

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name: Blanket Accident

Project Name/Number: NUFIC-H-BA-AR-12-01-F/NUFIC-H-BA-AR-12-01-F

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: Blanket Accident

State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness

Sub-TOI: H04.000 Health - Blanket Accident/Sickness

Filing Type: Form

Date Submitted: 08/24/2012

SERFF Tr Num: AGNY-128643808

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: NUFIC-H-BA-AR-12-01-F

Implementation: On Approval

Date Requested:

Author(s): Lois Pimentel

Reviewer(s): Rosalind Minor (primary)

Disposition Date: 09/07/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident
Project Name/Number: NUFIC-H-BA-AR-12-01-F/NUFIC-H-BA-AR-12-01-F

General Information

Project Name: NUFIC-H-BA-AR-12-01-F Status of Filing in Domicile:
 Project Number: NUFIC-H-BA-AR-12-01-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, Blanket Overall Rate Impact:
 Filing Status Changed: 09/07/2012 Deemer Date:
 State Status Changed: 09/07/2012 Submitted By: Lois Pimentel
 Created By: Lois Pimentel
 Corresponding Filing Tracking Number: N/A

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

On behalf of National Union Fire Insurance Company of Pittsburgh, PA ("the Company"), we are filing several new optional benefit riders for your review and approval. When elected by the Blanket Policyholder, the riders will be attached to Blanket Accident Insurance Policy Form C11860DBG-AR et al, approved by your Department on October 29, 2001. Subsequent enhancements to this product were approved on August 28, 2002, August 14, 2007, April 15, 2008, September 10, 2008, August 28, 2009 and October 11, 2010.

These forms are new and not intended to replace any other forms previously approved by your Department. The subject forms are:

- The Psychological Therapy Benefit Rider [C36286DBG] pays an indemnity for joint or family mental health counseling sessions that are required to assist the Insured Person in coping with a covered accidental dismemberment.
- The Physical Therapy Benefit Rider [C36297DBG] pays an indemnity for physical therapy sessions that are required for remediation of impairments and disabilities caused by a loss covered under the policy.
- The Amendatory Endorsement – War Risk Coverage [C36293DBG] revises and updates the policy’s definition of Designated War Risk Territory.
- The Amendatory Endorsement – New Acquisitions [C36294DBG] details requirements for insuring employees or members of corporations, partnerships or sole proprietorships acquired by the Policyholder after the initial effective date of the policy.
- The Coma Benefit Rider [C11914DBG (Rev 7/12)] revises and updates Coma Rider C11914DBG by adding a range of monthly indemnities and to allow that the remainder of the Insured Person’s Principal Sum amount will become payable after 11 months of a comatose state.
- The Seat Belt and Air Bag Benefit Rider [C11935DBG (Rev 7/12)] revises and updates Seat Belt & Air Bag Rider C11935DBG by adding a default Seat Belt benefit that become payable if it cannot be positively determined that a seat belt was in use at the time of the covered accident.
- The On Premises Fire or Emergency Alert Hazard [C11894DBG (Rev 7/12)] revises and updates On Premises Fire Alert

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident
Project Name/Number: NUFIC-H-BA-AR-12-01-F/NUFIC-H-BA-AR-12-01-F

Hazard C11894DBG by adding emergency conditions other than fire to the hazard as well as expanding the hazard to include participation in fire or other emergency drills.

- The Funeral Expense Benefit Rider [C36296DBG] pays an additional indemnity to offset the funeral costs of an insured who suffers a covered accidental death.
- The Worksite Modification Benefit Rider [C36298DBG] pays an additional indemnity to offset the costs of modifying and insured's work station to provide wheelchair accessibility required as a result of sustaining a loss covered under the policy.

Any language in brackets is variable to be included or omitted or, where applicable, to vary to the numeric ranges displayed within the brackets and/or set forth in the Explanation of Variables.

The Explanation of Variables – Revised has been prepared primarily to expand previously approved bracketed materials to add new variable ranges. The expanded ranges are highlighted. This document also describes the parameters of annotated variables in the new items as well as incorporating the various variability statements for forms that were submitted and approved after the original filing, as specified above.

The effective date of issue of these new forms and EOv will be upon approval by your Department.

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

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

Company and Contact

Filing Contact Information

Ines Piquet, Manager ipiquet@perrknight.com
 881 Alma Real Drive 310-230-9339 [Phone] 120 [Ext]
 Suite 205
 Pacific Palisades, CA 90272

Filing Company Information

National Union Fire Insurance	CoCode: 19445	State of Domicile:
Company of Pittsburgh, Pa.	Group Code:	Pennsylvania
175 Water Street	Group Name:	Company Type:
New York, NY 10038	FEIN Number: 25-0687550	State ID Number:
(212) 458-5000 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$450.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form (x 9 forms) = \$450

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name: Blanket Accident

Project Name/Number: NUFIC-H-BA-AR-12-01-F/NUFIC-H-BA-AR-12-01-F

Per Company: No

Company	Amount	Date Processed	Transaction #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$450.00	08/24/2012	62006379

SERFF Tracking #:

AGNY-128643808

State Tracking #:

Company Tracking #:

NUFIC-H-BA-AR-12-01-F

State:

Arkansas

Filing Company:

National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI:

H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name:

Blanket Accident

Project Name/Number:

NUFIC-H-BA-AR-12-01-F/NUFIC-H-BA-AR-12-01-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/07/2012	09/07/2012

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident
Project Name/Number: NUFIC-H-BA-AR-12-01-F/NUFIC-H-BA-AR-12-01-F

Disposition

Disposition Date: 09/07/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Supporting Document	Letter of Authorization	Approved-Closed	Yes
Form	PSYCHOLOGICAL THERAPY BENEFIT RIDER	Approved-Closed	Yes
Form	PHYSICAL THERAPY BENEFIT RIDER	Approved-Closed	Yes
Form	AMENDATORY ENDORSEMENT - WAR RISK COVERAGE	Approved-Closed	Yes
Form	AMENDATORY ENDORSEMENT - NEW ACQUISITIONS	Approved-Closed	Yes
Form	COMA BENEFIT RIDER	Approved-Closed	Yes
Form	SEAT BELT [AND AIR BAG] BENEFIT RIDER	Approved-Closed	Yes
Form	ON-PREMISES FIRE OR EMERGENCY ALERT	Approved-Closed	Yes
Form	FUNERAL BENEFIT RIDER	Approved-Closed	Yes
Form	WORKSITE MODIFICATION BENEFIT RIDER	Approved-Closed	Yes

State: Arkansas

Filing Company:

National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name: Blanket Accident

Project Name/Number: NUFIC-H-BA-AR-12-01-F/NUFIC-H-BA-AR-12-01-F

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/07/2012	C36286DBG	POLA	PSYCHOLOGICAL THERAPY BENEFIT RIDER	Initial:	50.500	C36286DBG.pdf
2	Approved-Closed 09/07/2012	C36297DBG	POLA	PHYSICAL THERAPY BENEFIT RIDER	Initial:	51.400	C36297DBG.pdf
3	Approved-Closed 09/07/2012	C36293DBG	POLA	AMENDATORY ENDORSEMENT - WAR RISK COVERAGE	Initial:	50.400	C36293DBG.pdf
4	Approved-Closed 09/07/2012	C36294DBG	POLA	AMENDATORY ENDORSEMENT - NEW ACQUISITIONS	Initial:	50.700	C36294DBG.pdf
5	Approved-Closed 09/07/2012	C11914DBG (Rev 7/12)	POLA	COMA BENEFIT RIDER	Initial:	51.900	C11914DBG (Rev 7- 12).pdf
6	Approved-Closed 09/07/2012	C11935DBG (Rev 7/12)	POLA	SEAT BELT [AND AIR BAG] BENEFIT RIDER	Initial:	50.400	C11935DBG (Rev 7- 12).pdf
7	Approved-Closed 09/07/2012	C11894DBG (Rev 7/12)	POLA	ON-PREMISES FIRE OR EMERGENCY ALERT	Initial:	50.700	C11894DBG (Rev 7- 12).pdf
8	Approved-Closed 09/07/2012	C36296DBG	POLA	FUNERAL BENEFIT RIDER	Initial:	50.100	C36296DBG.pdf
9	Approved-Closed 09/07/2012	C36298DBG	POLA	WORKSITE MODIFICATION BENEFIT RIDER	Initial:	50.300	C36298DBG.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider

SERFF Tracking #:

AGNY-128643808

State Tracking #:**Company Tracking #:**

NUFIC-H-BA-AR-12-01-F

State:

Arkansas

Filing Company:

National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI:

H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name:

Blanket Accident

Project Name/Number:

NUFIC-H-BA-AR-12-01-F/NUFIC-H-BA-AR-12-01-F

DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

BENEFIT B-47 PSYCHOLOGICAL THERAPY BENEFIT RIDER

This Rider is attached to and made part of the Policy[as of the Policy Effective Date shown in the Declarations section of the Policy][effective [Month Day, Year]]. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Psychological Therapy Benefit. If Injury to the Insured Person results within [90, 180, 365]¹ days of the date of the accident that caused the Injury, in an accidental dismemberment for which an Accidental Dismemberment benefit is payable under the Policy, the Company will pay Covered Psychological Therapy Expenses that are due to the Injury causing the dismemberment. The Covered Psychological Therapy Expenses must be incurred within one year after the date of the accident causing the Injury. The amount payable for this benefit is the lesser of [\$5,000 - \$50,000]² or [5, 10, 15, 20, 25]³% of the Insured Person's Principal Sum. Covered Psychological Therapy Expenses do not include any expenses for or resulting from an Injury for which the Insured Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

Covered Psychological Therapy Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Psychological Therapy Session for the Insured Person provided under the care or supervision of a Physician; (2) does not exceed the usual level of charges for similar therapy sessions in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Medically Necessary Psychological Therapy Session - as used in this Rider, means any individual, joint or family mental health counseling session that: (1) is essential to assist the Insured Person in coping with the accidental dismemberment; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

BENEFIT B-48 PHYSICAL THERAPY BENEFIT RIDER

This Rider is attached to and made part of the Policy[as of the Policy Effective Date shown in the Declarations section of the Policy][effective [Month Day, Year]]. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Physical Therapy Benefit. If an Insured Person suffers an accidental dismemberment[or paralysis]¹[or an accidental loss of use]² for which an Accidental Dismemberment[and Paralysis]¹[or Loss of Use]² benefit is payable under the Policy, the Company will pay Covered Physical Therapy Expenses that are due to the Injury causing the loss. The Covered Physical Therapy Expenses must be incurred within one year after the date of the accident causing the Injury. The amount payable for this benefit is [\$100 - \$500]³ for each Medically Necessary Physical Therapy Session, for up to [ten (10), fifteen [15], twenty (20)]⁴ sessions for treatment of all losses caused by the same accident. Covered Physical Therapy Expenses do not include any expenses for or resulting from an Injury for which the Insured Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

Covered Physical Therapy Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Physical Therapy Session for the Insured Person provided under the care or supervision of a Physician and carried out by a licensed physical therapist; (2) does not exceed the usual level of charges for similar therapy sessions in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Medically Necessary Physical Therapy Session - as used in this Rider, means any physical therapy session that: (1) is required to assist the Insured Person in remediation of impairments and disabilities and the promotion of mobility, functional ability, quality of life and movement potential through examination, evaluation, diagnosis and physical intervention; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and carried out by a licensed physical therapist.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

ENDORSEMENT E-8

**AMENDATORY ENDORSEMENT
WAR RISK COVERAGE**

(C11898DBG, C11899DBG, C11900DBG, C11901DBG, C11945DBG, C11946DBG)

This Endorsement is attached to and made part of the Policy [as of the Policy Effective Date shown in the Declarations section of the Policy][effective [Month Day, Year]]. It applies only with respect to coverage on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement.

It is hereby understood and agreed that the definition of Designated War Risk Territories in any of the above forms that are attached to this Policy is hereby revised to read as follows:

Designated War Risk Territory(ies) means[named country(ies) or part(s) of country(ies)]¹ [worldwide except named country(ies) or part(s) of country(ies)]² and, unless the Company is notified in advance, [named country(ies) or part(s) of country(ies)]³. A Designated War Risk Territory does not include the United States of America[or the Insured Person's country of permanent residence]⁴.

[Designated War Risk Territory(ies) to be reported to the Company -[named country(ies) or part(s) of country(ies)]⁵]⁶

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:



NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

ENDORSEMENT E-9

**AMENDATORY ENDORSEMENT
NEW ACQUISITIONS**

This Endorsement is attached to and made part of the Policy [as of the Policy Effective Date shown in the Declarations section of the Policy][effective [Month Day, Year]]. It applies only with respect to coverage on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement.

It is hereby understood and agreed that the following is added to the Declarations section of the policy and that it replaces any similar statement that may appear there.

Newly Acquired Corporations, Partnerships, or Sole Proprietorships. The premium for this Policy applies only to the Policyholder as constituted on the Policy Effective Date (or any renewal date of this Policy). However, any corporation, partnership, or sole proprietorship [consisting of [50 – 5,000]¹ lives or greater]² acquired by the Policyholder after the Policy Effective Date (or the renewal date) will be considered a part of the Policyholder, or a Covered Affiliate or Subsidiary, as of the date of the acquisition, but only if the following conditions are both met by the Policyholder within a reasonable time after the acquisition date: (1) it must report to the Company, in writing, the name of the newly acquired entity and all underwriting information the Company deems necessary to determine any additional premium required; and (2) it must agree to, and must pay, any required additional premium (or an appropriate portion thereof as agreed upon with the Company). If both conditions are not met within a reasonable time after the acquisition date, the newly acquired entity will not be considered a part of the Policyholder, or a Covered Affiliate or Subsidiary, and the employees from the newly acquired entity will not be considered as employees of the Policyholder or a Covered Affiliate or Subsidiary for Policy purposes, until the date both conditions are met.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:



NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]
Policy Number: [XXXXXX]

BENEFIT B-7 (Rev) COMA BENEFIT RIDER

This Rider is attached to and made part of the Policy[as of the Policy Effective Date shown in the Declarations section of the Policy][effective [Month Day, Year]]. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Coma Benefit. If Injury renders an Insured Person Comatose within [30, 60, 90, 120,180,365]¹ days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of [1%, 2%, 3%, 4% 5%]² of the Insured Person's Principal Sum. This benefit is payable monthly for 11 months if the Insured Person remains Comatose due to that Injury. If the Insured Person remains Comatose through the 11th month, any residual portion of that Insured' Person's Principal Sum will become payable on the first day of the 12th month during which the Insured Person remains Comatose. If the Insured Person ceases to be Comatose due to the Injury any time during the first 11 months, the monthly benefit will end. No benefit is provided for the first 30 days of Coma. No benefit is payable after the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Coma/Comatose - as used in this Rider, means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

BENEFIT B-28 (Rev)[variation identifier (alphanumeric)] SEAT BELT[AND AIR BAG] ¹BENEFIT RIDER ([Variation Description])

This Rider is attached to and made part of the Policy[as of the Policy Effective Date shown in the Declarations section of this Policy][effective [Month Day, Year]]. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Seat Belt Benefit. The Company will pay a benefit under this Rider when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory-installed seat belt. The amount payable under this Rider is[the lesser of: (1)]² \$[5,000 - 1,000,000 (in \$5,000 increments to \$50,000 and then \$10,000 increments to \$100,000 and then \$25,000 increments to the maximum)]³; [or (2)]² [10 - 100 (in 5% increments)]⁴% of the Insured Person's Principal Sum]⁵. However, if it cannot be determined that a properly fastened, original, factory-installed seat belt was being used at the time of the accident causing the Injury, a default benefit of [\$1,000, \$2,000]⁶ will be payable.

[Air Bag Benefit. The Company will pay an additional benefit under this Rider if a Seat Belt Benefit is payable under this Rider and if the Insured Person is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact. The additional amount payable under this Rider is [the lesser of: (1)]² \$[5,000 - 1,000,000 (in \$5,000 increments to \$50,000 and then \$10,000 increments to \$100,000 and then \$25,000 increments to the maximum)]³; [or (2)]²[5 - 100 (in 5% increments)]⁴% of the Insured Person's Principal Sum.]⁵]¹

Verification of the actual use of the seat belt, at the time of the accident,[and that the Supplemental Restraint System inflated properly upon impact]¹ must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

Automobile - as used in this Rider, means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

[Supplemental Restraint System - as used in this Rider, means an air bag which inflates for added protection to the head and chest areas.]¹

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A stylized handwritten signature consisting of large, bold letters, likely 'R' and 'H', followed by a horizontal line.

President

A handwritten signature that appears to start with 'D' and 'i', followed by several loops and a final flourish.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

HAZARD H-35 (Rev) ON-PREMISES FIRE OR EMERGENCY ALERT

Hazard H-35 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person as a result of a Fire or Emergency Alert:

1. that is not an act of the Insured Person [, an employee of the Policyholder]¹[or][, a former employee of the Policyholder whose employment with the Policyholder ended less than 6 (six) months before the date of the Fire or Emergency Alert]²; and
2. that occurs While On-Premises of the Policyholder.

Exclusions. All exclusions in the General Exclusions section of this Policy apply with respect to this Hazard.

Fire - as used in this Hazard, means any intentional burning of materials that is done with the intent to cause injury, damage or fear, or any accidental burning of materials.

Fire or Emergency Alert - as used in this Hazard, means: (1) any report of the presence of a Fire (whether or not there actually is a Fire) or other emergency condition or situation directly in or on the premises of the Policyholder that requires evacuation of such premises; (2) any Fire or other emergency condition or situation directly in or on the premises of the Policyholder, which has been reported to the local fire department or other emergency response authority; or (3) a Policyholder sponsored and supervised Fire Drill or Emergency Drill.

Fire Drill – as used in this Hazard means a rehearsal of duties or escape procedures to be followed in case of Fire.

Emergency Drill – as used in this Hazard, means a simulated emergency situation conducted in order to test readiness for a genuine emergency situation.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

BENEFIT B-49 FUNERAL BENEFIT RIDER

This Rider is attached to and made part of the Policy[as of the Policy Effective Date shown in the Declarations section of the Policy][effective [Month Day, Year]]. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Funeral Benefit. If an Insured Person suffers an accidental death for which an Accidental Death benefit is payable under the Policy, the Company will pay Covered Funeral Expenses. The amount payable for is the least of (a) the actual charges incurred for Covered Funeral Expenses; (b) [\$5,000 - \$25,000]¹ or (c) [5% - 20%]² of the Insured Person's Principal Sum.

Covered Funeral Expense(s) - as used in this Rider, means an expense for (1) transportation of the deceased from the death site to the funeral service site; (2) a container or casket for the deceased's remains to be placed in and (3) basic services of the funeral home and staff including but not limited to embalming, interment or cremation.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

BENEFIT B-50 WORKSITE MODIFICATION BENEFIT RIDER

This Rider is attached to and made part of the Policy[as of the Policy Effective Date shown in the Declarations section of the Policy][effective [Month Day, Year]]. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Worksite Modification Benefit. If an Insured Person:

1. suffers an accidental dismemberment[or paralysis]¹[or an accidental loss of use]² for which an Accidental Dismemberment[and Paralysis]¹[or Loss of Use]² benefit is payable under the Policy;
2. did not, prior to the date of the accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

the Company will pay for Covered Worksite Modification Expenses that are incurred within one year after the date of the accident causing such loss(es), up to a maximum of [\$5,000; \$10,000; \$15,000; \$20,000; \$25,000; \$30,000; \$35,000; \$40,000; \$45,000; \$50,000]³ for all such losses caused by the same accident.

Covered Worksite Modification Expenses - as used in this Rider, means one-time expenses that are charged for:

1. alterations to the Insured Person's work station that are necessary to make it accessible for a wheelchair-confined person; or
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the Insured Person's worksite are:

1. made on behalf of the Insured Person;
2. recommended by a nationally-recognized organization providing support and assistance to wheelchair users;
3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Covered Worksite Modification Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A stylized handwritten signature in black ink, consisting of several bold, sweeping strokes.

President

A handwritten signature in black ink, featuring a cursive 'D' followed by several loops and a final flourish.

Secretary

SERFF Tracking #:

AGNY-128643808

State Tracking #:

Company Tracking #:

NUFIC-H-BA-AR-12-01-F

State:

Arkansas

Filing Company:

National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI:

H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name:

Blanket Accident

Project Name/Number:

NUFIC-H-BA-AR-12-01-F/NUFIC-H-BA-AR-12-01-F

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/07/2012
Comments:			
Attachment(s):			
AR Rule 19 & 49 Certification.pdf			
x Certificate of Readability.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/07/2012
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	09/07/2012
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variables	Approved-Closed	09/07/2012
Comments:			
Attachment(s):			
Generic EOV (x CO IL IN MD RI VA).pdf			
		Item Status:	Status Date:
Satisfied - Item:	Letter of Authorization	Approved-Closed	09/07/2012
Comments:			
Attachment(s):			
NUFIC Blanket Accident LOA.pdf			

Arkansas

RULE AND REGULATION 19 CERTIFICATION

This is to certify that the referenced forms comply with the provisions of Rule and Regulation 19 AND 49 as well as all applicable requirements of the Arkansas Insurance Department.

For **National Union Fire Insurance Company of Pittsburgh, Pa**

A handwritten signature in black ink, appearing to read "Michael F. McGarrity". The signature is fluid and cursive, with a prominent initial "M" and a long, sweeping tail.

Michael F. McGarrity
Director of Products

CERTIFICATE OF READABILITY

FORM NAME	FORM NUMBER	FLESCH SCORE
Psychological Therapy Benefit Rider	C36286DBG	50.5
Physical Therapy Benefit Rider	C36297DBG	51.4
Amendatory Endorsement – War Risk Coverage	C36293DBG	50.4
Amendatory Endorsement – New Acquisitions	C36294DBG	50.7
Coma Benefit Rider	C11914DBG (Rev 7/12)	51.9
Seat Belt and Air Bag Benefit Rider	C11935DBG (Rev 7/12)	50.4
On Premises Fire or Emergency Alert Hazard	C11894DBG (Rev 7/12)	50.7
Funeral Expense Benefit Rider	C36296DBG	50.1
Worksite Modification Benefit Rider	C36298DBG	50.3

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.



Michael F. McGarrity
Director of Products
National Union Fire Insurance Company of Pittsburgh, Pa.

Accident Insurance Policy (GTP) - (C11860DBG) Explanation of Variables

Accident Insurance Policy (C11860DBG):

- Brackets around numbers or alphas in a listing and punctuation or words such as “and”/”or” in a listing will be included or deleted as needed in order to make the statement read correctly.
- Numeric variables within the Policy are shown as ranges. If only specific increments apply, these increments will be listed. If amounts outside the displayed ranges are to be offered, they are specified in this document.
- The Policyholder Name and Policyholder Number will vary on a case-by-case basis.

Note that the above variables will not be explained everywhere they appear.

FACE PAGE.

1. This language will be included if the Policy is written for a specific term of insurance.
2. This language will be included if the Policy is written for a specific term of insurance and may be renewed.

TABLE OF CONTENTS.

1. These items will only be included in the Table of Contents if available under the Policy.

DECLARATIONS.

This section is flexible to be populated by Policyholder specific information. It is variable to include or omit bracketed material or to change numeric values to ranges displayed within any brackets. Fields shown with XXXXX or as blanks (_____) will be completed per whatever specifications are called for on a group-by-group basis. The Classifications of Eligible Persons and Principal Sums fields are variable to describe classes of persons who are considered eligible to be insured and the amounts of insurance that are to apply to each such class. The definition of Eligible Dependent Child is variable to delete the marriage and student requirements and to adjust the limiting age to track with the provisions of PPACA if we are so requested by a Policyholder. The definition of Annual Salary will be included if any Class or Principal Sum is expressed as a function of salary. When included, it may vary in accordance with Policyholder specifications. The list of Hazards and Benefits is variable to display only those that are applicable and will be updated from time-to-time as new forms are approved. **Variability for item 4, Aggregate Limit of Liability is revised to allow that the Aggregate, when included, may apply to any Hazard or combination of Hazards contained in the policy and not solely to those displayed (H-18, H-19, H-25, H-26, H-27, H-28). There may also be up to three separate Aggregates.**

DEFINITIONS.

1. The definition of Airworthiness Certificate will be included in the Policy when one or more of the following definitions are included in the Policy: Civilian Aircraft, Military Air Transport Aircraft or Policyholder Aircraft; or when R-3 or R-4 are included in the Policy.
2. The definition of Civilian Aircraft will be included in the Policy when one or more of the following Hazards are attached to the Policy: H-1,H-2,H-3,H-4,H-7,H-8,H-9,H-10,H-11,H-12,H-15,H-20,H-29,H-30,H-31.
3. The definition of Immediate Family Member will be included in the Policy when the definition of Physician is included (see Variable # 10 under this section) or when one or more of the following Hazards and/or Riders are attached to the Policy: B-4 and H-21,H-22,H-23,H-24,H-37,H-38.
4. The definition of Insured Dependent will be included in the Policy if Eligible Spouses or Eligible Dependent Children are covered under the Policy.

5. The definition of Insured Dependent Child will be included in the Policy if an Insured's Dependent Children are considered an eligible class under the Policy.
6. The definition of Insured Spouse will be included in the Policy when the Insured's Spouse is considered an eligible class under the Policy.
7. The definition of Military Air Transport Aircraft will be included in the Policy when one or more of the following Hazards are attached to the Policy: H-1,H-2,H-3,H-4,H-5,H-6,H-7,H-8,H-9,H-10,H-11,H-12,H-15,H-20,H-29,H-30,H-31.
8. The definition of Occupational will be included in the Policy when the following Hazards are attached to the Policy: H-23,H-29,H-31.
9. The definition of Passenger will be included in the Policy when one or more of the following Hazards are attached to the Policy: H-1,H-2,H-3,H-4,H-5,H-6,H-7,H-8,H-9,H-10,H-11,H-12,H-15,H-18,H-19,H-20,H-22,H-23,H-24,H-25,H-26,H-27,H-28,H-29,H-30,H-31,H-32,H-33,H-37,H-38,H-39,H-40,H-41,H-42,H-43.
10. The definition of Physician will be included in the Policy when that term is used in any of the benefits or other provisions available under the Policy .
11. The definition of Policyholder Aircraft will be included in the Policy when one or more of the following Hazards are attached to the Policy: H-3,H-4,H-7,H-8,H-9,H-10,H-11,H-12,H-18,H-19,H-20,H-25,H-26,H-27,H-28,H-29,H-30,H-31. Also include in H-22,H-23,H-24,H-32,H-33,H-37,H-38,H-39,H-40,H-41,H-42,H-43 only if variable language within these hazards referring to Policyholder Aircraft is included in the hazard.
12. The definition of Scheduled Air Carrier will be included in the Policy when one or more of the following Hazards are attached to the Policy: H-1,H-2.
13. The definition of a Sojourn or Personal Deviation will be included in the Policy when any of the following Hazards are attached to the Policy: H-11,H-12,H-22,H-29,H-30,H-31,H-32,H-33,H-37.
14. The definition of Specialized Aviation Activity will be included in the Policy when one or more of the following Hazards are attached to the Policy: H-3,H-4,H-7,H-8,H-9,H-10,H-11,H-12,H-15,H-18,H-19,H-20,H-25,H-26,H-27,H-28,H-29,H-30,H-31.
15. The definition of Trip will be included in the Policy when one or more of the following Hazards are attached to the Policy: H-11,H-12,H-15,H-22,H-29,H-30,H-31,H-37,H-43,H-44.
16. The definition of While on the Business of the Policyholder will be included in the Policy when any of the following Hazards are attached to the Policy: H-1,H-3,H-5,H-7,H-9,H-11,H-12,H-22,H-23,H-26,H-27,H-29,H-30,H-31,H-37,H-39,H-41.
17. The definition of While On-Premises of the Policyholder will be included in the Policy when any of the following Hazards are attached to the Policy: H-21,H-23,H-29,H-31,H-34,H-35,H-36.

POLICY EFFECTIVE AND TERMINATION DATES.

1. The number of days for notice of termination will vary to 30, 60, 90 or 120 on a case-by-case basis.
2. The reference to a Policy Termination Date will only be included if the Policy is written for a specific term of insurance.

INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES.

1. This language will be included if Dependents are an eligible class.

PREMIUM.

1. The premiums can be changed on any **one** of the dates specified. This will vary on a case-by-case basis.
2. "First" may vary on a case-by-case basis to allow for a multi-year rate guarantee, if applicable.
3. The number of days for notice of premium change will vary on a case-by-case basis. However, this number will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
4. The language regarding premium changes as a condition of renewal will be included if the Policy is written for a specific term of insurance and may be renewed.
5. The Grace Period may vary to 31, 60, 90 or 120 days on a case-by-case basis.
6. This language will be included on a case-by-case basis at the option of the Company.

BENEFITS.

1. The age ranges and percentage reductions will vary on a case-by-case basis.
2. The inclusion of the Reduction Schedule provision will vary on a case-by-case basis.
3. The inclusion of loss of "Speech and Hearing in Both Ears" and "Speech or Hearing in Both Ears" must both be included as one unit and will vary on a case-by-case basis. The corresponding definition of "loss of speech and loss of hearing" will be included only if these losses are covered under the Accidental Dismemberment benefit.
4. The inclusion of loss of "Hearing in One Ear" will vary on a case-by-case basis. However, this loss will only be included if loss of "Speech and Hearing in Both Ears" and "Speech or Hearing in Both Ears" are covered under the Accidental Dismemberment benefit.
5. The inclusion of loss of "Thumb and Index Finger of Same Hand" will vary on a case-by-case basis. The corresponding definition of "loss of thumb and index finger" will only be included if this loss is covered under the Accidental Dismemberment benefit.
6. Reference to Uniplegia will be included on a case-by-case basis.
7. The inclusion of the Paralysis benefit will vary on a case-by-case basis if available under the Policy.
8. The inclusion of the Accidental Dismemberment benefit will vary on a case-by-case basis.

LIMITATIONS.

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
2. The Limitation on Multiple Benefits provision will be included if the Policy provides benefits for more than just Accidental Death.
3. The listing of the Hazards which will be limited will vary on a case-by-case basis.
4. The Limitation on Multiple Hazards provision will be included on a case-by-case basis when the Company wishes to avoid duplicating coverages under more than one Hazard.
5. The Limitation on Benefits under Multiple Accident Plans provision will be included on a case-by-case basis should the Policyholder have more than one similar accident plan with the Company.
6. The Aggregate Limit can apply to either situation. This will be determined on a case-by-case basis at the Company's option.
7. The inclusion of an Aggregate Limit will be determined on a case-by-case basis at the Company's option.

EXCLUSIONS.

1. This language will be included if any Hazards waiving Exclusion 2 are available under the Policy. Such Hazards are H-1,H-2,H-3,H-4,H-5,H-6,H-7,H-8,H-9,H-10,H-11,H-12,H-15,H-18,H-19,H-20,H-22,H-23,H-24,H-25,H-26,H-27,H-28,H-29,H-30,H-31,H-32,H-33,H-37,H-38,H-39,H-40,H-41,H-42, and H-43.
2. This language will be included if any Hazards and/or Riders waiving Exclusion 3 are available under the Policy. Such Hazards/Riders are H-37,H-38,H-39,H-40,H-41,H-42,R-6,R-7, and R-8.
3. The deletion of these exclusions will vary on a case-by-case basis.
4. The exclusion for "intoxicants" may be deleted on a case-by-case basis under the Policy.

CLAIM PROVISIONS.

1. These time periods will vary as follows for compliance with the minimum statutory requirements of the state in which the Policy is delivered:
 - Notice of Claim – 20, 40, 50, 60 days
 - Claim Forms - 5, 10, 15 days
 - Proof of Loss – 90, 100, 120, 140, 160 days
2. The address is bracketed to allow for any future changes to this address without having to refile the forms.
3. This language will be deleted should the Policyholder and the Company agree that all payments for losses other than loss of life be made directly to the Insured.

GENERAL PROVISIONS.

1. These time periods will vary as follows for compliance with the minimum statutory requirements of the state in which the Policy is delivered;
 - Incontestability – two, three years
 - Legal Actions – two, three, four five years; 60, 90, 180 days
2. The reference to either “basic” or “voluntary” will be included on a case-by-case basis depending on the type of group life policy, if any, which the Policyholder has in effect. It is possible that both terms could be deleted. Note that this variable is only applicable if the language noted in variable #3 of this section is included in the Policy.
3. If the Policyholder has group life coverage in effect, the Policyholder may choose to use the language which states that the beneficiary for the accidental death coverage will be the same as the beneficiary for the life coverage, unless otherwise specified. If the Policyholder has no group life policy in effect or if the Policyholder so chooses, such language will not be included.
4. This language will be included only if Insured Dependents are covered under the Policy.
5. The reference to whether or not an Insured may assign benefits under the Policy will vary on a case-by-case basis.

Applications (C11861DBG, C11862DBG):

The Applications are flexible to be populated by Policyholder specific information. They are variable to include or omit bracketed material or to change numeric values to ranges displayed within any brackets. Fields shown with XXXXX or as blanks (_____) will be completed per whatever specifications are called for on a group-by-group basis. The Classifications of Eligible Persons and Principal Sums fields are variable to describe classes of persons who are considered eligible to be insured and the amounts of insurance that are to apply to each such class. The definition of Eligible Dependent Child is variable to delete the marriage and student requirements and to adjust the limiting age to track with the provisions of PPACA if we are so requested by a Policyholder. The definition of Annual Salary will be included if any Class or Principal Sum is expressed as a function of salary. When included, it may vary in accordance with Policyholder specifications. The list of Hazards and Benefits is variable to display only those that are applicable and will be updated from time-to-time as new forms are approved. Variability for item 4, Aggregate Limit of Liability is revised to allow that the Aggregate, when included, may apply to any Hazard or combination of Hazards contained in the policy and not solely to those displayed (H-18, H-19, H-25, H-26, H-27, H-28). There may also be up to three separate Aggregates.

Amendatory Rider (C11863DBG):

1. The Policy Amendment is to be used to make changes to the variable information or sections of the Policy, applications, if any, and/or hazards/riders/endorsements. Changes to the variable information will be made within the parameters set forth in this explanation of variables. The Policy Amendment contains sample language for filing purposes.

General Explanation of Variables in Each Hazard:

- With regard to each Hazard, the Policyholder Name and Policyholder Number will be filled in on a case-by-case basis.
- Brackets around numbers or alphas in a listing and punctuation or words such as “and”/”or” in a listing will be included or deleted as needed in order to make the statement read correctly.
- Within the Exclusions section of Hazards H-3,H-4,H-7,H-8,H-9,H-10,H-11,H-12,H-15,H-18,H-19,H-20,H-25,H-26,H-27,H-28,H-29,H-30,H-31, any Specialized Aviation Activity(ies) to be covered for that particular Hazard will be listed.
- Hazards H-15,H-18,H-19,H-25,H-26,H-27, and H-28 have variables to allow for a letter or number code if more than one such Hazard is included in the Policy for separate classes.

Note that the above variables will not be explained everywhere they appear.

H-9 All Conveyance Travel (Business Only) (C11872DBG):

1. This language will be included when an Insured Person, who has been hired to operate or hired as a crew member for such land or water transportation, is to be covered while he or she is traveling on such conveyance as a Passenger (but not performing as an operator or crew member).

H-10 All Conveyance Travel (C11873DBG):

1. This language will be included when an Insured Person, who has been hired to operate or hired as a crew member for such land or water transportation, is to be covered while he or she is traveling on such conveyance as a Passenger (but not performing as an operator or crew member).

H-11 24-Hour Accident Protection While on a Trip (Business/Outside City Limits) (C11874DBG):

1. The Sojourn or Personal Deviation restricted coverage may be included on a case-by-case basis. Ranges in item 2a are expanded to read [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14] day(s);]
2. If coverage while on a land or water conveyance is available under this Hazard, this language will be included when an Insured Person, who has been hired to operate or hired as a crew member for such land or water transportation, is to be covered while he or she is traveling on such conveyance as a Passenger (but not performing as an operator or crew member).
3. This language will be included when restricted coverage for land and water conveyances is to provided under the Policy.

H-12 24-Hour Accident Protection While on a Trip (Business Only) (C11875DBG):

1. The Sojourn or Personal Deviation restricted coverage may be included on a case-by-case basis. Ranges in item 2a are expanded to read [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14] day(s);]
2. If coverage while on a land or water conveyance is available under this Hazard, this language will be included when an Insured Person, who has been hired to operate or hired as a crew member for such land or water transportation, is to be covered while he or she is traveling on such conveyance as a Passenger (but not performing as an operator or crew member).
3. This language will be included when restricted coverage for land and water conveyances is to provided under the Policy.

H-15 24-Hour Accident Protection While on a Specified Trip or Specified Type of Trip (C11876DBG):

1. The description of the trip or type of trip will be included if more than one H-15 is included in the Policy.
2. A detailed description of one or more trips and/or one or more types of trips is to be included.

H-18 Policyholder Aircraft (Passenger Only) (C11877DBG):

1. If more than one H-18 is included in the Policy, a brief description to distinguish them will be included.
2. A detailed description of the designated aircraft(s) is to be included.
3. The name of the designated pilot(s) or a more general description is to be included.
4. The language regarding minimum pilot hours logged will not be include if the minimum is meant to be "0" hours (ie. no minimum requirement).

H-19 Policyholder Aircraft (Passenger, Pilot or Crew) (C11878DBG):

1. If more than one H-19 is included in the Policy, a brief description to distinguish them will be included.
2. A detailed description of the designated aircraft(s) is to be included.
3. The name of the designated pilot(s) or a more general description is to be included.
4. The language regarding minimum pilot hours logged will not be include if the minimum is meant to be "0" hours (ie. no minimum requirement).

H-21 On-Premises Violent Crime (C11880DBG):

1. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by current employees of the Policyholder.
2. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by former employees of the Policyholder.
3. This restriction will be included if this Hazard is **not** meant to cover violent crimes which are considered a moving violation.

H-22 24-Hour Violent Crime on a Trip (Business Only) (C11881DBG):

1. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by current employees of the Policyholder.
2. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by former employees of the Policyholder.
3. This restriction will be included if this Hazard is **not** meant to cover violent crimes which are considered a moving violation.
4. The Sojourn or Personal Deviation restricted coverage may be included on a case-by-case basis. Ranges in item 2a are expanded to read [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14] day(s);].
5. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
6. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.

H-23 Occupational Violent Crime (C11882DBG):

1. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by current employees of the Policyholder.
2. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by former employees of the Policyholder.
3. This restriction will be included if this Hazard is **not** meant to cover violent crimes which are considered a moving violation.
4. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
5. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.

H-24 24-Hour Violent Crime (C11883DBG):

1. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by current employees of the Policyholder.
2. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by former employees of the Policyholder.
3. This restriction will be included if this Hazard is **not** meant to cover violent crimes which are considered a moving violation.
4. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
5. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.

H-25 Policyholder Aircraft (Pilot and Crew Only) (C11884DBG):

1. If more than one H-25 is included in the Policy, a brief description to distinguish them will be included.
2. A detailed description of the designated aircraft(s) is to be included.
3. The name of the designated pilot(s) or a more general description is to be included.
4. The language regarding minimum pilot hours logged will not be include if the minimum is meant to be "0" hours (ie. no minimum requirement).

H-26 Non-Policyholder Aircraft (Pilot and Crew Only; Business Only) (C11885DBG):

1. If more than one H-26 is included in the Policy, a brief description to distinguish them will be included.
2. A detailed description of the designated aircraft(s) is to be included.
3. The name of the designated pilot(s) or a more general description is to be included.
4. The language regarding minimum pilot hours logged will not be include if the minimum is meant to be "0" hours (ie. no minimum requirement).

H-27 Non-Policyholder Aircraft (Pilot and Crew Only; Non-Business Only) (C11886DBG):

1. If more than one H-27 is included in the Policy, a brief description to distinguish them will be included.
2. A detailed description of the designated aircraft(s) is to be included.
3. The name of the designated pilot(s) or a more general description is to be included.
4. The language regarding minimum pilot hours logged will not be include if the minimum is meant to be "0" hours (ie. no minimum requirement).
5. This language will be added on a case-by-case basis.

H-28 Non-Policyholder Aircraft (Pilot and Crew Only) (C11887DBG):

1. If more than one H-28 is included in the Policy, a brief description to distinguish them will be included.
2. A detailed description of the designated aircraft(s) is to be included.
3. The name of the designated pilot(s) or a more general description is to be included.
4. The language regarding minimum pilot hours logged will not be include if the minimum is meant to be "0" hours (ie. no minimum requirement).
5. This language will be added on a case-by-case basis.

H-29 Occupational Accident Protection (C11888DBG):

1. The Sojourn or Personal Deviation restricted coverage may be included on a case-by-case basis. Ranges in item 2a are expanded to read [1,2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14] day(s);].

H-32 Extraordinary Commuting (C11891DBG):

1. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
2. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.

H-33 Commuting (C11892DBG):

1. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
2. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.

H-34 On-Premises Bomb Scare (C11893DBG):

1. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by current employees of the Policyholder.
2. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by former employees of the Policyholder.

H-35 On-Premises Fire Alert (C11894DBG):

1. This restriction will be included if this Hazard is **not** meant to cover acts committed by current employees of the Policyholder.
2. This restriction will be included if this Hazard is **not** meant to cover acts committed by former employees of the Policyholder.

H-35 (Rev) On-Premises Fire or Emergency Alert (C11894DBG (Rev 7/12)):

1. This restriction will be included if this Hazard is **not** meant to cover acts committed by current employees of the Policyholder.
2. This restriction will be included if this Hazard is **not** meant to cover acts committed by former employees of the Policyholder.

H-36 On-Premises Terrorism Scare (C11895DBG):

1. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by current employees of the Policyholder.
2. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by former employees of the Policyholder.

H-37 Hijacking (Business Only) (C11896DBG):

1. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by current employees of the Policyholder.
2. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by former employees of the Policyholder.
3. The Sojourn or Personal Deviation restricted coverage may be included on a case-by-case basis. Ranges in item 2a are expanded to read [1,2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14] day(s);].
4. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
5. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.

H-38 24-Hour Hijacking (C11897DBG):

1. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by current employees of the Policyholder.
2. This restriction will be included if this Hazard is **not** meant to cover violent crimes committed by former employees of the Policyholder.
3. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
4. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.

H-39 War Risk (Business Only) (C11898DBG):

1. The option to delete the Company's right to terminate this coverage is available on a case-by-case basis at the Company level.
2. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
3. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.
4. The due date for the Policyholder's report will vary on a case-by-case basis.
5. The Reporting Requirements provision of this Hazard may be deleted on a case-by-case basis as agreed by the Policyholder and the Company.
6. The listing of the Designated War Risk Territories will vary on a case-by-case basis.
7. The inclusion of an Insured Person's country of permanent residence as a Designated War Risk Territory is optional at the Policyholder level.

H-40 24-Hour War Risk (C11899DBG):

1. The option to delete the Company's right to terminate this coverage is available on a case-by-case basis at the Company level.
2. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
3. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.
4. The due date for the Policyholder's report will vary on a case-by-case basis.

5. The Reporting Requirements provision of this Hazard may be deleted on a case-by-case basis as agreed by the Policyholder and the Company.
6. The listing of the Designated War Risk Territories will vary on a case-by-case basis.
7. The inclusion of an Insured Person's country of permanent residence as a Designated War Risk Territory is optional at the Policyholder level.

H-41 Enhanced War Risk (Business Only) (C11900DBG):

1. The option to delete the Company's right to terminate this coverage is available on a case-by-case basis at the Company level.
2. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
3. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.
4. The due date for the Policyholder's report will vary on a case-by-case basis.
5. The Reporting Requirements provision of this Hazard may be deleted on a case-by-case basis as agreed by the Policyholder and the Company.
6. The listing of the Designated War Risk Territories will vary on a case-by-case basis.
7. The inclusion of an Insured Person's country of permanent residence as a Designated War Risk Territory is optional at the Policyholder level.

H-42 24-Hour Enhanced War Risk (C11901DBG):

1. The option to delete the Company's right to terminate this coverage is available on a case-by-case basis at the Company level.
2. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
3. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.
4. The due date for the Policyholder's report will vary on a case-by-case basis.
5. The Reporting Requirements provision of this Hazard may be deleted on a case-by-case basis as agreed by the Policyholder and the Company.
6. The listing of the Designated War Risk Territories will vary on a case-by-case basis.
7. The inclusion of an Insured Person's country of permanent residence as a Designated War Risk Territory is optional at the Policyholder level.

H-43 24-Hour on a Family Relocation Trip (Insured Dependents Only) (C11902DBG):

1. This exclusion will be deleted if another Hazard under the Policy provides coverage for performing as a pilot or crew member.
2. This exclusion will be deleted if another Hazard under the Policy provides Passenger coverage for an Insured Person while on a Policyholder-owned aircraft.

H-45 Home Leave

1. This variable will be included if benefits are not going to be payable if the Insured Person is performing as an operator or crew member of the conveyance.
2. The range for the number of months in which a leave of absence occurs will vary between 3, 6, 12, 18 and 24 months.
3. Any Specialized Aviation Activities to be covered will be listed here. Specialized Aviation Activities are defined in the Definitions section of the Policy.
4. This variable will be included if there are any Specialized Aviation Activities that will be covered.

General Explanation of Variables in Each Rider:

- With regard to each Rider, the Policyholder Name and Policyholder Number will be filled in on a case-by-case basis.
- With regard to the first paragraph of each Rider, the description of the Rider's effective date will either be the Policy's effective date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
- Numeric variables within each Rider are shown as typical ranges. If only specific increments apply, these increments will be listed. These variables will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
- Brackets around numbers or alphas in a listing and punctuation or words such as "and"/"or" in a listing will be included or deleted as needed in order to make the statement read correctly.
- Several Benefits have variables to allow for an alphanumeric code if more than one such Benefit is included in the Policy for separate classes.

Note that the above variables will not be explained everywhere they appear.

B-3 Accident Medical Expense Benefit (C11910DBG):

The range for the maximum benefit is expanded to read: \$[500; 1,000; 2,500; 5,000; 10,000; 25,000; 50,000, 75,000; 100,000; 150,000; 200,000; 250,000, 300,000; 350,000; 400,000, 450,000; 500,000]

1. The Emergency Evacuation exclusion will only be included if the Emergency Evacuation Benefit is part of the Policy.

B-4 Bereavement and Trauma Counseling Benefit (C11911DBG):

The range for the maximum benefit is expanded to read: \$[50 - \$1,000] and the range for the number of covered sessions is expanded to read: [3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20].

1. The reference to the Accidental Dismemberment benefit will be included only if that benefit is available under the Policy.
2. The reference to the Paralysis benefit will be included only if that benefit is available under the Policy.
3. The reference to the Loss of Use benefit will be included only if that benefit is available under the Policy.
4. The reference to the Coma benefit will be included only if that benefit is available under the Policy.
5. The reference to the Accidental Medical Expense benefit within the Exclusion section will be included only if that benefit is available under the Policy.

B-5 Carjacking Benefit (Dollar Amount) (C11912DBG):

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.

B-6 Carjacking Benefit (Percentage Amount) (C11913DBG):

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
2. The language regarding a dollar maximum will be included on a case-by-case basis.

B-7 (Rev) Coma Benefit (C11914DBG (Rev 7/12)

1. The time period will vary to 30, 60, 90, 120, 180, 365 days
2. The percentage will vary to 1%, 2%, 3%, 4% 5%

B-8 Common Disaster Benefit (C11915DBG):

1. The inclusion and length of an incurral period will vary on a case-by-case basis.
2. The language regarding a dollar maximum will be included on a case-by-case basis. The range of maximums is expanded to [\$50,000 - \$5,000,000] in \$50,000 increments.

B-9 Conversion Privilege (C11916DBG):

1. The reference to Accidental Dismemberment will only be included if this benefit is available under the Policy.
2. The last sentence of the first paragraph will be included only if Insured Dependents are covered for this Benefit under the Policy.

B-10 Day Care Benefit (C11917DBG):

The range for the maximum benefit in item (3) is expanded to read: \$[2000 - 100,000 (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)]

1. The inclusion of language regarding a lump sum benefit if there is no child eligible for benefits within the specified period of time varies on a case-by-case basis.

B-11 & B-12 Elder Survivor Benefits (C11918DBG, C11919DBG):

1. The benefit payable under this Benefit will be payable under one of these payment plans.
2. This language will be included if the payment plan includes a Lump Sum payment.
3. This language will be included if the payment plan is Lump Sum **plus** some form of Monthly payment.
4. This language will be included if the payment plan includes a Monthly payment.
5. The inclusion of language regarding a lump sum benefit if there is no Elder Dependent eligible for benefits within the specified period of time varies on a case-by-case basis.

B-13 Emergency Evacuation[with Family Travel] Benefit (C11920DBG):

The 100 mile radius provision is replaced with a variable range of [50 – 100] miles.

1. The language regarding the Family Travel Benefit is optional and will be included on a case-by-case basis.
2. The language regarding a dollar maximum will be included on a case-by-case basis and the range is expanded to read: \$[25,000 – 5,000,000 (in \$5,000 increments to \$50,000 and then \$10,000 increments to \$100,000 and then \$25,000 increments to the maximum)].
3. This expense will be covered on a case-by-case basis within the Family Travel Benefit.
4. This expense will be covered on a case-by-case basis within the Family Travel Benefit.
5. American International Assistance Service, Inc. (A.I.A.S.) is bracketed to allow for any future changes to the service without having to refile the forms.
6. The definition of Children will be included if the optional benefit of returning children to the Insured Person's home (see #3 above) is part of the Family Travel Benefit.

B-15 Family Travel Benefit (C11922DBG):

1. This expense will be covered on a case-by-case basis when this Benefit is available in conjunction with the Emergency Evacuation Benefit and ranges of [\$100; 150; 200; 250; 500] and [\$75; 100; 125; 150] are added for lodging and meals respectively.
2. This expense will be covered on a case-by-case basis when this Benefit is available in conjunction with the Emergency Evacuation Benefit.
3. This expense will be covered on a case-by-case basis when this Benefit is available in conjunction with the Emergency Evacuation Benefit.
4. This expense is available on a case-by-case basis only when Variable#3 above is available under this Benefit and ranges of [\$100; 150; 200; 250; 500] and [\$50; 100] are added for lodging and meals respectively.
5. The optional expenses available within this section are only available if the Emergency Evacuation Benefit is available under the Policy.
6. This section is only available if the Repatriation of Remains Benefit is available under the Policy and ranges of [\$100; 150; 200; 250; 500] and [\$75; 100; 125; 150] are added for lodging and meals respectively..
7. American International Assistance Service, Inc. (A.I.A.S.) is bracketed to allow for any future changes to the service without having to refile the forms.

8. The definition of Children and Spouse will only be included when #1 and/or #2 and/or #6 above are covered under this Benefit.

B-16 Home Alteration and Vehicle Modification Benefit (C11923DBG):

The range for the maximum benefit is expanded to read: [\$5,000; \$10,000; \$15,000; \$20,000; \$25,000; \$30,000; \$35,000; \$40,000; \$45,000; \$50,000; \$55,000; \$60,000; \$65,000; \$70,000; \$75,000; \$80,000; \$85,000; \$90,000; \$95,000; \$100,000]

1. The reference to the Paralysis benefit will be included only if that benefit is available under the Policy.
2. The reference to the Loss of Use benefit will be included only if that benefit is available under the Policy.
3. This restriction will be added on a case-by-case basis.

B-17 In-Hospital Indemnity Benefit (C11924DBG):

1. This language will be included if the Policyholder chooses to offer this benefit retroactively to the first day of confinement.
2. The range will be deleted if the elimination period is one day.
3. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.

B-18 Loss of Use Benefit (C11925DBG):

A 25% option is added to the table of losses for *Both Arms or Both Legs*

1. The loss for One Arm or One Leg will be included on a case-by-case basis and 50%, 75% and 100% options are added.

B-19 Natural Disaster Benefit (Dollar Amount) (C11926DBG):

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.

B-20 Natural Disaster Benefit (Percentage of Principal Sum Amount) (C11927DBG):

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
2. The language regarding a dollar maximum will be included on a case-by-case basis.

B-22, B-23, B-24 Permanent Total Disability Benefit Riders (C11929DBG, C11930DBG, C11931DBG):

1. The Policyholder may choose to limit this benefit to Insureds under a certain age, in which case the reference to an age limit will be included.
2. This language will be included on a case-by-case basis when the occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.
3. This language will be included on a case-by-case basis when both the occupational and non-occupation definition of Permanently Totally Disabled/Permanent Total Disability is used.
4. This language will be included on a case-by-case basis when the non-occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.

B-25 Rehabilitation Benefit (C11932DBG):

The range for the maximum benefit is expanded to read: \$[2,500 - 250,000 (in \$2,500 increments to \$10,000 and then \$5,000 increments to the maximum)]

1. The reference to the Paralysis benefit will be included only if that benefit is available under the Policy.
2. The reference to the Loss of Use benefit will be included only if that benefit is available under the Policy.
3. The Accident Medical Expense exclusion will only be included if the Accident Medical Expense Benefit is available under the Policy.

B-26 Repatriation of Remains Benefit (C11933DBG):

The 100 mile radius provision is replaced with a variable range of [50 – 100] miles.

1. The language regarding a dollar maximum will be included on a case-by-case basis and the range is expanded to read: \$[25,000 – 5,000,000 (in \$5,000 increments to \$50,000 and then \$10,000 increments to \$100,000 and then \$25,000 increments to the maximum)].
2. American International Assistance Service, Inc. (A.I.A.S.) is bracketed to allow for any future changes to the service without having to refile the forms.

B-27 Seat Belt[and Air Bag] Benefit (Dollar Amount) (C11934DBG):

The range for the maximum Seat Belt benefit is expanded to read: \$[5,000 - 250,000] (in \$5,000 increments to the maximum)

1. This language will be included if the optional Air Bag benefit is available under the Policy. Inclusion of this language will vary on a case-by-case basis and the range is expanded to read: \$[2,500 – 250,000] (in \$2,500 increments to the maximum).

B-28 Seat Belt[and Air Bag] Benefit (Percentage of Principal Sum Amount) (C11935DBG):

1. This language will be included if the optional Air Bag benefit is available under the Policy. Inclusion of this language will vary on a case-by-case basis.
2. The language regarding a dollar maximum will be included on a case-by-case basis.

B-28 (Rev) Seat Belt[and Air Bag] Benefit (Combined with Default Benefit) (C11935DBG(Rev 7/12)):

1. This language will be included if the optional Air Bag benefit is available under the Policy. Inclusion of this language will vary on a case-by-case basis.
2. This will be included if the benefit is to be expressed as the lesser of a fixed amount or a percentage of Principal Sum
3. Fixed dollar amounts will vary to the ranges displayed and will be included if the benefit is either a fixed amount only; or the lesser of a fixed amount or a percentage of Principal Sum.
4. Percentages will vary to the ranges displayed.
5. This will be included if the benefit is either a percentage of Principal Sum only; or the lesser of a fixed amount or a percentage of Principal Sum.
6. Amount will vary to the range displayed.

B-30 Tuition Benefit (C11937DBG):

The range for the maximum benefit in item A3 and B3 is expanded to read: \$[2,000 - 100,000] (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)

1. The reference to Children will be included on a case-by-case basis if the Tuition Benefit is to be available to children of the Insured. The children do not have to be members of an eligible class under the Policy.
2. This language will be included if the Tuition Benefit is to be offered to both Children and Spouse of the Insured.
3. The reference to Spouse will be included on a case-by-case basis if the Tuition Benefit is to be available to the spouse of the Insured. The spouse does not have to be a member of an eligible class under the Policy.
4. The inclusion of language regarding a lump sum benefit if there is no child eligible for benefits within the specified period of time varies on a case-by-case basis.
5. The inclusion of language regarding a lump sum benefit if there is no spouse eligible for benefits within the specified period of time varies on a case-by-case basis.

B-31 Weekly Accident Indemnity Benefit Rider (C11938DBG):

All ranges applicable to percentage of Weekly Earnings are increased to include a 100% option.

1. This language will be included if the Policyholder chooses to offer this benefit retroactively to the first day of confinement.
2. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.
3. The language regarding a percentage maximum will be included on a case-by-case basis.

4. "Coordination with Other Income Benefits" and related language will be included on a case-by-case basis.
5. The definition of Totally Disabled/Total Disability may restrict the reference to an Insured Person's occupation for "the Policyholder" or the Insured Person's occupation for "any employer." This will vary on a case-by-case basis at the option of the Policyholder.
6. The definition of Weekly Earnings will vary on a case-by-case basis.

B-40 Accident and Emergency Sickness Medical Benefit Rider (C30545DBG):

The range of maximums under the Accident Benefit and the Emergency Sickness Benefit is expanded to \$[1,000 – 1,000,000 (in \$500 increments)]

B-41 Baggage and Personal Effects Benefit Rider (C36047DBG)

1. Policyholder name and policy number will vary from group to group.
2. Title will vary to options displayed from group to group to reflect benefits to be included in Rider.
3. Text will vary to either a specific date or to the policy effective date, depending on when Rider is added to the Policy.
4. Period of time will vary to ranges displayed from group to group depending on the plan underwritten.
5. Entire phrase will be included or omitted from group to group depending on the plan underwritten.
6. The amount will vary to the range displayed from group to group depending on the plan underwritten. Ranges of maximums are expanded as follows:
 - Personal effects maximum range is revised to: [\$100 - \$2,000]
 - Checked baggage maximum range is revised to [\$10 - \$500]
 - Loss of baggage maximum range is revised to [\$500 - \$5,000]
 - Per article maximum range is revised to [\$250 - \$2,000]
 - Optional range for items requiring an original receipt is revised to: [over \$150 - \$500]
7. The entire section will be included or omitted from group to group depending on the plan underwritten.
8. This will be included or omitted from group to group depending on the plan underwritten.
9. This will be included or omitted to make the sentence read properly.
10. Words or phrases will be included or omitted from group to group depending on the plan underwritten.
11. This limit will be included or omitted from group to group depending on the plan underwritten.
12. Either (a) or (b) or both (a) and (b) will be included from group to group depending on the plan underwritten.
13. These terms will be included or omitted from group to group depending on the plan underwritten.
14. This exclusion will be included or omitted from group to group depending on the plan underwritten.

B-42 Security Evacuation Benefit Rider (C36048DBG)

1. Policyholder name and policy number will vary from group to group
2. Text will vary to either a specific date or to the policy effective date, depending on when Rider is added to the Policy.
3. Reference to AIAS is variable to change if this entity changes its name.
4. The maximum will vary to the range displayed from group to group depending on the plan underwritten.
5. Reference to how maximum will apply will vary from *per Occurrence* to *per Period of Coverage* from group to group depending on the plan underwritten.
6. Period of time will vary from group to group depending on the plan underwritten.
7. Option will vary from group to group depending on the plan underwritten.
8. Option in item 3 will vary from group to group depending on the plan underwritten.
9. This entire section will be included if Transportation and Related Costs are covered under the program.
10. This will be included if becoming a Missing Person is a covered Occurrence and consulting services are covered.
11. This will be included if benefits are provided on an excess basis.

12. This will be included or omitted from group to group depending on the plan underwritten.
13. Excluded Countries will be listed here and will vary from group to group and depending on changing geopolitical situations.
14. This definition will be included if Natural Disaster is a covered Occurrence.
15. This will be included if Verified Physical Attack or a Verified Threat of Physical Attack is a covered Occurrence.
16. This will be included if becoming a Missing Person is a covered Occurrence.
17. This exclusion will be included or omitted from group to group depending on the plan underwritten.

B-43 Kidnap and Ransom Coverage Rider (C36514DBG)

1. Policyholder name and policy number will be listed.
2. Text will vary to either a specific date or to the policy effective date, depending on when Rider is added to the policy.
3. This section will reflect Classification of Eligible Persons as defined in the Declarations page of the Policy and will be specific to the Policyholder.”
4. The Individual maximum limit of coverage will vary between \$100,000, \$250,000, \$500,000, or \$1,000,000
5. The Rider Aggregate maximum limit of coverage will vary between \$1,000,000 and \$2,000,000.
6. The list of countries will be included or omitted, in full or in part, to meet the needs of each policyholder.

B-44 Out of Country Medical Expense Benefit Rider (C36159DBG)

1. Policyholder name and policy number will be listed.
2. Text will vary to either a specific date or to the policy effective date, depending on when Rider is added to the policy.
3. The Roman numeral I will not be included if Section II is omitted.
4. The number of days traveling will vary to a range of 30, 60, 90, 180 or 360 days.
5. This variable will be included when coverage is limited to business travel
6. This will be included or omitted to make the sentence read properly when coverage is limited to business travel.
7. This variable will be removed if coverage is not limited to business travel.
8. This phrase will be included if coverage is limited to a defined Trip.
9. The amount of Usual and Customary Charges incurred for Covered Medical Services received due to Injury or Sickness will vary between \$1000 and \$1,000,000 (in \$500 increments).
10. This deductible will vary between \$100 and \$1000 in increments of \$50.
11. Will be included if a deductible is included.
12. The required period of time following the accident or onset of sickness will vary to 26, 52 or 104 weeks.
13. The definition of Deductible will be included if the plan includes a deductible.
14. This definition will be included if the Pre-Existing condition exclusion is included
15. The amount payable will vary between \$1000 – \$10,000 in \$1000 increments on a case by case basis.
16. The amount payable for Out of Country Medical expenses related to pregnancy will be included if this limitation is selected.
17. The word “and” will be omitted if only one of the Out of Country Medical expense options is selected.
18. The amount payable will vary between \$1000 – \$30,000 in \$1000 increments
19. This amount payable for Out of Country Medical expenses related to a Pre-Existing Condition will be included if this limitation is selected
20. The Out of Country Medical Expense Limitations paragraph may be included or omitted.
21. The maximum amount under this provision will vary to a range of \$100 to \$1,000 in \$50 increments.
22. The phrase “except as provided herein” will be included if there is an amount payable in connection with a Pre-Existing Conditions specified under Out of Country Medical Expense Limitations.

23. The Pre-Existing Conditions Exclusion will be included or omitted on a case by case basis.
24. This Exclusion will be included or omitted on a case by case basis.
25. The maximum amount payable will vary to a range of \$5,000 - \$50,000
26. This entire provision (Roman numeral II) may be included or omitted on a case by case basis.

B-45 Attendor Benefit Rider (C36161DBG)

The maximum benefit is increased to \$1,000

B-46 Bedside Visit Benefit Rider (C36182DBG)

1. The Policyholder Name and Policyholder Number will be filled in on a case-by-case basis.
2. The description of the Rider's effective date will either be the Policy's Effective Date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
3. The minimum number of days confined will vary on a case-by-case basis by the specific increments of [3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14] days.
4. The maximum number of days for which the company will pay for lodging and meals will vary on a case-by-case basis by the specific increments of 3,4,5,6,7,8,9 and 10 days.
5. The maximum amount for which the company will pay for lodging will vary on a case-by-case basis by the specific increments of [\$100, \$200, \$300, \$400, \$500 \$600, \$700, \$800, \$900, \$1,000] per day.
6. The maximum amount for which the company will pay for meals will vary on a case-by-case basis by the specific increments of [\$50, \$75, \$100 \$125, \$150, \$200] dollars per day.
7. Reference to Travel Guard is variable which will change if the entity itself changes its name. In addition to the name-change, if Travel Guard is no longer the provider of the service, whatever entity takes its place will be named in the variable field

B-47 Psychological Therapy Benefit Rider (C36286DBG)

1. The time period will vary between 90, 180 and 365 days
2. This amount will vary between \$5,000 and \$50,000.
3. The percentages will vary between 5%, 10%, 15%, 20% and 25%)

B-48 Physical Therapy Benefit Rider (C36298DBG)

1. The reference to the Paralysis benefit will be included only if that benefit is available under the Policy.
2. The reference to the Loss of Use benefit will be included only if that benefit is available under the Policy.
3. The amount will vary between \$100 and \$500.
4. The number of sessions will vary between 10, 15 and 20.

B-49 Funeral Benefit Rider (C36296DBG)

1. This amount will vary between \$5,000 and \$25,000
2. The percentage will vary between 5% and 20%.

B-50 Worksite Modification Benefit Rider (C36298DBG)

1. The reference to the Paralysis benefit will be included only if that benefit is available under the Policy.
2. The reference to the Loss of Use benefit will be included only if that benefit is available under the Policy.
3. Amounts will vary between \$5,000; \$10,000; \$15,000; \$20,000; \$25,000; \$30,000; \$35,000; \$40,000; \$45,000; \$50,000.

R-3 Newly Acquired Aircraft Coverage Rider (C11941DBG):

1. Only the Hazards within the brackets that are available under the Policy may be (but are not required to be) included in this listing.

R-4 [Substitute][and][Replacement] Aircraft Coverage Rider (C11942DBG):

1. Only the Hazards within the brackets that are available under the Policy may be (but are not required to be) included in this listing.
2. The specific size restrictions on how much larger the Substitute Aircraft can be will be included on a case-by-case basis.
3. The seat restriction for the Substitute Aircraft may be included on a case-by-case basis.
4. The Substitute Aircraft Coverage will be available if one or more of the following Hazards H-18,H-19,H-25,H-26,H-27,H-28 are available under the Policy and should the Policyholder choose this coverage.
5. This “and” is included only if Substitute Aircraft Coverage and Replacement Aircraft Coverage are both chosen by the Policyholder.
6. The Replacement Aircraft Coverage will be available if one or more of the following Hazards H-18,H-19,H-25,H-26,H-27,H-28 are available under the Policy and should the Policyholder choose this coverage.

R-5 Substitute Pilot Coverage Rider (C11943DBG):

1. Only the Hazards within the brackets that are available under the Policy may be (but are not required to be) included in this listing.
2. The language regarding minimum pilot hours logged will not be include if the minimum is meant to be “0” hours (ie. no minimum requirement).

R-7 War Risk Coverage Rider (C11945DBG):

1. The language regarding a dollar maximum will be included on a case-by-case basis.
2. The option to delete the Company’s right to terminate this coverage is available on a case-by-case basis at the Company level.
3. The due date for the Policyholder’s report will vary on a case-by-case basis.
4. The Reporting Requirements provision of this Rider may be deleted on a case-by-case basis.
5. The listing of the Designated War Risk Territories will vary on a case-by-case basis.
6. The inclusion of an Insured Person’s country of permanent residence as a Designated War Risk Territory is optional at the Policyholder level.

R-8 Enhanced War Risk Coverage Rider (C11946DBG):

1. The language regarding a dollar maximum will be included on a case-by-case basis.
2. The option to delete the Company’s right to terminate this coverage is available on a case-by-case basis at the Company level.
3. The due date for the Policyholder’s report will vary on a case-by-case basis.
4. The Reporting Requirements provision of this Rider may be deleted on a case-by-case basis.
5. The listing of the Designated War Risk Territories will vary on a case-by-case basis.
6. The inclusion of an Insured Person’s country of permanent residence as a Designated War Risk Territory is optional at the Policyholder level.

E-1 Association Endorsement (C11947DBG):

1. This endorsement is to be attached to the Policy when the Policyholder is an association.

E-2 Modified Payment of Claims Endorsement (C11948DBG):

1. The language regarding payment of claims in foreign currency will be included on a case-by-case basis as determined by the circumstances of the Policyholder.

E-3 Participating Organization Endorsement (C11949DBG):

1. The number of days for notice of termination will vary on a case-by-case basis. However, this number will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
2. This language will be included on a case-by-case basis.
3. This language will be included on a case-by-case basis and only if premium for the Policy is paid on other than a single premium basis.
4. This language will be included only if the Emergency Evacuation Benefit is part of the Policy.

5. This language will be included only if the Repatriation of Remains Benefit is part of the Policy.

E-8 War Risk Coverage Endorsement (C36293DBG)

1. This option will be used when only specifically named countries or territories are to be considered Designated War Risk Territories. The listing of the Designated War Risk Territories will vary on a case-by-case basis.
2. This option will be used when Designated War Risk Territories are described as any place in the world (worldwide) **except** specifically named countries or territories. Those countries or territories will vary on a case-by-case basis.
3. This field will be used with the second option above to display countries or territories that will not be considered Designated War Risk Territories unless the Company is notified in advance of the intent to travel to one of those places. Those countries or territories will also vary on a case-by-case basis.
4. The inclusion or exclusion of an Insured Person's country of permanent residence as a Designated War Risk Territory is optional at the Policyholder level.
5. These countries or territories will vary on a case-by-case basis.
6. This will be included when the reporting requirements specified in the Rider are only to apply to certain countries or territories.

E-9 New Acquisitions Endorsement (C36294DBG)

1. This number will vary between 50 and 5,000
2. This will be included when the provision is to apply only to entities of a certain size.

NATIONAL UNION FIRE INSURANCE
COMPANY OF PITTSBURGH, PA.

Administrative Offices:
A&H Regulatory Affairs Department
P.O. Box 9708
Wilmington, DE 19809



August 21, 2012

Re: **National Union Fire Insurance Company of Pittsburgh, Pa., NAIC Number 012-19445; FEIN 25-0687550**
Blanket Accident Insurance Policy

To Whom It May Concern:

Perr&Knight is hereby authorized to submit rate, rule, and form filings on behalf of National Union Fire Insurance Company of Pittsburgh, Pa. ("NUFIC"). This authorization includes providing additional information and responding to questions regarding the filings on NUFIC's behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

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

State Filings Department
Perr&Knight
401 Wilshire Blvd, Suite 300
Santa Monica, CA 90401
Phone: (310) 230-9339
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan E. Martin". The signature is fluid and cursive, with a long horizontal stroke at the end.

Susan E. Martin
Assistant Vice President
National Union Fire Insurance Company of Pittsburgh, Pa.
302-765-1730