

SERFF Tracking Number: PERR-127862984 State: Arkansas
 Filing Company: Beazley Insurance Company, Inc. State Tracking Number: 50435
 Company Tracking Number: BICI-GPA-AR-11-01-F
 TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Product Name: Group Personal Accident
 Project Name/Number: BICI-GPA-AR-11-01-F/BICI-GPA-AR-11-01-F

Filing at a Glance

Company: Beazley Insurance Company, Inc.

Product Name: Group Personal Accident SERFF Tr Num: PERR-127862984 State: Arkansas
 TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved- Closed State Tr Num: 50435
 Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: BICI-GPA-AR-11-01-F State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Authors: Lois Pimentel, Addy Disposition Date: 12/13/2011
 Anggelico
 Date Submitted: 12/08/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: BICI-GPA-AR-11-01-F Status of Filing in Domicile: Pending
 Project Number: BICI-GPA-AR-11-01-F Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer, Association Overall Rate Impact:
 Filing Status Changed: 12/13/2011
 State Status Changed: 12/13/2011 Deemer Date:
 Created By: Lois Pimentel Submitted By: Addy Anggelico
 Corresponding Filing Tracking Number: Exempt
 Filing Description:
 On behalf of Beazley Insurance Company (the "Company"), we are filing to introduce its new Group Personal Accident product.

The following forms will be utilized with this product:

- Certificate of Insurance

<i>SERFF Tracking Number:</i>	<i>PERR-127862984</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Beazley Insurance Company, Inc.</i>	<i>State Tracking Number:</i>	<i>50435</i>
<i>Company Tracking Number:</i>	<i>BICI-GPA-AR-11-01-F</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group Personal Accident</i>		
<i>Project Name/Number:</i>	<i>BICI-GPA-AR-11-01-F/BICI-GPA-AR-11-01-F</i>		

- Group Application
- Enrollment Form

All of the forms contain bracketed information in order to allow for flexibility in designing customized policies for eligible groups. The Certificate of Insurance also has flexibility to be used as a Master Policy. Statements of Variability, which explain how the bracketing will be utilized, are provided for the Certificate of Insurance.

The Policy form itself has been drafted with variability so that this form may be used as a Certificate of Coverage and issued to Certificateholders to describe the plan of benefits offered. When issued, it will mirror the plan specifications as set forth in the Policy.

The group application and enrollment forms may be presented in written or electronic format. When presented electronically, the actual wording of the statements and questions will not change, but based on responses, they may appear in a slightly different order. Logic will be built into the electronic system to allow only the applicable information and questions to appear to the applicant.

The corresponding rate filing is exempt from filing requirements.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. The Company has prepared the forms contained within this filing. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

Lois Pimentel, State Filings Analyst	doi@perrknight.com
401 Wilshire Blvd Ste 300	707-546-6896 [Phone]
Santa Monica, CA 90401	310-230-1061 [FAX]

Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Beazley Insurance Company, Inc.	CoCode: 37540	State of Domicile: Connecticut
20 Stanford Drive	Group Code:	Company Type:
Farmington, CT 06032	Group Name:	State ID Number:
(860) 677-3707 ext. [Phone]	FEIN Number: 04-2656602	

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Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: \$50 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Beazley Insurance Company, Inc.	\$50.00	12/08/2011	54382777
Beazley Insurance Company, Inc.	\$100.00	12/09/2011	54398442

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TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: Group Personal Accident
Project Name/Number: BICI-GPA-AR-11-01-F/BICI-GPA-AR-11-01-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/13/2011	12/13/2011

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Disposition

Disposition Date: 12/13/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/13/2011	AHPAC0001-AR 092011 Ed.	Policy/Contract	Non-Participating Fraternal Accident [Policy][Certificate] Certificate	Initial		0.000	AHPAC0001-AR 092011 Ed.pdf
Approved-Closed 12/13/2011	AHPAA0101 102011 Ed.	Application/Enrollment Form	Application for Group Insurance	Initial		0.000	AHPAA0101 102011 Ed.pdf
Approved-Closed 12/13/2011	AHPAA0001 102011 Ed.	Application/Enrollment Form	Enrollment Form	Initial		0.000	AHPAA0001 102011 Ed.pdf

<Beazley Name Logo>

[POLICYHOLDER NAME:	[XYZ Company, Inc.]]		
[POLICYHOLDER ADDRESS:	[123 Main Street Small Town, FL 33321]]		
INSURER NAME:	Beazley Insurance Company, Inc.		
INSURER ADDRESS: ADMINISTRATIVE OFFICE	[30 Batterson Park Road Farmington, CT 06032]		
INSURER ADDRESS: NOTICE OF CLAIM	[30 Batterson Park Road Farmington, CT 06032]		
[POLICY NUMBER:	[1234567]]	[EFFECTIVE DATE:	[January 1, 2011]]
[POLICY TERM:	[24 Months]]	[ANNIVERSARY DATE:	[January 1]]

[In consideration of the Policyholder's application and the timely payment of premiums, Beazley Insurance Company, Inc. (herein called the Company) agrees to pay the benefits of this Policy, subject to all of its terms and conditions.]

[This Policy is executed by Beazley Insurance Company, Inc. as of its Date of Issue. This Policy will take effect on the effective date shown above, 12:01 a.m. Standard Time at the address of the Policyholder.]

[Beazley Insurance Company, Inc. hereby certifies that it has issued and delivered to the Policyholder a group Policy, described on the Schedule of Benefits page. The group Policy covers certain eligible persons as described in the Policy.]

[This Certificate describes the benefits and provisions of the group Policy. It becomes the Insured Person's Certificate of Insurance only if: 1) the Insured Person is eligible for the insurance; 2) the Insured Person is on Active Service on the date it is to take effect; and 3) the Insured Person becomes insured and remains insured in accordance with the provisions of the Policy. The insurance is to be effective only if the required premium payments are made by the Insured Person or on the Insured Person's behalf to the Company. No agent may change the Policy or waive any of its provisions.]

[[30 Day] Right to Examine Certificate If the Insured Person does not like the Certificate for any reason, it may be returned to the Company within [30 days] after receipt. The Company will return any premium that has been paid. In that case the Certificate will be void as if it had never been issued.]

[IN WITNESS WHEREOF, We have caused this Certificate to take effect on the Effective Date.]

[
Secretary
]

[
President
]

NON-PARTICIPATING ACCIDENT [POLICY] [CERTIFICATE]

The Company and the Policyholder agree to all the terms of the Policy.

THIS IS A LIMITED [POLICY] [CERTIFICATE]. [IT PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY.] [IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.] [BENEFIT REDUCTION AT AGE [70].] PLEASE READ THIS [POLICY] [CERTIFICATE] CAREFULLY.

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SCHEDULE OF BENEFITS

The Schedule of Benefits provides a brief outline of the coverage and benefits provided by this [Policy] [Certificate]. Please read the Conditions of Coverage and Description of Benefits sections for full details.

[INSURED [EMPLOYEE] NAME:	[John Doe]]	[INSURED DEP- ENDENT NAME(S):	[Jane Doe]]
[CERTIFICATE EFFECTIVE DATE:	[10/15/2010]]	[CERTIFICATE NUMBER:	[XXXXXX]]
[POLICYHOLDER NAME:	[XYZ Company, Inc]]	[POLICYHOLDER NUMBER:	[XXXXXX]]

ELIGIBILITY: [ALL [PERMANENT] [MEMBERS, EMPLOYEES,] [BETWEEN THE AGES OF 18 AND 64,] [WORKING [25] HOURS OR MORE PER WEEK AND] [ON ACTIVE SERVICE]] [AND [SPOUSES] [AND/OR] [DEPENDENT CHILD(REN)] OF ELIGIBLE [EMPLOYEES]] [WHO MEET ALL OF THE REQUIREMENTS OF ONE OF THE COVERED CLASSES SHOWN BELOW:

- [Class 1 All Eligible Persons who are officers and managers]
- [Class 2 All Eligible Persons who are salaried full-time employees]
- [Class 3 All Eligible Persons who are hourly-paid full-time employees]]

CONDITIONS OF COVERAGE

The benefits provided by this [Policy] [Certificate] will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages:

24-Hour Coverage

Policy Individual Maximum [\$1,000 to \$5,000,000]
 Applies to All benefits provided by this [Policy] [Certificate] to any one Insured Person for Covered Losses or Covered Injuries sustained in any one Covered Accident.

[Policy Aggregate Maximum [\$25,000 to \$50,000,000]
 Applies to All benefits provided by this Policy.

Not more than the Policy Aggregate Maximum specified above will be paid for all Covered Losses, Covered Accidents, and Covered Injuries for all Insured Persons. If this amount does not allow all Insured Persons to be paid the amounts this policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Policy Aggregate Maximum.]

BENEFITS

[Principal Sum

Primary Insured	[\$500 - \$5,000,000] [0.5 -10 times Salary]
[Insured Spouse	[\$250 - \$5,000,000] [10% to 100% of the Primary Insured Principal Sum]]
[Insured Dependent Child(ren)	[\$50 - \$5,000,000] [10 to 100% of the Primary Insured Principal Sum]]]

[Age Reductions

The Insured Person's Accidental Death and Dismemberment Benefit may be reduced to the percentage of his Benefit in effect on the date preceding the first reduction, as shown below.

<u>Age</u>	<u>Percentage of Benefit Amount</u>
[65 but less than 70]	[40% to 80%]
[70 or over]	[40% to 80%]]

[Premium for an Insured Person Age [65, 70, 75, 80, 85] or older is based on 100% of the coverage that would be in effect if the Insured Person were under the Age [65, 70, 75, 80].]

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Loss must occur within Primary Insured	[30 to 730] days of the Covered Loss [\$500 - \$5,000,000] [0.5 -10 Times Salary [to a Maximum of \$500 - \$5,000,000]] [10% to 100% of the Primary Insured Principal Sum]
[Insured Spouse	[\$250 - \$5,000,000] [10% to 100% of the Primary Insured Principal Sum]]
[Insured Dependent Child(ren)	[\$50 - \$5,000,000] [10% to 100% of the Primary Insured Principal Sum]]
[Loss of Life	<u>Benefit Amount</u> [up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Loss of Two or More Hands or Feet	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Loss of Sight of Both Eyes	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Loss of Speech and Hearing (in Both Ears)	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Loss of One Hand or Foot and Sight in One Eye	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Quadriplegia	[[up to 100% of the Principal Sum; \$500 - \$5,000,000]]

[Paraplegia	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Hemiplegia	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Uniplegia	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Coma	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Brain Death	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Loss of Sight in One Eye	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Loss of Speech	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Loss of Hearing (in Both Ears)	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Loss of Thumb and Index Finger of the Same Hand	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Loss of all Four Fingers of the Same Hand	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Loss of all the Toes of the Same Foot	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]
[Loss of Thumb	[up to 100% of the Principal Sum; \$500 - \$5,000,000]]

[CHILD CARE CENTER BENEFIT

Benefit Amount	[\$500-\$5,000] per [calendar] [policy] year
Maximum Benefit Period	[1-4 years]
Default Benefit	[\$500-\$5,000]]

[SEATBELT AND AIRBAG SAFETY DEVICE BENEFIT

Loss must occur within	[30 to 730] days of the Covered Loss
Seatbelt Benefit	[5% to 100% of the Principal Sum [subject to a Maximum of [\$500-\$5,000,000]]]
Airbag Safety Device Benefit	[5%-100% of the Principal Sum [subject to a Maximum of [\$500-\$5,000,000]]]
Default Benefit	[\$500-\$10,000]]

[PREMIUM RATE TABLE

It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

[_____ [per _____,] per [month, quarter, 6 months, year], due and payable for the Policy Term.]

[The premium for the Policy Term is the greater of (1) [\$500] (the Minimum Premium) or (2) an amount calculated by multiplying the number of persons insured by a per-person rate of [\$XXX] (the Calculated Premium). The Minimum Premium is due and payable in advance of the Policy Effective Date. The Calculated Premium will be determined upon completion of an audit by the Company or its representative during the Policy Term. If the Calculated Premium is greater than the Minimum Premium, the difference between the Minimum Premium and the Calculated Premium is due and payable upon receipt of written notice by the Company to the Policyholder of the amount owed.]

[The Premium Rates are subject to a Premium Rate Guarantee Period of [1-3 years], subject to the *Cancellation* and *Premium Rate Change* sections of the *Administrative Provisions* of this [Policy] [Certificate].]

Mode of Premium Payment: [Single Premium; Quarterly; Semi-Annually; Annually]

Premium Due Date[s] Policy Effective Date [and each Policy Anniversary thereafter]

[Initial Premium [\$12,500]]

[The cost of coverage is paid by [the Policyholder; Subscriber; Employer] [and] [the Insured Person]. Minimum and deposit premiums are fully earned and non-refundable.]

GENERAL DEFINITIONS

Please note that certain words used in this [Policy] [Certificate] have specific meanings. The words defined below and capitalized within the text of this [Policy] [Certificate] have the meanings set forth below.

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

Active Service [An Employee will be considered in Active Service with his Employer on any day that is either of the following:

1. one of the Employer's scheduled work days on which the Employee is performing his regular duties on a [full-time basis] [part-time basis], either at one of the Employer's usual places of business or at some other location to which the Employer's business requires [the Employee] to travel;
2. a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, other than sick leave, only if the Employee was in Active Service on the preceding scheduled workday.]

[A Member is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital or receiving Outpatient care for chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for sickness or injury;
3. Totally Disabled.]

Activities of Daily Living (ADL) means the following activities:

1. Bathing - the ability to wash oneself in either a tub or shower, or by sponge bath; including the tasks of getting into and out of the tub or shower with or without the assistance of equipment;
2. Dressing - the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
3. Toileting - the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
4. Transferring - the ability to move in and out of bed, chair, or wheelchair with or without the assistance of equipment;
5. Eating - the ability to get nourishment into the body by any means once it has been prepared and made available to one with or without the assistance of equipment; and

6. Continence - the ability to voluntarily maintain control of bowel and/or bladder function or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

Age	The Insured Person's age, for purposes of initial premium calculations, is his age attained on the later of the first day of the Policy and the date coverage becomes effective for him under this Policy.
Aircraft	means a vehicle which: <ol style="list-style-type: none">1. has a valid Airworthiness Certificate; and2. is being flown by a pilot with a valid license to operate the Aircraft.
Airworthiness Certificate	means a "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry.
Calendar Year	means January 1 st through December 31 st of any year.
Conveyance	means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority.
Covered Accident	means an Accident that results in a Covered Loss during the Policy Term.
Covered Injury	means accidental bodily injury: (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force, and (2) which results directly and independently from all other causes from a covered accident (independent of disease, bodily infirmity or any other cause) which causes a covered loss. The Covered Injury must be caused through accidental means. All injuries sustained by an Insured Person in any one accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.
Covered Loss	means a loss which meets the requisites of one or more benefits, results from a Covered Accident or Covered Injury, and for which benefits are payable under the Policy.
Dependent Child(ren)	means all of the Insured Person's children who are unmarried and less than 26 years of age. However, if any Dependent Child is incapable of self-sustaining employment due to mental retardation or physical

handicap and is dependent on a parent(s) for support, such age limit of 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company.

Child(ren) means the Insured Person's biological children, stepchildren, adopted children, foster children or any child for whom the Insured Person is required by a court or administrative order to provide health coverage.

[Eligible Domestic Partner] means a person of the [same] [or] [opposite] sex who:

- [(1) is at least 18 years old and legally capable to enter into a contract][;]
- [(2) is not related by blood to the Insured Person more closely than is permissible for marriage in the state of residence][;]
- [(3) is not married or legally separated][;]
- [(4) has not been party to an action or proceeding for divorce or annulment within the last 6 months, or has been a party to such an action or proceeding and at least 6 months have elapsed since the date of the judgment terminating the marriage][;]
- [(5) is not currently in a Domestic Partnership with a different Domestic Partner and has not been in such a relationship for at least 6 months][;]
- [(6) occupies the same residence as the Insured Person][;]
- [(7) has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature][;]
[and]
- [(8) has entered into a Domestic Partnership Agreement with the Insured Person].]

[Domestic Partnership Agreement] means an arrangement between the Insured Person and another person of the [same] [or] [opposite] sex that includes 3 of the following:

- (1) joint lease, mortgage or deed;
- (2) joint ownership of a vehicle;
- (3) joint ownership of a checking account or credit account;
- (4) designation of the Domestic Partner as the beneficiary of the Insured Person's life insurance or retirement benefits;
- (5) designation of the Domestic Partner as the beneficiary of the Insured Person's will;
- (6) designation of the Domestic Partner as holding power of attorney for health care; and
- (7) shared household expenses.]

Eligible Person	means an individual who meets the definition of Eligibility listed in the <i>Schedule of Benefits</i> .
[Employer	means the [Policyholder, Subscriber] and any affiliates, subsidiaries or divisions covered under this Policy on its effective date or a later date agreed to by The Company.]
[Employee	means a person who is in Active Service as [an employee] of the [Policyholder, Subscriber].]
He, His, Him	refers to any individual, male or female.
Hospital	<p>means an institution that meets all of the following:</p> <ol style="list-style-type: none"> 1. it is licensed as a Hospital pursuant to applicable law; 2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3. it is managed under the supervision of a staff of medical doctors; 4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; 6. it charges for its services. <p>Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an inpatient shall be waived.</p>
Immediate Family Member	means a person who is related to the Insured Person in any of the following ways: Spouse, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).
Inpatient	means confined overnight as a registered bed patient in a Hospital or other medical facility where at least one day's room and board is charged. The confinement must be on the advice of a Physician.
[Insured Dependent	means an [Insured Dependent Child] [or an] [Insured Spouse], for whom premium is paid while covered under the Policy.]
[Insured Dependent Child	means the Insured Person's Dependent Child, for whom premium is paid while covered under the Policy.]

[Insured Spouse	means the Insured Person's Spouse, for whom premium is paid while covered under this Policy.]
Insured Person	means an Eligible Person, as defined in the <i>Schedule of Benefits</i> [, for whom] [an enrollment form has been accepted by the Company] [and] [required premium has been paid when due and for whom coverage under this Policy remains in force]. [Insured Person may include Insured Dependent covered under this Policy.]
[Member	<p>for eligibility purposes, a Member is any one of the following:</p> <ol style="list-style-type: none"> 1. an Employee of the Subscriber, not including a temporary or seasonal Employee; 2. an Employee of a Member in good standing of a Subscriber, not including a temporary or seasonal employee; 3. a person who meets all of the conditions of membership of a Subscriber; <p>and who is a United States citizen or has a permanent alien registration card [and who is in one of the Covered Classes].]</p>
Nurse	<p>a licensed graduate registered nurse (R.N.) or a licensed practical nurse (L.P.N.) who is not:</p> <ol style="list-style-type: none"> 1. the Insured Person; 2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; 3. a person living in the Insured Person's household; or 4. a person employed or retained by the [Policyholder; Subscriber].
Outpatient	means a(n) Insured Person who is a patient and is not hospitalized overnight but who visits a hospital, clinic, or associated facility for diagnosis or treatment.
Paralysis/Paralyzed	means [Quadriplegia][,] [Paraplegia][,] [Hemiplegia] [or] [Uniplegia] that is expected to last for a continuous period of [6, 12, 18, 24, 30, 36] months or more from the earlier of the date of the accident causing Paralysis or the date of the diagnosis. ["Quadriplegia" means the complete and irreversible Paralysis of both upper and lower limbs.] ["Paraplegia" means the complete and irreversible Paralysis of both lower limbs or both upper limbs.] ["Hemiplegia" means the complete and irreversible Paralysis of the upper and lower limbs of the same side of the body.] ["Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.]
Physician	means a United States-licensed health care provider practicing in the United States within the scope of his license and rendering care and

treatment to the Insured Person that is appropriate for the condition and locality, and who is not:

1. the Insured Person;
2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
3. a person living in the Insured Person's household;
4. a person employed or retained by the [Policyholder; Subscriber]; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Policyholder means the entity, named on this Policy's face page, to which the Company issues this Policy.

Policy Term means the time period defined for the [Policyholder; Subscriber] shown in the *Schedule of Benefits*.

Primary Insured means an Eligible Person, as defined in the Schedule of Benefits, for whom [an enrollment form has been accepted by the Company and] required premium has been paid when due and for whom coverage under this Policy remains in force.

Private Passenger Automobile

means a validly registered, four wheel private passenger car, including [Subscriber, Policyholder]-owned cars, campers, motor homes, station wagons, sport utility vehicles, pick-up trucks and van-type cars that are not licensed commercially or being used for commercial purposes. Any vehicle being used as a taxicab, bus, or other public conveyance will not be considered a Private Passenger Automobile.

School means the participating School or School District where the Insured Person is enrolled or employed. The School must be licensed or accredited, as applicable, by the jurisdiction where it is located, to provide the care, education or training for which the Insured Person is enrolled. A college or university that is a member of an intercollegiate athletic association.

Spouse means the Insured Person's lawful spouse. [For purposes of eligibility only, the term is restricted to persons between 18 to 64 years of age.] [Except for purposes of determining initial eligibility,] the term includes a Spouse who is widowed by or divorced or legally separated from the Insured Person. [The term Spouse will include Eligible Domestic Partner.]

[Subscriber means any participating School, School District, club, team, organization, camp, or law enforcement agency that is affiliated with the Policyholder and subscribes to the insurance plan provided by this Policy.]

[Total Disability or Totally Disabled means:

1. inability of the Insured Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience[; or]
- [2. inability of the Insured Person who is not currently employed to perform 4 of the 6 Activities of Daily Living including Eating, Transferring, Dressing, Toileting, Bathing, and Continence, without human supervision or assistance].]

We, Us, Our means Beazley Insurance Company, Inc.

ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION PROVISIONS

Deferred Effective Date The Effective Date of insurance will be deferred for an Eligible Person who is not in Active Service on the date insurance would otherwise become effective. Insurance will become effective on the later of the date he returns to Active Service and the date insurance would otherwise have become effective.

Effective Date for Individuals

[Insurance becomes effective for the Eligible Person, subject to the Deferred Effective Date provision, on the latest of the following dates:

1. the Policy Effective Date;
2. the date the person becomes eligible;
3. the effective date of [the Subscriber's participation under] the Policy.]

[Insurance becomes effective for the Eligible Person who enrolls and agrees to make the required contributions within [15 to 180 days] of eligibility, and subject to the Deferred Effective Date provision, on the latest of the following dates:

1. the Policy Effective Date;
2. the date the person becomes eligible;
3. the effective date of [the Subscriber's participation under] the Policy;
4. the date the Company receives the Eligible Person's completed enrollment form [and the required premium payment].]

[Insurance becomes effective for [an Employee's, a Member's] eligible dependents if the [Employee, Member] applies within [15 to 180 days] of the date his dependents become eligible and, subject to the Deferred Effective Date provision, on the latest of the following dates:

1. the effective date of [the Subscriber's participation under] the Policy;
2. the date the [Employee, Member] becomes eligible;
3. the date the [Employee's, Member's] insurance becomes effective;
4. the date the dependent meets the definition of [Spouse] [or] [Dependent Child], as applicable;
5. the date the Company receives the [Employee's, Member's] completed enrollment form for [Spouse] [and] [Dependent Child] coverage, during each dependent's lifetime.

[Insurance becomes effective for [an Employee's, a Member's] eligible dependents if the [Employee, Member] applies and agrees to make required contributions within [15 to 180 days] of the date his dependents become eligible and, subject to the Deferred Effective Date provision below, on the latest of the following dates:

1. the effective date of [the Subscriber's participation under] this Policy;
2. the date [the Employee, Member] becomes eligible;
3. the date the [Employee's, Member's] insurance becomes effective;
4. the date] the dependent meets the definition of Spouse or Dependent Child, as applicable;
5. the date the Company receives a completed enrollment form for Spouse and Dependent Child coverage [and the required first premium], during each dependent's lifetime.

Insurance becomes effective for a newborn Dependent Child and newborn adopted Dependent Child automatically from the moment of the child's live birth. Insurance for that Dependent Child automatically ends [90 to 180 days] later unless the [Employee, Member] has a [Spouse] [or] [other Dependent Child] insured under this Policy or makes a request to cover the child and pays the required initial premium, during the child's lifetime. For newborn adopted children, a petition for adoption must be filed within 60 days of birth. Coverage ends for newborn adopted children if the petition for adoption is dismissed or denied.

Insurance becomes effective for other adopted Dependent Children on the date a petition for adoption is filed. Insurance for that Dependent Child automatically ends [90 to 180 days] later unless the [Employee, Member] has a [Spouse] [or] [other Dependent Child] insured under this Policy or makes a request to cover the child and pays the required initial premium, during the child's lifetime. The Company must receive notification of newly adopted children within 60 days from the date the petition for adoption is filed for coverage to continue for the adopted children and foster children beyond the 60 day period. Coverage ends for adopted children if the petition for adoption is dismissed or denied.]

Effective Date for Newly-Acquired Affiliates

Insurance becomes effective for any newly-acquired affiliate of the [Policyholder; Subscriber] on the date it is acquired, if: the Company has been notified in writing within [30 to 90 days] and have agreed to provide insurance, and additional premium has been paid when due. If the Company is not notified within the required time period, insurance for the affiliate will become effective on the date the Company agrees in writing to insure it and receive any additional premium due. Individuals who are [Employees] of an affiliate on its Effective Date of insurance under the Policy will be eligible for insurance on that date.

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Insured Person resulting from:

1. a change in benefits provided by this Policy; or

2. a change in the Insured Person's Covered Class will take effect on the date of such change. Increases will take effect subject to any Active Service requirement.

Eligibility

[An Employee, A Member] is eligible for insurance under the Policy when he meets the definition of Eligible Person. [An Eligible Person may be insured under only one Covered Class, even though he may be eligible under more than one Covered Class.] [The [Spouse] [or] [Dependent Child] of an Eligible Person become eligible for insurance provided by the Policy on the later of the date the [Employee, Member] becomes eligible and the date the [Spouse] [or] [Dependent Child] meets the applicable definition shown in the General Definitions section of this Policy.] [No person may be eligible for insurance under this Policy as both [an Employee, a Member] and a [Spouse] [or] [Dependent Child] at the same time.]

Policy Effective Date

The Company agrees to provide insurance benefits described in the Policy in consideration of the Policyholder's application and payment of the Premium when due. Insurance begins on the Policy Effective Date shown on this Policy's first page.

[Subscriber Effective Date

Insurance coverage for the Subscriber becomes effective on the Effective date of Subscriber Participation.]

Termination of Insurance

Insurance coverage for the Insured Person will end on the earliest of:

- [1.] [the date the person is no longer in a Covered Class;]
- [2.] the date the person no longer meets the requirements for eligibility;
- [3.] [the date the person enters full time active duty in any Armed Forces. The Company will refund any premium paid for any period of active duty when the Company receives proof of active duty. Active duty does not include Reserve or National Guard duty for training];]
- [4.] the end of the period for which the last premium is made;
- [5.] the date the Policy ends[;]
- [6.] [the date the Subscriber with which the Insured Person is affiliated ceases to be a Subscriber under the Policy].

Termination does not affect a claim for a Covered Loss due to an Accident that occurs before the termination date. However, in no instance will benefits extend beyond the earliest of:

1. the end of the Benefit Period;
2. the date benefits equal to any applicable Benefit Limit, as shown in the *Schedule of Benefits*, have been paid[; and]
3. [the date benefits equal to any applicable Policy Aggregate Maximum, as shown in the *Schedule of Benefits*, have been paid].

[Portability

This Policy provides portability for up to 24 months, when an Insured

Person's coverage under the Policy terminates because his or her [employment] with the Policyholder ends. [An Employee, A Member] must have been covered under the Policy [, for at least 12 months in a row,] at the date [employment, membership] ended. [The 12 months may be a combination of coverage under this Policy, and under any prior group Accident policy this Policy replaces.]

Portability is not available to an Insured Person whose coverage terminates because the Policy is terminated by the Policyholder or the Company.

To continue coverage under the Portability provision, written application and the first premium payment must be made within 31 days of the date coverage ends under this Policy.

The coverage continued under the Portability provision is the coverage in effect on the date the [Employee's, Member's] [employment, membership] ends[.],[,] [including coverage for the [Employee's, Member's] [Spouse] [and/or] [Dependent Child(ren)] then in effect.] [Continued coverage may not be increased.] [The [Employee, Member] may request decreased continued coverage at any time during the continuation period by completing a request form supplied by the Company.]

Coverage under the Portability provision will cease on the earliest of:

- [(1) the date the Policy terminates;]
- (2) the end of the last period for which premium has been paid;
- (3) the date coverage under this Portability provision has been continued for 24 months; and
- (4) the date the [Employee, Member] reaches age 70.

Premiums for continued coverage under the Portability provision shall be derived solely from the [Employee's, Member's] contribution. For Portability coverage to become effective and remain in effect, each [Employee, Member] shall make premium payment for his or her continued coverage directly to the Company, on or before each premium due date. The Company will send each [Employee, Member] a billing statement in advance of each premium due date. The [Employee, Member] is responsible for paying all premiums as they become due.

The required premium for the continued coverage will equal the premium in effect when the [Employee's, Member's] [employment, membership] ended [plus a direct billing fee based on premium frequency].]

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Benefits Section* or Covered Conditions:

1. Intentionally self-inflicted injury, suicide, including auto-eroticism, or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
- [4.] [Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;]
- [5.] Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
- [6.] A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon the Company's receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- [7.] [Travel outside the United States;]
- [8.] Flight in, boarding or alighting from, an Aircraft or any craft designed to fly above the Earth's surface:
 - a. except as a fare-paying passenger on a regularly scheduled commercial airline;
 - b. being flown by the Insured Person or in which the Insured Person is a member of the crew;
 - c. being used for:
 - i. [crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
 - ii. [any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
 - d. designed for flight above or beyond the earth's atmosphere;
 - e. including an ultra-light or glider;
 - f. being used for the purpose of parachuting or skydiving;
 - g. being used by any military authority, except an Aircraft used by the air mobility command or its foreign equivalent;
- [9.] Travel in any Aircraft owned, leased or controlled by the [Policyholder; Subscriber], or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the [Policyholder; Subscriber] if the Aircraft may be used as the [Policyholder; Subscriber] wishes for more than 10 straight days, or more than 15 days in any year;
- [10.] bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
- [11.] Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- [12.] Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Injury;
- [13.] A cardiovascular, event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician;

- [14.] Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- [15.] The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
- [16.] Operating any type of vehicle or conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;
- [17.] Travel in or on any on-road and off-road motorized vehicle except a golf cart, that does not require licensing as a motor vehicle;
- [18.] Participation in any motorized race or contest of speed;
- [19.] An accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
- [20.] [Practice or play in any sports activity, including travel to and from the activity and practice][;]
- [21.] Participation in any sports activity not specifically authorized, sponsored and supervised by the [School, Policyholder, Subscriber], whether or not it takes place on [School, Policyholder, Subscriber] premises, including but not limited to skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles;
- [22.] [Participation in any team sport or any other athletic activity].

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the [Policyholder, Subscriber];
2. living in the Insured Person's household;
3. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
4. the Insured Person.

CLAIM PROVISIONS

Beneficiary

The beneficiary is the person or persons the Insured Person names or changes on a form executed by him and satisfactory to the Company. This form may be in writing or by any electronic means agreed upon between the Company and the [Policyholder, Subscriber]. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by this Policy.

A beneficiary designation or change will become effective on the date the Insured Person executes it. However, the Company will not be liable for any action taken or payment made before the Company records notice of the change at our Administrative Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Insured Person has specified otherwise. The share of any beneficiary who does not survive the Insured Person will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary or if the Insured Person dies while benefits are payable to him, the Company may make direct payment to the first surviving class of the following classes of persons:

1. Spouse;
2. child or children;
3. parents;
4. siblings;
5. the estate of the Insured Person.

Claim Forms

The Company will send claim forms to the claimant upon receipt of a written notice of claim.

Notice of Claim

Written notice of claim must be given to the Company within [20-90] days after the occurrence or commencement of the Insured Person's Covered Loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at the address listed on the first page of this policy, with information sufficient to identify the Insured Person, is deemed notice to the Company. Any notices that may be required to be provided under this subsection may be provided in electronic or paper form.

Payment of Claims

All benefits will be paid in United States Currency. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Provision and these Claims Provisions.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured Person suffering the loss. If an Insured Person dies before all payments due have been made, the amount still payable will be paid to his beneficiary as described in the Beneficiary Provision.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to a parent, guardian, or other person actually supporting him or the legal guardian of the payee's property. If the payee has no legal guardian for his property, a payment not exceeding \$5,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges liability to the extent of the payment made.

Time of Payment of Claims

Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

Payment of Claims to Foreign Employees

The [Policyholder, Subscriber] may, in a fiduciary capacity, receive and hold any benefits payable to an Insured Person whose place of employment is other than the United States of America.

The Company will not be responsible for the application or disposition by the [Policyholder, Subscriber] of any such benefits paid. The Company's payments to the [Policyholder, Subscriber] will constitute a full discharge of the Company's liability for those payments under this Policy.

Conditional Claim Payment

If the Insured Person incurs expenses for Injuries received in a Covered Loss and in the Company's opinion a third party may be liable, the Company will pay benefits if: the Insured Person first agrees in writing to refund the lesser of:

- i) the amount the Company actually paid for such expenses; and
- ii) the amount actually received from the third party regardless of whether the amount is for such expenses; and the third party's liability is determined and satisfied whether by settlement, judgment or otherwise. However, if the third party's liability is satisfied in an

amount less than the benefits paid under this Policy, the Company will pay the difference.

Legal Actions

No action at law or in equity will be brought to recover benefits under this Policy less than 2 years after satisfactory proof of loss has been furnished as required by this Policy. No such action will be brought after expiry of the applicable statute of limitations from the time proof of loss is required to be furnished under this Policy.

Physical Examination And Autopsy

The Company, at its own expense, has the right and opportunity to examine the Insured Person when and as often as the Company may reasonably require while a claim is pending and to make an autopsy in case of death, where it is not prohibited by law.

Proof of Loss

Written proof of loss must be furnished to the Company within [90-180] days after the date of the Covered Loss. In the case of a claim for loss of time for disability, written proof of such loss must be furnished to the Company within [90-180] days after the commencement of the period for which the Company is liable. [If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as may reasonably be required.] Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to furnish proof within such time. Any forms that may be required to be provided under this subsection may be provided in electronic or paper form.

Subrogation

The Company has the right to recover all payments including future payments, which the Company has made, or will be obligated to pay in the future, to the Insured Person from anyone liable for the Covered Loss. If the Insured Person recovers from anyone liable for the Covered Loss, the Company will be reimbursed first from such recovery to the extent of the Company's payments to the Insured Person. The Insured Person agrees to assist the Company in preserving its rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by the Company.

ADMINISTRATIVE PROVISIONS

Cancellation

The Company or the [Policyholder; Subscriber] may cancel the Policy, after the first year [or the Policy Term], by giving the other party [31; 45; 60 days] advance written or authorized electronic notice. Any premium rate guarantee will not affect the Company's or the [Policyholder's; Subscriber's] right to cancel the Policy.

If a premium is not paid when due, the Company will cancel the Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Premium Rate Table*.

Cancellation does not affect a claim for a Covered Loss when the Covered Loss occurs before the cancellation date.

Grace Period

A grace period of [31-180] days will be provided for the payment of any premium due after the first. During the grace period, the Policy shall continue in force, unless the [Policyholder, Subscriber] has given written notice of discontinuance in advance of the premium due date and in accordance with the terms of this Policy. If the required premium is not paid during the grace period, coverage will terminate on the last day of the grace period. The [Policyholder, Subscriber] will be liable for the payment of a pro rata premium for the time the Policy was in force during the grace period.

Premium

Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Premium Rate Table*, the plan and amounts of insurance in effect for Insured Person and the premium mode selected, as shown in the *Schedule of Benefits*. [If an Insured Person's coverage amount is reduced due to age, premium will be based on the amount of coverage in force on the day before the reduction took place.] The Company will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder [and/or any affected Subscribers].

Premium Payment

[[1.] Policyholder

The total premium paid by the Policyholder is the sum of premiums for all Insured Persons[, including any amounts contributed toward the cost of the coverage by Insured Persons]. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding premium due date, as shown in the *Premium Rate Table*, unless the Policyholder and the Company agree to another mode of premium payment. Premiums are paid at the Company's administrative office or to the Company's authorized agent.

If any premium is not paid when due, this Policy will be cancelled as of the premium due date of the unpaid premium, except as provided in any applicable Grace Period section.]

[[2.] Subscriber

The total premium paid by the Policyholder is the sum of premiums for all Insured Persons[, including any amount contributed toward the cost of the coverage by Insured Persons]. The initial premium is due on the Subscriber's effective date of participation under this Policy and each succeeding premium is due on the next succeeding premium due date, as shown in the *Premium Rate Table* unless the Policyholder and the Company agree to another mode of premium payment. Premiums are paid at the Company's administrative office or to the Company's authorized agent.

If any premium is not paid when due, the Subscriber's participation under this Policy will be terminated as of the premium due date of the unpaid premium, except as provided in any applicable Grace period section.]

Premium Rate Changes

The Company may change premium rates at the end of any Policy Term [or any Premium Rate Guarantee Period] with at least [31; 45; 60 days] advance notice mailed to the last known address of the [Policyholder; Subscriber]. The Company will not increase premium rates more frequently than annually, unless one of the events described below occurs.

The Company may change the premium rate during a Policy Term [or during any applicable Premium Rate Guarantee Period] if any one of the following occurs:

- [1.] the terms of this Policy change;
- [2.] the number of Insured Persons increases or decreases by more than [10%] since the later of the Policy Effective Date and the date of the last renewal of this Policy;
- [3.] coverage is reinstated following failure to pay premium during the Grace Period[;]
- [4.] [an acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [10%] or more the number of Insured Persons][;]
- [5.] a change in Insured Persons which would, on a manual rate basis, require a change of [10%] or more in the premium rate[;]
- [6.] a change in any federal or state law or regulation is enacted, adopted or amended to the extent it affects the Company's benefit obligations under this Policy[;]
- [7.] the ratio of incurred claims to earned premiums since the later of the Policy Effective Date and the last renewal date exceeds [100%] [or] [the State permissible loss ratio][;]
- [8.] [the [Policyholder; Subscriber] fails to provide sufficient information, as required by the Company, to confirm adequacy of premiums and rates currently being paid][; or]

[9.] [any [facultative] reinsurance obtained by the Company in connection with underwriting or renewal of the Policy is terminated for any reason, or if its cost increases by [10%] or more, or the Company's retention increases by [10%] or more].

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Premium Audit

The Company will have the right to audit books and records of the [Policyholder, Subscriber] at its place of business and during its regularly-scheduled business hours, in order to determine the accuracy of premiums paid.

Reinstatement

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the [Policyholder, Subscriber] satisfactory to the Company and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid.

GENERAL PROVISIONS

Addition of New [Employees/Members]

All [Employees; Members] added to the Classes of Eligible Person's in the *Schedule of Benefits* are eligible for insurance under this Group Policy.

Assignment

This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.

Certificates

Where required by law, the Company will provide a certificate of insurance for delivery to the Insured Persons. Each certificate will set forth a statement as to the insurance coverage to which the Insured Person is entitled, [and] to whom the insurance benefits are payable[, and a statement as to any [Spouse] [or] [Dependent Child] coverage].

Clerical Error

A person's coverage will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, the Company will adjust the premium fairly.

Conformity with Statutes

Any provision in this Policy that is in conflict with the requirements of any state or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Entire Contract

The Policy[,] [the Certificates,] [the Policyholder Application,] [the [applications] [and] [enrollment forms] of the Insured Persons,] and any riders, endorsements and amendments make up the entire contract between the Policyholder and the Company.

Examination of the Policy

This Policy will be available for inspection at the Policyholder's office during regular business hours.

Incontestability

In the absence of fraud, all statements made by the Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or, in the event of the death or incapacity of the Insured Persons, to his beneficiary or personal representative.

1. The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except for non-payment of premium, misrepresentation or fraud.

2. After an Insured Person has been insured under the Policy for two years during his or her lifetime, no statement made by the Insured Persons, except a fraudulent one, will be used to contest a claim under the Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by the Insured Person and a copy is given to the Policyholder, the Insured Person or the beneficiary.

However, the Company may contest coverage at any time based upon the Insured Person's ineligibility for coverage under the Policy or upon other provisions in the Policy.

Misstatement of Fact

If the Policyholder has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Noncompliance with Policy Requirements

Any express or implied waiver by the Company's of any requirements of this Policy is not a continuing waiver of such requirements. Any failure by the Company to enforce any policy provision will not be a waiver or amendment of that provision.

Policy Changes

No change in this Policy will be valid until approved by one of the Company's executive officers and endorsed on or attached to this Policy. The Company may agree with the Policyholder to modify a plan of benefits without the Insured Person's consent. No agent has authority to change this Policy or to waive any of its provisions.

Records

The Policyholder or its authorized Administrator will maintain the records of the Insured Person's insurance under this Policy. The Company will be permitted to examine the Policyholder's records relating to the insurance under this Policy at any reasonable time. The Policyholder is acting as an agent of the Insured Person for transactions relating to this insurance. The actions of the Policyholder will not be considered the actions of the Company.

[Reporting Requirements

The [Policyholder; Subscriber] or its authorized agent must report all of the following to the Company by the premium due date:

1. The names of all persons insured on the Policy Effective Date;
2. The names of all persons who are insured after the Policy Effective Date;
3. The names of those persons whose insurance has terminated;
4. Additional information required by the Company.

[The Company may, at the Company's sole discretion, waive reporting of any information specified above.]]

[Subscriber Participation Under This Policy

An organization may elect to participate under this Policy by submitting a signed Subscriber participation agreement to the Policyholder. No participation by an organization is in effect until approved by the Company.]

Workers' Compensation

This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Important Notice

For questions regarding this [Policy, Certificate], please contact the Company at the administrative office listed on the first page of this [Policy, Certificate]. The Company may also be contacted by telephone at [1-866-623-2953].

If discussions with the Company have failed to produce a satisfactory resolution to a problem, the Arkansas Department of Insurance may be contacted at:

Arkansas Department of Insurance
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904

Telephone: 1-800-852-5494

CONDITIONS OF COVERAGE

This Section describes the Conditions of Coverage under which benefits provided by this [Policy] [Certificate] become payable. Please read these and the Common Exclusions sections in order to understand all of the terms, conditions and limitations of coverage.

24-HOUR COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs any time while insured by this Policy, including riding in or entering or exiting an Aircraft.

DESCRIPTION OF BENEFITS

This Description of Benefits Section describes the Benefits provided by this Policy. Benefit amounts, benefit periods and any applicable aggregate and benefit-specific maximums are shown in the *Schedule of Benefits*. Please read these and the *Common Exclusions* sections in order to understand all of the terms, conditions and limitations applicable to these Benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Losses The Company will pay the Benefit Amount for any one of the Covered Losses listed in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Insured Person suffers a Covered Loss within the applicable time period specified in the *Schedule of Benefits*.

[If the Insured Person sustains more than one Covered Loss as a result of the same Covered Loss, the total of Benefits the Company will pay will not exceed the Principal Sum.]

Definitions

For purposes of this benefit:

- [1.] **[Loss of a Hand or Foot** means complete Severance through or above the wrist or ankle joint.]
- [2.] **[Loss of Sight** means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.]
- [3.] **[Loss of Speech** means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.]
- [4.] **[Loss of Hearing** means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.]
- [5.] **[Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers of the Same Hand** means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).]
- [6.] **[Loss of Toes** means complete Severance through the metatarsalphalangeal joint.]
- [7.] **[Coma** means a profound state of unconsciousness from which the Insured Person is not likely to be aroused through powerful stimulation. The Coma must begin within [10-90 days] of the Covered Loss, continue for [30-180 consecutive days] and must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of injuries sustained in that Covered Loss.]
- [8.] **[Brain Death** means irreversible unconsciousness, resulting directly and independently of all other causes from and within [10-365 days] of a Covered Loss, manifested by both total loss of brain function and complete

absence of electrical activity of the brain, even though the heart is still beating.]

- [9.] **Severance** means complete separation and dismemberment of the part from the body.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.

[CHILD CARE CENTER BENEFIT

The Company will pay Benefit Amount shown in the *Schedule of Benefits* for the care of each surviving Dependent Child in a Child Care Center if an Accidental Death Benefit for the Insured [Employee/Member] is payable under this Policy and he or she is survived by one or more Dependent Children under age [10-13]; who

1. was enrolled in a Child Care Center on the date of the Covered Loss; or
2. enrolls in a Child Care Center within 365 days from the date of the Covered Loss.

This benefit will be payable to the surviving Spouse if the Spouse has custody of the child. If the surviving Spouse does not have custody of the Dependent Child, benefits will be paid to the Dependent Child's legally appointed guardian. Payments will be made at the end of each 12 month period that begins after the date of the Insured [Employee's/Member's] death and ends when the Maximum Benefit Period listed the *Schedule of Benefits* has been met, or when the Dependent Child reaches age [10-13], whichever comes first. A claim must be submitted to the Company at the end of each 12 month period with proof of enrollment and attendance. A 12 month period begins:

1. when the Dependent Child enters a Child Care Center for the first time, within the period specified in 2. above, after the Insured [Employee's/Member's] death; or
2. on the first of the month following the Insured [Employee's/Member's] death, if the Dependent Child was enrolled in a Child Care Center before the Insured [Employee's/Member's] death.

Each succeeding 12-month period begins on the day immediately following the last day of the preceding period. Pro rata payments will be made for periods of enrollment in a Child Care Center of less than 12 months.

If there is no surviving Dependent Child at the time of the Insured [Employee's/Member's] Covered Death, the Default Benefit shown in the *Schedule of Benefits* will be paid to the Insured [Employee's/Member's] beneficiary.

Definitions For purposes of this benefit:

Child Care Center is a facility which:

1. is licensed and run according to laws and regulations applicable to child care facilities; and
2. provides care and supervision for children in a group setting on a regular, daily basis including After School Program and Summer Camp Programs.

A Child Care Center does not include any of the following:

1. a Hospital;
2. the child's home;
3. care provided during normal school hours while a child is attending grades one through twelve.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SEATBELT AND AIRBAG SAFETY DEVICE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the Insured Person's [or Insured Dependent's] death results from a Covered Loss, within the applicable time period specified in the *Schedule of Benefits*, while wearing a seatbelt and operating or riding as a passenger in a Private Passenger Automobile. An additional benefit is provided if the Insured Person [or Insured Dependent] was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Accident or be certified, in writing, by the investigating officer(s) and submitted with the Insured Person's [or Insured Dependent's] claim to the Company.

If such certification or police report is not available or it is unclear whether the Insured Person [or Insured Dependent] was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, the Company will pay a default benefit shown in the *Schedule of Benefits* to the Insured Person's [or Insured Dependent's] beneficiary.

In the case of a child, seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Accident.

Definitions For purposes of this benefit:

Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas or a child safety device.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

<Beazley Name Logo>

Beazley Insurance Company, Inc.

Administrative Office

[Address here]

**APPLICATION FOR GROUP INSURANCE
Accidental Death and Dismemberment**

GENERAL INFORMATION

Full Legal Name of [EMPLOYER, ASSOCIATION]:	Federal Tax ID #:
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Street Address:	City:	County:	State:	Zip code:
-----------------	-------	---------	--------	-----------

Form of Organization: [<input type="checkbox"/> Corporation] [<input type="checkbox"/> Association] [<input type="checkbox"/> Proprietorship] [<input type="checkbox"/> Partnership]	List of all Subsidiaries to be included:
---	--

Effective Date of Insurance (Month Day, Year): <i>The effective date of the insurance is subject to approval of this application by Beazley Insurance Company, Inc.</i>
--

TYPE OF INSURANCE ELECTED

INSURANCE COVERAGE	# OF ELIGIBLE [EMPLOYEES]	[EMPLOYEE] CONTRIBUTION	BENEFIT SELECTIONS
Accidental Death and Dismemberment		_____ %	<u>Covered Condition</u> 24 Hour AD&D <u>Optional Benefit:</u> Please check if applicable: <input type="checkbox"/> Seat Belt/Air Bag <input type="checkbox"/> Child Care Center

Will all or part of this policy replace similar coverage? Yes No If yes, list insurer(s), Policy Number(s), and Termination Date(s):
Insurer: _____ Policy Number: _____ Term Date: _____

DEPOSIT INFORMATION

Deposit submitted with application [\$ _____]. If the policy is issued, the deposit will apply towards the first month's premium.

AGREEMENT (This form must be signed)

The [Employer] and Beazley Insurance Company, Inc. ("we", "us" or "our") agree that:

THE APPLICATION should form the basis for and become part of any policy issued. PREMIUM RATES shall: (1) be subject to all provisions in that policy; and (2) be binding on both [Employer] and us. LIABILITY OF THE COMPANY – We will have no liability until this request has been approved at Our Administrative Office. AUTHORITY OF AGENTS – No agent can change the terms of this request or any policy we issue. No agent can waive any of our rights or requirements or extend the time for any premium payments. CHANGES AND CORRECTIONS – The acceptance of any policy issued on this request shall constitute ratification of any correction or amendment made by Us. Changes are an amendment to and form a part of the original request and any policy issued.

AUTHORIZATION AND ACKNOWLEDGMENT

I certify that the above information is true and correct to the best of my knowledge and belief.

Please continue to read below for special notices required by state law.

[Employer] (full legal name): _____

Dated at _____ this _____ day of _____.

Signature of Authorized person:	Print Name:	Print Title:
Signature of Licensed Resident Agent:	Print Name of Agent and License Number:	P.O. Box Address (including zip code):

FRAUD WARNING

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.]

[Alaska - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.]

[Arizona - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.]

[Arkansas, Louisiana, Rhode Island, West Virginia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

[California - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.]

[Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

[Delaware - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.]

[District of Columbia - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

[Idaho - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.]

[Indiana - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.]

[Kansas – It is unlawful to commit a fraudulent insurance act, which means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.]

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

[Maine, Tennessee, Virginia, Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.]

[Maryland - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

[Minnesota - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.]

[New Hampshire - Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.]

[New Jersey - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.]

[New Mexico – Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.]

[Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.]

[Oklahoma - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.]

[Oregon - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.]

[Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[Vermont - Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.]

<Beazley Name Logo>

Beazley Insurance Company, Inc.

Administrative Office

[Address here]

Use this form to apply or make changes to the coverage listed below.

[EMPLOYEE / MEMBER] ENROLLMENT FORM

Accidental Death and Dismemberment Enrollment Form

A. [EMPLOYEE / MEMBER] INFORMATION

Last Name	First Name	M.I.	Social Security #	Date of Birth
Street Address	Apt. No.	City	State	Zip Code
Home Phone ()	Work Phone ()	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
[Employer or Group/Association Name] and address		[Division]	[Job Title / Employment Date or Membership Effective Date]	
How many hours are you regularly working per week with your present employer? _____ hours per week		Please list your salary received during the prior 12 months from your current employer:\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly		
Insurance Requested: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Status Change: (Family status / Address / Name / Other)		Date:		
Coverage Election: Please select coverage for you and your Spouse [/Domestic Partner] and/or Child(ren), if applicable. <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee Plus Spouse[/Domestic Partner] <input type="checkbox"/> Employee Plus Child(ren) <input type="checkbox"/> Employee Plus Family				

B. DEPENDENT COVERAGE (complete only if dependent coverage option purchased by [employer])

Last Name	First Name	MI	Relationship	Date of Birth	Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F

C. BENEFICIARY INFORMATION

Name of Beneficiary:	Relationship to Insured:
----------------------	--------------------------

D. AUTHORIZATION AND ACKNOWLEDGMENT (This form must be signed)

I hereby declare that all the statements made above are, to the best of my knowledge and belief, true and complete and that they are the basis on which insurance requested by me may be issued.

All statement made by me are representations and not warranties. No statement made by me will be used to contest the insurance provided by the Policy, unless: 1) it is contained in a written statement signed by me; and 2) a copy of the statement is furnished to me or my beneficiary. I agree that a photocopy of this form shall be as valid as the original, and that it shall be valid for 24 months from the date signed. I also understand that I, or the person authorized to act on my behalf, is entitled to receive a copy of this authorization form.

[I understand that by signing this form I am authorizing the necessary premium deductions from my salary or wages for the coverage I have selected.]

AUTHORIZATION AND ACKNOWLEDGMENT

I certify that the above information is true and correct to the best of my knowledge and belief.

Please continue to read below for special notices required by state law.

X _____

Signature of Proposed Insured

Date Signed

FRAUD WARNING

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.]

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[Delaware - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.]

[District of Columbia - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

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

[Maine, Tennessee, Virginia, Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.]

[Maryland - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

[Minnesota - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.]

[New Hampshire - Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.]

[New Jersey - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.]

[New Mexico – Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.]

[Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.]

[Oklahoma - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.]

[Oregon - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.]

[Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[Vermont - Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.]

SERFF Tracking Number: PERR-127862984 State: Arkansas
 Filing Company: Beazley Insurance Company, Inc. State Tracking Number: 50435
 Company Tracking Number: BICI-GPA-AR-11-01-F
 TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Product Name: Group Personal Accident
 Project Name/Number: BICI-GPA-AR-11-01-F/BICI-GPA-AR-11-01-F

Supporting Document Schedules

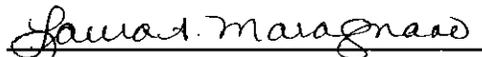
	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Beazley AHPA AR Readability.pdf	Approved-Closed	12/13/2011
Satisfied - Item: Application Comments: Acknowledged, please refer to Form Schedule tab.	Approved-Closed	12/13/2011
Satisfied - Item: Statement of Variability Comments: Attachment: AHPAC0001-AR 092011 Ed SOV.pdf	Approved-Closed	12/13/2011
Satisfied - Item: Authorization letter Comments: Attachment: Beazley Authorization Letter.pdf	Approved-Closed	12/13/2011

CERTIFICATE OF READABILITY
Arkansas

FORM NAME	FORM NUMBER	FLESCH SCORE
Non-Participating Accident [Policy][Certificate]	AHPAC0001-AR 092011 Ed.	61.37
Application for Group Insurance	AHPAA0101 102011 Ed.	47.22
Enrollment Form	AHPAA0001 102011 Ed.	50.4

The text was Flesch scored by computer.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations.


Laura A. Maragnano
(Signature of Company Officer)

Laura A. Maragnano, Asst. Secretary
Beazley Insurance Company, Inc.
30 Batterson Park Road
Farmington, CT 06032
860-677-3746

Beazley Insurance Company, Inc.
Personal Accident Master Policy/Certificate (AHPAC0001-AR 092011 Ed.)
Statement of Variability

Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
1	Face Page	Policyholder Name	This section of the table will only be included if the form is utilized as a Master Policy. Information will vary by Policyholder.
1		Policyholder Address	This section of the table will only be included if the form is utilized as a Master Policy. Information will vary by Policyholder.
1		Insurer Address (Administrative Office)	Information may vary based on where policy is serviced.
1		Insurer Address (Notice of Claim)	Information may vary based on where claims are handled.
1		Policy Number	This section of the table will only be included if the form is utilized as a Master Policy. Information will vary by Policyholder.
1		Effective Date	This section of the table will only be included if the form is utilized as a Master Policy. Information will vary by Policyholder.
1		Policy Term	This section of the table will only be included if the form is utilized as a Master Policy. Information will vary by Policyholder.
1		Anniversary Date	This section of the table will only be included if the form is utilized as a Master Policy. Information will vary by Policyholder.
1		Paragraphs 1 & 2	These paragraphs will be included if the form is utilized as a Master Policy.
1		Paragraphs 3 & 4	These paragraphs will be included if the form is utilized as a Certificate.
1		"In Witness Whereof"	This paragraph will be included if the form is utilized as a Certificate.
1		Policy v. Certificate	Side by side references to [Policy][Certificate] indicate that the appropriate term will be included depending on whether the form is utilized as a Master Policy or Certificate.
1		Right to Examine Certificate	This provision may be included if the insured person contributes to the cost of insurance. The number of days will vary based on policyholder specifics.
1		Notices	Notices will vary based on the specific provisions included in the policy.
2		Table of Contents	Page Numbers

Beazley Insurance Company, Inc.
Personal Accident Master Policy/Certificate (AHPAC0001-AR 092011 Ed.)
Statement of Variability

Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability	
3	Schedule of Benefits	Policy v. Certificate	Side by side references to [Policy][Certificate] indicate that the appropriate term will be included depending on whether the form is utilized as a Master Policy or Certificate.	
3		Insured Employee Name	This table will only be included if the form is utilized as a Certificate and a personalized Certificate is issued. Information will vary by Insured. "Employee" will be changed to "Member" for association policyholders.	
3		Insured Dependent Name(s)	This section of the table will only be included if the form is utilized as a Certificate, a personalized Certificate is issued and dependents are insured. The information will vary by Certificate.	
3		Certificate Effective Date	This section of the table will only be included if the form is utilized as a Certificate and a personalized Certificate is issued. Information will vary by Certificate.	
3		Certificate Number	This section of the table will only be included if the form is utilized as a Certificate and a personalized Certificate is issued. Information will vary by Certificate.	
3		Schedule of Benefits	Policyholder Name	This table will only be included if the form is utilized as a Certificate. Information will vary by Certificate.
3			Policyholder Number	This table will only be included if the form is utilized as a Certificate. Information will vary by Certificate.
3			Eligibility	The term "permanent" may be used to reflect policyholder specifics. "Employees" will be changed to "Members" for association policyholders. The age limitations will vary by Policyholder. Minimum weekly working hours will be 10 to 30, if included. If Spouses and/or Dependent Children are eligible for coverage, they will be included. If the Company defines covered classes of eligible persons they will be described.
3			Conditions of Coverage	Side by side references to [Policy][Certificate] indicate that the appropriate term will be included depending on whether the form is utilized as a Master Policy or Certificate.
3			Policy Individual Maximum	Side by side references to [Policy][Certificate] indicate that the appropriate term will be included depending on whether the form is utilized as a Master Policy or Certificate. The range of potential values is shown on the form. The value selected will vary by policyholder.
3	Policy Aggregate Maximum		If a Policy Aggregate Maximum applies, it will be listed here. The range of potential values is shown on the form. The value selected will vary by policyholder.	
4	Principal Sum		If a Principal Sum amount is utilized in the calculation of benefits, it will be listed here. The range of potential values is shown on the form. Insured Spouse and Insured Dependent Children will be listed	

Beazley Insurance Company, Inc.
Personal Accident Master Policy/Certificate (AHPAC0001-AR 092011 Ed.)
Statement of Variability

Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
	Schedule of Benefits		if they are covered under the policy.
4		Age Reduction	If a reduction of benefits applies at a particular age, this section will be included. The range of potential benefit reduction %s is shown on the form. If premium remains the same regardless of the reduction, the last sentence in this section is included.
4/5		Accidental Death and Dismemberment Benefit	The range of time limits within which a loss must occur is listed in the form. The benefit amounts for the insured person and insured dependents will be listed as applicable. The range of potential values is shown on the form. The types of loss specifically covered will be listed. The range of benefit amounts that may be listed for each type of loss is shown on the form.
5		Child Care Center Benefit	This section will be included if this benefit is provided. The ranges of potential benefits and time periods are shown on the form.
5		Seatbelt and Airbag/Safety Device Benefit	This section will be included if this benefit is provided. The ranges of potential benefits and time periods are shown on the form.
6		Premium/Rate Table	The applicable premium/rate amounts and payment schedule will be described in this section. This section may not be included if the form is used as a Certificate and the coverage is non-contributory. The sentence regarding the premium rate guarantee will be deleted if a rate guarantee is not provided.
7	Definitions	Introductory Paragraph	Side by side references to [Policy][Certificate] indicate that the appropriate term will be included depending on whether the form is utilized as a Master Policy or Certificate.
7		Active Service	If eligibility requires a minimum number of hours of work per week, the first definition of Active Service will be used. If eligibility is not contingent on a minimum number of hours of work per week, the second definition of Active Service will be used.
9		Eligible Domestic Partner	If Eligible Domestic Partner is included in the definition of Spouse, this definition will be included. The specific definition of Eligible Domestic Partner will be based on policyholder specifics to the extent there is variable material.
9		Domestic Partnership Agreement	If coverage is not being provided to domestic partners or if Domestic Partnership Agreement is not included in the definition of Domestic Partner, this definition will be deleted.
10		Employer	This definition will be included if the policy is issued to an Employer group. Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.

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Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
10		Employee	This definition will be included if the policy is issued to an Employer group. Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.
10		Insured Dependent	This definition will be included if dependents are covered under the policy.
10		Insured Dependent Child	This definition will be included if dependent children are covered under the policy.
11		Insured Spouse	This definition will be included if spouses are covered under the policy.
11		Insured Person	The phrase regarding enrollment forms will be included if they are required for eligibility. The phrase regarding premium payment will be included when the insured person pays a portion of the premium. This last sentence of this definition will be included if dependents are covered under the policy.
11		Member	This definition will be included if the policy is issued to an Association group. If the Company defines covered classes within the eligibility guidelines, the reference to covered class will be included in this definition.
11		Nurse	Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.
11		Paralysis/Paralyzed	The definition of Paralysis will vary based on policyholder specifics.
11/12		Physician	Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.
12		Policy Term	Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.
12		Primary Insured	The bracketed phrase will only be included if enrollment forms are required for eligibility.
12		Private Passenger Automobile	Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.
12		Spouse	If Dependent Spouse coverage is provided, the sentence regarding age limitations and the introduction to the sentence regarding divorce will be included. The definition of Spouse may or may not include eligible domestic partner based on policyholder specifics.
13		Subscriber	This definition will be included if the policy is issued to an Association group.

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13		Total Disabled	This definition will be included if the term is referenced in the policy. The second section of the definition is included if the definition of total disability is not dependent on employment.
14/15	Eligibility, Effective Date and Termination Provisions	Effective Date for Individuals	The first section will be included if insured persons are not required to contribute to the cost of insurance. The second section will be included if insured persons are required to contribute to the cost of insurance. The third section will be included on policies (a) that provide dependent coverage and (b) for which [Employees, Members] are not required to contribute to the cost of coverage for their dependents or coverage is mandatory. The last section will be included on policies (a) that provide Spouse and/or Dependent Child coverage and (b) for which [Employees, Members] are required to contribute to the cost of coverage for their Spouse and/or Dependent Child. "Employee" will be changed to "Member" for association policyholders. The time frames will vary based on policyholder specifics, but will not be less than 90 days.
15		Effective Date for Newly Acquired Affiliates	Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics. The range of time periods is shown in the form. "Employee" will be changed to "Member" for association policyholders.
15/16		Eligibility	"Employee" will be changed to "Member" for association policyholders. References to Spouse and Dependent Children will be included if dependent coverage is provided under the policy. If the Company defines covered classes within the eligibility guidelines, the reference to covered class will be included in this definition.
16		Subscriber Effective Date	This section is included if the policy is issued to an Association group.
16		Termination of Insurance	If the Company defines covered classes within the eligibility guidelines, the reference to covered class will be included in this definition. The sentence regarding Armed Forces will be included unless Armed Forces Coverage is listed as a covered condition on the Schedule. The termination provision related to subscribers may be included based on policyholder specifics. Emergency Sickness will be included if covered under the policy. The reference to the Policy Aggregate Maximum will be included if one is listed on the Schedule.
16/17		Portability	This provision will be included if portability is an option under the policy. A minimum time period of continuous coverage may be required prior to porting. If not, the associated language will be deleted. "Employee" will be changed to "Member" for association policyholders. If Spouses, and/or Dependent Children are eligible for coverage, they will be referenced in the provision. Language regarding increasing and decreasing coverage after it is ported may be deleted depending on policyholder specifics. If the ported certificate will be allowed to continue past the termination of

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			the Master Policy, the first reason for termination will be deleted. Language regarding billing fees may be deleted if not applicable for a particular policyholder.
18/19	Common Exclusions	All	The bracketed exclusions may be included based on policyholder specifics. Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.
20	Claim Provisions	Beneficiary	Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.
20		Claim Forms	The number of days listed will be based on policyholder specifics. The range of days is shown in the form.
20		Notice of Claim	The number of days listed will be based on policyholder specifics. The range of days is shown in the form.
21		Payment of Claims to Foreign Employees	Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.
22		Proof of Loss	The range of potential time periods is listed in the form. The information on periodic payments will be included if benefits providing periodic payments are included in the form.
23	Administrative Provisions	Cancellation	Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics. The range of potential notice periods is listed in the form.
23		Grace Period	The potential lengths for the grace period are listed in the form. Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.
23		Premium	The statement regarding benefit reduction at certain ages will be included if this provision is included in the policy. The reference to subscribers may be included if the policyholder is an association.
23/24		Premium Payment	The first and/or second sections may be included based on policyholder specifics. The reference to contributions by insured persons will be included if the insured persons share in the cost of the insurance.

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Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
24/25		Premium Rate Changes	The potential time periods are listed in the form. Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics. The particular reasons the Company may revise the rate during the policy or guarantee period will vary based on policyholder specifics. References to premium rate guarantee will be deleted if one is not provided on the policy.
25		Premium Audit	Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.
25		Reinstatement	Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics.
26	General Provisions	Addition of New Employees/Members	"Employee" will be changed to "Member" for association policyholders.
26		Certificates	The reference to spouses and dependent children is included if coverage for dependents is provided under the policy.
26		Entire Contract	Certificates, applications and enrollment forms will be listed if they are required.
27/28		Reporting Requirements	This section will be included if there are reporting requirements. Side by side references to [Subscriber, Policyholder] indicate that the appropriate term will be included depending on policyholder specifics. If reporting requirements can be waived, the last sentence will be included.
28		Subscriber Participation Under This Policy	This section may be included based on policyholder specifics.
28		Important Notice	Side by side references to [Policy, Certificate] indicate that the appropriate term will be included depending on policyholder specifics. Information may vary based on where policy is serviced.
29	Conditions of Coverage	Intro Paragraph	Side by side references to [Policy][Certificate] indicate that the appropriate term will be included depending on whether the form is utilized as a Master Policy or Certificate.
30/31	Description of Benefits	Accidental Death and Dismemberment	The particular types of losses covered under the policy will be listed. The ranges of any applicable time frames are listed in the form.
31/32		Child Care Center Benefit	This provision will be included if the policy provides for this benefit. "Employee" will be changed to "Member" for association policyholders. The range of maximum ages is shown in the form.

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Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
32	Description of Benefits	Seatbelt and Airbag Benefit	This provision will be included if the policy provides for this benefit. The reference to dependent will be included if covered under the policy.

Beazley Group

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March 16, 2011

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Beazley Insurance Company, Inc. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department
Perr&Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Tel: (888) 201-5123
Fax: (310) 230-1061
doi@perrknight.com

Please contact me at 952-886-7221 if you have any questions regarding this authorization.

Sincerely,



Paul Gulstrand
Head of Accident & Health Insurance, USA
Email: paul.gulstrand@beazley.com

beazley

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