shall be paid as stated in the Beneficiary provision of Section VIII- General Provisions of the Contract.

BTA5020

COBRA Premium Expense

We will reimburse **COBRA Premium Expense** up to the **Benefit Amount** for **COBRA Premium Expense**, shown in Section IV-C of the Schedule of Benefits, if **Accidental Bodily Injury** causes a **Primary Insured Person's** covered **Loss of Life**. The **Benefit Amount** for **COBRA Premium Expense** is payable in addition to any other applicable **Benefit Amounts** payable under this policy.

This insurance applies only if the **Primary Insured Person** has a **Spouse** or **Dependent Child**:

- 1) who is eligible under **COBRA** to continue group medical or group dental insurance under a group medical or group dental plan provided through the **Policyholder** within the time period prescribed by **COBRA**; and
- 2) who elects to continue group medical or group dental insurance under a group medical or group dental plan provided through the **Policyholder** within the time period prescribed by **COBRA**.

We will reimburse **COBRA Premium Expense** to the natural person who incurs the expense. We will reimburse the cost of **COBRA Premium Expense** on an annual basis until the earliest of:

- 1) the date the **Policyholder** ceases to provide a group medical or group dental plan;
- 2) the date the surviving **Spouse** or **Dependent Child**:
 - a) terminates **COBRA** elections;
 - b) becomes covered under any other medical or dental plan without an applicable pre-existing condition exclusion;
 - c) becomes eligible for Medicare; or
 - d) fails to make timely payment for **COBRA Premium Expense**;
- 3) the date **Our** total payments in any consecutive twelve (12) month period for **COBRA Premium Expense** equal the Annual Maximum Amount for **COBRA Premium Expense** shown in Section IV-C of the Schedule of Benefits; or
- 4) thirty-six (36) months from the date of the **Primary Insured Person's** covered **Loss of Life**.

BTA5022

Coma

We will pay the **Benefit Amount** for **Coma**, shown in Section IV-C of the Schedule of Benefits, if **Accidental Bodily Injury** causes an **Insured Person** to:

- 1) lapse into a **Coma** within thirty (30) days after the **Accident**;
- 2) remain in a **Coma** for thirty (30) consecutive days; and
- 3) be confined to a **Hospital** or other licensed facility to receive **Medically Necessary** treatment for **Coma**, prescribed and supervised by a **Physician**, within the first thirty (30) days following the **Accident**.

The **Benefit Amount** for **Coma** will be the percentage of the **Insured Person's Principal Sum**, shown in Section IV-C of the Schedule of Benefits. The **Benefit Amount** for **Coma** is payable monthly subject to the Maximum **Benefit Amount** for **Coma** shown in Section IV-C of the Schedule of Benefits.

Brief lapses from **Coma** will not be considered an interruption of the consecutive thirty (30) day period, or cause a discontinuance in **Our** payment, if the lapses and subsequent **Coma** recurrences are due to the same **Accident**.

The **Coma** monthly payment will be made until the earliest of the date:

- 1) the **Insured Person** dies;
- 2) the **Insured Person** is no longer in a **Coma**; or
- 3) total payments equal the Maximum **Benefit Amount** for **Coma**, shown in Section IV-C of the Schedule of Benefits.

If an **Insured Person** dies within 365 days after the **Accident**, then We will pay a lump sum equal to the **Insured Person's Principal Sum**, less any **Benefit Amount** for **Coma** already paid.

BTA5024

Education Expense

We will reimburse **Education Expense** up to the **Benefit Amount** for **Education Expense**, shown in Section IV-C of the Schedule of Benefits, if **Accidental Bodily Injury** causes a **Primary Insured Person's** covered **Loss of Life**. The **Benefit Amount** for **Education Expense** is payable in addition to any other applicable **Benefit Amounts** under this policy.

This insurance applies only if the **Primary Insured Person** has a **Dependent Child** at the time of a covered **Loss of Life** who:

- 1) is enrolled as a full-time student at an **Institution of Higher Learning** on the date of the **Primary Insured Person's** covered **Loss of Life**; or
- 2) subsequently enrolls as a full-time student at an **Institution of Higher Learning** within three hundred sixty-five (365) days following the date of the **Primary Insured Person's** covered **Loss of Life**; and
- 3) incurs **Education Expense**.

We will make **Education Expense** payments for each eligible **Dependent Child**. However, **Our** total annual payment for each **Dependent Child** will not exceed the annual **Benefit Amount** for **Education Expense**, shown in Section IV-C of the Schedule of Benefits. Our **Education Expense** payment is limited to four (4) consecutive years for each **Dependent Child**. In no event will **Our** total payment exceed the **Maximum Benefit Amount** shown in Section IV - C of the Schedule of Benefits.

If, on the date of a **Primary Insured Person's** covered **Loss of Life**, a **Primary Insured Person** has insurance under this policy for a **Dependent Child**, but does not have any **Dependent Child** eligible for **Education Expense** payments, then We will pay the Alternate **Benefit Amount** shown in Section IV-C of

the Schedule of Benefits. If **We** pay this Alternate **Benefit Amount**, then **We** will not make any further payments for **Education Expense**.

The **Benefit Amount** for **Education Expense** shall be paid to the natural person who incurs the expense. The Alternate **Benefit Amount** in lieu of **Education Expense** reimbursement shall be paid as stated in the Beneficiary provision under Section VIII- General Provisions of the Contract.

BTA5028

Emergency Response (Firefighters)

We will pay the **Loss of Life Benefit Amount for Emergency Response** (Firefighters), shown in Section IV-C of the Schedule of Benefits, if a **Primary Insured Person** who is employed by the **Policyholder** as a firefighter, suffers an **Accidental Loss of Life** as a result of the **Primary Insured Person's** response to an emergency involving the protection of life or property.

The **Benefit Amount** for Emergency Response (Firefighters) is payable in addition to any other applicable **Benefit Amounts** under this policy.

BTA5213 (Ed. 10/2010)

Emergency Response (Law Enforcement Officer, Correctional Officer and Correctional Probation Officer)

We will pay the **Loss of Life Benefit Amount** for Emergency Response (Law Enforcement Officer, Correctional Officer and Correctional Probation Officer), shown in Section IV-C of the Schedule of Benefits, if a **Primary Insured Person** who is employed by the **Policyholder** as a law enforcement officer, correctional officer or correctional probation officer, suffers an **Accidental Loss of Life** as a result of:

- 1) the **Primary Insured Person** responding to a **Fresh Pursuit**;
- 2) the **Primary Insured Person** responding to an emergency;
- 3) the **Primary Insured Person** responding to the scene of a traffic accident; or
- 4) the **Primary Insured Person** enforcing a traffic or law ordinance.

The **Benefit Amount** for Emergency Response (Law Enforcement Officer, Correctional Officer and Correctional Probation Officer) is payable in addition to any other applicable **Benefit Amounts** under this policy.

BTA5214 (Ed. 10/2010)

Funeral Expense

We will pay up to the **Benefit Amount** for funeral expense, shown in Section IV-C of the Schedule of Benefits, if a **Primary Insured Person** who is employed by the **Policyholder** as a law enforcement officer, correctional officer or correctional probation officer, suffers an **Accidental Loss of Life** while in the line of duty as the result of an act of violence inflicted directly upon the **Primary Insured Person** by another person. The **Benefit Amount** for funeral expense is payable in addition to any other applicable **Benefit Amounts** under this policy.

BTA5217FM

Occupational Condition

We will pay the **Benefit Amount** shown in Section IV-C of the Schedule of Benefits if:

- 1) a **Primary Insured Person** who is employed by the **Policyholder** as a firefighter, law enforcement officer, correctional officer or correctional probation officer dies due to tuberculosis, heart disease, or hypertension. The tuberculosis, heart disease, or hypertension shall be presumed to be **Accidental** and suffered in the line of duty unless the contrary is shown by competent evidence. However, if a **Primary Insured Person** who is a firefighter, law enforcement officer, correctional officer or correctional probation officer successfully passed a physical examination upon entering into service, and that examination failed to reveal evidence of any such condition, such **Primary Insured Person** shall be presumed to have contracted the condition in the line of duty; or
- 2) a **Primary Insured Person** who is employed by the **Policyholder** as a firefighter, law enforcement officer, correctional officer or correctional probation officer, emergency medical technician or paramedic suffers impairment of health that is caused by exposure to a toxic substance that requires medical treatment and that results in death. The exposure to a toxic substance shall be presumed to be **Accidental** and suffered in the line of duty if there is a preponderance of evidence establishing that exposure to the specific substance involved, at the levels to which the **Primary Insured Person** was exposed, can the injury or diseases sustained. To be entitled to this benefit, the definitions and requirements of Florida statute 112.1815, as amended, must be met; or
- 3) a **Primary Insured Person** who is employed by the **Policyholder** as a firefighter, law enforcement officer, correctional officer or correctional probation officer, emergency medical technician or paramedic suffers complications from a smallpox vaccination that requires medical treatment and that results in death. To be entitled to this benefit, the definitions and requirements of Florida statute 112.1815, as amended, must be met

With respect to this Occupational Condition benefit only, the Disease or Illness Exclusion in Section VI - General Exclusions of the Contract does not apply.
BTA5218 (Ed. 1/2010)

Occupational Hepatitis

We will pay the **Primary Insured Person** the **Benefit Amount** for Occupational Hepatitis, shown in Section IV-C of the Schedule of Benefits, if **Occupational Injury** causes the **Primary Insured Person** to be **Hepatitis-seropositive** no sooner than 72 hours but no later than 180 days after the date of such **Occupational Injury**.

The **Primary Insured Person** must:

- 1) report any **Occupational Injury** in writing to the **Policyholder** and employer, if different from the **Policyholder**. The report must be made within 72 hours after the **Occupational Injury**. A copy of the workers' compensation report must be submitted to the **Company** within thirty (30) days after the **Occupational Injury** giving rise to the claim.
- 2) submit to hepatitis testing at a laboratory or similar facility licensed to perform such testing within 72 hours after the **Occupational Injury**. If the test results indicate the **Primary Insured Person** to be **Hepatitis-seropositive**, then the hepatitis virus will be deemed to have been present before the **Occupational Injury** and insurance under this policy does not apply.

If the test results indicate the **Primary Insured Person** to be **Hepatitis-seronegative**, then the hepatitis virus was not present before the **Occupational Injury** and the **Primary Insured Person** must resubmit to hepatitis testing no sooner than 150 nor more than 180 days after the **Occupational Injury** at a laboratory or similar facility licensed to perform such testing. If the retesting indicates the **Primary Insured Person** to be **Hepatitis-seropositive**, then insurance under this policy applies. If the retesting indicates the **Primary Insured Person** to be **Hepatitis-seronegative**, then insurance under this policy does not apply.

The **Company** will not pay for any expenses incurred for testing, unless required by law.

Failure to comply with the above reporting and testing procedures will invalidate this insurance.

Limitations on Occupational Hepatitis

The **Benefit Amount** for Occupational Hepatitis insurance does not apply to loss caused by or resulting from, directly or indirectly, any of the following:

A **Primary Insured Person's Hepatitis-seropositivity** that is:

- 1) first diagnosed prior to the date such **Primary Insured Person** became insured under this policy;
- 2) directly related to any signs or symptoms of hepatitis infection for which such **Primary Insured Person** sought medical treatment prior to becoming insured under this policy;
- 3) not caused by a documented **Occupational Injury**;
- 4) an **Occupational Injury** that occurs prior to the date the **Primary Insured Person** became insured under this policy.

BTA5051

Psychological Therapy Expense

We will reimburse **Psychological Therapy Expense** up to the **Benefit Amount** for **Psychological Therapy Expense**, shown in Section IV-C of the Schedule of Benefits, if an **Accidental Bodily Injury** causes an **Insured Person** to suffer a covered **Loss** resulting in a **Physician's** determination that **Psychological Therapy** is required for:

- 1) such **Insured Person**; or
- 2) a **Dependent**.

The **Benefit Amount** for **Psychological Therapy Expense** is payable on an excess basis. We will determine the charge for the **Psychological Therapy Expense**. We will then reduce that amount by amounts already paid or payable by any **Other Plan**. We will pay the resulting **Benefit Amount**, but in no event will We pay more than the **Benefit Amount** for **Psychological Therapy Expense** shown in Section IV-C of the Schedule of Benefits.

The **Benefit Amount** for **Psychological Therapy Expense** will be paid:

- 1) to the natural person who incurs the expense; and
- 2) in addition to any other applicable **Benefit Amounts** under this policy.

The **Benefit Amount** for **Psychological Therapy Expense** will be paid until the earlier of the date on which:

- 1) the total **Benefit Amount** for **Psychological Therapy Expense**, shown in Section IV-C of the Schedule of Benefits, has been paid; or
- 2) two (2) years have elapsed from the date of a covered **Loss**.

BTA5062

Reconstructive Surgery

We will reimburse **Reasonable and Customary Charges** incurred by an **Insured Person** for Reconstructive Surgery up to the **Benefit Amount** for Reconstructive Surgery shown in Section IV-C of the Schedule of Benefits, if a **Physician** determines Reconstructive Surgery is **Medically Necessary** for an **Insured Person** because of a covered **Accidental Bodily Injury**.

The **Benefit Amount** for Reconstructive Surgery is payable on an excess basis. We will determine the charge for the Reconstructive Surgery. We will then reduce that amount by amounts already paid or payable by any **Other Plan**. We will pay the resulting **Benefit Amount**, but in no event will We pay more than the **Benefit Amount** for Reconstructive Surgery shown in Section IV-C of the Schedule of Benefits.

The **Benefit Amount** for Reconstructive Surgery is payable in addition to any other applicable **Benefit Amounts** under this policy. We will pay the **Benefit Amount** for Reconstructive Surgery to the natural person who incurs the expense.

BTA5064

Spouse Employment Training Expense

We will reimburse **Spouse Employment Training Expense** up to the **Benefit Amount** for **Spouse Employment Training Expense**, shown in Section IV-C of the Schedule of Benefits, if **Accidental Bodily Injury** causes a **Primary Insured Person's** covered **Loss of Life**. The **Benefit Amount** for **Spouse Employment Training Expense** is payable in addition to any other applicable **Benefit Amounts** under this policy. We will pay the **Benefit Amount** for **Spouse Employment Training Expense** to the natural person who incurs the expense.

This insurance applies only if the surviving **Spouse** incurs **Employment Training Expense** within three (3) years following the date of the **Primary Insured Person's** covered **Loss of Life**.

In no event will **Our** total payment exceed the **Benefit Amount** for **Spouse Employment Training Expense**, shown in Section IV-C of the Schedule of Benefits.

BTA5072

Temporary Total Disability

We will pay the Weekly **Benefit Amount** for **Temporary Total Disability**, after the **Elimination Period**, both shown in Section IV-C of the Schedule of Benefits, if **Accidental Bodily Injury** causes a **Primary Insured Person** to suffer **Temporary Total Disability**. The Weekly **Benefit Amount** for **Temporary Total Disability** will be paid in addition to any other applicable **Benefit Amounts** under this policy. The Weekly **Benefit Amount** for **Temporary Total Disability** will be paid until the earliest of the date on which:

- 1) the **Primary Insured Person** dies;
- 2) the **Primary Insured Person** fails to provide **Us** with satisfactory evidence of a continuing **Temporary Total Disability**;
- 3) the **Primary Insured Person** no longer has a **Temporary Total Disability**; or
- 4) the Maximum Benefit Period shown in Section IV-C of the Schedule of Benefits has ended.

The Weekly **Benefit Amount** for **Temporary Total Disability** shall be subject to the following conditions:

- 1) the Weekly **Benefit Amount** for **Temporary Total Disability** shall be excess of any other valid and collectible benefits under any **Other Plan**; and
- 2) the total payments to the **Primary Insured Person** for **Temporary Total Disability** from all sources, including the Weekly **Benefit Amount** for **Temporary Total Disability** and any other benefits, as stated in 1) above, shall not exceed 80% of the **Primary Insured Person's** earned income. If the total payments to the **Primary Insured Person** exceed 80% of the **Primary Insured Person's** earned income, then no Weekly **Benefit Amount** for **Temporary Total Disability** will be payable to the **Primary Insured Person** by **Us**. If the total payments to the **Primary Insured Person** fall to 80% or less of the **Primary Insured Person's** earned income, then the Maximum Benefit Period for any Weekly **Benefit Amount** for **Temporary Total Disability** that **We** pay will be reduced by the number of weeks for which no Weekly **Benefit Amount** for **Temporary Total Disability** was payable by **Us**.

Periods of **Temporary Total Disability** separated by less than 14 consecutive days of return to work will be considered one period of **Temporary Total Disability**, unless due to separate and unrelated causes. No additional **Elimination Period** will be required. However, the Maximum Benefit Period shown in Section IV-C of the Schedule of Benefits will be reduced by the number of weeks for which benefits have already been paid including, but not limited to the Weekly **Benefit Amount** for **Temporary Total Disability**.

Limitations on Temporary Total Disability

No Weekly **Benefit Amount** for **Temporary Total Disability** shall be paid for any period of time during which the **Primary Insured Person** is not under the continuous care of a **Physician**.

BTA5074 (Ed. 7/06)

Unlawful and Intentional Act

We will pay the **Loss of Life Benefit Amount** for **Unlawful and Intentional Act**, shown in Section IV-C of the Schedule of Benefits, if a **Primary Insured Person** who is employed by the **Policyholder** as a law enforcement officer, correctional officer or correctional probation officer, suffers an **Accidental Loss of Life** as a result of an **Unlawful and Intentional Act**.

The **Benefit Amount** for **Unlawful and Intentional Act** is payable in addition to any other applicable **Benefit Amounts** under this policy.

Limitation on Unlawful and Intentional Act

Insurance under this **Unlawful and Intentional Act** Benefit does not apply to a **Primary Insured Person** if that **Primary Insured Person** commits the **Unlawful and Intentional Act**.

BTA5216 (Ed. 10/2010)

Section II - Eligibility, Effective Date and Termination

Eligibility

A person becomes insured under this policy if:

- 1) such person is a member of an eligible **Class of Insured Persons** as shown in Section I of the Schedule of Benefits;
- 2) such person has completed any required Qualification Period as shown in Section II of the Schedule of Benefits; and
- 3) the required premium for such person has been paid.

BTA5080

Effective Date of Insurance for an Insured Person

Insurance for an **Insured Person** becomes effective on the latest of:

- 1) the effective date of this policy;
- 2) the date on which such person first meets the eligibility criteria as an **Insured Person**; or
- 3) the beginning of the period for which required premium is paid for such **Insured Person**.

BTA5082

Termination of Insurance for an Insured Person

Insurance for an **Insured Person** automatically terminates on the earliest of:

- 1) the termination date of this policy;
- 2) the expiration of the period for which required premium has been paid for such **Insured Person**;
- 3) the date on which a person no longer meets the eligibility criteria as an **Insured Person**.

BTA5084

Section III - Extensions Of Insurance

Extensions of Insurance are subject to the provisions of Section I-Insurance of the Contract, and all other policy terms and conditions.

Disappearance

If an **Insured Person** has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any **Conveyance** in which an **Insured Person** was an occupant at the time of the **Accident**, then it will be assumed, subject to all other terms and conditions of this Policy, that an **Insured Person** has suffered **Loss of Life** insured under this policy.

BTA5088

Exposure

Accident includes unavoidable exposure to elements arising from an insured **Hazard**.

BTA5090FL

Section IV - Maximum Payment for Multiple Losses and Multiple Benefits

For any **Benefit Amount** identified as subject to this provision in the Schedule of Benefits, payment of such **Benefit Amount** will reduce the **Principal Sum**. If, subject to all the terms and conditions of this policy, an **Insured Person** is entitled to receive payment of multiple **Benefit Amounts** as the result of one (1) **Accident**, then the maximum **We** will pay for all benefits shall not exceed the **Principal Sum**.

For any **Benefit Amount** identified as not subject to this provision in the Schedule of Benefits, payment of such **Benefit Amount** will be in addition to any **Principal Sum** payable under this policy.

If, subject to all the terms and conditions of this policy, an **Insured Person** suffers multiple covered **Losses** as the result of one (1) **Accident**, then **We** will only pay the single largest **Benefit Amount** applicable to all such covered **Losses**.

For the purposes of this provision the definition of **Loss** includes paralysis, **Coma**, **Occupational Hepatitis**, **Occupational Condition**.

BTA5092

Section V - Territory

This insurance applies worldwide.

BTA5094

Section VI - General Exclusions

The following exclusions apply to all benefits or Hazards under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits or Hazards. Please read this entire policy carefully.

Aircraft Pilot or Crew

This insurance does not apply to any **Accident, Accidental Bodily Injury or Loss** caused by or resulting from, directly or indirectly, a **Primary Insured Person** being in, entering, or exiting any aircraft while acting or training as a pilot or crew member.

This exclusion shall not apply:

- 1) to a **Primary Insured Person** being in, entering, or exiting the **Policyholder's Owned Aircraft, Leased Aircraft or Operated Aircraft** while such **Primary Insured Person** is acting or training as a pilot or crew member by or on behalf of the **Policyholder**, but only if such **Primary Insured Person** is certified and licensed by a governmental authority with competent jurisdiction to operate or serve as crew on such **Owned Aircraft, Leased Aircraft or Operated Aircraft** .
- 2) to passengers who temporarily perform pilot or crew functions in a life threatening emergency.

BTA5100 (Ed. 7/06)

Disease or Illness

This insurance does not apply to any **Accident, Accidental Bodily Injury or Loss** caused by or resulting from, directly or indirectly, an **Insured Person's** emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof.

This exclusion does not apply to an **Insured Person's** bacterial infection caused by an **Accident** or by **Accidental** consumption of a substance contaminated by bacteria.

BTA5102 (Ed. 7/06)

Incarceration

This insurance does not apply to any **Accident, Accidental Bodily Injury or Loss** caused by or resulting from, directly or indirectly any occurrence while an **Insured Person** is incarcerated after conviction.

BTA5106

Service in the Armed Forces

This insurance does not apply to any **Accident, Accidental Bodily Injury or Loss** caused by or resulting from, directly or indirectly, an **Insured Person** participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.

BTA5116

Specialized Aviation

This insurance does not apply to any **Accident, Accidental Bodily Injury or Loss** caused by or resulting from, directly or indirectly, an **Insured Person** traveling or flying on any aircraft engaged in **Specialized Aviation Activities**.

BTA5118

Suicide or Intentional Injury

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** caused by or resulting from, directly or indirectly, an **Insured Person's** suicide, attempted suicide or intentionally self-inflicted injury.

BTA5120

Trade Sanctions

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** when:

- 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any **Accident, Accidental Bodily Injury** or **Loss**; or
- 2) there is any other legal prohibition against providing insurance of any **Accident, Accidental Bodily Injury** or **Loss**.

BTA5122

War

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** caused by or resulting from, directly or indirectly, a declared or undeclared **War**.

BTA5126

Section VII - Definitions

For the purpose of these definitions, the singular includes the plural and the plural includes the singular, unless otherwise noted.

Accident or Accidental

Accident or **Accidental** means a sudden, unforeseen and unexpected event happening by chance.

BTA5600FL

Accidental Bodily Fluid Exposure

Accidental Bodily Fluid Exposure means the occurrence of any of the following documented incidents that may place a **Primary Insured Person** at risk of Hepatitis:

- 1) a percutaneous injury such as a needlestick, bite or cut with a sharp object;
- 2) contact of mucous membranes or skin with blood, tissues or other bodily fluids; or
- 3) similar degrees of exposure to other bodily fluids.

BTA5605

Accidental Bodily Injury

Accidental Bodily Injury means bodily injury, which:

- 1) is **Accidental**;
- 2) is the direct cause of a loss;
- 3) is independent of disease, illness or other cause; and
- 4) occurs while an **Insured Person** is insured under this policy, which is in force.

Accidental Bodily Injury does not mean a **Repetitive Motion Injury**.

BTA5602FL (Ed. 7/06)

Arson

Arson means the willful and unlawful causing of damage to any structure, or the contents thereof, through the use of fire or explosion. The **Arson** must be confirmed in writing by a police, fire or **Arson** investigator's report.

BTA5870

Benefit Amount

Benefit Amount means the amount stated in the Schedule of Benefits for this policy which applies:

- 1) at the time of an **Accident**;
- 2) to an **Insured Person**; and
- 3) for the applicable **Hazard**.

BTA5612

Burn or Burned

Burn or Burned means a third degree burn, according to the Rule of Nines or the Lund-Browder Chart, caused by a source that is thermal, chemical, electrical or nuclear.

BTA5620

Child Care Expense

Child Care Expense means the actual incurred costs for the care and supervision of an **Insured Person's Dependent Child** who is less than age thirteen (13).

BTA5630

Class

Class means the categories of **Insured Persons** described in Section I of the Schedule of Benefits.

BTA5628

Coma

Coma means a profound state of unconsciousness, as determined by a **Physician** according to the Glasgow Coma Scale, from which an **Insured Person** cannot be aroused to consciousness even by powerful stimulation.

BTA5632

COBRA

COBRA means the U.S. Consolidated Omnibus Budget Reconciliation Act of 1985, as amended.
BTA5634

COBRA Premium Expense

COBRA Premium Expense means the actual cost of premium charged and paid for the **Dependent's** election to continue group medical or dental insurance under a group medical or dental plan provided through the **Policyholder** up to the maximum allowed by **COBRA**.
BTA5636

Commutation

Commutation means travel between a **Primary Insured Person's** residence and regular place of employment.
BTA5646

Company

Company means FEDERAL INSURANCE COMPANY.
BTA5648

Conveyance

Conveyance means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.
BTA5650

Dependent

Dependent means a **Dependent Child, Spouse** of a **Primary Insured Person**.

BTA5660

Dependent Child

Dependent Child means a **Primary Insured Person's** unmarried child from the moment of birth, including a natural child, grandchild, stepchild, foster child or adopted child from the date of placement with a **Primary Insured Person**. The **Dependent Child** must be primarily dependent upon such **Primary Insured Person** for maintenance and support, and must be:

- 1) under the age of twenty-six (26);
- 2) under the age of twenty-six (26) and enrolled as a full-time or part time student at an **Institution of Higher Learning**; or
- 3) classified as **Incapacitated Dependent Child**.

BTA5662FL

Education Expense

Education Expense means the actual cost incurred for tuition, fees, or room and board billed by an **Institution of Higher Learning**. **Education Expense** also means costs for required books or course supplies but shall not include any amount reimbursed from any other source.

BTA5668

Elimination Period

Elimination Period means the consecutive amount of time, shown in Section IV-C of the Schedule of Benefits, that must elapse before a **Benefit Amount** becomes payable. The **Elimination Period** begins on the first day of an **Insured Person's Loss**. **Benefit Amounts** are not payable, nor do they accrue, during an **Elimination Period**.

BTA5670

Fresh Pursuit

Fresh Pursuit means the pursuit of a person who has committed or is reasonably suspected of having committed a felony, misdemeanor, traffic infraction, or violation of a county or municipal ordinance.

BTA5869

Gainful Occupation

Gainful Occupation means an occupation, including self employment, that is or can be expected to provide an **Insured Person** with an income equal to at least 60% of the **Insured Person's** monthly earnings within twelve (12) months after the **Insured Person's** return to work.

BTA5688

Hazard

Hazard means the circumstances for which this insurance is provided as stated in Section III of the Schedule of Benefits and described in the **Hazard** Section of this policy.

BTA5696

Hemiplegia

Hemiplegia means complete and irreversible loss of all motion and all practical use of one arm and one leg on the same side of the body that lasts longer than 365 days as determined by a **Physician** approved by Us.

BTA5702

Hepatitis-seronegative

Hepatitis-seronegative means a **Primary Insured Person's** blood exhibits no antibodies, viruses or antigens sufficient to diagnose viral hepatitis, not including Type A hepatitis, using current criteria published by the U.S. Centers for Disease Control and Prevention.

BTA5703

Hepatitis-seropositive or Hepatitis-seropositivity

Hepatitis-seropositive or Hepatitis-seropositivity means a **Primary Insured Person's** blood exhibits antibodies, viruses or antigens sufficient to diagnose viral hepatitis, not including Type A hepatitis, using current criteria published by U.S. Centers for Disease Control and Prevention.

BTA5705

Hospital

Hospital means a public or private institution which:

- 1) is licensed in accordance with the laws of the jurisdiction where it is located;
- 2) is accredited by the Joint Commission on Accreditation of Hospitals;
- 3) operates for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- 4) provides organized facilities for diagnosis and medical or surgical treatment;
- 5) provides twenty-four (24) hour nursing care;
- 6) has a **Physician** or staff of **Physicians**; and
- 7) is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

BTA5712

Immediate Family Member

Immediate Family Member means an **Insured Person's**:

- 1) **Spouse**;
- 2) children including adopted children and stepchildren;
- 3) legal guardians or wards;
- 4) siblings or siblings-in-law;
- 5) parents or parents-in-law;
- 6) grandparents or grandchildren;
- 7) aunts or uncles;
- 8) nieces and nephews.

Immediate Family Member also means a **Spouse's** children, including adopted children and stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

BTA5716

Incapacitated Dependent Child

Incapacitated Dependent Child means a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently dependent on a **Primary Insured Person** for support and maintenance. The incapacity must have occurred while the child was under the age of twenty-six (26).

BTA5718FL

Institution of Higher Learning

Institution of Higher Learning means any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade.

BTA5724

Insured Person

Insured Person means a person, qualifying as a **Class** member under Section I of the Schedule of Benefits:

- 1) who elects insurance; or
- 2) for whom insurance is elected,
- 3) and on whose behalf premium is paid.

BTA5728

Leased Aircraft

Leased Aircraft means an aircraft not owned by the **Policyholder**, which is subject to a written lease agreement between the **Policyholder** and the lessor. The **Policyholder** uses the aircraft as it wishes for the term of the written lease agreement. The **Policyholder** cannot alter or sell the aircraft without the consent of the lessor. **Leased Aircraft** does not include aircraft which are chartered for single trips.

BTA5730 (Ed. 7/06)

Loss

Loss means **Accidental**:

- Loss of Foot**
- Loss of Hand**
- Loss of Hearing**
- Loss of Life**
- Loss of Sight**
- Loss of Sight of One Eye**
- Quadriplegia**
- Paraplegia**
- Hemiplegia**
- Loss of Speech**
- Uniplegia**
- Loss of Thumb and Index Finger**

Loss must occur within one (1) year after the **Accident**.

BTA5732

Loss of Foot

Loss of Foot means the complete severance of a foot through or above the ankle joint. **We** will consider such severance a **Loss of Foot** even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.

BTA5734

Loss of Hand

Loss of Hand means complete severance, as determined by a **Physician**, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. **We** will consider such severance a **Loss of Hand** even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.

BTA5736

Loss of Hearing

Loss of Hearing means permanent, irrecoverable and total deafness, as determined by a **Physician**, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a **Physician**.

BTA5738

Loss of Life

Loss of Life means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an **Accident**.

BTA5740

Loss of Sight

Loss of Sight means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a **Physician**.

BTA5742

Loss of Sight of One Eye

Loss of Sight of One Eye means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a **Physician**.

BTA5744

Loss of Speech

Loss of Speech means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a **Physician**.

BTA5748

Loss of Thumb and Index Finger

Loss of Thumb and Index Finger means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a **Physician**. **We** will consider such severance a **Loss of Thumb and Index Finger** even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.

BTA5750

Medically Necessary

Medically Necessary means a medical or dental service, supply or course of treatment which:

- 1) is ordered or prescribed by a **Physician**;
- 2) is appropriate and consistent with the patient's diagnosis;
- 3) is in accord with current accepted medical or dental practice; and
- 4) could not be eliminated without adversely affecting the patient's condition.

BTA5758

Medical Services

Medical Services means **Medically Necessary** services, including but not limited to:

- 1) medical care and treatment by a **Physician**;
- 2) **Hospital** room and board and **Hospital** care, both inpatient and outpatient;
- 3) drugs and medicines required and prescribed by a **Physician**;
- 4) diagnostic tests and x-rays prescribed by a **Physician**;
- 5) transportation of an **Insured Person** in an emergency transportation vehicle from the location where such **Insured Person** becomes injured to the nearest **Hospital** where appropriate medical treatment can be obtained;
- 6) dental care and treatment due to **Accidental Bodily Injury**;
- 7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy;
- 8) treatment performed by a licensed medical professional when prescribed by a **Physician**, if hospitalization would have been otherwise required;
- 9) rental of durable medical equipment;
- 10) artificial limbs and other prosthetic devices;
- 11) orthopedic appliances or braces.

BTA5760 (Ed. 7/06)

Occupational Condition

Occupational Condition means impairment of health caused by meningitis, tuberculosis, heart disease, or hypertension.

BTA5872

Occupational Injury

Occupational Injury means an **Accidental Bodily Fluid Exposure** sustained by a **Primary Insured Person** during the Policy Period and while such **Primary Insured Person** is performing duties as a firefighter, law enforcement officer, correctional officer or correctional probation officer or first responder in his or her capacity as an employee of the **Policyholder**.

BTA5766

Operated Aircraft

Operated Aircraft means any aircraft not owned by the **Policyholder** but over which the **Policyholder** exercises control. **Operated Aircraft** includes an aircraft for which the **Policyholder** pays operating expenses.
BTA5768

Other Plan

Other Plan means any other insurance or payment source for **Medical Services** or disability, including but not limited to health coverage, disability insurance, worker's compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance "fault" or "no-fault", employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.
BTA5770

Owned Aircraft

Owned Aircraft means any aircraft to which the **Policyholder** holds legal or equitable title.
BTA5772

Paraplegia

Paraplegia means complete and irreversible loss of all motion and all practical use of both legs that lasts longer than 365 days, as determined by a **Physician** approved by **Us**.
BTA5774

Physician

Physician means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. **Physician** does not include:

- 1) an **Insured Person**;
- 2) an **Immediate Family Member**.

BTA5782

Policyholder

Policyholder means the entity identified in the Insuring Agreement.
BTA5786

Primary Insured Person

Primary Insured Person means an **Insured Person** who:

- 1) has a direct relationship with the **Policyholder**; and
- 2) where applicable, elects insurance under this policy.

BTA5790

Principal Sum

Principal Sum means the amount of insurance appearing in Section IV-A of the Schedule of Benefits applicable to each **Class**.

BTA5792

Proof of Loss

Proof of Loss means written evidence acceptable to Us that an **Accident, Accidental Bodily Injury** or **Loss** has occurred.

BTA5794

Psychological Therapy

Psychological Therapy means **Medically Necessary** counseling for a mental or nervous disorder by a **Physician**, whether on an out-patient basis, in a **Hospital** or any other medical facility licensed to provide such treatment.

BTA5796

Psychological Therapy Expense

Psychological Therapy Expense means **Reasonable and Customary Charges** for **Psychological Therapy**.

BTA5797

Quadriplegia

Quadriplegia means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a **Physician** approved by **Us**.

BTA5798

Reasonable and Customary Charge

Reasonable and Customary Charge means the lesser of:

- 1) the usual charge made by **Physicians** or other health care providers for a given service or supply; or
- 2) the charge **We** reasonably determine to be the prevailing charge made by **Physicians** or other health care providers for a given service or supply in the geographical area where it is furnished.

BTA5804

Repetitive Motion Injury

Repetitive Motion Injury means bursitis, stress fracture, strain, shin splints, Osgood Schlatter Disease, Chondromalacia, stress fractures, tendinitis and Carpal Tunnel Syndrome.

BTA5609

Specialized Aviation Activity

Specialized Aviation Activity means use of a properly certified aircraft for the following:

any flight on a rocket propelled or rocket launched aircraft

Specialized Aviation Activity shall include any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted.

BTA5826 (Ed. 7/06)

Spouse

Spouse means an **Insured Person's** husband or wife or who is recognized as such by the laws of the jurisdiction in which the **Primary Insured Person** resides.

BTA5828

Spouse Employment Training Expense

Spouse Employment Training Expense means the actual costs incurred by a **Spouse** for tuition, fees, room and board billed by an **Institution of Higher Learning**. **Spouse Employment Training Expense** also means costs for required books or course supplies. These costs must be incurred by the **Primary Insured Person's Spouse** to attend an **Institution of Higher Learning** for the purpose of obtaining or refreshing skills needed for employment.

BTA5830

Subsidiary

Subsidiary means any organization in which:

- 1) more than 50% of the outstanding securities or voting rights representing the present right to vote for election of directors is owned or controlled, directly or indirectly, in any combination by the **Policyholder**; or
- 2) the **Policyholder** exercises management control.

BTA5832

Temporary Substitute Aircraft

Temporary Substitute Aircraft means an aircraft equivalent to **Owned Aircraft, Leased Aircraft or Operated Aircraft** with an airworthiness certificate issued by a governmental authority with competent jurisdiction.

BTA5834

Temporary Total Disability

Temporary Total Disability or **Temporarily Totally Disabled** means that **Accidental Bodily Injury** solely and directly:

- 1) prevents a **Primary Insured Person** from performing all the substantial and material duties of such **Primary Insured Person's** regular occupation, or with respect to a **Primary Insured Person** who is unemployed, prevents such **Primary Insured Person** from engaging in the normal and customary activities of a person of like age and sex in good health;
- 2) causes a condition which is medically determined, by a **Physician**, to be continuous; and
- 3) requires the continuous care of a **Physician**.

BTA5836

Uniplegia

Uniplegia means complete and irreversible loss of all motion and all practical use of one arm or one leg that lasts more than 365 days, as determined by a **Physician** approved by **Us**.

BTA5854

Unlawful and Intentional Act

Unlawful and Intentional Act means the willful commitment of a felony, misdemeanor, traffic infraction, or violation of a county or municipal ordinance.

BTA5871

War

War means:

- 1) hostilities following a formal declaration of **War** by a governmental authority;
- 2) in the absence of a formal declaration of **War** by a governmental authority armed, open and continuous hostilities between two countries; or
- 3) armed, open and continuous hostilities between two factions, each in control of territory, or claiming jurisdiction over the geographic area of hostility.

BTA5858

We, Us and Our

We, Us and Our means FEDERAL INSURANCE COMPANY.

BTA5860

Section VIII - General Provisions

Addition of New Insured Persons

Any new person who meets the eligibility criteria for the **Class(es)** described in Section I of the Schedule of Benefits, **Insured Persons**, will automatically be an **Insured Person** under this policy.

BTA5150

Benefit Assignment

An **Insured Person** may assign **Benefit Amounts** other than those for **Loss of Life**. Such assignment must be in writing, signed by the **Insured Person** and filed with the **Policyholder**. The assignment shall be provided to **Us** at the time of claim or at such other time as **We** may require. **We** do not assume the responsibility for the validity of any assignment.

BTA5154

Beneficiary

A) Designation

An **Insured Person** has the right to designate a beneficiary. The **Primary Insured Person** shall have the sole right to designate a beneficiary for any **Dependent Child** who is a minor. All beneficiary designations must be:

- 1) in writing;
- 2) filed with the **Policyholder**; and
- 3) provided to **Us** at the time of claim; or
- 4) at such other time as **We** may require

B) Change

The **Insured Person**, and no one else, unless there is an irrevocable assignment, has the right to change the beneficiary except as set forth above. The **Insured Person** does not need the consent of anyone to do so. All beneficiary changes must be:

- 1) in writing;
- 2) filed with the **Policyholder**; and
- 3) provided to **Us** at the time of claim or at such other time as **We** may require.

We do not assume any responsibility for the validity of these changes.

C) Payment

The **Benefit Amount** for covered **Loss of Life** will be paid to the beneficiary designated by an **Insured Person**. Any **Benefit Amount** payable due to the **Loss of Life** of a **Dependent Child** will be paid to the **Primary Insured Person**, absent any beneficiary designation by the **Dependent Child**.

If an **Insured Person** has not chosen a beneficiary or if there is no beneficiary alive when the **Insured Person** dies, then **We** will pay the **Benefit Amount** for **Loss of Life** to the first surviving party in the following order:

- 1) in equal shares to the **Insured Person's Spouse** surviving children;
- 2) in equal shares to the **Insured Person's** surviving parents;
- 3) in equal shares to the **Insured Person's** surviving brothers and sisters;
- 4) the **Insured Person's** estate.

All other **Benefit Amounts** are paid to the **Insured Person**, unless otherwise directed by an **Insured Person** or an **Insured Person's** designee, or unless otherwise noted in this policy.

If any beneficiary has not reached the legal age of majority, then **We** will pay such beneficiary's legal guardian.

BTA5158FL

Cancellation, Nonrenewal and Grace Period

A) Grace Period

The **Policyholder** is entitled to a grace period of forty-five (45) days from the premium due date for the payment of premium due. This policy will continue in force during the grace period. The grace period does not apply to the first premium payable during this policy term. Failure to pay the first premium on or before the due date will immediately terminate this policy as of inception. **We** are not required to provide notification of such termination.

BTA5160FL

B) Cancellation, Nonrenewal

The **Policyholder** may cancel this policy, or any of its individual insurance benefits, by sending **Us** written notice stating when cancellation is to take effect. The effective date of cancellation may not be earlier than the date notice is postmarked or transmitted.

We may cancel this policy, or any of its individual insurance benefits, if the **Policyholder** fails to pay the premium within the grace period of forty-five (45) days after the premium due date, except for the first premium due during the Policy Period. **We** will send written notice prior to the date of cancellation stating the effective date of cancellation, which will be no earlier than forty-five (45) days after the premium due date.

We may cancel this policy, or any of its individual insurance benefits, for reasons other than nonpayment of premium by sending written notice stating when thereafter such cancellation shall take effect. If this is a multi-year policy, then **We** may cancel the policy, or any of its individual insurance benefits, by sending written notice at least forty-five (45) days prior to the Anniversary Date shown in the Insuring Agreement.

We may nonrenew this policy by sending written notice at least forty-five (45) days before the expiration date of the Policy Period shown in the Insuring Agreement. If **We** fail to provide notice, insurance will remain in effect until the earlier of forty-five (45) days after the date notice is given or until the effective date of replacement coverage.

We will send notice of cancellation or nonrenewal to the **Policyholder** at its last known address. If the notice is mailed, proof of mailing will be considered proof of cancellation or nonrenewal.

The **Policyholder** is required to immediately provide notice of cancellation or nonrenewal to all **Insured Persons**.

The earned premium will be computed on a pro-rata basis. Any unearned premium will be returned to the **Policyholder** as soon as practicable.

BTA5162FL

Certificate

When required by law, **We** will issue to the **Policyholder** for delivery to the **Primary Insured Person** a Certificate of Insurance. The Certificate of Insurance will describe the benefits, exclusions, limitations, and conditions of this policy and state to whom benefits are payable. Any subsequent changes to this policy will also apply to the existing Certificates of Insurance.

BTA5164

Changes

This policy can only be changed by a written endorsement that becomes a part of this policy. The endorsement must be approved by one of **Our** officers and signed by one of **Our** authorized representatives. No agent has the authority to change this policy or waive any of its provisions.

BTA5166

Concealment or Fraud

Insurance under this policy is void if:

- 1) the **Policyholder** or any **Insured Person** has intentionally concealed or misrepresented any material fact relating to this policy before or after a **Loss**; or
- 2) the **Policyholder** or any **Insured Person** files a false report of a **Loss**.

BTA5165

Compliance by Policyholder and Insured Person

We have no duty to provide insurance under this policy unless the **Policyholder**, the **Insured Person** and the beneficiary, if applicable, have fully complied with all the terms and conditions of this policy.

BTA5168

Claim Notice

Written Claim Notice must be given to **Us** or any of **Our** brokers or appointed agents within twenty (20) days after the occurrence or commencement of any **Loss** covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the **Insured Person** and **Policyholder**. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

BTA5170

Claim Forms

When **We** receive notice of a claim, **We** will send the **Insured Person** or the **Insured Person's** designee, within fifteen (15) days, forms for giving **Proof of Loss** to **Us**. If the **Insured Person** or the **Insured Person's** designee does not receive the forms, then the **Insured Person** or an **Insured Person's** designee should send **Us** a written description of the **Loss**. This written description should include information detailing the occurrence, type and extent of the **Loss** for which the claim is made.

BTA5172

Claim Proof of Loss

For claims involving disability, complete **Proof of Loss** must be given to **Us** within thirty (30) days after commencement of the period for which **We** are liable. Subsequent written proof of the continuance of such disability must be given to **Us** at such intervals as **We** may reasonably require.

Failure to give complete **Proof of Loss** within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete **Proof of Loss**, except in cases where the claimant lacks legal capacity.

For all claims except those involving disability, complete **Proof of Loss** must be given to **Us** within ninety (90) days after the date of **Loss**, or as soon as reasonably possible.

BTAS174

Time of Payment of Claims

For benefits payable involving disability, **We** will pay the **Insured Person** the applicable **Benefit Amount** no less frequently than monthly during the period for which **We** are liable. All payments by **Us** are subject to receipt of complete **Proof of Loss**.

For all benefits payable under this policy except those for disability, **We** will pay the **Insured Person** or beneficiary the applicable **Benefit Amount** as soon as **We** receive complete **Proof of Loss** if the **Insured Person**, the **Policyholder** and the beneficiary, where applicable, have complied with all the terms of this policy. If a claim is contested by **Us**, then **We** will notify the **Insured Person** or beneficiary the reasons for contesting the claim within forty-five (45) days of receipt of complete **Proof of Loss**. If **We** request additional information from the **Insured Person** or beneficiary, then upon receipt of requested information **We** will pay or deny the claim within sixty (60) days. All overdue claim payments will bear simple interest at the rate of ten percent (10%) per year.

BTAS176FL

Claim and Suit Cooperation

In the event of a claim under this policy, the **Policyholder**, the **Insured Person** or the beneficiary, if applicable, must fully cooperate with **Us** in **Our** handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that **We** may require. If **We** are sued in connection with a claim under this policy, then the **Policyholder**, the **Insured Person** or the beneficiary must fully cooperate with **Us** in the handling of such suit. The **Policyholder**, the **Insured Person** or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without **Our** prior written consent.

BTAS178

Entire Contract and Application

This policy, the **Policyholder's** application and the **Primary Insured Person's** application, if any, together with the endorsements attached to this policy, constitute the entire contract of insurance. If an application is completed by the **Policyholder** or **Primary Insured Person** in connection with this policy, then **We** will attach the application to the policy when the policy is issued.

BTAS182

Examination Under Oath

We have a right to examine under oath, as often as We may reasonably require, an **Insured Person**, the **Policyholder** or the beneficiary. We may also require the **Insured Person**, the **Policyholder** or the beneficiary to provide a signed description of the circumstances surrounding the **Loss** and their interest in the **Loss**. An **Insured Person**, the **Policyholder** and the beneficiary will also produce all records and documents requested by Us and will permit Us to make copies of such records or documents.

BTA5183

Governing Jurisdiction and Conformance With Statutes

This policy is governed by the laws of the jurisdiction in which it is delivered to the **Policyholder**. Any terms of this policy which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which this policy is delivered are amended to conform to such statutes, laws or regulations. Any terms of a certificate which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which the certificate is delivered are amended to conform to the statutes, laws or regulations of the jurisdiction.

BTA5184 (Ed. 7/06)

Inadvertent Error

The insurance provided under this policy will not be prejudiced by the failure on the part of the **Policyholder** to transmit reports, collect and remit premium or comply with any of the terms and conditions of this policy when such failure is due to an inadvertent error or clerical mistake, provided that such inadvertent error or clerical mistake is corrected promptly upon discovery.

An inadvertent error or clerical mistake by Us or by the **Policyholder** may be corrected upon discovery with notice by the **Policyholder** to Us or by Us to the **Policyholder**.

BTA5186

Informational and Advertising Material

The **Policyholder** and its representatives must gain **Our** prior written approval of all material used for advertising and solicitation relating to this policy, regardless of the medium in which such material appears. We will not be responsible for any increase in payment or any changes in insurance resulting from such materials that have not been approved by Us.

BTA5188

Legal Action Against Us

No legal action may be brought to recover on this policy until sixty (60) days after We have been given complete **Proof of Loss**. No such action may be brought after the expiration of the applicable statute of limitations. No such action may be brought unless there has been full compliance with all of the terms of this policy.

In no case will We be liable for benefits that are not payable under the terms of this policy or that exceed the applicable **Benefit Amounts** or limits of insurance of this policy.

BTA5190FL

Liberalization

If **We** adopt any changes:

- 1) within forty-five (45) days prior to the policy effective date shown in the Insuring Agreement; or
- 2) during the Policy Period,

which broaden this insurance without an additional premium charge, then the **Insured Person** will automatically receive the benefit of the broadened insurance.

BTA5192

Newly Acquired or Newly Formed Organizations

If the **Policyholder** acquires or forms another entity that becomes a **Subsidiary**, then at the **Policyholder's** request, **We** will enroll all eligible employees of such **Subsidiary** as soon as possible subject to the following requirements:

- 1) all eligible employees of such **Subsidiary** fit the **Class** Description shown in Section I of the Schedule of Benefits;
- 2) the **Subsidiary** is acquired or formed during the Policy Period;
- 3) the **Policyholder** reports the name of the **Subsidiary** within ninety (90) day(s) after its acquisition or formation together with such information that **We** at our sole discretion may require to determine the additional premium; and
- 4) the **Policyholder** pays the additional required premium.

Item three (3) above does not apply to a **Subsidiary** with less than 100 eligible employees unless the number of eligible employees for such **Subsidiary** exceeds ten percent (10%) of the insured group.

This insurance does not apply if the **Policyholder** advises **Us** in writing that it does not seek insurance under this policy for such newly acquired or formed **Subsidiary**.

BTA5194

Physical Examination and Autopsy

We have the right to have an **Insured Person** examined by a **Physician** approved by **Us**, as often as reasonably necessary while a claim is open. **We** may also have an autopsy done by a **Physician**, unless prohibited by law. Any examinations or autopsies that **We** require will be done at **Our** expense.

BTA5193

Premium Payment

The **Policyholder** will collect and remit to **Us** all premium due under this policy, subject to the grace period.

Premium is adjustable. The earned premium is calculated for each reporting period based on the applicable rates and exposures. The **Policyholder** must keep records of the information **We** need to calculate the premium and send **Us** copies of these records for each reporting period.

The earned premium will be computed on a pro-rata basis. Any unearned premium will be remitted to the **Policyholder** as soon as practicable.

BTA5196

Premium Provisions

The **Policyholder** will pay all required premium due under this policy, subject to the grace period. Annual Premiums and Deposit Premiums are due at the beginning of the Policy Period and each future Anniversary Date unless otherwise indicated on the Premium Summary.

If premiums are adjustable, then **We** will compute the earned premium for each audit reporting period based on the applicable rates and exposures. The **Policyholder** must keep records of the information **We** need to perform the adjustment and send **Us** copies at **Our** request.

If the policy is written subject to adjustment shown in the Premium Schedule, then the **Policyholder** must report to **Us** the complete information for the reporting period shown in the Premium Summary. The **Policyholder** must submit the reports within the specified number of days after the end of each Reporting Period.

At the earlier of the end of the Policy Period or the policy termination, earned premium will be determined based on the reported values or exposures. If the resulting earned premium is less than the Deposit Premium, if any, then **We** will return the excess to the **Policyholder**. If the resulting earned premium is greater than the Deposit Premium, if any, then **We** will bill the **Policyholder** for the additional premium. The **Policyholder** will pay **Us**, within thirty (30) days, any additional premium generated from the premium adjustment.

BTA5197

Premium Rate Change

We may change the premium rates for this policy as of any policy Anniversary Date. **We** will give the **Policyholder** at least forty-five (45) days prior written notice of such change.

BTA5198FL

Records and Audit

We may examine the **Policyholder's** books and records relating to this policy at any reasonable time during the policy term and up to three (3) years after expiration of this policy or until final adjustment and settlement of all claims under this policy, whichever is later.

The **Policyholder** must maintain information pertaining to **Insured Persons** including but not limited to each **Insured Person's Benefit Amount, Class, Salary**, enrollment form, if any, and beneficiary designations or assignments.

BTA5204

Statements by Policyholder or Insured Person and Incontestability

We will not use any statements, except fraudulent misstatements, made by the **Policyholder** or the **Insured Person** to void the insurance or reduce benefits payable under this policy, or to otherwise contest the validity of this policy, unless such statements are contained in a written document signed by the **Policyholder** or the **Insured Person**. If **We** rely on such statements for this purpose, then **We** will provide a copy of the written document to the **Policyholder**, the **Insured Person** or the **Insured Person's** designee or beneficiary, as appropriate.

We will consider all statements made by the **Policyholder** and the **Insured Person** to be representations and not warranties.

Except for nonpayment of premium, **We** will not use statements made by the **Policyholder** or the **Insured Person** regarding insurability to contest the validity of this policy when the statements are made more than two (2) years after this policy has been in force during the **Insured Person's** lifetime.

Nothing in this section will preclude **Us** from asserting at any time defenses based upon a claimant's ineligibility for insurance under this policy, or upon any other policy provision or condition.
BTA5206

Titles of Paragraphs

The titles of the various paragraphs of this policy and any endorsements attached to this policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate.
BTA5208

Workers' Compensation

The benefits payable under this policy are not in lieu of and do not affect any requirement for workers' compensation insurance.
BTA5210



Endorsement**Beneficiary (Group Term Life)**

Effective Date : 11/30/2015
Policy Number : 9906-63-97
Policyholder : STATE OF FLORIDA
Policy Period : 11/30/2015 to 11/30/2016
Name of Company : FEDERAL INSURANCE COMPANY
Issue Date : 11/18/2015

It is agreed that the Policy is amended as follows:

Section C Payment of the Beneficiary Provision in the General Provisions is deleted and replaced with the following:

The **Benefit Amount** for **Loss of Life** will be paid to the beneficiary designated by the **Insured Person**. This choice must be in writing and filed with the **Policyholder**. Any **Benefit Amount** payable due to the **Loss of Life** of a **Dependent Child** will be paid to the **Primary Insured Person**, absent any beneficiary designation by the **Dependent Child**. All other **Benefit Amounts** are paid to the **Insured Person**, unless otherwise directed by the **Insured Person**, or the **Insured Person's** designee.

If the **Insured Person** has not chosen a beneficiary under **Our Policy**, **We** will pay the **Loss of Life Benefit Amount** to the beneficiary named by the **Insured Person** on the Group Life Policy issued to the **Policyholder** and in effect on the date of the **Insured Person's Loss of Life**. If the **Insured Person** has not chosen a beneficiary under the Group Life Policy or is not insured under the Group Life Policy; or if the beneficiary is not alive when the **Insured Person** dies, **We** will pay to the first surviving party in the following order:

- a) the **Insured Person's** spouse;
- b) in equal shares to the **Insured Person's** surviving children;
- c) in equal shares to the **Insured Person's** surviving parents;
- d) in equal shares to the **Insured Person's** surviving brothers and sisters;
- e) the **Insured Person's** estate.

If the **Insured Person** has named multiple beneficiaries and one or more dies before the **Insured Person** has, their share of the payment will be redistributed proportionately among the surviving beneficiaries.

All other terms and conditions of the policy remain unchanged.

Authorized Representative



THIS NOTICE IS BEING SENT TO THE MASTER POLICYHOLDER OF A GROUP INSURANCE POLICY. IT DESCRIBES CHUBB'S POLICY FOR HANDLING CERTAIN PERSONAL INFORMATION OF ITS INDIVIDUAL CUSTOMERS.

PRIVACY NOTICE

At Chubb, we respect the privacy of our customers and are committed to treating your personal information responsibly. Chubb has been serving the insurance needs of our customers for more than a century. To provide innovative products and services that respond to your insurance needs, Chubb collects certain personal information about you. This Privacy Notice describes how we collect, share and protect your personal information and applies to current and former customers. Key points include:

- We do not sell your personal information to anyone.
- We do not share your personal information with other companies that would use it for their own marketing purposes.
- We use safeguards to protect your personal information from unauthorized access, use or disclosure.
- We require employees and service providers to maintain the confidentiality of your personal information.
- We engage in limited information sharing practices that are permitted by law without requiring an opt out option to permit customers to limit personal information sharing and therefore no action is required by you.

What Personal Information Do We Collect?

Chubb collects personal information about you and the members of your household to conduct business operations, provide customer service, offer new products and satisfy legal and regulatory requirements. The type of personal information we collect depends on the financial product or service you have with us. We may collect the following categories of information about you:

- Information from you directly or from your agent, broker or automobile assigned risk plan, including information from applications, worksheets, questionnaires, claim forms or other documents (such as name, address, driver's license number, Social Security number and amount of coverage requested);
- Information about your transactions with us, our affiliates or others (such as products or services purchased, claims made, account balances and payment history);
- Information from a consumer reporting agency (such as motor vehicle reports);
- Information from other non-Chubb sources (such as prior loss information and demographic information);
- Information from visitors to our websites (such as that provided through online forms and collected through other website tools); and
- Information from an employer, benefit plan sponsor, benefit plan administrator or group master policyholder for any Chubb individual or group insurance product that you may have (such as name, address and amount of coverage requested).

As used in this notice, the term "personal information" means any personally identifiable information about you that is not publicly available and that we obtain in connection with providing a financial product or service to you.



How Do We Use and Disclose Personal Information?	<p>Chubb may use and disclose the personal information we collect to:</p> <ul style="list-style-type: none">• Service, process or administer our business operations such as underwriting and claims;• Market our products or services;• Detect or prevent fraud; or• Comply with regulatory requirements. <p>The types of affiliated and non-affiliated third parties to whom we may disclose information for processing and servicing transactions include reinsurers, insurance agents or brokers, property and automobile appraisers, auditors, claim adjusters, third party administrators and, in the case of group insurance, employers, benefit plan sponsors, benefit plan administrators and group master policyholders. We may share personal information with our affiliates for their everyday business purposes. Chubb may also disclose personal information as otherwise required or permitted by law. For example, we may disclose information in response to a subpoena or to comply with an inquiry from a government agency or regulator. In addition, information we obtain from a report prepared by an insurance support organization may be retained by the insurance support organization and disclosed to other persons.</p>
Do We Share with Service Providers and Other Financial Institutions?	<p>Chubb may disclose personal information to our affiliates and to non-affiliated third parties that perform services for us, such as mailing your billing statements or marketing our products and services. We require companies that perform services for us to agree not to use or disclose your personal information except to perform the services for us. Where permitted by law, Chubb may disclose personal information to other financial institutions with which we have joint marketing agreements that include confidentiality and data safeguarding provisions.</p>
How Do We Protect Personal Information?	<p>Chubb uses administrative, technical and physical safeguards to protect your personal information from unauthorized access, use or disclosure. We limit access to personal information to only those persons who have a legitimate business need to access the information. The people who have access to personal information, including employees of Chubb and its affiliates and non-employees performing business functions for Chubb, are under obligations to safeguard such information.</p>
What About Health Information?	<p>Under certain circumstances, we also collect personal health information about our customers, such as information regarding an accident, disability or injury, for underwriting or claim handling purposes. Chubb does not disclose your personal health information for marketing purposes unless you expressly consent to our doing so.</p>
Can I Opt Out Or Limit Chubb's Sharing?	<p>The law permits certain types of disclosures without requiring an opt out option. Unlike some other companies, we do not disclose your personal information to non-affiliated third parties for their own marketing purposes. We also do not permit Chubb affiliates with whom you are not communicating or do not have any business relationship with to use your information to market to you. We similarly do not share information about your creditworthiness with our affiliates for their everyday business purposes. Because of the limited nature of Chubb's personal information sharing, Chubb is not required by law to offer an opt out option.</p>



**CHUBB GROUP
OF INSURANCE COMPANIES**

What Additional Rights Do I Have?	State law may give you additional rights with regard to your personal information, such as the right to access and correct information we have about you. Please see your policy for a description of such rights or contact our Privacy Office Customer Care Team using the contact information provided below.
What If I Have Questions?	If you have any questions about this notice or our practices with respect to personal information, please contact us by sending an email to privacyinquiries@chubb.com , calling our Privacy Office Customer Care Team at 1-800-258-2930 or mailing Privacy Inquiries, Chubb Group of Insurance Companies, 15 Mountain View Road, Warren NJ 07059.

Chubb Group of Insurance Companies (Chubb) is the marketing name used to refer to the insurance subsidiaries of The Chubb Corporation. This notice is being provided by the following Chubb companies to their consumer customers located in the United States: Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Insurance Solutions Agency, Inc., Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc., Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Pacific Indemnity Company, Texas Pacific Indemnity Company and Vigilant Insurance Company. **Last Revised 7/10/2015**



Federal Insurance Company

Business Travel Accident Insurance Application

Section I Policyholder Information

Name of Policyholder: STATE OF FLORIDA

Address 4050 ESPLANADE WAY, SUITE 360

City TALLAHASSEE **State** FL **Zip Code** 32399

Phone Number:

Contact Name:

Effective Date: 11/30/2015

Policy Number: 9906-63-97

INSURANCE REQUESTED

A) CLASS OF INSURED PERSONS

- | | |
|---|---|
| 1 | All Law Enforcement Officers; Investigators and Inspectors; Pilots; Reserve, volunteer, and Auxiliary Officers; Patrol Officers; Certified Correctional Officers; Security Officers; Bailiff; Process Servers; Trainers; Probation Officers; Members of a bomb disposal unit; and any Officer eligible under Chapter 943 of the Florida Statutes of the Policyholder. |
| 2 | All Florida Highway Patrol Auxiliary Officers of the Policyholder. |
| 3 | All Florida Firefighters of the Policyholder. |
| 4 | All Members of the active Military, organized Militia of the Policyholder. |
| 5 | All Pilots of the Department of Transportation. |

B) PRINCIPAL SUM

- | | |
|---|----------|
| 1 | \$65,000 |
| 2 | \$65,000 |
| 3 | \$65,000 |
| 4 | \$65,000 |
| 5 | \$65,000 |

C) HAZARD

- | | |
|---|----------|
| 1 | Business |
| 2 | Business |
| 3 | Business |
| 4 | Business |
| 5 | Business |

D) ACCIDENTAL DEATH AND DISMEMBERMENT

Class

All

Accidental:

Benefit Amounts (Percentage of Principal Sum)

- | | |
|---|------|
| Loss of Life | 100% |
| Loss of Speech and Loss of Hearing | 100% |
| Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye | 100% |
| Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye | 100% |
| Loss of Hands(Both), Loss of Feet(Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye | 100% |

Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Hand, Loss of Foot or Loss of Sight of one Eye (Any one of each)	50%
Loss of Speech or Loss of Hearing	50%
Uniplegia	25%
Loss of Thumb and Index Finger of the same Hand	25%

E) ADDITIONAL BENEFITS

CLASS	BENEFIT	BENEFIT AMOUNT
1	Burn	10% of Principal Sum Maximum Benefit Amount \$20,000
1	Child Care Expense	\$2,000 for each Dependent Child Alternate Benefit Amount \$1,000 Maximum Benefit Amount \$25,000
1	Cobra Premium Expense	5% of Principal Sum Maximum Benefit Amount \$50,000
1	Coma	1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum
1	Education Expense	\$2,000 for each eligible Dependent Child Alternate Benefit Amount \$1,000 Maximum Benefit Amount \$25,000
1	Emergency Response Law	\$65,000
1	Funeral Expense	\$5,000
1	Occupational Condition	\$65,000
1	Occupational Hepatitis	25% of Principal Sum Maximum Benefit Amount \$50,000
1	Psychological Therapy	5% of Principal Sum Maximum Benefit Amount \$25,000
1	Reconstructive Surgery	5% of Principal Sum Maximum Benefit Amount \$27,000
1	Spouse Employment Training Expense	\$2,000
1	Unlawful And Intentional Act	\$190,000
2	Burn	10% of Principal Sum Maximum Benefit Amount \$20,000
2	Child Care Expense	\$2,000 for each Dependent Child Alternate Benefit Amount \$1,000 Maximum Benefit Amount \$25,000
2	Cobra Premium Expense	5% of Principal Sum Maximum Benefit Amount \$50,000
2	Coma	1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum
2	Education Expense	\$2,000 for each eligible Dependent Child Alternate Benefit Amount \$1,000 Maximum Benefit Amount \$25,000
2	Emergency Response Law	\$65,000
2	Funeral Expense	\$5,000
2	Occupational Condition	\$65,000
2	Occupational Hepatitis	25% of Principal Sum Maximum Benefit Amount \$50,000
2	Psychological Therapy	5% of Principal Sum Maximum Benefit Amount \$25,000

2	Reconstructive Surgery	5% of Principal Sum Maximum Benefit Amount \$27,000
2	Spouse Employment Training Expense	\$2,000
2	Temporary Total Disability	Weekly Amount \$300 Maximum Benefit Period 104 week(s) Elimination Period 0 day(s)
2	Unlawful And Intentional Act	\$190,000
3	Arson And Unlawful And Intentional Act	\$190,000
3	Burn	10% of Principal Sum Maximum Benefit Amount \$20,000
3	Child Care Expense	\$2,000 for each Dependent Child Alternate Benefit Amount \$1,000 Maximum Benefit Amount \$25,000
3	Cobra Premium Expense	5% of Principal Sum Maximum Benefit Amount \$50,000
3	Coma	1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum
3	Education Expense	\$2,000 for each eligible Dependent Child Alternate Benefit Amount \$1,000 Maximum Benefit Amount \$25,000
3	Emergency Response	\$65,000
3	Funeral Expense	\$5,000
3	Occupational Condition	\$65,000
3	Occupational Hepatitis	25% of Principal Sum Maximum Benefit Amount \$50,000
3	Psychological Therapy	5% of Principal Sum Maximum Benefit Amount \$25,000
3	Reconstructive Surgery	5% of Principal Sum Maximum Benefit Amount \$27,000
3	Spouse Employment Training Expense	\$2,000
4	Burn	10% of Principal Sum Maximum Benefit Amount \$20,000
4	Child Care Expense	\$2,000 for each Dependent Child Alternate Benefit Amount \$1,000 Maximum Benefit Amount \$25,000
4	Cobra Premium Expense	5% of Principal Sum Maximum Benefit Amount \$50,000
4	Coma	1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum
4	Education Expense	\$2,000 for each eligible Dependent Child Alternate Benefit Amount \$1,000 Maximum Benefit Amount \$25,000
4	Emergency Response Law	\$65,000
4	Funeral Expense	\$5,000
4	Occupational Condition	\$65,000
4	Occupational Hepatitis	25% of Principal Sum Maximum Benefit Amount \$50,000
4	Psychological Therapy	5% of Principal Sum Maximum Benefit Amount \$25,000
4	Reconstructive Surgery	5% of Principal Sum Maximum Benefit Amount \$27,000
4	Spouse Employment Training Expense	\$2,000
4	Unlawful And Intentional Act	\$190,000

5	Burn	10% of Principal Sum Maximum Benefit Amount \$20,000
5	Child Care Expense	\$2,000 for each Dependent Child Alternate Benefit Amount \$1,000 Maximum Benefit Amount \$25,000
5	Cobra Premium Expense	5% of Principal Sum Maximum Benefit Amount \$50,000
5	Coma	1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum
5	Education Expense	\$2,000 for each eligible Dependent Child Alternate Benefit Amount \$1,000 Maximum Benefit Amount \$25,000
5	Funeral Expense	\$5,000
5	Occupational Condition	\$65,000
5	Occupational Hepatitis	25% of Principal Sum Maximum Benefit Amount \$50,000
5	Psychological Therapy	5% of Principal Sum Maximum Benefit Amount \$25,000
5	Reconstructive Surgery	5% of Principal Sum Maximum Benefit Amount \$27,000
5	Spouse Employment Training Expense	\$2,000

Aggregate Limit of Insurance

The Aggregate Limit of Insurance applies:

\$10,000,000 per **Accident**

Premium

Amount Due \$112,786.55

Due Date 11/30/2015

Employee Retirement Income Security Act

Is this plan subject to Employee Retirement Income Security Act (ERISA) regulations? (Y/N) _____

Policy Acceptance

The undersigned declares that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the **Company** in consideration of payment of the required premium. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy. The acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy.

Fraud Warning

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

Name of Policyholder: _____

_____ Date

_____ Signature

_____ Title



Company Authorized Representative