

State: Arkansas **Filing Company:** Zurich American Insurance Company
TOI/Sub-TOI: H19G Group Health - Travel/H19G.000 Health - Travel
Product Name: UTA Revised SOV
Project Name/Number: UTA Revised SOV/CW AH 35620

Filing at a Glance

Company: Zurich American Insurance Company
Product Name: UTA Revised SOV
State: Arkansas
TOI: H19G Group Health - Travel
Sub-TOI: H19G.000 Health - Travel
Filing Type: Form
Date Submitted: 01/15/2013
SERFF Tr Num: ZURC-128850937
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: CW AH 35620

Implementation: On Approval
Date Requested:
Author(s): Diana Crown
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 01/28/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Zurich American Insurance Company
TOI/Sub-TOI: H19G Group Health - Travel/H19G.000 Health - Travel
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General Information

Project Name: UTA Revised SOV Status of Filing in Domicile: Not Filed
 Project Number: CW AH 35620 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: Blanket Overall Rate Impact:
 Filing Status Changed: 01/28/2013
 State Status Changed: 01/28/2013 Deemer Date:
 Created By: Diana Crown Submitted By: Diana Crown
 Corresponding Filing Tracking Number:

Filing Description:

This is a revised Statement of Variables for our Group Basic Travel Accident Insurance product, which was previously filed with and approved by your Department under SERFF Tracking # ZURC-125170246 and State # 35825, effective 06-27-2007.

For your convenience, we have included redlined and clean versions of the revised Statement of Variables.

In order to meet the needs of our customers and to remain in compliance with our filing, we have revised the statement of variables to change some of the benefit variability explanations and ranges.

Brackets in red font and highlighted in yellow have been added to the SOV to show additional requested variability that was not included in the original filing.

As indicated in our original filing, the Group Basic Travel Accident Insurance product is designed to provide basic travel accident benefits for Business, Pleasure, and Occupational trips by Covered Persons.

The Group Basic Travel Accident Insurance product will be marketed to approved groups in your state, and may be marketed through brokers, consultants, third party administrators and sales employees.

Company and Contact

Filing Contact Information

Diana Crown, Regulatory Services Analyst diana.crown@zurichna.com
 1400 American Lane 847-706-2621 [Phone]
 Schaumburg, IL 60196

Filing Company Information

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

Filing Fees

State: Arkansas **Filing Company:** Zurich American Insurance Company
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Arkansas's fee is \$50.00 per filing.
Per Company: No

Company	Amount	Date Processed	Transaction #
Zurich American Insurance Company	\$50.00	01/15/2013	66561180

State: Arkansas Filing Company: Zurich American Insurance Company
TOI/Sub-TOI: H19G Group Health - Travel/H19G.000 Health - Travel
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2013	01/28/2013

SERFF Tracking #:

ZURC-128850937

State Tracking #:

Company Tracking #:

CW AH 35620

State:

Arkansas

Filing Company:

Zurich American Insurance Company

TOI/Sub-TOI:

H19G Group Health - Travel/H19G.000 Health - Travel

Product Name:

UTA Revised SOV

Project Name/Number:

UTA Revised SOV/CW AH 35620

Disposition

Disposition Date: 01/28/2013

Implementation Date:

Status: Approved-Closed

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	Statement of Variables	Approved-Closed	Yes
Supporting Document	Redline	Approved-Closed	Yes

SERFF Tracking #:

ZURC-128850937

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

CW AH 35620

State:

Arkansas

Filing Company:

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TOI/Sub-TOI:

H19G Group Health - Travel/H19G.000 Health - Travel

Product Name:

UTA Revised SOV

Project Name/Number:

UTA Revised SOV/CW AH 35620

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	01/28/2013
Bypass Reason:	Not applicable		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/28/2013
Bypass Reason:	Not applicable		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variables	Approved-Closed	01/28/2013
Comments:			
Attachment(s):	U-TA-1001-B CW CLN.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Redline	Approved-Closed	01/28/2013
Comments:			
Attachment(s):	U-TA-1001-B CW REDLINE.pdf		

**STATEMENT OF VARIABLES
BASIC TRAVEL ACCIDENT POLICY
U-TA-100-A CW**

<p>POLICYHOLDER: [John Doe Corporation] [123 Main Street] [Anywhere, XX 10011]</p> <p>[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES:]</p> <p>POLICY NUMBER: [ABC-1234567] POLICY DATE: [January 1, 2006] to Continuous (All Insurance begins and ends at 12:01 a.m. at Policyholder's Address) CONTRACT SITUS: []</p>	<p>Name of Policyholder will be inserted. Address of Policyholder will be inserted. City and State of Policyholder will be inserted.</p> <p>This will be either in or out.</p> <p>Policy number of Policy will be inserted. Effective date will be inserted. If not continuous, an expiration date will also be inserted.</p> <p>State Policy is issued.</p>
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SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

<p>[completion of the Service Waiting Period as indicated below, and]</p>	<p>This will be either in or out. If in, Service Waiting Period will be decided by the Policyholder.</p>
<p>Class I: [All Active full-time employees of the Policyholder working a minimum of [30 hours] per week. Class II: [All Active salaried employees of the Policyholder.] Class III: [All Active hourly employees of the Policyholder.]</p>	<p>Class definitions are variable and defined by the Policyholder based on elements relating to the relationship between the organization and insureds/covered persons.</p> <p>If there is more than one Class eligible under the Policy a Schedule of Benefits may be presented for each Class if benefit applicability, amounts and duration differ by class or it may be presented in the aggregate.</p> <p>This will be in or out. If in, range is 1-60.</p> <p>An example of what may be included is provided to the left.</p>
<p>[SERVICE WAITING PERIOD: [[30 days] of active continuous service]]</p>	<p>SERVICE WAITING PERIOD will be either in or out. The SERVICE WAITING PERIOD is variable and defined by the Policyholder based on elements relating to the relationship between the organization and Insureds/Covered Persons. It may vary by Class of Insured or Covered Person.</p> <p>An example of what may be included is provided to the left. If in, the range of active continuous service will range 0-730 days.</p>
<p>[EFFECTIVE DATE OF INSURANCE FOR THE INSURED: [A. For eligible individuals hired prior to [January 1, 2006]: the later of the Policy effective date or [the first of the month following][upon] completion of the required Service Waiting Period, if any, indicated above.]</p>	<p>The EFFECTIVE DATE OF INSURANCE FOR THE INSURED section is variable and defined by the relationship between the organization and Insured/Covered Persons. It may vary by Class of Insured or Covered Persons. Examples of what may be included are provided to the</p>

<p>[B. For eligible individuals hired on or after [January 1, 2006]: the later of the first day of Active work or [the first of the month following][upon] completion of the required Service Waiting Period, if any, indicated above.]]</p>	<p>left. If A. is used, the appropriate date will be inserted.</p> <p>If B. is used, the appropriate date will be inserted</p>
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SECTION II – SCHEDULE

<p>COVERAGES: [24 Hour Accident Protection Excluding Corporate Owned or Leased Aircraft H1]</p>	<p>Classes Covered [All]</p> <p>The appropriate Coverage(s) will be inserted as well as Classes Covered.</p>										
<p>BENEFITS: Principal Sum ACCIDENTAL DEATH BENEFIT (same for ACCIDENTAL DISMEMBERMENT BENEFIT)</p> <p>Principal Sum: Class I: [[Three (3)] times the employee's Base Annual Earnings* to a maximum of [\$500,000].] Class II: [\$100,000]</p> <p>[*Base Annual Earnings means the employee's base annual pay [excluding overtime, bonuses, [commissions] and special compensation.]]</p>	<p>The Principal Sum section is intended to be free form, determined by Us and the Policyholder based on the specific needs of the Policyholder. For instance, a minimum may or may not be desired; the available options may be multiples of salary in lieu of a range of dollar amounts; the available options may be a combination thereof; when the available options are multiples of salary, the salary may be rounded up or down, the total of the multiples may be rounded up or down, etc.; not all Policyholders use the terminology “Base Annual Earnings” – other terms such as “Salary” should be acceptable consistent with the intent above.</p> <p>If the wording at left is used, [three (3)] The range will be 1-20 times [\$500,000] The range will be \$1,000 - \$25,000,000 [\$100,000] The range will be \$1,000 - \$25,000,000</p> <p>The Base Annual Earnings definition is intended to be free form, determined by Us and the Policyholder based on the specific needs of the Policyholder. Not all Policyholders use the terminology “Base Annual Earnings” – other terms such as “Salary” should be acceptable consistent with the intent above.</p>										
<p>At age [70], the Principal Sum shall be reduced based on the Insured's previous Principal Sum per the following schedule</p> <table border="1" data-bbox="113 1459 787 1648"> <thead> <tr> <th>Age at Date of Loss</th> <th>Percent of Principal Sum</th> </tr> </thead> <tbody> <tr> <td>[70-74]</td> <td>[65%]</td> </tr> <tr> <td>[75-79]</td> <td>[45%]</td> </tr> <tr> <td>[80-84]</td> <td>[30%]</td> </tr> <tr> <td>[85 & Over]</td> <td>[15%]</td> </tr> </tbody> </table>	Age at Date of Loss	Percent of Principal Sum	[70-74]	[65%]	[75-79]	[45%]	[80-84]	[30%]	[85 & Over]	[15%]	<p>[70] The range will be age 55 and over.</p> <p>Age at Date of Loss: The range will be age 55 and over.</p> <p>Percent of Principal Sum: The range will be 99% - 1%.</p>
Age at Date of Loss	Percent of Principal Sum										
[70-74]	[65%]										
[75-79]	[45%]										
[80-84]	[30%]										
[85 & Over]	[15%]										
<p>[Aggregate Limit of Liability per [air travel] Covered Accident [\$0.00]]</p>	<p>This will be either in or out. If in [air travel] will be either in or out. [\$0.00] If in, the range will be \$10,000 - \$500,000,000</p>										
<p>[Escalator Clause We will increase the Accidental Death Benefit for the Insured at an amount equal to [2%] of the Insured's Principal Sum for each year the Insured remains continuously covered under this Policy for a maximum of [five (5)] years. The first increase will take effect one year from the Policy</p>	<p>This will be either in or out. If in: [2%] The range will be 1% - 100%. [5] years The range will be 1 – 10 years.</p>										

<p>anniversary date that is equal to or later than the date the Insured became eligible for benefits under this Policy. Future increases will take effect on subsequent Policy anniversary dates. The increase will be based on the Insured's Principal Sum on the day immediately prior to the Policy anniversary date.]]</p>	
<p>ACCIDENTAL DISMEMBERMENT Classes Covered [AND COVERED LOSS OF USE] [All] [AND PLEGIA] BENEFIT Principal Sum: [Same as above.]]</p>	<p>BENEFITS will be either in or out. If in, benefits that Policyholder has opted for will be included on the Schedule page.</p>
<p>ADDITIONAL BENEFITS: Classes Covered [Seat Belt Benefit [All]] [Rehabilitation Benefit [All]] [Accident Weekly Indemnity Benefit [All]] [Accident Medical Benefit [All]]</p>	<p>ADDITIONAL BENEFITS will be either in or out. If in, additional benefits that Policyholder has opted for will be included on the Schedule page.</p>
<p>ADDITIONAL ENDORSEMENTS Form Number Classes Covered [Administrative Change Endorsement] [U-TA-] [Class II]]</p>	<p>ADDITIONAL ENDORSEMENTS will be either in or out. If in, additional endorsements, Form Number and Classes Covered that Policyholder has opted for will be included on the Schedule page.</p>
<p>Premium Due Date: [First day of each month] [Effective date of Policy]</p>	<p>Premium due date will be determined by the needs of the Policyholder and/or Us, and may be a date other than the "First Date of each month" or "Effective date of Policy".</p>
<p>Premium:[\$0.000] per \$[1,000] of Principal Sum per month] [\$10,000] or [[three] year option payable in equal annual installments of [\$10,000]] or [[three] year pre-paid]</p>	<p>[\$0.000] As per rate manual. [\$1,000] The range will be \$1,000 - \$25,000 [\$10,000] The range will be \$1 - \$2,000,000,000. [three year option payable in equal annual installments of [\$10,000] Either in or out. If in, the range will be \$1 - \$2,000,000,000. This may refer to other time periods, such as "one year", "two year", "four year", "prepaid", etc. Premium rates may be referred to other than "per month"; i.e., "per quarter", "per year", etc.</p>
<p>[Additional Specified Pilot [\$0.00] per [\$1,000] of Principal Sum per [month] while a pilot, operator, crew member or cabin attendant]]</p> <p>[These rates are][This Policy is] guaranteed until [January 1, 2009].] [These rates and this Policy are guaranteed until [January 1, 2009].]</p>	<p>This will be either in or out. If in: The rate will be as per rate manual. The range will be \$1,000-\$25,000 This may refer to other time periods.</p> <p>This will be either in or out. If in, the appropriate date will be inserted. This will be either in or out. If in, the appropriate date will be inserted.</p>
<p>Waiver of Premium ...provided the disability has continued for a period greater than [six (6)] consecutive months. Premium payments will continue for the first [six (6)] months of continuous Total Disability. [However, credit toward the first [six (6)] months of continuous Total Disability will be given if the Insured was Totally Disabled under the Policy that We have replaced.] After this [six (6)] month period...</p> <p>[the Insured attains age [70]].</p> <p>[58 South Service Road, Melville, New York 11747].]</p>	<p>This will be either in or out. If in: [six (6)] The range will be 6 – 60. This is the same for the four references to [six (6)] in this section.</p> <p>This will be either in or out.</p> <p>This will be either in or out. If in: [70] The range will be 55 and over.</p> <p>Current address will be inserted.</p>
<p>Premium Refund [20%]</p>	<p>This will be either in or out. If in: The range will be 1%-100%</p>

[*Zurich Travel Assist claims will not be charged against the experience to calculate the Premium Refund.]	This will be either in or out.
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SECTION III – DEFINITIONS

Aggregate Limit of Liability [or Coverages section] [or Benefits section] [or Endorsement] [occurring within a [1] day period]	These will be either in or out. This will be either in or out. If in, [1] The range will be 1 – 180 day period
[Chartered Aircraft [ten (10)] consecutive days [fifteen (15)] days [one (1)] year period.]	This will be either in or out. If in, The range will be 1 – 365 days The range will be 1 - 365 days The range will be 1 - 10 years
[Controlled by, as used in the Coverages Section for [25] or more hours a [one (1)] year period [100] hours	This will be either in or out. If in The range will be 1 - 500 hours The range will be 1 - 10 years The range will be 1 - 500 hours
Dependent Child(ren) definition.... or those unmarried Child(ren) [as defined in the Policyholder’s [medical] plan as on file and approved by Us] [more than 50% of] [19 (nineteen)] years of age; 2) less than [25 (twenty-five)] years of age prior to age [19] became incapable of	This will be either in or out. This will be either in or out. This will either be in or out. The range will be 19 - 26 years The range will be 23 - 30 years The range will be 19 - 26 years
[Domestic Partner and all remaining brackets in definition	This will be either in or out.
[Foreign National	This will be either in or out.
[Owned Aircraft [or a related company]	This will be either in or out. This will be either in or out.
[Service Waiting Period	This will be either in or out.
Specialized Aviation Activity	Each bracket defining which activity will be included in Policy will be either in or out.
Spouse definition [under age 70].	This will be either in or out. If in, the range will be 65 and over
[Under lease than [ten (10)] consecutive days [fifteen (15)] days a [one (1)] year period	This will be either in or out. If in, The range will be 1 - 365 days The range will be 1 - 365 days The range will be 1 - 10 years

SECTION IV – COVERAGES

[24 HOUR ACCIDENT PROTECTION BUSINESS AND PLEASURE [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW] H-1 [Class [I] Only]	This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.
Hazard Limitations: Air travel Coverage is limited to a loss sustained during a trip, while the Insured is a passenger, [pilot, operator, member of the crew or cabin attendant,] riding in or on, boarding or getting off:	Each bracketed item will be in or out.
Hazard Exclusions: Coverage is not provided: A. [If the Insured is the pilot, operator, member of the crew or cabin	[If the...] will be in or out.

<p>attendant of any aircraft [except those aircraft specified below].</p> <p>B.]Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <ol style="list-style-type: none"> 1. any aircraft other than those expressly stated in this Coverage; 2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft, [including Substitute Aircraft]]: <p style="text-align: center;">[Description of Aircraft]</p> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]]</p> 3. any aircraft Owned or Controlled by, or Under lease to an Insured [or a member of an Insured's [family or] household]; 4. any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]]or] one of the Policyholder's employees [including members of an employee's [family or] household]; 5. any aircraft engaged in a Specialized Aviation Activity; 6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].] 	<p>[except those aircraft...] will be in or out.</p> <p>Each item 1-6 will be either in or out. Within each item, bracketed items will be either in or out.</p> <p>Aircraft description will be inserted.</p>
<p>[Hazard Definitions:</p> <p>[Substitute Aircraft means an aircraft, which is not owned by the Policyholder, and:</p> <ol style="list-style-type: none"> 1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government; 2. is the same class of aircraft as the specified aircraft; and 3. is being used by the Policyholder because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]] <p>[Note: A complete updated list of all Corporate Aircraft must be provided to Us on each anniversary of the Policy.]</p> <p>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.]</p>	<p>Each bracketed item will be in or out.</p>
<p>[24 HOUR ACCIDENT PROTECTION WHILE ON BUSINESS TRIP [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW] H-2</p> <p>[during a business trip][and during a Bona Fide Trip]</p> <p>[pilot, operator, member of the crew or cabin attendant,]</p>	<p>This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.</p> <p>These will be either in or out.</p> <p>This will be either in or out.</p>
<p>Hazard Exclusions:</p> <p>Coverage is not provided:</p> <p>A. [If the Insured is the pilot, operator, member of the crew or cabin</p>	<p>Each bracketed item will be in or out.</p>

<p>attendant of any aircraft [except those aircraft specified below].</p> <p>B.] [For an assignment by the Policyholder or relocation that exceeds [sixty (60)] days in duration. Note: If an assignment exceeds [sixty (60)] days in duration, the location of the assignment will be considered the place of permanent assignment, and the Insured will then have Coverage when traveling elsewhere on the Business of the Policyholder.</p> <p>C.] Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <ol style="list-style-type: none"> 1. any aircraft other than those expressly stated in this Coverage; 2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft, [including Substitute Aircraft]: <p style="text-align: center;">[Description of Aircraft]</p> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]]</p> 3. any aircraft Owned or Controlled by, or Under lease to an Insured [or a member of an Insured's [family or] household]; 4. any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]] or] one of the Policyholder's employees [including members of an employee's [family or] household]; 5. any aircraft engaged in a Specialized Aviation Activity; 6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].] 	<p>[sixty (60)] The range will be 1 – 730 days. [sixty (60)] The range will be 1 – 730 days.</p> <p>Each bracketed item in 1 – 6 will be either in or out. Within each item, bracketed words will be either in or out.</p> <p>Aircraft description will be inserted.</p>
<p>Hazard Definitions:</p> <ul style="list-style-type: none"> • Business of the Policyholder means an assignment by or at the direction of the Policyholder to further the business of the Policyholder. It does not include an Accident occurring during usual travel to and from work; bona fide leaves of absence or vacation [; or a Personal Deviation]. [It does not include employees who are hired to operate a truck.] [It does include [a Personal Deviation] [and] [Side Trips of a personal nature.] • [Bona Fide Trip means a trip that requires the Insured to travel outside the limits of the city or municipality where he or she normally works.] • [Personal Deviation means non-business activities undertaken while on the Business of the Policyholder, but unrelated to furthering the Business of the Policyholder.] • [Side Trip means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; [and] 3) is taken during the course of the business trip[.] [; and 4) is limited to [72 hours]].] • [Substitute Aircraft means an aircraft, which is not owned by the Policyholder, and: <ol style="list-style-type: none"> 1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government; 	<p>Each bracketed item will be in or out.</p> <p>[72 hours] The range will be 1 hour to 31 days.</p>

<p>2. is the same class of aircraft as the specified aircraft; and</p> <p>3. is being used by the Policyholder because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]</p> <p>[Note: A complete updated list of all Corporate Aircraft must be provided to Us on each anniversary of the Policy.]</p> <p>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.]</p>	
<p>[24 HOUR ACCIDENT PROTECTION WHILE ON A SPECIFIED TRIP, [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW] H-3</p> <p>[insert destination/description of trip]</p>	<p>This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.</p> <p>This will vary based on the destination/trip.</p>
<p>Hazard Limitations:</p> <p>Air travel Coverage is limited to a loss sustained during the trip, while the Insured is a passenger, [pilot, operator, member of the crew or cabin attendant,] riding in or on, boarding or getting off:</p>	<p>This will be in or out.</p>
<p>Hazard Exclusions:</p> <p>Coverage is not provided:</p> <p>A. [If the Insured is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</p> <p>B.] [For travel or activities by the Insured, which deviate from the requirements for making the specified trip, or travel that is an extension of the specified trip. [This includes [a Personal Deviation] [and] Side Trips of a personal nature.] [This does not include [a Personal Deviation] [and] Side Trips of a personal nature.]</p> <p>C.] Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <p>1. any aircraft other than those expressly stated in this Coverage;</p> <p>2. any aircraft Owned or Controlled by, or Under lease to] the Policyholder [except the following aircraft, [including Substitute Aircraft]:</p> <p style="padding-left: 40px;">[Description of Aircraft]</p> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]]</p> <p>3. any aircraft Owned or Controlled by, or Under lease to an Insured [or a member of an Insured's [family or] household];</p> <p>4. any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]]or] one of the Policyholder's employees [including members of an employee's [family or] household];</p> <p>5. any aircraft engaged a Specialized Aviation Activity;</p> <p>6. any conveyance [except aircraft] used [for tests or experimental</p>	<p>Each bracketed item will be in or out.</p> <p>Each bracketed item 1-6 will be either in or out. Within each item, bracketed words will be either in or out.</p> <p>Aircraft description will be inserted.</p>

<p>purposes, [or]] [in a race or speed test].]</p>	
<p>[Hazard Definitions:</p> <ul style="list-style-type: none"> • [Personal Deviation means [non-business] activities undertaken while on the specified trip, but unrelated to the specified trip.] • [Side Trip means [non-business] travel of a personal nature that: 1) is incidental to the specified trip; 2) would not have been taken if not for the specified trip; [and] 3) is taken during the course of the specified trip[.] [; and 4) is limited to [72 hours]].] • [Substitute Aircraft means an aircraft, which is not owned by the Policyholder, and: <ol style="list-style-type: none"> 1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government; 2. is the same class of aircraft as the specified aircraft; and 3. is being used by the Policyholder because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]] <p>[Note: A complete updated list of all Corporate Aircraft must be provided to Us on each anniversary of the Policy.]</p> <p>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.]</p>	<p>Each bracketed item will be in or out.</p> <p>[72 hours] The range will be 1 hour to 31 days.</p>
<p>[FULL OCCUPATIONAL COVERAGE, [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW] H-4 [pilot, operator, member of the crew or cabin attendant,]</p>	<p>This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.</p> <p>This will be either in or out.</p>

<p>Hazard Exclusions:</p> <p>Coverage is not provided:</p> <p>A. [If the Insured is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</p> <p>B.] Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <ol style="list-style-type: none"> 1. any aircraft other than those expressly stated in this Coverage; 2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft, [including Substitute Aircraft]: <p style="padding-left: 40px;">[Description of Aircraft]</p> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]</p> <ol style="list-style-type: none"> 3. any aircraft Owned or Controlled by, or Under lease to an Insured [or a member of an Insured's [family or] household]; 4. any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]]or] one of the Policyholder's employees [including members of an employee's [family or] household]; 5. any aircraft engaged in a Specialized Aviation Activity; 6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test]. 	<p>Each bracketed item will be in or out.</p> <p>Each bracketed item 1-6 will be either in or out. Within each item, bracketed words will be either in or out.</p> <p>Aircraft description will be inserted.</p>
<p>Hazard Definitions:</p> <ol style="list-style-type: none"> 2. leaves of absence or vacations[.] [; or 3. a [Personal Deviation] [or] [Side Trip of a personal nature], during a Bona Fide Trip, that is not at the direction of and in furtherance of the economic interest of the Policyholder.] <p>[It does not include employees who are hired to operate a truck.]</p> <p>[It does include [a Personal Deviation] [and] [Side Trips of a personal nature.]</p> <ul style="list-style-type: none"> • [Personal Deviation means non-business activities undertaken while on the Bona Fide Trip, but unrelated to the Bona Fide Trip.] • [Side Trip means non-business travel of a personal nature that: 1) is incidental to the Bona Fide Trip; 2) would not have been taken if not for the Bona Fide Trip; [and] 3) is taken during the course of the Bona Fide Trip[.] [; and 4) is limited to [72 hours]].] • [Substitute Aircraft means an aircraft, which is not owned by the Policyholder, and: <ol style="list-style-type: none"> 1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government; 2. is the same class of aircraft as the specified aircraft; and 3. is being used by the Policyholder because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.] <p>[Note: A complete updated list of all Corporate Aircraft must be provided to Us</p>	<p>Each bracketed item will be in or out.</p> <p>[72 hours] The range will be 1 hour to 31 days.</p>

<p>on each anniversary of the Policy.]</p> <p>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.]</p>	
<p>EXPERIMENTAL, UNLICENSED OR UNCERTIFIED AIRCRAFT H-5 [a passenger], [a pilot], [an operator], [an observer], or [a member of the crew] [Insert Description of Aircraft and/or Equipment being tested]</p>	<p>This coverage will be either in or out. If in, each bracketed item will be either in or out. Description of Aircraft inserted.</p>
<p>[Scheduled Airlines,] [Civilian Aircraft,] and Military Air Transport, [Excluding][Including] Policyholder Owned or Leased Aircraft, [Passenger Only][Passenger and Crew] H-6 [pilot,] [operator,] [member of the crew] [or cabin attendant,] [any aircraft operated by a Civilian Scheduled Air Carrier on any regularly scheduled or chartered flight.]</p> <p>[any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:</p> <p>a. medical certificate; and b. pilot certificate with a proper rating to pilot such aircraft.]</p>	<p>This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.</p>
<p>Hazard Exclusions:</p> <p>Insurance is not provided:</p> <p>A. [If the Insured is the pilot, operator, member of the crew, or cabin attendant of a covered aircraft. Or,]</p> <p>B. Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <p>1. any aircraft other than those expressly stated in this Coverage;</p> <p>2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft: [Description of Aircraft] provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft and each pilot has logged at least [1,000] hours as a pilot of which at least [500] hours were logged in this or the same class of aircraft.];</p> <p>3. any aircraft Owned or Controlled by, or Under lease to an Insured [or a member of an Insured's [family or] household];</p> <p>4. any aircraft operated by [the Policyholder [except those indicated in 2. above, or] one of the Policyholder's employees [including members of an employee's [family or] household];</p> <p>5. any aircraft engaged in a Specialized Aviation Activity;</p> <p>6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test.];</p>	<p>Each bracketed item will be either in or out.</p> <p>Each bracketed item 1-6 will be either in or out. Within each item, bracketed words will be either in or out.</p> <p>Aircraft description will be inserted.</p> <p>[1,000] The range will be 1 hour to 10,000 hours. [500] The range will be 1 hour to 10,000 hours.</p>
<p>[Hazard Definitions:</p> <p>For purposes of this Hazard:</p> <p>Civilian Scheduled Air Carrier means an air carrier that:</p>	<p>This will be either in or out.</p>

<p>A. holds a certificate of Public Convenience and Necessity, license, or equivalent permit for civilian scheduled air carriers issued by the country where the aircraft is registered; and</p> <p>B. flies, maintains, and publishes schedules and tariffs for regular passenger service between named cities at regular and scheduled times.]</p> <p>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.]</p>	
<p>[Land, Sea or Air Common Carrier [Excluding][Including] Policyholder Owned or Leased Aircraft H-7 [, or operating]</p> <p>[excluding any conveyance that the Insured has been hired to operate, or the Insured is operating to carry persons or property for hire or gain]</p> <p>A. While a passenger riding in or on, boarding, or getting off:</p> <p>1. any civilian aircraft [that holds a certificate of Public Convenience and Necessity, license, or equivalent permit for Civilian Scheduled Air Carriers issued by the country where the aircraft is registered] [with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:</p> <p>a. medical certificate; and</p> <p>b. pilot certificate with a proper rating to pilot such aircraft];</p>	<p>This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.</p> <p>This will be in or out.</p>
<p>Hazard Exclusions:</p> <p>Insurance is not provided:</p> <p>A. [If the Insured is the pilot, operator, driver, member of the crew, or cabin attendant of any conveyance listed above. Or,</p> <p>B.]Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <p>1. any conveyance other than those expressly stated in this Coverage;</p> <p>2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft]: [Description of Aircraft] provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft and each pilot has logged at least [1,000] hours as a pilot of which at least [500] hours were logged in this or the same class of aircraft.;</p> <p>3. any aircraft Owned or Controlled by, or Under lease to an Insured [or a member of an Insured's [family or] household];</p> <p>4. any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]]or] one of the Policyholder's employees [including members of an employee's [family or] household];</p>	<p>Each bracketed item will be in or out.</p> <p>Each bracketed item 1-6 will be either in or out. Within each item, bracketed words will be either in or out.</p> <p>Aircraft description will be inserted.</p> <p>[1,000] The range will be 1 hour to 10,000 hours. [500] The range will be 1 hour to 10,000 hours.</p>

<p>5. any aircraft engaged in a Specialized Aviation Activity;</p> <p>6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].</p>	
<p>[Hazard Definitions:</p> <p>For purposes of this Hazard:</p> <p>Civilian Scheduled Air Carrier means an air carrier that:</p> <p>A. holds a certificate of Public Convenience and Necessity, license, or equivalent permit for civilian scheduled air carriers issued by the country where the aircraft is registered; and</p> <p>B. flies, maintains, and publishes schedules and tariffs for regular passenger service between named cities at regular and scheduled times.]</p> <p>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.]</p>	<p>This will be either in or out.</p>
<p>[SPECIFIED PILOT COVERAGE</p> <p>The Hazard Exclusion in [24 Hour Accident Protection, Business and Pleasure [Excluding][Including] Corporate Owned or Leased Aircraft, [and Substitute Aircraft,] [Passenger Only] [Passenger and Crew] H-1,] [24 Hour Accident Protection While on Business Trip, [Excluding] [Including] Corporate Owned or Leased Aircraft, [and Substitute Aircraft,][Passenger Only] [Passenger and Crew] H-2,] [24 Hour Accident Protection While on a Specified Trip, [Excluding] [Including] Corporate Owned or Leased Aircraft [and Substitute Aircraft,] [Passenger Only] [Passenger and Crew] H-3,] [Full Occupational Coverage, [Excluding] [Including] Corporate Owned or Leased Aircraft, [and Substitute Aircraft,] [Passenger Only] [Passenger and Crew] H-4]</p> <p>Pilot Name(s) [Aircraft Descriptions(s)]</p>	<p>This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.</p> <p>Pilot names or descriptors will be inserted. Aircraft description will be inserted.</p>
<p>[BOMB SCARE/EXPLOSION COVERAGE [or Fire Drill] [Fire Drill means while participating in a Fire Drill conducted by the Policyholder for the purpose of emergency preparedness.] [For purposes of this Bomb Scare/Explosion Coverage, the Aggregate Limit of Liability per Covered Accident is [\$0.00].]</p>	<p>This will be either in or out. This will be either in or out. This will be either in or out.</p> <p>This will be either in or out. If in, The range will be \$10,000-\$500,000,000</p>
<p>[COMMUTATION COVERAGE [This Coverage will not be extended if the operator of the private passenger automobile in which the Insured was riding at the time he or she incurred such Covered Injury was either]:</p> <p>1. under the influence of alcohol;</p> <p>a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.</p> <p>b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication; Or,</p> <p>2. under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.]]</p>	<p>This will be either in or out. If in, each bracketed item will be either in or out.</p>
<p>EXPOSURE AND DISAPPEARANCE COVERAGE [365 days]</p>	<p>This will be either in or out. If in, The range will be 1 - 730 days</p>

<p>[EXTRA-ORDINARY COMMUTATION COVERAGE] [This Coverage will not be extended if the operator of the private passenger automobile in which the Insured was riding at the time he or she incurred such Covered Injury was [either]:</p> <ol style="list-style-type: none"> 1. under the influence of alcohol; <ol style="list-style-type: none"> a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle. b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication. [Or,] 2. under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.] 	<p>This will be either in or out. If in, each bracketed item will be in or out.</p>
<p>[FAMILY TRAVELING WITH EMPLOYEE ON BUSINESS AND/OR RELOCATION TRIPS COVERAGE] Spouse [Domestic Partner] : \$[50,000] Dependent Child(ren): \$[25,000]</p>	<p>This will be either in or out.</p> <p>This will be either in or out. If in, The range will be \$1,000-\$2,000,000. The range will be \$1,000-\$250,000.</p>
<p>[FELONIOUS ASSAULT COVERAGE] [a Fellow Employee] Fellow Employee means..... than [forty-five (45)] days prior [For purposes of this Felonious Assault Coverage, the Aggregate Limit of Liability per Covered Accident is [\$0.00].]</p>	<p>This will be either in or out. If in This will be in or out. The range will be 45 days - 5 years This will be either in or out. If in The range will be \$10,000-\$500,000,000</p>
<p>[HIJACKING or SKYJACKING COVERAGE] [or conveyance]</p>	<p>This will be either in or out. This will be either in or out.</p>
<p>[ON-PREMISES TERRORISM COVERAGE] [and Covered Loss of Use][and Plegia] [The benefit for this On-Premises Terrorism Coverage will be [15%] of the applicable Principal Sum subject to a maximum of [\$100,000].]</p> <p>[We may cancel this On-Premises Terrorism Coverage by sending the Policyholder, at its most recent address in Our records, a [ten (10)] day notice of Our intent to cancel. Upon cancellation, We will return any unearned premium that the Policyholder has paid, but this is not a condition of termination. A change or termination in this Coverage will not affect a claim which begins while this Coverage is in force.]</p> <p>[For purposes of this On-Premises Terrorism Coverage, the Aggregate Limit of Liability per Covered Accident is [\$0.00].]</p>	<p>This will be either in or out. These will be in or out. This will be in or out. If in, [15%] the range will be 1% - 100%; [\$100,000] the range will be \$25,000 - \$25,000,000. This will be either in or out. If in, [ten (10)] the range will be 1 – 365.</p> <p>This will be either in or out. If in, the range will be \$10,000-\$500,000,000</p>
<p>[RESERVE CORPS/NATIONAL GUARD UNIT COVERAGE] [and Covered Loss of Use][and Plegia]</p> <ol style="list-style-type: none"> 1. attending any regularly scheduled or routine training of less than [sixty (60)] days, or the Insured is enroute to or from such training;] 2. attending a Service School or the Insured is enroute to or from such Service School; 3. taking part in any authorized inactive duty training; or,] 4. taking part as a unit member in a parade or exhibition authorized by official orders;] <p>[No benefit will be payable for any loss that occurs during active duty.]</p>	<p>This will be either in or out. If in These will be in or out. Each item 1 through 4 will be in or out. [sixty (60)] the range will be 1 – 365 days.</p> <p>This will be either in or out.</p>
<p>[WAR RISK COVERAGE] [countries in brackets]</p> <p>A. the war or act of war causing the Injury does not occur within [any of the</p>	<p>This will be either in or out. Countries considered War Risk countries.</p> <p>Bracketed items will be either in or out.</p>

<p>states of the United States of America (including the District of Columbia) [or Canada,] [named country or countries,] [or] the Insured's country of residence.] [or</p> <p>[For those countries listed above in Paragraph [A, [except for the United States of America, the District of Columbia, [or Canada] [and the [Covered Person's] [Insured's] country of residence,]] [B] Covered Loss that results from an act of war shall be covered provided the Policyholder submits to Us [each calendar quarter] [on an annual basis] a report of actual exposure within those areas. Additional premium due will be calculated at the standard war risk rates then in force.]</p> <p>[This War Risk Coverage is subject to an Aggregate Limit of Liability of [\$2,000,000] per Covered Accident.]</p> <p>[We may, by giving [seven (7)] days written notice to the Policyholder, [(1) require additional premium, to be calculated at the standard war risk rates utilized at the time of the exposure;] [(2) amend the list of countries above;] [or] [(3) cancel this Coverage.] [Any revision or cancellation will not prejudice any claim that occurred prior to the effective date of the revision or cancellation. Any unearned premium at the time of a cancellation will be promptly calculated and returned to the Policyholder on a pro-rata basis, but the return of the unearned premium is not a condition of cancellation. Our failure to exercise any of Our rights under this Coverage will not be deemed a waiver of these rights.]]</p>	<p>This will be either in or out. If in, all bracketed items will be in or out.</p> <p>[each calendar quarter] [on an annual basis] This will be either each calendar quarter or on an annual basis. These are examples of the frequencies – actual terms used may vary based on the needs of the Policyholder and Us.</p> <p>This will be either in or out. If in, the range will be \$10,000-\$500,000,000</p> <p>This will be either in or out. If in, [seven (7)] the range will be 3-365 days</p> <p>Items (1), (2) and (3) will each be in or out. [Any revision...] will be either in or out.</p>
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SECTION V – BENEFITS

<p>ACCIDENTAL DEATH BENEFIT [365 days]</p> <p>[ACCIDENTAL DISMEMBERMENT [AND LOSS OF USE] [AND PLEGIA] BENEFIT [365 days]</p> <ol style="list-style-type: none"> 1. [Principal Sum] 2. [Principal Sum] 3. [Principal Sum] 4. [Principal Sum] 5. [Principal Sum] 6. [50% of Principal Sum] 7. [50% of Principal Sum] 8. [25% of Principal Sum] 9. [25% of Principal Sum] <p>[A reduced benefit will be payable equal to [50%] of the applicable Accidental Dismemberment Benefit after [365 days],</p> <p>[Covered Loss of Use of</p> <ol style="list-style-type: none"> 1. Four Limbs [Principal Sum] 2. Three Limbs [75% of Principal Sum] 3. Two Limbs [66 2/3% of Principal Sum] 4. One Limb [50% of Principal Sum] <p>[Plegia</p>	<p>The range will be 1 - 365 days.</p> <p>This will be either in or out.</p> <p>The range will be 1 - 365 days</p> <p>Each benefit 1-9 will be in or out. If in, The range will be 1% - 200% The range will be 1% - 200%</p> <p>This will be either in or out. If in, The range will be [1% - 100%] The range will be 1 - 365 days</p> <p>This will be either in or out. If in, Each benefit 1-4 will be in or out. If in, The range will be 1% - 200% The range will be 1% - 200% The range will be 1% - 200% The range will be 1% - 200%</p> <p>This will be either in or out. If in, Each item 1-5 will be in or out. If in,</p>
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<p> 37. [25% of Principal Sum] 38. [20% of Principal Sum] 39. [40% of Principal Sum] 40. [7% of Principal Sum] </p> <p>[A reduced benefit will be payable equal to [50%] of the applicable Accidental Dismemberment Benefit after [365 days],</p>	<p> The range will be 1% - 200% The range will be 1% - 200% The range will be 1% - 200% The range will be 1% - 200% </p> <p> This will be either in or out. If in, The range will be 1% - 100% The range will be 1 - 365 days </p>
<p>[COMA BENEFIT]</p> <p>[365 days] [thirty-one (31)] days</p> <p>[The Coma Benefit is equal to [1%] of the Insured's Principal Sum, and will be paid each month the Insured remains in a Coma following the initial [thirty-one (31)] day period. The Coma Benefit will end on the earliest of the following:</p> <ol style="list-style-type: none"> 1. the Insured is no longer in a Coma which directly resulted from the Injury; 2. the Insured has received a Coma Benefit for [100] months.] <p>[The Coma Benefit will be payable at [1%] of the Insured's Principal Sum per month for the first [11] months the Insured remains in a Coma, following the initial [thirty-one (31)] day period. At the end of the [11] months of payment, if the Insured remains in a Coma, We will pay a lump sum benefit equal to the Principal Sum payable under the Accidental Death Benefit less the amount of the [11] months of benefit already received.]</p>	<p>This will be either in or out. If in</p> <p>The range will be 1 - 365 days The range will be 1 - 365 days</p> <p>This will be in or out. If in, [1%] the range will be 1% - 50%. [thirty-one (31)] The range will be 1-365.</p> <p>[100] The range will be 2 to 100 months.</p> <p>This will be in or out. If in, [1%] the range will be 1% - 50%. [11] The range will be 2 – 100 months (for all three instances) [thirty-one (31)] The range will be 1-365.</p>
<p>[HIV OCCUPATIONAL ACCIDENT BENEFIT]</p> <p>If an Insured suffers an Injury resulting in a Covered Loss while performing his or her job related duties, which causes him or her to acquire and test positive within [one year] of such Accident for Human Immunodeficiency Virus (HIV) and/or AIDS and related complex (ARC), We will pay an HIV Benefit. will be equal to [20%] shall not exceed [\$50,000] [The HIV Benefit will be paid in [twenty-four (24)] equal monthly installments.]</p> <p>In order to receive the HIV Benefit, the Insured must:</p> <ol style="list-style-type: none"> 1. submit a workers compensation injury report to his or her employer within [forty-eight (48)] hours of the Accident. If the Insured's employer does not maintain workers compensation insurance, the Insured must complete an Accident report on a form which We will provide. The completed Accident report must be approved by the Policyholder within [forty-eight (48)] hours of the Accident and must be submitted to Us within [five (5)] days of the Accident; and 2. submit to a blood test for HIV and/or AIDS and/or related complex (ARC) 	<p>This will be either in or out. If in</p> <p>The range will be 1 day – 5 years.</p> <p>The range will be 1% - 100% The range will be \$1,000-\$25,000,000 This will be in or out. If in, the range will be 2 - 120 months</p> <p>[forty-eight (48)] The range for all three instances will be 1-168.</p> <p>[five (5)] The range will be 1-31.</p>

<p>within [forty-eight (48)] hours of the Accident, which is administered by a duly licensed medical doctor or registered nurse. The blood test results must be sent directly to Us.</p> <p>If the initial test is negative, and the Insured subsequently tests positive for HIV, AIDS or ARC within [one year] of the Accident, We will begin monthly payments on the first of the month following the settlement of the claim.</p>	<p>The range will be 1 day – 5 years.</p>
<p>[IN-HOSPITAL INDEMNITY BENEFIT] [seven (7)] consecutive days a monthly benefit of [1%] to a maximum of [\$1000] confinement must begin within [ninety (90)] days benefit will be paid for a maximum of [twelve (12)] months</p> <p>Successive periods of Hospital confinement arising out of the same Injury will be considered one confinement only if they are separated by a period of less than [three (3)] months.</p>	<p>This will be either in or out. If in The range will be 1 - 365 days The range will be 1% - 100% The range will be \$1 - \$10,000 The range will be 1 - 365 days The range will be 1 – 120 months</p> <p>The range will be 1 - 12</p>
<p>[PERMANENT AND TOTAL DISABILITY BENEFIT] within [365 days] continues for [twelve (12)] months</p>	<p>This will be either in or out. If in The range will be 1 - 730 days The range will be 1 - 24 months</p>
<p>[PERMANENT AND TOTAL DISABILITY BENEFIT] within [365 days] continues for [twelve (12)] months this benefit shall equal [1%] We make [100] payments</p>	<p>This will be either in or out. If in The range will be 1 - 730 days The range will be 1 - 120 months The range will be 1% - 100% The range will be 1 – 200 payments</p>

SECTION VI -ADDITIONAL BENEFITS

<p>[ACCIDENT DENTAL EXPENSE BENEFIT]</p> <p>If an Insured suffers a Covered Injury which causes him or her to require treatment for damage to Sound Natural Teeth, We will pay an Accident Dental Expense Benefit for the [Reasonable and Customary] expenses incurred for the Medically Necessary treatment, replacement, or diagnosis provided:</p> <ol style="list-style-type: none"> 1. the damage to the teeth occurs within [thirty (30)] days of the Covered Injury; 2. the expenses are actually incurred and paid within [twenty-six (26)] weeks of the Covered Injury; and 3. the services are performed by a licensed dentist or dental surgeon. <p>The maximum benefit payable under this benefit is \$[3,000] for any one Covered Accident.</p> <p>We will not cover expenses under this additional benefit for:</p> <ol style="list-style-type: none"> [1. any expenses covered by workers' compensation] [2. any expenses covered by Medicare;] [3. any services of a Federal, Veteran's, State or Municipal hospital for which an Insured is not liable for payment;] [4. expenses which are more than Reasonable and Customary; [5. cosmetic, plastic, or restorative dental treatment unless Medically Necessary for the treatment of the Covered Injury; [6. the replacement or repair of existing dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, or caps;] [7. expenses which the Insured recovers in a settlement or court judgment;] [8. expenses which are covered under any other insurance of any kind;] [9. expenses which the Insured is not legally obligated to pay;] 	<p>This will be in or out. If in,</p> <p>This will be in or out.</p> <p>The range will be 1 – 365.</p> <p>The range will be 1 – 104.</p> <p>The range will be \$1 - \$250,000.</p> <p>Each exclusion will be in or out.</p>
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<p>10. expenses which are not Medically Necessary for the treatment of the Covered Injury.</p> <p>Medically Necessary means that the dental service or treatment:</p> <ol style="list-style-type: none"> is essential for the diagnosis, treatment or care of the Covered Injury for which it is prescribed or performed; and meets generally accepted standards of dental practice. <p>Reasonable and Customary expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, We will determine the amount based upon:</p> <ol style="list-style-type: none"> the complexity involved; the degree of professional skill required; and any other pertinent factors. <p>We reserve the right to make the final determination of what is Reasonable and Customary.</p> <p>Sound Natural Teeth means natural teeth that are unaltered or are fully restored to their normal function and are disease free, have no decay, and are not more susceptible to injury than unaltered natural teeth.]</p>	<p>This will be in or out.</p>
<p>[ACCIDENT MEDICAL EXPENSE BENEFIT</p> <p>If an Insured suffers a Covered Injury, which causes him or her to incur medical expenses, We will pay an Accident Medical Expense Benefit for the Reasonable and Customary expenses incurred by the Insured, in excess of the deductible of [\$1,000.00] [and any other valid and collectible insurance], provided that:</p> <ol style="list-style-type: none"> the first treatment or service occurs within [thirty (30)] days of the Covered Injury; the medical expenses are incurred within [fifty-two (52)] weeks of the Covered Injury; and the Insured is under the care and treatment of a licensed medical provider other than his or her spouse, children or any other person who is related to him or her. <p>The maximum benefit payable under this benefit is \$[5,000] for any one Covered Accident.</p> <p>We will not cover expenses under this additional benefit for:</p> <ol style="list-style-type: none"> any Pre-existing Condition, until the Insured has been continuously covered under this Policy for [twelve (12)] consecutive months; any expenses which are covered by Workers' Compensation; any expenses covered by Medicare; any services of a Federal, Veteran's, State or Municipal hospital for which an Insured is not liable for payment; expenses which are more than the Reasonable and Customary; cosmetic, plastic or restorative surgery unless Medically Necessary for the treatment of the Covered Injury; expenses which the Insured recovers in a settlement or court judgment; expenses which are covered under any other insurance of any kind; expenses which the Insured is not legally obligated to pay; Custodial Services; expenses which are not Medically Necessary for the treatment of the Covered Injury. <p>Pre-existing Condition means a condition for which the Insured has sought or received medical advice or treatment during the [twelve (12) months] immediately preceding his or her effective date of Coverage under this Policy.</p>	<p>This will be either in or out. If in</p> <p>This will be in or out.</p> <p>This will be in or out. If in, [\$1,000] the range is \$1 to \$50,000. [and any other...] This is in or out. [thirty (30)] The range will be 1 – 365.</p> <p>[Fifty-two (52)] The range will be 1 – 104.</p> <p>[5,000] The range will be \$1 - \$100,000,000</p> <p>Each exclusion 1 – 11 will be in or out.</p> <p>[twelve (12)] The range is 1 day to 24 months.</p>

<p>Reasonable and Customary expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, We will determine the amount based upon:</p> <ol style="list-style-type: none"> 1. the complexity involved; 2. the degree of professional skill required; and 3. any other pertinent factors. <p>We reserve the right to make the final determination of what is Reasonable and Customary.</p>	<p>This will be in or out.</p>
<p>ACCIDENT WEEKLY INDEMNITY BENEFIT occurs within [thirty (30)] days of the Injury Benefit Waiting Period of [seven (7)days]; not exceed the Benefit Period of [fifty-two (52) weeks]. payments will be equal to [75%] [reduced by] [(1) Workers' Compensation Disability Benefit]; [(2) Social Security Disability Benefits excluding any amounts for which the Insured's Dependents may qualify because of the Insured's disability]; [(3) Social Security Retirement Benefits]; [(4) Group Disability Benefits sponsored by the Policyholder]; [(5) the amount of any disability income benefits from any automobile or no-fault policy or insurance] This Accident Weekly Indemnity Benefit shall not exceed the Weekly Indemnity Amount of [\$400.00].</p>	<p>This will be either in or out. If in The range will be 1 - 365 days The range will be 1 - 730 days The range will be 1 - 120 weeks The range will be 1% - 100% This will be either in or out. This will be either in or out. This will be either in or out.</p> <p>This will be either in or out. This will be either in or out. This will be either in or out.</p> <p>The range will be \$1 - \$100,000</p>
<p>AFTER SCHOOL CARE BENEFIT [is [10] years old or less, [2%] of the Principal Sum [\$2,000] per year. [four (4)] consecutive years under [ten (10)] at the time of each payment. [The maximum benefit under this provision is [\$6,000].]</p>	<p>This will be either in or out The range will be 1 – 21 years The range will be 1% - 25% The range will be \$1-\$100,000 The range will be 1 – 10 years The range will be 1 – 21 years This will be either in our out. If in The range will be \$1-\$500,000</p>
<p>CARJACKING BENEFIT benefit equal to [10%] of the Principal Sum to a maximum of [\$10,000]. official police report within [24 hours] investigating officer(s) within [24 hours]</p>	<p>This will be either in or out. If in The range will be 1% - 25% The range will be \$1 - \$250,000 The range will be 12 - 48 hours The range will be 12 - 48 hours</p>
<p>COBRA BENEFIT of [one (1)] year [5%] of the Insured's Principal Sum; [\$5,000]; [one (1) year]</p>	<p>This will be either in or out. If in The range will be 1 – 3 years The range will be 1% - 25% The range will be \$1 - \$150,000 The range will be 1-3 years</p>
<p>COMMON CARRIER BENEFIT to the lesser of [\$50,000] or [50%]</p>	<p>This will be either in or out. If in The range will be \$1,000-\$25,000,000 The range will be 1% - 100%</p>
<p>CRITICAL BURN BENEFIT If an Insured suffers an Injury resulting in a Covered Loss as a result of a Covered Accident, [which is payable under the Accidental Dismemberment [and Covered Loss of Use][and Plegia] Benefit], an additional benefit will be payable equal to the lesser of [10%] of the Insured's Principal Sum or [\$10,000], provided all terms and conditions of the Policy are met and:</p> <ol style="list-style-type: none"> 1. the Insured has received second degree or higher burns over [25%] of his or her body; and 2. the Insured has undergone reconstructive surgery to treat the burned areas of the body; [and] 	<p>This will be either in or out. If in This will be in or out. These will be in or out. [10%] The range will be 1% - 100% [\$10,000] The range will be \$1,000 - \$25,000,000 [25%] The range will be 1% - 100%</p> <p>This will be in or out.</p>

<p>3. the reconstructive surgery has taken place within [365 days] of the occurrence of the Injury.</p>	<p>This will be in or out. If in, [365] range will be 1 – 730.</p>
<p>[DAY CARE BENEFIT [ninety (90)] days the [Covered] Dependent Child is under age [13]. [3%] of the Principal Sum [\$3,000]. annually for up to [four (4)] consecutive years under age [13]</p> <p>[The maximum amount payable under this benefit is [\$4,000]</p>	<p>This will be either in or out. If in The range will be 1 – 730 days The range will be 1 - 21 years The range will be 1% - 25% The range will be \$1 - \$100,000 The range will be 1 – 10 years The range will be 1 - 21 years This will be either in or out. If in The range will be \$1-\$500,000</p>

<p>[FELONIOUS ASSAULT BENEFIT [a Fellow Employee] benefit equal to [15%] [Fellow Employee means...] than [forty-five (45)] days</p>	<p>This will be either in or out. If in This will be in or out The range will be 1% - 100% This will be in or out. If in, The range will be 45 days – 5 years</p>
<p>[HEARING AID OR PROSTHETIC APPLIANCE BENEFIT 3. the Hearing Aid or Prosthetic Appliance was required within [one (1) year] of the Injury. will be the lesser of [10%] or [\$10,000].</p>	<p>This will be either in or out. If in The range will be 31 days to 5 years. The range will be 1% - 50% The range will be \$1 - \$50,000</p>
<p>[HIGHER EDUCATION BENEFIT 2. he or she is at the 12th grade level and enrolls in an accredited college, university or trade school within [one (1) year] from the date of the Accident. will be equal to [5%] of the Insured’s Principal Sum maximum of [\$5,000]. up to [four (4)] consecutive years [The maximum amount payable under this benefit is [\$20,000].] [If, at the time of the Accident there are no Dependent Child(ren) who qualify for this benefit, We will pay an additional benefit of [\$1,000] to the designated beneficiary.]]</p>	<p>This will be either in or out. If in: The range will be 1 day to 3 years. The range will be 1% - 50% The range will be \$1-\$100,000 The range will be 1 – 10 This will be in or out. If in, the range will be \$1-\$500,000 This will be in or out. If in, the range will be \$1 - \$10,000.</p>
<p>[HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT will be the lesser of [10%] or [\$10,000].]</p>	<p>This will be either in or out. If in The range will be 1%-50% The range will be \$1-\$250,000</p>
<p>[NATURAL DISASTER BENEFIT the lesser of [10%] or [\$10,000]. For purposes of this benefit, Natural Disaster means [a storm] ([wind],[rain],[snow],[sleet],[hail],[lightning],[dust] or [sand]), [earthquake],[flood],[volcanic eruption],[wildfire] or other similar event.]]</p>	<p>This will be either in or out. If in The range will be 1% - 50% The range will be \$1-\$250,000 Each bracketed item will be in or out.</p>
<p>[PARENT CARE will be [[\$5,000.00] [5% of the Principal Sum] of [\$40,000.00] For purposes of this benefit, Dependent Parent means the [parent(s)] [or] [grandparent(s)] of the Insured who, at the time of a Covered Accident, is receiving support and care provided by such Insured as evidenced by the most current tax return filed with the government of the United States of America.]</p>	<p>This will be either in or out. If in The range will be \$1 - \$250,000 The range will 1% - 50% The range will be \$1 - \$1,000,000 Each bracketed item will be either in or out.</p>
<p>[REHABILITATION BENEFIT If the Insured suffers an Injury resulting in a Covered Loss, which is payable under the Accidental Dismemberment [and Covered Loss of Use][and Plegia] Benefit, We will pay an additional benefit for the [Reasonable and Customary] expenses actually incurred for Rehabilitation Training, in an amount equal to the lesser of: expenses incurred with [2] years [\$10,000]; or [10%] of the Insured’s Principal Sum. Rehabilitation Training means a treatment program that: 1. is prescribed by a licensed physician acting within the scope of his or her license that is approved by Us prior to the provision of services; 2. is required due to the Insured’s Injury; [and] 3. prepares the Insured for an occupation which he or she would not have engaged in except for the Injury.]</p>	<p>This will be either in or out. If in Bracketed items will be either in or out. The range will be 1 – 10 years The range will be \$1 - \$250,000 The range will be 1% - 50% Each bracketed item will be either in or out.</p>

<p>Reasonable and Customary expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, We will determine the amount based upon:</p> <ol style="list-style-type: none"> 1. the complexity involved; 2. the degree of professional skill required; and 3. any other pertinent factors. <p>We reserve the right to make the final determination of what is Reasonable and Customary.</p>	<p>This will be either in or out.</p>
<p>[SEAT BELT/[AIR BAG] BENEFIT [which equals [10%] of the Principal Sum up to a maximum] of [\$10,000],</p> <p>[An additional benefit [equal to [5%] of the Insured's Principal Sum to a maximum of [\$5,000], will be paid if the Insured was driving a private passenger automobile with a manufacturer equipped driver-side air bag or riding as a passenger in a private passenger automobile with a manufacturer equipped passenger-side air bag, provided the Insured's seat belt or lap and shoulder restraint was properly fastened at the time of the Accident. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the Accident, through certification by the investigating officers or by other reasonable proof, acceptable to Us.]</p> <p>[We will not pay a Seat Belt [or Air Bag] Benefit if the driver of the automobile in which the Insured was riding was either</p> <ol style="list-style-type: none"> 1. under the influence of alcohol; <ol style="list-style-type: none"> a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle. b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication. Or, 2. under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage.]] 	<p>This will be either in or out. This will be either in or out. If in the range will be 1% - 100% The range will be \$1,000-\$25,000,000</p> <p>This will be either in or out. If in The range will be 1%-100% The range will be \$1,000-\$25,000,000</p> <p>This will be either in or out. If in, This will be either in or out.</p> <p>This will be either in or out.</p>
<p>[SPOUSE/[DOMESTIC PARTNER] RETRAINING BENEFIT within [thirty (30)] months be [the lesser of [2 %] of the Insured's Principal Sum or] [\$3,000].]</p>	<p>This will be either in or out. The range will be 1 - 60 months The range will be 1% - 50% The range will be \$1 - \$250,000</p>
<p>[SURVIVING SPOUSE [/DOMESTIC PARTNER] BENEFIT [1%] [and will be paid for a period of [six (6) months]]</p>	<p>This will be either in or out. The range will be 1% - 25% The range will be 1 - 100 months</p>
<p>[THERAPEUTIC COUNSELING BENEFIT within [ninety (90)] (3) Therapeutic Counseling must be received within one (1) year from the date of the Covered Loss. is \$[1,000.00]</p>	<p>This will be either in or out. The range will be 1-365 days The range will be 1 year – 10 years.</p> <p>The range will be \$1 - \$250,000</p>
<p>[TERRORISM BENEFIT the lesser of [10%] or [\$30,000]. a [ten (10)] day notice</p>	<p>This will be either in or out. If in The range will be 1% - 100% The range will be \$1,000 - \$25,000,000 The range will be 1 - 365 days</p>

<p>[TRAVEL ASSISTANCE PLAN traveling [100 miles]</p> <p>Medical Evacuation [Western Medical Standards] [The maximum amount We will pay for this benefit is [\$50,000.00].]</p> <p>Medical Repatriation [The maximum amount We will pay for this benefit is [\$25,000.00].]</p> <p>Non-Medical Repatriation [The maximum amount We will pay for this benefit is [\$10,000.00].]</p> <p>Return of Remains [The maximum amount We will pay for this benefit is [\$5,000.00].]</p> <p>Visit to Hospital [seven (7)] consecutive days [The maximum amount We will pay for this benefit is [\$5,000.00].]</p> <p>Return of Child [nineteen (19)] years of age age [nineteen (19)] became [The maximum amount We will pay for this benefit is [\$5,000.00] per Child [\$5,000.00] per attendant.]</p> <p>Return of Companion [The maximum amount We will pay for this benefit is [\$5,000.00].]</p>	<p>The range will be 0 – 250 miles</p> <p>This will be either in or out. This will be either in or out. If in the range will be \$25,000-\$100,000</p> <p>This will be either in or out. If in the range will be \$10,000-\$50,000</p> <p>This will be either in or out. If in the range will be \$5,000-\$20,000</p> <p>This will be either in or out. If in the range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in the range will be 3-30 days The range will be \$2,500-\$10,000</p> <p>The range will be 18-30 The range will be 18-30 This will be either in or out. If in the range will be \$2,500-\$10,000</p> <p>The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in the range will be \$2,500-\$10,000</p>
<p>TRAVEL ASSISTANCE EXCLUSIONS</p> <p>3. [Western Medical Standards].</p> <p>8. [the Injuries or Illness resulted in whole or in part from the Covered Person being intoxicated. A Covered Person will be conclusively presumed to be intoxicated if on or about the time of the incident which required medical treatment the level of alcohol in his or her blood exceeds the amount at which a person is presumed to be intoxicated if operating a motor vehicle in that jurisdiction. A report from a law enforcement officer, medical provider or similar report will be considered proof of the Covered Person’s intoxication.]</p>	<p>This will be either in or out.</p> <p>This will be either in or out.</p>
<p>[TRAVEL ASSISTANCE LIMITATIONS</p> <p>Aggregate Limit of Liability per Covered Accident [\$500,000]</p>	<p>This will be either in or out. If in the range will be \$25,000-\$5,000,000</p>
<p>TRAVEL ASSISTANCE DEFINITIONS</p> <p>more than [100] miles [“Western Medical Standards” means generally accepted medical standards comparable to those in the United States, Canada or Western Europe.]</p>	<p>The range will be 0 – 250 miles This will be either in or out.</p>
<p>TRAVEL ASSISTANCE OTHER PROVISIONS</p> <p>[Excess Coverage Our obligation to pay the Policyholder or Covered Person under this Travel Assistance Plan will be excess of any other insurance which the Policyholder or Covered Person has with respect to the expenses covered under this Travel Assistance Plan.]</p> <p>Reservation of Rights [or in any country for which a travel warning has been issued by the Department of State of the United States of America].]</p>	<p>This will be either in or out.</p> <p>This will be either in or out.</p>

[Exempted Countries

This coverage is not available in the following countries: [Afghanistan]. **We** further reserve **Our** rights to modify this list upon [ten (10)] days notice to the **Policyholder.**]

Scope

[Covered transportation expenses will be limited to air and marine conveyance.]

[To contact **Us** regarding this **Travel Assistance Plan**, the **Covered Person** must call [1-800-263-0261] from the U.S. or Canada; and collect from anywhere else in the world at [+1-416-977-0277].]

[TRAVEL REIMBURSEMENT PLAN

are traveling [100 miles]

TRAVEL REIMBURSEMENT BENEFITS

Medical Evacuation

[in accordance with generally accepted medical standards of the United States of America, Canada or Western Europe]

[generally accepted medical standards of the United States of America, Canada or Western Europe]

[In no case will **We** pay more than [\$50,000.00].

Medical Repatriation

[In no case will **We** pay more than [\$25,000.00]].

Non-Medical Repatriation

[In no case will **We** pay more than [\$10,000.00]].

Return of Remains

[In no case will **We** pay more than [\$5,000.00]].

Visit to Hospital

than [seven (7)] consecutive days

[In no case, will **We** pay more than [\$5,000.00]].

Return of Child

[nineteen (19)] years of age

age [nineteen (19)] became

[In no case will **We** pay more than [\$5,000.00] per **child** and [\$5,000] per attendant.]

Return of Companion

[In no case will **We** pay more than [\$5,000.00]].

[Access Fee

We will reimburse the **Policyholder** for the expenses the **Policyholder** incurs to provide access to travel assistance services. [In no case will **We** pay more than [\$50,000.00].]

TRAVEL REIMBURSEMENT EXCLUSIONS

3. [in accordance with generally accepted medical standards of the United States of America, Canada or Western Europe].

This will be either in or out.

[Afghanistan – specified countries will be inserted.

If in, the range will be 3-90 days

This will be either in or out.

This will be either in or out. The appropriate telephone numbers will be inserted.

The range will be 0 – 250 miles

This will be either in or out.

This will be either in or out.

This will be either in or out. If in, the range will be \$10,000-\$50,000

This will be either in or out. If in, the range will be \$5,000 - \$25,000

This will be either in or out. If in The range will be \$2,500-\$10,000

This will be either in or out. If in The range will be \$2,500-\$10,000

The range will be 3- 30 days

This will be either in or out. If in The range will be \$2,500-\$10,000

This will be either in or out. If in The range will be 18-30 years

The range will be 18-30 years

This will be either in or out. If in, The range will be \$2,500-\$10,000 The range will be \$2,500-\$10,000

This will be either in or out. If in The range will be \$2,500-\$10,000

This will be either in or out. If in The range will be \$25,000-\$100,000

This will be either in or out.

<p>5. [the Injuries or Illness resulted in whole or in part from the Covered Person being intoxicated. A Covered Person will be conclusively presumed to be intoxicated if on or about the time of the incident which required medical treatment, the level of alcohol in his/her blood exceeds the amount at which a person is presumed to be intoxicated if operating a motor vehicle in that jurisdiction. A report from a law enforcement officer, medical provider or similar report shall be considered proof of the Covered Person's intoxication.]</p>	<p>This will be either in or out.</p>
<p>[TRAVEL REIMBURSEMENT LIMITATIONS</p> <p>Aggregate Limit of Liability per Covered Accident [\$500,000].]</p>	<p>This will be either in or out. If in, the range will be \$25,000-\$45,000,000</p>
<p>TRAVEL REIMBURSEMENT OTHER PROVISIONS</p> <p>[Excess Coverage</p> <p>Our obligation to reimburse the Policyholder will be excess of any other insurance coverage which the Policyholder or Covered Person has with respect to the covered expenses under this Policy.]</p>	<p>This will be either in or out.</p>
<p>Scope [Covered transportation expenses will be limited to air and marine conveyances.]</p>	<p>This will be either in or out.</p>

SECTION VII – GENERAL EXCLUSIONS

<p>1. [suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury [including, but not limited to, any attempt to restrict the flow of oxygen to the brain for purposes of auto-eroticism or auto-erotic asphyxiation];]</p>	<p>This will be either in or out. If in, [including, but not limited to...] will be in or out.</p>
<p>2. [war or any act of war, whether declared or undeclared;]</p>	<p>This will be either in or out.</p>
<p>3. [involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].];]</p> <p>[For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.][This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.];]</p>	<p>This will be either in or out. If in, [Reserve or National...] will be either in or out. If in, [thirty-one consecutive days] the range is 1 – 365. This will be either in or out. if in, [sixty (60) days] the range is 1 – 365. This will be either in or out. If in, [sixty (60) days] the range is 1 – 365.</p>
<p>4. [illness or disease [,regardless of how contracted,]; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; [except for Accidental ingestion of contaminated foods];]</p>	<p>This will be either in or out. If in, This will be either in or out. This will be either in or out.</p>
<p>5. [participation in the commission or attempted commission of [a crime,] [any felony,] [an assault,] [insurrection] [or] [riot];]</p>	<p>This will be either in or out. If in, each bracketed item will be either in or out.</p>
<p>6. [[parasailing,] [bungee jumping,] [heli-skiing,] [scuba diving] [or any other extra-hazardous activity];]</p>	<p>This will be either in or out. If in, each bracketed item will be either in or out.</p>
<p>7. [being intoxicated while operating a motor vehicle.]</p> <p>[being intoxicated.]</p> <p>a. An Insured will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.</p> <p>b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Insured's intoxication.]</p>	<p>This will be either in or out. If in, this will be either in or out.</p> <p>This will be either in or out.</p>
<p>8. [being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;]</p>	<p>This will be either in or out.</p>
<p>9. [travel or flight in any aircraft except to the extent stated in the Coverage Section;]</p>	<p>This will be either in or out.</p>
<p>10. [release[,whether or not accidental, or by any person unlawfully or</p>	<p>This will be either in or out. If in,</p>

intentionally,] of nuclear energy or radiation, including sickness or disease resulting from such release;]	[,whether or not accidental...] will be either in or out.
11. [a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident;]	This will be either in or out.
12. [alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a licensed medical provider operating within his or her scope of authority.]	This will be either in or out.

SECTION VIII – GENERAL LIMITATIONS

<p>Limitation on Multiple Covered Losses. If an Insured suffers more than one loss as a result of the same Accident, We will pay only one benefit, the largest benefit.</p> <p>Limitation on Multiple Benefits. If an Insured can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment [and Covered Loss of Use] [and Plegia] Benefit, [Coma Benefit,] [Permanent and Total Disability Benefit,] [HIV Occupational Accident Benefit,] [In-Hospital Indemnity Benefit,] as a result of the same Accident, the most We will pay for these benefits in total is the Insured's Principal Sum.</p> <p>Limitation on Multiple Hazards. If an Insured suffers a Covered Loss that is covered under more than one Hazard, We will pay only one benefit, the largest benefit [unless there is a specific written exception in the Policy].</p> <p>[Aggregate Limit. We will not pay more than the Aggregate Limit of Liability stated in the Schedule[or a specific Hazard(s).]</p>	<p>Each limitation will be either in or out. Bracketed Benefits will be either in or out.</p>
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SECTION IX - TERMINATION OF INSURANCE

<p>Policy Termination</p> <p>Termination by Policyholder. The Policyholder may terminate this Policy on the first renewal date or at any time after that date by delivering to Us a written notice to end this Policy at least [thirty (30)] days in advance of such termination. We will calculate and return the unearned premium, if any, using a standard short rate table. The Policyholder will send Us any additional amounts owed, if any, between the Policy's paid to date and the official date of termination.</p> <p>Termination by Us. least [thirty (30)] days notice</p> <p>Termination of Individual's Insurance</p> <p>[Insured. Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:</p> <ol style="list-style-type: none"> 1. the Policy is terminated; 2. the Insured ceases to be eligible for insurance; 3. the Insured fails to pay the required premium, if the Insured is so required; 4. [the Insured reaches age [70]]; 5. [the Insured retires].] <p>[Insured. Insurance terminates:</p> <ol style="list-style-type: none"> 1. the date the Policy is terminated; 2. the expiration date of the period for which required premium has been paid for such Insured; 3. the date the Insured ceases to be eligible for insurance; 4. the date the Insured fails to pay the required premium, if the Insured 	<p>This bracketed item will be either in or out. The range will be 1 - 365 days We may elect to refund premium on a pro rata basis.</p> <p>The range will be 1 - 365 days</p> <p>This will be either in or out. If in, Appropriate month or date will be inserted.</p> <p>This will be either in or out. If in, The range will be 55 and over</p> <p>This will be either in or out</p> <p>This will be either in or out.</p>
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<p>is so required;</p> <p>5. [the date the Insured reaches age [70]];</p> <p>6. [the date the Insured retires.]]</p> <p>[If an Insured has received approval for a benefits eligible leave of absence, layoff or sabbatical from the Policyholder in accordance with the Policyholder's written policy, his or her insurance under this Policy will continue, provided the required premiums are paid. This extension of Coverage is subject to all of the termination provisions of this Policy with the exception of number 2. above.]</p> <p>[Conversion Privilege policy within [sixty (60)] days</p> <p>[To request a Conversion Application Form, the Insured must call [1-800-834-1959].]</p> <p>1. or [\$100,000];</p> <p>[3. any IAD policy issued will take effect on the termination date of the Insured's insurance under the Basic Accident Policy;]] and]] Insured attains age [70].]</p> <p>[The Conversion Privilege is only available to those Insureds who are residents of the United States at the time of conversion.]]</p> <p>[Post Termination Continuation of Coverage If the insurance of an Insured ceases for reasons other than reaching the age of [70], or cancellation of the Policy, he or she has the right to continue Coverage under the Policy], even if the Policy is subsequently canceled or terminated for any reason].</p> <p>must be received by Us within [sixty (60)] days</p> <p>[2. the Insured may elect to continue the same Principal Sum [in units of [\$10,000]] [to a maximum of [\$250,000]][but the amount may not be less than [\$50,000]]. In the event that the Insured has a Principal Sum in an amount less than [\$100,000], he or she may continue that amount or increase the amount to [\$100,000]. [The maximum Principal Sum under this Continuation of Coverage will be [\$250,000.]]]</p>	<p>This will be either in or out. If in, The range will be 55 and over</p> <p>This will be either in or out.</p> <p>The language at left is variable and defined by the Policyholder based on elements relating to the relationship between the organization and Insureds/Covered Persons. Actual agreed upon language may vary from the example at left.</p> <p>This will be either in or out. If in, the range will be 1 – 365 days This will be either in or out. If in, the appropriate telephone number will be inserted. The range will be \$5,000 to \$1,000,000</p> <p>This will be either in or out.</p> <p>The range will be 55 and over</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>The range will be 55 and over. This will be either in or out.</p> <p>The range will be 1 – 365 days.</p> <p>Bracketed items will be either in or out. For all dollar amounts, the ranges will be \$1,000 - \$25,000,000</p>
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SECTION X - HOW TO FILE A CLAIM

<p>Us at [1-866-841-4771].] [P.O. Box 307010, Jamaica, NY 11430-7010]</p>	<p>Appropriate telephone number and address will be inserted.</p>
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SECTION XI - PAYMENT OF CLAIMS

<p>Who We Will Pay [the beneficiary named by the Insured for the Policyholder's Group Life Insurance policy. If there is no beneficiary named by the Insured for the Policyholder's Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as the Insured, We will pay the benefit to] [the Insured's survivors in the following order: a. the Insured's legally married Spouse[or Domestic Partner]; b. the Insured's Child(ren); c. the Insured's parents; d. the Insured's brothers and sisters; e.] the Insured's estate.]</p> <p>2.] [He or she may direct in writing that all, or part of the Accident Medical Expense Benefit, if applicable, shall be paid directly to the party who furnished the service. The direction may be changed by the Insured at any time up to the filing of the proof of Loss].</p> <p>[3 If a Foreign National</p>	<p>This will be either in or out.</p> <p>This will be either in or out. If in, each item a. through d. will be in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>
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SECTION XII - GENERAL POLICY CONDITIONS

<p>Grace Period. Premiums are due for this Policy on or before the premium due date or renewal date, whichever applies. If the Policyholder does not pay a renewal premium when it is due, there is a [thirty-one (31) day] Grace Period to pay. During the Grace Period, the Policy will stay in force. The Policyholder will not have a Grace Period if We have given notice, at least [thirty (30)] days in advance, that We are going to terminate this Policy.</p> <p>Policyholder Records [The Policyholder shall indemnify Us for any benefits or other payments that are caused in whole or in part by the Policyholder's negligence or error in performing the record keeping function.]</p> <p>I. Suit Against Us. No action on this Policy may be brought until sixty (60) days after written proof of Covered Loss has been sent to Us. Any action must commence within three (3) years, (five (5) years in Kansas and Tennessee; and six (6) years in South Carolina and Wisconsin) of the date the written proof of Covered Loss was required to be submitted. If the law of the state where the Insured lives makes such limit void, then the action must begin within the shortest time period permitted by law. [In those states where binding arbitration is allowed, binding arbitration will supersede this provision.]</p> <p>J. [Renewal. This Policy will automatically renew for an additional [twelve-] month period unless either party expresses its intent not to renew as specified by Policy termination provisions.]</p> <p>[ERISA Claims Fiduciary</p> <p>[Assignment of Interest</p> <p>[Arbitration</p> <p>[Newly Acquired Aircraft within [sixty (60)] days</p> <p>[Newly Acquired Corporation more than [ninety 90)] days</p>	<p>The range will be 1 - 365 days</p> <p>The range will be 1 day – 365 days.</p> <p>This will be either in or out.</p> <p>New bracketed language will be in or out – out if optional arbitration clause is not selected.</p> <p>This will be either in or out. If in, [twelve] range is 1 – 120.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out. If in, the range will be 1 - 365 days</p> <p>This will be either in or out. If in, the range will be 1 - 365 days</p>
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<p>[Note: The above reporting provision only applies to corporations with more than [200] employees. For corporations with less than [200] employees, Coverage will be automatic for the duration of the Policy term.]</p>	<p>This will be either in or out. If in The range will be 1 – 1,000,000 The range will be 1 – 1,000,000</p>
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APPLICATION

<p>[BASIC] [BUSINESS TRAVEL] ACCIDENT INSURANCE</p>	<p>[BASIC] Either in or out [BUSINESS TRAVEL] Either in or out</p>										
<p>A. CLASS(ES) OF INSURED PERSONS</p> <p>Class I: [All active full-time Employees of the Policyholder working a minimum of [30] hours per week]</p> <p>[Class II: [All active part-time Employees of the Policyholder working a minimum of [20] hours per week]]</p> <p>[Class III: []]]</p>	<p>This will be variable according to Class of Insured.</p> <p>This will be variable according to Class of Insured.</p> <p>This will be variable according to Class of Insured.</p>										
<p>[Class I: [[One (1) times to [four (4)] times the Employee's Base Annual Earnings* to a maximum of [\$200,000]]</p> <p>[Class II: [\$100,000]]</p> <p>[Class III: []]]</p> <p>[*Base Annual Earnings shall mean the Employee's base annual salary exclusive of overtime, bonuses, [commissions,] and special compensation.]</p>	<p>This will be either in or out. If in, The range will be 1 -20 times The range will be \$1,000 - \$5,000,000</p> <p>This will be either in or out. If in, The range will be \$1,000 - \$5,000,000</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>										
<p>[Reduction of Principal Sum</p> <p>If an Insured is age [70] or older on the date of an Accident causing a Covered Loss, the Principal Sum used to calculate benefits will be the following percentage of the applicable Principal Sum indicated above:</p> <table border="0" data-bbox="324 1323 941 1491"> <thead> <tr> <th align="center">Age at Date of Accident</th> <th align="center">% of Principal Sum</th> </tr> </thead> <tbody> <tr> <td align="center">[70-74]</td> <td align="center">[65%]</td> </tr> <tr> <td align="center">[75-79]</td> <td align="center">[45%]</td> </tr> <tr> <td align="center">[80-84]</td> <td align="center">[30%]</td> </tr> <tr> <td align="center">[85] and Older</td> <td align="center">[15%]]</td> </tr> </tbody> </table>	Age at Date of Accident	% of Principal Sum	[70-74]	[65%]	[75-79]	[45%]	[80-84]	[30%]	[85] and Older	[15%]]	<p>Same variables as listed in the Schedule Section.</p>
Age at Date of Accident	% of Principal Sum										
[70-74]	[65%]										
[75-79]	[45%]										
[80-84]	[30%]										
[85] and Older	[15%]]										
<p>C. HAZARD(S)</p> <p>Class I: [24 Hour Accident Protection, Business and Pleasure, Excluding Corporate Owned or Leased Aircraft H-1]</p> <p>[Class II: [24 Hour Accident Protection While on Business Trip H-2]]</p> <p>[Class III: []]]</p>	<p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>										
<p>D. BENEFITS</p> <p>Accidental Death and Dismemberment (including Exposure and Disappearance with a [365] day incurral period)</p> <p>Covered Loss of Benefit</p> <p>Life [100%] of Principal Sum</p> <p>Both hands or both feet [100%] of Principal Sum</p> <p>One hand and one foot [100%] of Principal Sum</p> <p>One hand or one foot plus sight of one eye[100%] of Principal Sum</p>	<p>These variables in the BENEFITS Section will be the same as in the Policy and as shown in this Statement of Variables under BENEFITS.</p>										

Sight of both eyes	[100%] of Principal Sum	
Speech and hearing	[100%] of Principal Sum	
Speech or hearing	[50%] of Principal Sum	
One hand or one foot or sight of one eye	[50%] of Principal Sum	
Thumb and index finger of the same hand	[25%] of Principal Sum	
♦ <u>Covered Loss of Use of:</u>	<u>Benefit</u>	
Four Limbs	[100%] of Principal Sum	
Three Limbs	[75%] of Principal Sum	
Two Limbs	[66 2/3%] of Principal Sum	
One Limb	[50%] of Principal Sum]]	
with a [365] day incurral period		

STATEMENT OF VARIABLES
 BASIC TRAVEL ACCIDENT POLICY
 U-TA-100-A CW

<p>POLICYHOLDER: [John Doe Corporation] [123 Main Street] [Anywhere, XX 10011]</p> <p>[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES:]</p> <p>POLICY NUMBER: [ABC-1234567] POLICY DATE: [January 1, 2006] to Continuous] (All Insurance begins and ends at 12:01 a.m. at Policyholder's Address)</p> <p>CONTRACT SITUS: []</p>	<p>Name of Policyholder will be inserted. Address of Policyholder will be inserted. City and State of Policyholder will be inserted.</p> <p>This will be either in or out.</p> <p>Policy number of Policy will be inserted. Effective date will be inserted. <u>If not continuous, an expiration date will also be inserted.</u></p> <p>State Policy is issued.</p>
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SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

<p>[completion of the Service Waiting Period as indicated below, and]</p>	<p>This will be either in or out. If in, Service Waiting Period will be decided by the Policyholder.</p>
<p>Class I: [All Active full-time employees of the Policyholder working a minimum of [30 hours] per week.</p> <p><u>Class II: [All Active salaried employees of the Policyholder.]</u></p> <p><u>Class III: [All Active hourly employees of the Policyholder.]</u></p>	<p><u>This will be a variable of active full-time and/or active part-time. The hours will range between 20-30 hours per week. Class definitions are variable and defined by the Policyholder based on elements relating to the relationship between the organization and insureds/covered persons.</u></p> <p><u>If there is more than one Class eligible under the Policy a Schedule of Benefits may be presented for each Class if benefit applicability, amounts and duration differ by class or it may be presented in the aggregate.</u></p> <p><u>This will be in or out. If in, range is 1-60.</u></p> <p><u>An example of what may be included is provided to the left.</u></p>
<p>[SERVICE WAITING PERIOD: [[30 days] of active continuous service]]</p>	<p>SERVICE WAITING PERIOD will be either in or out. <u>The SERVICE WAITING PERIOD is variable and defined by the Policyholder based on elements relating to the relationship between the organization and Insureds/Covered Persons. It may vary by Class of Insured or Covered Person.</u></p> <p><u>An example of what may be included is provided to the left. If in, the range of active continuous service will range 0-180730 days.</u></p>
<p><u>EFFECTIVE DATE OF INSURANCE FOR THE INSURED:</u> [A. For eligible individuals hired prior to [January 1, 2006]: the later of the Policy effective date or [the first of the month</p>	<p><u>The EFFECTIVE DATE OF INSURANCE FOR THE INSURED section is variable and defined by the relationship between the organization and Insured/Covered Persons. It may vary by Class of</u></p>

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<p>following][upon] completion of the required Service Waiting Period, if any, indicated above.]</p> <p>[B. For eligible individuals hired on or after [January 1, 2006]: the later of the first day of Active work or [the first of the month following][upon] completion of the required Service Waiting Period, if any, indicated above.]]</p>	<p><u>Insured or Covered Persons.</u> <u>Examples of what may be included are provided to the left.</u></p> <p>If A. is used, the appropriate date will be inserted.</p> <p>If B. is used, the appropriate date will be inserted</p>
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SECTION II – SCHEDULE

<p>COVERAGES: [24 Hour Accident Protection Excluding Corporate Owned or Leased Aircraft H1]</p>	<p>Classes Covered [All]</p> <p>The appropriate Coverage(s) will be inserted as well as Classes Covered.</p>				
<p>BENEFITS: Principal Sum ACCIDENTAL DEATH BENEFIT (same for ACCIDENTAL DISMEMBERMENT BENEFIT)</p> <p>Principal Sum: Class I: [[Three (3)] times the employee's Base Annual Earnings* to a maximum of [\$500,000].] [Class II: [\$100,000]]</p> <p>[*Base Annual Earnings means the employee's base annual pay [excluding overtime, bonuses, [commissions] and special compensation.]]</p>	<p><u>The Principal Sum section is intended to be free form, determined by Us and the Policyholder based on the specific needs of the Policyholder. For instance, a minimum may or may not be desired; the available options may be multiples of salary in lieu of a range of dollar amounts; the available options may be a combination thereof; when the available options are multiples of salary, the salary may be rounded up or down, the total of the multiples may be rounded up or down, etc.; not all Policyholders use the terminology “Base Annual Earnings” – other terms such as “Salary” should be acceptable consistent with the intent above.</u></p> <p><u>If the wording at left is used,</u></p> <p>[three (3)] The range will be 1-1520 times [\$500,000] The range will be \$1,000 - \$25,000,000 [\$100,000] The range will be \$1,000 - \$2 - \$25,000,000</p> <p><u>This will be either in or out.</u></p> <p><u>The Base Annual Earnings definition is intended to be free form, determined by Us and the Policyholder based on the specific needs of the Policyholder. Not all Policyholders use the terminology “Base Annual Earnings” – other terms such as “Salary” should be acceptable consistent with the intent above.</u></p>				
<p>At age [70], for the Insured only, the Principal Sum shall be reduced based on the Insured's previous Principal Sum per the following schedule</p> <table border="1" data-bbox="73 1701 714 1774"> <thead> <tr> <th>Age at Date of Loss</th> <th>Percent of Principal Sum</th> </tr> </thead> <tbody> <tr> <td>[70-74]</td> <td>[65%]</td> </tr> </tbody> </table>	Age at Date of Loss	Percent of Principal Sum	[70-74]	[65%]	<p>[70] The range will be age 55 –80and over.</p> <p>Age at Date of Loss: The range will be age 55 and over.</p>
Age at Date of Loss	Percent of Principal Sum				
[70-74]	[65%]				

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<p>[75-79] [45%] [80-84] [30%] [85 & Over] [15%]</p>	<p>Percent of Principal Sum: The range will be 85% - 100% - 1%.</p>
<p>[Aggregate Limit of Liability per [air travel] Covered Accident [\$0.00]]</p>	<p><u>This will be either in or out.</u> If in [air travel] will be either be in or out or not applicable out. [\$0.00] If in, the range will be \$10,000 - \$100,500,000,000</p>
<p>Escalator Clause We will increase the Accidental Death Benefit for the Insured at an amount equal to [2%] of the Insured's Principal Sum for each year the Insured remains continuously covered under this Policy for a maximum of [five (5)] years.</p> <p>The first increase will take effect one year from the Policy anniversary date that is equal to or later than the date the Insured became eligible for benefits under this Policy. Future increases will take effect on subsequent Policy anniversary dates. The increase will be based on the Insured's Principal Sum on the day immediately prior to the Policy anniversary date.]]</p>	<p>This will be either in or out. If in: [2%] The range will be 1% - \$100%. [5] years The range will be 1 - 10 years.</p>
<p>ACCIDENTAL DISMEMBERMENT <u>Classes Covered</u> [AND COVERED LOSS OF USE] [All] [AND PLEGIA] BENEFIT <u>Principal Sum:</u> [Same as above.]]</p>	<p><u>BENEFITS will be either in or out.</u> If in, benefits that Policyholder has opted for will be included on the Schedule page.</p>
<p>ADDITIONAL BENEFITS: <u>Classes Covered</u> [Sea Belt Benefit] [All] [Rehabilitation Benefit] [All] [Accident Weekly Indemnity Benefit] [All] [Accident Medical Benefit] [All]</p>	<p><u>ADDITIONAL BENEFITS will be either in or out.</u> If in, additional benefits that Policyholder has opted for will be included on the Schedule page.</p>
<p>ADDITIONAL ENDORSEMENTS <u>Form Number</u> <u>Classes Covered</u> [Administrative Change Endorsement] [U-TA-] [Class III]</p>	<p><u>ADDITIONAL ENDORSEMENTS will be either in or out.</u> If in, additional endorsements, Form Number and Classes Covered that Policyholder has opted for will be included on the Schedule page.</p>
<p>Premium Due Date: [First day of each month] [Effective date of Policy]</p>	<p>Premium due date will be determined by the needs of the Policyholder and/or Us, and may be a date other than the "First Date of each month" or "Effective date of Policy".</p>
<p>Premium:[\$0.000] per [\$1,000] of Principal Sum per month] [\$10,000] or [[three] year option payable in equal annual installments of [\$10,000]] or [[three] year pre-paid]</p>	<p>[\$0.000] As per rate manual. [\$1,000] The range will be \$1,000 - \$25,000 [\$10,000] The range will be \$1 - \$2,000,000,000. [[three] year option payable in equal annual installments of [\$10,000]] Either in or out. If in, the range will be \$1 - \$2,000,000,000. This may refer to other time periods, such as "one year", "two year", "four year", "prepaid", etc. Premium rates may be referred to other than "per month"; i.e., "per quarter", "per year", etc.</p>
<p>[Additional Specified Pilot] [\$0.00] per [\$1,000] of Principal Sum per [month] while a pilot, operator, crew member or cabin attendant]]</p> <p>[These rates are [This Policy is] guaranteed until [January 1, 2009].] [These rates and this Policy are guaranteed until [January 1, 2009].]</p>	<p><u>This will be either in or out.</u> If in: The rate will be as per rate manual. The range will be \$1,000-\$25,000 This may refer to other time periods.</p> <p><u>This will be either in or out.</u> If in, the appropriate date will be inserted. This will be either in or out. If in, the appropriate date will be inserted.</p>

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<p>[Waiver of Premium] ...provided the disability has continued for a period greater than [six (6)] consecutive months. Premium payments will continue for the first [six (6)] months of continuous Total Disability. [However, credit toward the first [six (6)] months of continuous Total Disability will be given if the Insured was Totally Disabled under the Policy that We have replaced.] After this [six (6)] month period...</p> <p>[the Insured attains age [70]].</p> <p>[58 South Service Road, Melville, New York 11747].</p>	<p><u>This will be either in or out. If in: [six (6)] The range will be 6 – 60. This is the same for the four references to [six (6)] in this section.</u></p> <p><u>This will be either in or out.</u></p> <p><u>This will be either in or out. If in: [70] The range will be 55 and over.</u></p> <p><u>Current address will be inserted.</u></p>
<p>[Premium Refund]</p> <p>[20%]</p> <p>[*Zurich Travel Assist claims will not be charged against the experience to calculate the Premium Refund.]</p>	<p><u>This will be either in or out. If in:</u></p> <p><u>The range will be 1%-100%</u></p> <p><u>This will be either in or out.</u></p>

SECTION III – DEFINITIONS

<p>Aggregate Limit of Liability [or Coverages section.] [or Benefits section-1] [or Endorsement] [occurring within a [1] day period]</p>	<p>This<u>These</u> will be either in or out. This will be either in or out. If in, [1] The range will be 1 – 180 day period</p>	<p>Formatted Table</p>
<p>[Chartered Aircraft] [ten (10)] consecutive days [fifteen (15)] days [one (1)] year period.]</p>	<p>This will be either in or out. If in, The range will be 5201365 days The range will be 40251365 days The range will be 1310 years</p>	
<p>[Controlled by, as used in the Coverages Section for [25] or more hours a [one (1)] year period [100] hours</p>	<p>This will be either in or out. If in The range will be 40751500 hours The range will be 1310 years The range will be 502001500 hours</p>	
<p>Dependent Child(ren) definition.... or those unmarried Child(ren) [as defined in the Policyholder's [medical] plan as on file and approved by Us] [more than 50% of] [19 (nineteen)] years of age; 2) less than [25 (twenty-five)] years of age prior to age [19] became incapable of</p>	<p>This will be either in or out. This will be either in or out. If in This will either be in or out. The range will be 192526 years The range will be 2330 years The range will be 1926 years</p>	<p>Formatted Table</p>
<p>[Domestic Partner] and all remaining brackets in definition</p>	<p>This will be either in or out.</p>	<p>Formatted Table</p>
<p>[Foreign National]</p>	<p>This will be either in or out.</p>	<p>Formatted Table</p>
<p>[Owned Aircraft] [or a related company]</p>	<p>This will be either in or out. This will be either in or out.</p>	
<p>[Service Waiting Period]</p>	<p>This will be either in or out.</p>	
<p>Specialized Aviation Activity</p>	<p>Each bracket defining which activity will be included in Policy will be either in or out.</p>	
<p>Spouse definition [under age 70].</p>	<p>This will be either in or out. If in, the range will be 65 and over</p>	
<p>[Under lease] than [ten (10)] consecutive days</p>	<p>This will be either in or out. If in, The range will be 5301365 days</p>	

[fifteen (15)] days a [one (1)] year period	The range will be 10-301 - 365 days The range will be -1-3 - 10 years
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SECTION IV – COVERAGES

<p>[24 HOUR ACCIDENT PROTECTION BUSINESS AND PLEASURE [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW], H-1 [Class [I] Only]</p>	<p>This coverage will be either in or out. If in each bracketed item in this coverage will be <u>either in or out.</u></p>
<p>Hazard Limitations: Air travel Coverage is limited to a loss sustained during a trip, while the Insured is a passenger, [pilot, operator, member of the crew or cabin attendant,] riding in or on, boarding or getting off;</p>	<p>Each bracketed item will be in or out.</p>
<p>[24 HOUR ACCIDENT PROTECTION WHILE ON BUSINESS TRIP H 2 [Bona Fide Trip [Personal Deviation [Side Trip—[72 hours]</p> <p>[Substitute Aircraft Hazard Exclusions:</p> <p>Coverage is not provided:</p> <p>A. [If the Insured is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</p> <p>B. [Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <p>[1. any aircraft other than those expressly stated in this Coverage;]</p> <p>[2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft, [including Substitute Aircraft]]:</p> <p>[Description of Aircraft]</p> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]]</p> <p>[3. any aircraft Owned or Controlled by, or Under lease to an Insured for a member of an Insured's [family or] household];]</p> <p>[4. any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]]or] one of the Policyholder's employees [including members of an employee's [family or] household];]</p> <p>[5. any aircraft engaged in a Specialized Aviation Activity;]</p> <p>[6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].]</p>	<p>This</p> <p>[If the...] will be in or out. [except those aircraft...] will be in or out.</p> <p>Each item 1-6 will be either in or out.</p> <p>This Within each item, bracketed items will be either in or out. This will be either in or out. Aircraft description This will be either in or out. If in, The range will be 24-168 hours inserted.</p> <p>This will be either in or out. If this Coverage is included in Policy, all brackets in this Coverage will be either in or out.</p>
<p>Hazard Definitions: [Substitute Aircraft means an aircraft, which is not owned by the</p>	<p>Each bracketed item will be in or out.</p>

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<p>Policyholder, and:</p> <ol style="list-style-type: none"> has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government; is the same class of aircraft as the specified aircraft; and is being used by the Policyholder because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]] <p>[Note: A complete updated list of all Corporate Aircraft must be provided to Us on each anniversary of the Policy.]</p> <p>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.]</p>	
<p>[24 HOUR ACCIDENT PROTECTION WHILE ON BUSINESS TRIP [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW] H-2</p> <p>[during a business trip][and during a Bona Fide Trip]</p> <p>[pilot, operator, member of the crew or cabin attendant,]</p>	<p>This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.</p> <p>These will be either in or out.</p> <p>This will be either in or out.</p>
<p>[24 HOUR ACCIDENT PROTECTION WHILE ON A SPECIFIED [TRIP][EVENT] H-3</p> <p>[Personal Deviation</p> <p>[Side Trip – [72 hours]</p> <p>[Substitute Aircraft Hazard Exclusions:</p> <p>Coverage is not provided:</p> <p>A. [If the Insured is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</p> <p>B. [For an assignment by the Policyholder or relocation that exceeds [sixty (60)] days in duration. Note: If an assignment exceeds [sixty (60)] days in duration, the location of the assignment will be considered the place of permanent assignment, and the Insured will then have Coverage when traveling elsewhere on the Business of the Policyholder.</p> <p>C. [Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <ol style="list-style-type: none"> any aircraft other than those expressly stated in this Coverage; any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft, [including Substitute Aircraft]: <p style="padding-left: 40px;">[Description of Aircraft]</p> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]]</p> <ol style="list-style-type: none"> any aircraft Owned or Controlled by, or Under lease to an Insured 	<p>This</p> <p>Each bracketed item will be either in or out.</p> <p>This</p> <p>[sixty (60)] The range will be 1 – 730 days. [sixty (60)] The range will be 1 – 730 days.</p> <p>Each bracketed item in 1 – 6 will be either in or out. Within each item, bracketed words will be either in or out.</p> <p>This</p> <p>Aircraft description will be either in or out. If in, The range will be 24-168 hours</p> <p>inserted This will be either in or out. If this Coverage is included in Policy, all brackets in this Coverage will be either in or out.</p>

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<p><u>[for a member of an Insured's [family or] household];</u></p> <p><u>[4. any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]]or] one of the Policyholder's employees [including members of an employee's [family or] household];</u></p> <p><u>[5. any aircraft engaged in a Specialized Aviation Activity];</u></p> <p><u>[6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].]</u></p>	
<p>Hazard Definitions:</p> <ul style="list-style-type: none"> • Business of the Policyholder means an assignment by or at the direction of the Policyholder to further the business of the Policyholder. It does not include an Accident occurring during usual travel to and from work; bona fide leaves of absence or vacation [; or a Personal Deviation]. [It does not include employees who are hired to operate a truck.] [It does include [a Personal Deviation] [and] [Side Trips of a personal nature.] • [Bona Fide Trip means a trip that requires the Insured to travel outside the limits of the city or municipality where he or she normally works.] • [Personal Deviation means non-business activities undertaken while on the Business of the Policyholder, but unrelated to furthering the Business of the Policyholder.] • [Side Trip means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; [and] 3) is taken during the course of the business trip[.]; [and 4) is limited to [72 hours]].] • [Substitute Aircraft means an aircraft, which is not owned by the Policyholder, and: <ol style="list-style-type: none"> 1. <u>has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;</u> 2. <u>is the same class of aircraft as the specified aircraft; and</u> 3. <u>is being used by the Policyholder because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]</u> <p>[Note: A complete updated list of all Corporate Aircraft must be provided to Us on each anniversary of the Policy.]</p> <p>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.]</p>	<p><u>Each bracketed item will be in or out.</u></p> <p><u>[72 hours] The range will be 1 hour to 31 days.</u></p>
<p>[24 HOUR ACCIDENT PROTECTION WHILE ON A SPECIFIED TRIP, [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW] H-3</p> <p>[insert destination/description of trip]</p>	<p><u>This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.</u></p> <p><u>This will vary based on the destination/trip.</u></p>
<p>Hazard Limitations:</p> <p><u>Air travel Coverage is limited to a loss sustained during the trip, while the Insured is a passenger, [pilot, operator, member of the crew or cabin attendant,] riding in or on, boarding or getting off;</u></p>	<p><u>This will be in or out.</u></p>

<p>Hazard Exclusions:</p> <p>Coverage is not provided:</p> <p>A. [If the Insured is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</p> <p>B.] [For travel or activities by the Insured, which deviate from the requirements for making the specified trip, or travel that is an extension of the specified trip. [This includes [a Personal Deviation] [and] Side Trips of a personal nature.] [This does not include [a Personal Deviation] [and] Side Trips of a personal nature.]</p> <p>C.] Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <p>1. any aircraft other than those expressly stated in this Coverage;</p> <p>2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft, [including Substitute Aircraft]:</p> <p style="padding-left: 40px;">[Description of Aircraft]</p> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]]</p> <p>3. any aircraft Owned or Controlled by, or Under lease to an Insured [or a member of an Insured's [family or] household];</p> <p>4. any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]]or] one of the Policyholder's employees [including members of an employee's [family or] household];</p> <p>5. any aircraft engaged a Specialized Aviation Activity;</p> <p>6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].]</p>	<p><u>Each bracketed item will be in or out.</u></p> <p><u>Each bracketed item 1-6 will be either in or out. Within each item, bracketed words will be either in or out.</u></p> <p><u>Aircraft description will be inserted.</u></p>
<p>[Hazard Definitions:</p> <ul style="list-style-type: none"> • [Personal Deviation means [non-business] activities undertaken while on the specified trip, but unrelated to the specified trip.] • [Side Trip means [non-business] travel of a personal nature that: 1) is incidental to the specified trip; 2) would not have been taken if not for the specified trip; [and] 3) is taken during the course of the specified trip[.]] ; and 4) is limited to [72 hours].] • [Substitute Aircraft means an aircraft, which is not owned by the Policyholder, and: <ol style="list-style-type: none"> 1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government; 2. is the same class of aircraft as the specified aircraft; and 3. is being used by the Policyholder because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]] <p>[Note: A complete updated list of all Corporate Aircraft must be provided to Us on each anniversary of the Policy.]</p>	<p><u>Each bracketed item will be in or out.</u></p> <p><u>[72 hours] The range will be 1 hour to 31 days.</u></p>

<p><u>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.</u></p>	
<p><u>[FULL OCCUPATIONAL COVERAGE, [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW] H-4 [pilot, operator, member of the crew or cabin attendant.]</u></p>	<p><u>This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.</u></p> <p><u>This will be either in or out.</u></p>
<p><u>Hazard Exclusions:</u></p> <p><u>Coverage is not provided:</u></p> <p><u>A.</u> <u>[If the Insured is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</u></p> <p><u>B.]</u> <u>Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</u></p> <p><u>[1.</u> <u>any aircraft other than those expressly stated in this Coverage:]</u></p> <p><u>[2.</u> <u>any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft, [including Substitute Aircraft]:</u></p> <p style="padding-left: 40px;"><u>[Description of Aircraft]</u></p> <p><u>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]]</u></p> <p><u>[3.</u> <u>any aircraft Owned or Controlled by, or Under lease to an Insured [or a member of an Insured's [family or] household:]</u></p> <p><u>[4.</u> <u>any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]]or] one of the Policyholder's employees [including members of an employee's [family or] household:]</u></p> <p><u>[5.</u> <u>any aircraft engaged in a Specialized Aviation Activity:]</u></p> <p><u>[6.</u> <u>any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].]</u></p>	<p><u>Each bracketed item will be in or out.</u></p> <p><u>Each bracketed item 1-6 will be either in or out. Within each item, bracketed words will be either in or out.</u></p> <p><u>Aircraft description will be inserted.</u></p>
<p><u>Hazard Definitions:</u></p> <p><u>2.</u> <u>leaves of absence or vacations[.] [; or</u></p> <p><u>3.</u> <u>a [Personal Deviation] [or] [Side Trip of a personal nature], during a Bona Fide Trip, that is not at the direction of and in furtherance of the economic interest of the Policyholder.]</u></p> <p><u>[It does not include employees who are hired to operate a truck.]</u></p> <p><u>[It does include [a Personal Deviation] [and] [Side Trips of a personal nature.]</u></p> <ul style="list-style-type: none"> <u>• [Personal Deviation means non-business activities undertaken while on the Bona Fide Trip, but unrelated to the Bona Fide Trip.]</u> <u>• [Side Trip means non-business travel of a personal nature that: 1) is incidental to the Bona Fide Trip; 2) would not have been taken if not for the Bona Fide Trip; [and] 3) is taken during the course of the Bona Fide Trip[.] [; and 4) is limited to [72 hours]].]</u> <u>• [Substitute Aircraft means an aircraft, which is not owned by the Policyholder, and:</u> 	<p><u>Each bracketed item will be in or out.</u></p> <p><u>[72 hours] The range will be 1 hour to 31 days.</u></p>

<p>1. <u>has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;</u></p> <p>2. <u>is the same class of aircraft as the specified aircraft; and</u></p> <p>3. <u>is being used by the Policyholder because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]</u></p> <p>[Note: A complete updated list of all Corporate Aircraft must be provided to Us on each anniversary of the Policy.]</p> <p>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.]</p>	
<p>EXPERIMENTAL, UNLICENSED OR UNCERTIFIED AIRCRAFT H-5 <u>[a passenger], [a pilot], [an operator], [an observer], or [a member of the crew]</u> <u>[Insert Description of Aircraft and/or Equipment being tested]</u></p>	<p>This coverage will be either in or out. If in, each bracketed item will be either in or out. Description of Aircraft inserted.</p>
<p>[Scheduled Airlines,] [Civilian Aircraft,] and Military Air Transport, [Excluding][Including] Policyholder Owned or Leased Aircraft, [Passenger Only][Passenger and Crew] H-6 <u>[pilot,] [operator,] [member of the crew] [or cabin attendant,]</u> <u>[any aircraft operated by a Civilian Scheduled Air Carrier on any regularly scheduled or chartered flight.]</u></p> <p><u>[any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:</u></p> <p>a. <u>medical certificate; and</u></p> <p>b. <u>pilot certificate with a proper rating to pilot such aircraft.]</u></p>	<p>This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.</p>
<p>FULL OCCUPATIONAL COVERAGE H-4 Personal Deviation Side Trip [72 hours]</p> <p>Substitute Hazard Exclusions:</p> <p>Insurance is not provided:</p> <p>A. [If the Insured is the pilot, operator, member of the crew, or cabin attendant of a covered aircraft. Or.]</p> <p>B. Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <p>[1. any aircraft other than those expressly stated in this Coverage;]</p> <p>[2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft:</p> <p style="padding-left: 40px;"><u>[Description of Aircraft]</u></p> <p><u>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft and each pilot has logged at least [1,000] hours as a pilot of which at least [500] hours were logged in this or the same</u></p>	<p>This</p> <p>Each bracketed item will be either in or out. This</p> <p>Each bracketed item 1-6 will be either in or out.</p> <p>This Within each item, bracketed words will be either in or out. If in, Aircraft description will be inserted.</p> <p>[1,000] The range will be 24-1681 hour to 10,000 hours.</p> <p>This [500] The range will be either in or out.</p> <p>If this Coverage is included in Policy, all brackets in this Coverage will be either in</p>

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<p>class of aircraft.]]</p> <p>[3. any aircraft Owned or Controlled by, or Under lease to an Insured [or a member of an Insured's [family or] household];</p> <p>[4. any aircraft operated by [the Policyholder [except those indicated in 2. above, or] one of the Policyholder's employees [including members of an employee's [family or] household];</p> <p>[5. any aircraft engaged in a Specialized Aviation Activity];</p> <p>[6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].]]</p>	<p>or out 1 hour to 10,000 hours.</p>
<p>[Hazard Definitions:</p> <p>For purposes of this Hazard:</p> <p>Civilian Scheduled Air Carrier means an air carrier that:</p> <p>A. holds a certificate of Public Convenience and Necessity, license, or equivalent permit for civilian scheduled air carriers issued by the country where the aircraft is registered; and</p> <p>B. flies, maintains, and publishes schedules and tariffs for regular passenger service between named cities at regular and scheduled times.]</p> <p>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.]</p>	<p>This will be either in or out.</p>
<p>[Land, Sea or Air Common Carrier [Excluding][Including] Policyholder Owned or Leased Aircraft H-7 [. or operating]</p> <p>[excluding any conveyance that the Insured has been hired to operate, or the Insured is operating to carry persons or property for hire or gain]</p> <p>A. While a passenger riding in or on, boarding, or getting off:</p> <p>1. any civilian aircraft [that holds a certificate of Public Convenience and Necessity, license, or equivalent permit for Civilian Scheduled Air Carriers issued by the country where the aircraft is registered] [with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:</p> <p>a. medical certificate; and</p> <p>b. pilot certificate with a proper rating to pilot such aircraft];</p>	<p>This coverage will be either in or out. If in, each bracketed item in this coverage will be either in or out.</p> <p>This will be in or out.</p>
<p>Hazard Exclusions:</p> <p>Insurance is not provided:</p> <p>A. [If the Insured is the pilot, operator, driver, member of the crew, or cabin attendant of any conveyance listed above. Or,</p> <p>B. [Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <p>[1. any conveyance other than those expressly stated in this Coverage];</p> <p>[2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft]:</p>	<p>Each bracketed item will be in or out.</p> <p>Each bracketed item 1-6 will be either in or out. Within each item, bracketed words will be either in or out.</p> <p>Aircraft description will be inserted.</p>

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<p style="text-align: center;"><u>[Description of Aircraft]</u></p> <p><u>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft and each pilot has logged at least [1,000] hours as a pilot of which at least [500] hours were logged in this or the same class of aircraft.</u></p> <p><u>[3. any aircraft Owned or Controlled by, or Under lease to an Insured for a member of an Insured's [family or] household];</u></p> <p><u>[4. any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]]or] one of the Policyholder's employees [including members of an employee's [family or] household];</u></p> <p><u>[5. any aircraft engaged in a Specialized Aviation Activity];</u></p> <p><u>[6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].]</u></p>	<p><u>[1,000] The range will be 1 hour to 10,000 hours.</u></p> <p><u>[500] The range will be 1 hour to 10,000 hours.</u></p>
<p><u>[Hazard Definitions:</u></p> <p><u>For purposes of this Hazard:</u></p> <p><u>Civilian Scheduled Air Carrier means an air carrier that:</u></p> <p><u>A. holds a certificate of Public Convenience and Necessity, license, or equivalent permit for civilian scheduled air carriers issued by the country where the aircraft is registered; and</u></p> <p><u>B. flies, maintains, and publishes schedules and tariffs for regular passenger service between named cities at regular and scheduled times.]</u></p> <p><u>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.]</u></p>	<p><u>This will be either in or out.</u></p>
<p>[EXPERIMENTAL, UNLICENSED OR UNCERTIFIED AIRCRAFT H-5 (SPECIFIED PILOT COVERAGE</p> <p>{a passenger}, {a pilot}, {an operator}, {an observer}, or {a member of the crew}]</p> <p>{Insert Description of Aircraft and/or Equipment being tested}</p> <p>[Scheduled Airlines,] [Civilian Aircraft,] and Military Air Transport,</p> <p>[Excluding] [Including] Policyholder Owned or Leased Aircraft, [Passenger Only] [Passenger and Crew] H-6</p> <p>{pilot,} {operator,} {member of the crew} {or cabin attendant,}</p> <p>{any aircraft operated by a Civilian Scheduled Air Carrier on any regularly scheduled or chartered flight.}</p> <p>{any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:</p> <p>a. medical certificate; and</p> <p>b. pilot certificate with a proper rating to pilot such aircraft.]</p>	<p><u>This coverage will be either in or out. If</u></p> <p>This will be either in or out.</p> <p>Description of Aircraft inserted.</p> <p><u>This will be either, each bracketed item in or out.</u></p> <p>This coverage will be either in or out.</p> <p>This will be either in</p>

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<p>[Land, Sea or Air Common Carrier [Excluding][Including] Policyholder Owned or Leased Aircraft H-7 [excluding any conveyance that the Insured has been hired to operate, or the Insured is operating to carry persons or property for hire or gain]</p> <p>[SPECIFIED PILOT COVERAGE]</p> <p>The Hazard Exclusion in [24 Hour Accident Protection, Business and Pleasure [Excluding][Including] Corporate Owned or Leased Aircraft, [and Substitute Aircraft,] [Passenger Only] [Passenger and Crew] H-1,] [24 Hour Accident Protection While on Business Trip, [Excluding] [Including] Corporate Owned or Leased Aircraft, [and Substitute Aircraft,][Passenger Only] [Passenger and Crew] H-2,] [24 Hour Accident Protection While on a Specified Trip, [Excluding] [Including] Corporate Owned or Leased Aircraft [and Substitute Aircraft,] [Passenger Only] [Passenger and Crew] H-3,] [Full Occupational Coverage, [Excluding] [Including] Corporate Owned or Leased Aircraft, [and Substitute Aircraft,] [Passenger Only] [Passenger and Crew] H-4]</p> <p>Pilot Name(s) [Aircraft Descriptions(s)]</p>	<p><u>Pilot names</u> or out- <u>descriptors</u> This will be either in or out.</p> <p>This will be either in or out.</p> <p><u>Name</u> will be inserted. Aircraft description will be inserted.</p>
<p>and pilot certificate with a proper rating to pilot such aircraft and each pilot has logged at least [1,000] hours of which at least [500] hours were logged in this or the same class of aircraft.]</p>	<p>This is included in all coverages (hazards). The range will be 500 hours — 1,500 hours for both brackets.</p>
<p>[BOMB SCARE/EXPLOSION COVERAGE [or Fire Drill] <u>[Fire Drill means while participating in a Fire Drill conducted by the Policyholder for the purpose of emergency preparedness.]</u> [For purposes of this Bomb Scare/Explosion Coverage, the Aggregate Limit of Liability per Covered Accident is [\$0.00].]</p>	<p>This will be either in or out. ← Formatted Table</p> <p>This will be either in or out. <u>This will be either in or out.</u></p> <p>This will be either in or out. If in, The range will be \$10,000-\$25500,000,000 ← Formatted: A1, Right: 0.25"</p>
<p>[COMMUTATION COVERAGE (for use <u>[This Coverage will not be extended if the operator of the private passenger automobile in BTA policy] which the Insured was riding at the time he or she incurred such Covered Injury was [either]:</u></p> <ul style="list-style-type: none"> <u>l. under the influence of alcohol;</u> <u>a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.</u> <u>b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof</u> 	<p>This will be either in or out. If in, <u>each bracketed item will be either in or out.</u> ← Formatted: Normal, Justified, Space After: 3 pt</p>

<p>of the driver's intoxication: <u>Or,</u></p> <p><u>2. under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.]</u></p>	
<p>EXPOSURE AND DISAPPEARANCE COVERAGE [365 days]</p> <p>[EXTRA-ORDINARY COMMUTATION COVERAGE (for use in BTA policy)] [This Coverage will not be extended -if the operator of the private passenger automobile in which the Insured was riding was at the time he or she incurred such Covered Injury was either.....]:</p> <p><u>1. under the influence of alcohol:</u></p> <p><u>a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.</u></p> <p><u>b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication. Or,</u></p> <p><u>2. under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.]</u></p>	<p>This will be either in or out. If in, The range will be 480-365 <u>1-730</u> days</p> <p>This will be either in or out. <u>If in, This each bracketed item will be either in or out.</u></p>
<p>[FAMILY TRAVELING WITH EMPLOYEE ON BUSINESS AND/OR RELOCATION TRIPS COVERAGE (for use in BTA policy)] Spouse [/Domestic Partner] : \$[50,000] Dependent Child(ren): \$[25,000]</p>	<p>This will be either in or out.</p> <p>This will be either in or out. If in, The range will be \$251,000-\$2502,000,000. The range will be \$401,000-\$100250,000.</p>
<p>[FELONIOUS ASSAULT COVERAGE (for use BTA policy)] <u>[a Fellow Employee]</u> Fellow Employee means..... than [forty-five (45)] days prior [For purposes of this Felonious Assault Coverage, the Aggregate Limit of Liability per Covered Accident is [\$0.00].]</p>	<p>This will be either in or out. If in <u>This will be in or out.</u> The range will be 45 days - 5 years This will be either in or out. If in The range will be \$10,000-\$25500,000,000</p>
<p>[HIJACKING or SKYJACKING COVERAGE] [or conveyance]</p>	<p>This will be either in or out. This will be either in or out.</p>
<p>[ON-PREMISES TERRORISM COVERAGE (for use in BTA policy)] <u>[and Covered Loss of Use][and Plegia]</u> [The benefit for this On-Premises Terrorism Coverage will be [15%] of the applicable Principal Sum subject to a maximum of [\$100,000].]</p> <p><u>a [ten (10)] day notice</u> <u>[We may cancel this On-Premises Terrorism Coverage by sending the Policyholder, at its most recent address in Our records, a [ten (10)] day notice of Our intent to cancel. Upon cancellation, We will return any unearned premium that the Policyholder has paid, but this is not a condition of termination. A change or termination in this Coverage will not affect a claim which begins while this Coverage is in force.]</u></p> <p>[For purposes of this On-Premises Terrorism Coverage, the Aggregate Limit of Liability per Covered Accident is [\$0.00].]</p>	<p>This will be either in or out.</p> <p>The<u>These will be in or out.</u> <u>This will be in or out. If in, [15%] the range will be 40% - 25%.</u> The<u>1% - 100%; [\$100,000] the range will be \$25,000 - \$500 - \$25,000,000.</u></p> <p>The<u>range will be 3 - 31 days</u> This will be either in or out. If in, The<u>[ten (10)] the range will be 1 - 365.</u></p> <p><u>This will be either in or out. If in, the range will be \$10,000-\$25500,000,000</u></p>
<p>[RESERVE CORPS/NATIONAL GUARD UNIT COVERAGE (for use in BTA policy)] <u>[and Covered Loss of Use][and Plegia]</u> <u>1. attending any regularly scheduled or routine training of less than [sixty (60)] days, or the Insured is enroute to or from such training:]</u></p>	<p>This will be either in or out. If in</p> <p>The<u>These will be in or out.</u> <u>Each item 1 through 4 will be in or out.</u> <u>[sixty (60)] the range will be 45-901 - 365</u></p>

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<p><u>2. attending a Service School or the Insured is enroute to or from such Service School;</u></p> <p><u>3. taking part in any authorized inactive duty training; or;</u></p> <p><u>4. taking part as a unit member in a parade or exhibition authorized by official orders;</u></p> <p>[No benefit will be payable.....] for any loss that occurs during active duty.]</p>	<p>days.</p> <p>This will be either in or out.</p>
<p>[WAR RISK COVERAGE [countries in brackets]</p> <p><u>A. the war or act of war causing the Injury does not occur within any of the states of the United States of America (including the District of Columbia) [or Canada,] [named country or countries,] [or] the Insured's country of residence.]</u></p> <p>[For those countries listed above in Paragraph [A,] except for the United States of America, the District of Columbia,] [or Canada] [and the [Covered Person's] [Insured's] country of residence,] [B] Covered Loss that results from an act of war shall be covered provided the Policyholder submits to Us [each calendar quarter] [on an annual basis] a report of actual exposure within those areas. Additional premium due will be calculated at the standard war risk rates then in force.]</p> <p>[This War Risk Coverage is subject to an Aggregate Limit of Liability of [\$2,000,000] per Covered Accident.]</p> <p><u>[We may, by giving [seven (7)] days notice.....] [We may, by giving [seven (7)] days written notice to the Policyholder, (1) require additional premium, to be calculated at the standard war risk rates utilized at the time of the exposure; (2) amend the list of countries above;] [or] (3) cancel this Coverage.]</u> <u>[Any revision or cancellation will not prejudice any claim that occurred prior to the effective date of the revision or cancellation. Any unearned premium at the time of a cancellation will be promptly calculated and returned to the Policyholder on a pro-rata basis, but the return of the unearned premium is not a condition of cancellation. Our failure to exercise any of Our rights under this Coverage will not be deemed a waiver of these rights.]</u></p>	<p>This will be either in or out. Countries considered War Risk countries.</p> <p>This Bracketed items will be either in or out.</p> <p><u>This will be either in or out. If in, all bracketed items will be in or out.</u></p> <p><u>[each calendar quarter] [on an annual basis]</u> This will be either each calendar quarter or on an annual basis. <u>These are examples of the frequencies – actual terms used may vary based on the needs of the Policyholder and Us.</u></p> <p>The <u>This will be either in or out. If in, the range will be \$10,000-\$2500,000,000</u></p> <p><u>This will be either in or out. If in, [seven (7)] the</u> This will be either in or out. If in, The <u>range will be 3-34365 days</u></p> <p><u>Items (1), (2) and (3) will each be in or out. [Any revision...] will be either in or out.</u></p>

SECTION V – BENEFITS

<p>ACCIDENTAL DEATH BENEFIT [365 days]</p>	<p>The range will be 180-1 - 365 days.</p>
<p>[ACCIDENTAL DISMEMBERMENT [AND LOSS OF USE] [AND PLEGIA] BENEFIT [365 days]</p> <p><u>1. [Principal Sum+]</u></p> <p><u>2. [Principal Sum+]</u></p> <p><u>3. [Principal Sum+]</u></p> <p><u>4. [Principal Sum+]</u></p> <p><u>5. [Principal Sum+]</u></p> <p><u>6. [50% of Principal Sum+]</u></p> <p><u>7. [50% of Principal Sum+]</u></p> <p><u>8. [25% of Principal Sum+]</u></p> <p><u>9. [25% of Principal Sum+]</u></p>	<p>This will be either in or out.</p> <p>The range will be 180-1 - 365 days</p> <p>The range <u>Each benefit 1-9 will be 100%-200% in or out. If in,</u></p> <p>The range will be 100%-1% - 200%</p> <p>The range will be 100%-1% - 200%</p> <p><u>The range will be 1% - 200%</u></p> <p>The range will be 100%-1% - 200%</p> <p>The range will be 100%-200%</p> <p>The range will be 50%-1001% - 200%</p> <p>The range will be 50%-1001% - 200%</p> <p><u>The range will be 1% - 200%</u></p> <p>The range will be 25%-501% - 200%</p>

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<p>[A reduced benefit will be payable equal to [50%] of the applicable Accidental Dismemberment Benefit after 365 days],</p>	<p>This will be either in or out. If in, the range will be 25% - 501% - 200%</p>
<p>[Covered Loss of Use of</p>	<p>This will be either in or out. If in, The range will be 25% - 751% - 100% The range will be 90-1 - 365 days</p>
<p>1. <u>1.</u></p>	<p>This will be either in or out. If in, The range will be 100% - 200%</p>
<p>2. <u>2.</u> Limbs [75% of Principal Sum]</p>	<p>The range will be 75% - 150%</p>
<p>3. <u>3.</u> Two Limbs</p>	<p>The range will be 66 2/3% - 125%</p>
<p>4. <u>4.</u> One Limb</p>	<p>The range will be 50% - 100%</p>
<p>[50% of Principal Sum]</p>	<p>The range will be 50% - 100%</p>
<p>[Plegia</p>	<p>This will be either in or out. If in, The range will be 1001% - 200%</p>
<p><u>1.</u> Quadruplegia (total paralysis of all four limbs) -[Principal Sum]</p>	<p>The range will be 1% - 200%</p>
<p><u>2.</u> Triplegia (total paralysis of three limbs) -[75% of Principal Sum]</p>	<p>The range will be 1% - 200%</p>
<p><u>3.</u> Paraplegia (total paralysis of both lower limbs) -[66 2/3% of Principal Sum]</p>	<p>The range will be 1% - 200%</p>
<p><u>4.</u> Hemiplegia (total paralysis of upper and lower limbs -[50% of Principal Sum]</p>	<p>This will be either in or out. If in, The range will be 75% - 150%</p>
<p>on one side of the body)</p>	<p>in or out. If in, The range will be 66 2/3% - 751% - 200%</p>
<p><u>5.</u> [Uniplegia (total paralysis of one limb)]— [25% of Principal Sum]</p>	<p>The range will be 50% - 1001% - 200%</p>
<p>[2. Covered Loss of Use means total paralysis of a Limb or Limbs, which [has continued for [12] consecutive months and] is determined by Our competent medical authority to be permanent, complete and irreversible. Limb shall mean an arm or a leg.]</p>	<p>The range will be <u>1% - 200%</u> The range will be 1% - 200% The range will be 25% - 1001% - 200%</p>
<p>[3 Plegia must [continue for [12] consecutive months and] be determined by Our competent medical authority to be permanent, complete and irreversible paralysis of [two] or more limb[s]. A Limb means an arm or a leg. Proof of total paralysis may be required by Us on a periodic basis. Benefits are not payable for paralysis caused by a stroke.]</p>	<p>This will be either in or out. If in, The range will be 6-181 - 24 months</p> <p>This will be either in or out. If in, The range will be 6-181 - 24 months</p>
	<p>The range will be 1 - 4 limbs</p>

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[ACCIDENTAL DISMEMBERMENT AND COVERED LOSS OF USE BENEFIT [365 days]		
Benefit		
1. <u>1.</u> [Principal Sum+]]	[Principal	
2. <u>2.</u> [Principal Sum+]]	[Principal	
3. <u>3.</u> [Principal Sum+]]	[Principal	
4. <u>4.</u> [Principal Sum+]]	[Principal	
5. <u>5.</u> [Principal Sum+]]	[60% of	
6. <u>6.</u> [Principal Sum+]]	[50% of	
7. <u>7.</u> [Principal Sum+]]	[47.5% of	
8. <u>8.</u> [Principal Sum+]]	[45% of	
9. <u>9.</u> [Principal Sum+]]	[42.5% of	
10. <u>10.</u> [Principal Sum+]]	[42.5% of	
11. <u>11.</u> [Principal Sum+]]	[35% of	
12. <u>12.</u> [Principal Sum+]]	[20% of	
13. <u>13.</u> [Principal Sum+]]	[10% of	
14. <u>14.</u> [Principal Sum+]]	[10% of	
15. <u>15.</u> [Principal Sum+]]	[8% of	
16. <u>16.</u> [Principal Sum+]]	[4% of	
17. <u>17.</u> [Principal Sum+]]	[6% of	
18. <u>18.</u> [Principal Sum+]]	[4% of	
19. <u>19.</u> [Principal Sum+]]	[2% of	
20. <u>20.</u> [Principal Sum+]]	[5% of	
21. <u>21.</u> [Principal Sum+]]	[4% of	
22. <u>22.</u> [Principal Sum+]]	[2% of	
23. <u>23.</u> [Principal Sum+]]	[4% of	
24. <u>24.</u> [Principal Sum+]]	[3% of	
25. <u>25.</u> [Principal Sum+]]	[2% of	
26. <u>26.</u> [Principal Sum each+]]	[3% of	
27. <u>27.</u> [Principal Sum each+]]	[2% of	
28. <u>28.</u> [Principal Sum each+]]	[50% of	

This will be either in or out. If in, The range will be ~~180~~1-365 days

~~The range~~Each benefit in 1-40 will be ~~100% - 200%~~in or out. If in:
The range will be ~~100% - 1%~~ - 200%
The range will be ~~100% - 1%~~ - 200%
The range will be 1% - 200%
The range will be ~~100% - 1%~~ - 200%
The range will be ~~30% - 90~~1% - 200%
The range will be 25% - 75%
The range will be ~~23.75% - 71.25%~~
1% - 200%
The range will be ~~22.5% - 67.5~~1% - 200%
The range will be ~~21.25% - 63.75~~1% - 200%
The range will be ~~21.25% - 63.75~~1% - 200%
The range will be ~~17.5% - 52.5~~0% - 200%
The range will be ~~10% - 30~~1% - 200%
The range will be ~~5% - 20~~1% - 200%
The range will be ~~5% - 20~~1% - 200%
The range will be ~~4% - 16~~1% - 200%
The range will be ~~2% - 8~~1% - 200%
The range will be ~~3% - 12~~1% - 200%
The range will be ~~2% - 8~~1% - 200%
The range will be ~~3% - 12~~1% - 200%
The range will be ~~1% - 3~~200%
The range will be ~~2.5% - 7.5~~1% - 200%
The range will be ~~2% - 6~~1% - 200%
The range will be ~~1% - 3~~200%
The range will be ~~1% - 3~~200%
The range will be ~~1% - 3~~200%
The range will be ~~2.5% - 7.5~~1% - 200%
The range will be ~~2.5% - 7.5~~1% - 200%
The range will be ~~20% - 60~~1% - 200%
The range will be ~~7.5% - 30~~1% - 200%
The range will be ~~2.5% - 7.5~~1% - 200%
The range will be ~~1% - 3~~200%

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<p>29. [29. <u>Principal Sum</u>] [50% of Principal Sum]</p> <p>30. [30. <u>Principal Sum</u>] [40% of Principal Sum]</p> <p>31. [31. <u>Principal Sum</u>] [15% of Principal Sum]</p> <p>32. [32. <u>Principal Sum</u>] [5% of Principal Sum]</p> <p>33. [33. <u>Principal Sum</u>] [2% of Principal Sum]</p> <p>34. [34. <u>Principal Sum</u>] [1% of Principal Sum each]</p> <p>35. [35. <u>Principal Sum</u>] [30% of Principal Sum]</p> <p>36. [25% of <u>Principal Sum</u>] 37. [36. <u>Principal Sum</u>] [25% of Principal Sum]</p> <p>37. [25% of <u>Principal Sum</u>] 38. [38. <u>Principal Sum</u>] [20% of Principal Sum]</p> <p>39. [39. <u>Principal Sum</u>] [40% of Principal Sum]</p> <p>40. [40. <u>Principal Sum</u>] [7% of Principal Sum]</p> <p>[A reduced benefit will be payable equal to [50%] of the applicable Accidental Dismemberment Benefit after [365 days],</p>	<p>The range will be 1% - 3200% The range will be 15% - 601% - 200%</p> <p>The range will be 12.5% - 501% - 200%</p> <p>The range will be 12.5% - 501% - 200%</p> <p>The range will be 10% - 301% - 200%</p> <p>The range will be 20% - 601% - 200%</p> <p>The range will be 3.5% - 141% - 200%</p> <p>This will be either in or out. If in, The range will be 25% - 75% - 100% The range will be 90-1 - 365 days</p>
<p>[COMA BENEFIT</p> <p>[365 days] [thirty-one (31)] days benefit [The Coma Benefit is equal to [1%]</p> <p>[11] months of the Insured's Principal Sum, and will be paid each month the Insured remains in a Coma following the initial [thirty-one (31)] day period. <u>The Coma Benefit will end on the earliest of the following:</u></p> <ol style="list-style-type: none"> the Insured is no longer in a Coma which directly resulted from the Injury; the Insured has received a Coma Benefit for [100] months.] <p>[The Coma Benefit will be payable at [1%] of the Insured's Principal Sum per month for the first [11] months the Insured remains in a Coma, following the initial [thirty-one (31)] day period. At the end of the [11] months of payment, if the Insured remains in a Coma, We will pay a lump sum benefit equal to the Principal Sum payable under the Accidental Death Benefit less the amount of the [11] months of benefit already received.]</p>	<p>This will be either in or out. If in</p> <p>The range will be 180-1 - 365 days The range will be 14-31 - 365 days</p> <p><u>This will be in or out. If in, [1%] the range will be 1% - 50%.</u> [thirty-one (31)] The range will be 1% - 365.</p> <p>[100] The range will be 2 to 100 months. 2% - 50 months 3% - 33 This will be in or out. If in, [1/3] months</p> <p>The [1%] the range will be 6 - 12 months 1% - 50%.</p> <p>[11] The range will be 14-2 - 100 months (for all three instances) [thirty-one (31 days)] The range will be 1-365.</p>
<p>[HIV OCCUPATIONAL ACCIDENT BENEFIT</p> <p>If an Insured suffers an Injury resulting in a Covered Loss while performing his or her job related duties, which causes him or her to acquire and test positive within [one year] of such Accident for Human Immunodeficiency Virus (HIV) and/or AIDS and related complex (ARC). We will pay an HIV Benefit.</p> <p>will be equal to [20%] shall not exceed [\$50,000] [The HIV Benefit will be paid in [twenty-four (24)] equal monthly installments.]</p>	<p>This will be either in or out. If in</p> <p>The range will be 10% - 75% day - 5 years.</p> <p>The range will be \$25,000 - \$500,000 1% - 100%</p>

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<p><u>In order to receive the HIV Benefit, the Insured must:</u></p> <ol style="list-style-type: none"> <u>submit a workers compensation injury report to his or her employer within [forty-eight (48)] hours of the Accident. If the Insured's employer does not maintain workers compensation insurance, the Insured must complete an Accident report on a form which We will provide. The completed Accident report must be approved by the Policyholder within [forty-eight (48)] hours of the Accident and must be submitted to Us within [five (5)] days of the Accident; and</u> <u>submit to a blood test for HIV and/or AIDS and/or related complex (ARC) within [forty-eight (48)] hours of the Accident, which is administered by a duly licensed medical doctor or registered nurse. The blood test results must be sent directly to Us.</u> <p><u>If the initial test is negative, and the Insured subsequently tests positive for HIV, AIDS or ARC within [one year] of the Accident, We will begin monthly payments on the first of the month following the settlement of the claim.</u></p>	<p>The range will be 12-60<u>\$1,000-\$25,000,000</u> <u>This will be in or out. If in, the range will be 2 - 120 months</u></p> <p><u>[forty-eight (48)] The range for all three instances will be 1-168.</u></p> <p><u>[five (5)] The range will be 1-31.</u></p> <p><u>The range will be 1 day - 5 years.</u></p>
<p>[IN-HOSPITAL INDEMNITY BENEFIT] [seven (7)] consecutive days a monthly benefit of [1%] to a maximum of [\$1000] confinement must begin within [ninety (90)] days benefit will be paid for a maximum of [twelve (12)] months</p> <p><u>Successive periods of Hospital confinement arising out of the same Injury will be considered one confinement only if they are separated by a period of less than [three (3)] months.</u></p>	<p>This will be either in or out. If in <u>The range will be 3 - 14 days</u> The range will be 1% - 10% <u>- 365 days</u> <u>The range will be 1% - 100%</u> The range will be \$500 - \$51 <u>- \$10,000</u> The range will be 60-120 <u>1 - 365 days</u> The range will be 6 - 24 <u>1 - 120 months</u></p> <p><u>The range will be 1 - 12</u></p>
<p>[PERMANENT AND TOTAL DISABILITY BENEFIT] within [365 days] continues for [twelve (12)] months</p>	<p>This will be either in or out. If in The range will be 60-365 <u>1 - 730 days</u> The range will be 6-1 <u>- 24 months</u></p>
<p>[PERMANENT AND TOTAL DISABILITY BENEFIT] within [365 days] continues for [twelve (12)] months this benefit shall equal [1%] We make [100] payments</p>	<p>This will be either in or out. If in The range will be 60-365 <u>1 - 730 days</u> The range will be 6-24 <u>1 - 120 months</u> The range will be 1% - 2 <u>100%</u> The range will be 50 - 100 <u>1 - 200 payments</u></p>

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SECTION VI - ADDITIONAL BENEFITS

<p>[ACCIDENT DENTAL EXPENSE BENEFIT]</p> <p><u>If an Insured suffers a Covered Injury which causes him or her to require treatment for damage to Sound Natural Teeth, We will pay an Accident Dental Expense Benefit for the [Reasonable and Customary] expenses incurred for the Medically Necessary treatment, replacement, or diagnosis provided:</u></p> <ol style="list-style-type: none"> <u>the damage to the teeth occurs within [thirty (30)] days of the Covered Injury;</u> <u>the expenses are actually incurred and paid within [twenty-six (26)] weeks of the Covered Injury; and</u> <u>the services are performed by a licensed dentist or dental surgeon.</u> <p><u>The maximum benefit payable under this benefit is \$[3,000] for any one Covered Accident.</u></p> <p><u>We will not cover expenses under this additional benefit for:</u></p> <ol style="list-style-type: none"> <u>any expenses covered by workers' compensation</u> 	<p>This will be either in or out. - If in, <u>The range</u></p> <p><u>This will be 15-60 days in or out.</u></p> <p>The range will be 12 wks - 52 wks <u>1 - 365.</u></p> <p><u>The range will be 1 - 104.</u></p> <p>The range will be \$1 - \$250,000- <u>\$10,000.</u></p> <p><u>Each exclusion will be in or out.</u></p>
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<p>2. any expenses covered by Medicare;</p> <p>3. any services of a Federal, Veteran's, State or Municipal hospital for which an Insured is not liable for payment;</p> <p>4. expenses which are more than Reasonable and Customary;</p> <p>5. cosmetic, plastic, or restorative dental treatment unless Medically Necessary for the treatment of the Covered Injury;</p> <p>6. the replacement or repair of existing dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, or caps;</p> <p>7. expenses which the Insured recovers in a settlement or court judgment;</p> <p>8. expenses which are covered under any other insurance of any kind;</p> <p>9. expenses which the Insured is not legally obligated to pay;</p> <p>10. expenses which are not Medically Necessary for the treatment of the Covered Injury.</p> <p>Medically Necessary means that the dental service or treatment:</p> <ol style="list-style-type: none"> is essential for the diagnosis, treatment or care of the Covered Injury for which it is prescribed or performed; and meets generally accepted standards of dental practice. <p>Reasonable and Customary expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, We will determine the amount based upon:</p> <ol style="list-style-type: none"> the complexity involved; the degree of professional skill required; and any other pertinent factors. <p>We reserve the right to make the final determination of what is Reasonable and Customary.</p> <p>Sound Natural Teeth means natural teeth that are unaltered or are fully restored to their normal function and are disease free, have no decay, and are not more susceptible to injury than unaltered natural teeth.</p>	<p>This will be in or out.</p>
<p>ACCIDENT MEDICAL EXPENSE BENEFIT</p> <p>If an Insured suffers a Covered Injury, which causes him or her to incur medical expenses, We will pay an Accident Medical Expense Benefit for the Reasonable and Customary expenses incurred by the Insured, in excess of the deductible of [\$1,000.00] and any other valid and collectible insurance, provided that:</p> <ol style="list-style-type: none"> the first treatment or service occurs within [thirty (30)] days of the Covered Injury; the medical expenses are incurred within [fifty-two (52)] weeks of the Covered Injury; and the Insured is under the care and treatment of a licensed medical provider other than his or her spouse, children or any other person who is related to him or her. <p>The maximum benefit payable under this benefit is \$[5,000] for any one Covered Accident.</p> <p>We will not cover expenses under this additional benefit for:</p> <ol style="list-style-type: none"> any Pre-existingexisting Condition, until the Insured has been continuously covered under this Policy for [twelve (12)] consecutive months; any expenses which are covered by Workers' Compensation; any expenses covered by Medicare; any services of a Federal, Veteran's, State or Municipal hospital for which an Insured is not liable for payment; 	<p>This will be either in or out. If in The range This will be \$500.00 - \$2,500.00 in or out. This will be either in or out. -If in, [\$1,000] the range is \$1 to \$50,000. [and any other...] This is in or out. [thirty (30)] The range will be 14 - 60 days 1 - 365. [Fifty-two (52)] The range will be 26 - 78 weeks 1 - 104. [5,000] The range will be \$1,000 - \$100,000.000</p> <p>Each exclusion 1 - 11 will be in or out.</p>

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<p><u>5. expenses which are more than the Reasonable and Customary;</u> <u>6. cosmetic, plastic or restorative surgery unless Medically Necessary for the treatment of the Covered Injury;</u> <u>7. expenses which the Insured recovers in a settlement or court judgment;</u> <u>8. expenses which are covered under any other insurance of any kind;</u> <u>9. expenses which the Insured is not legally obligated to pay;</u> <u>10. Custodial Services;</u> <u>11. expenses which are not Medically Necessary for the treatment of the Covered Injury.</u></p> <p><u>Pre-existing Condition means a condition for which the Insured has sought or received medical advice or treatment during the [twelve (12) months] immediately preceding his or her effective date of Coverage under this Policy.</u></p> <p><u>Reasonable and Customary expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, We will determine the amount based upon:</u></p> <ol style="list-style-type: none"> <u>1. the complexity involved;</u> <u>2. the degree of professional skill required; and</u> <u>3. any other pertinent factors.</u> <p><u>We reserve the right to make the final determination of what is Reasonable and Customary.</u></p>	<p>[twelve (12)] The range will be 6-12 is 1 day to 24 months.</p> <p>This will be in or out.</p>
<p>[ACCIDENT WEEKLY INDEMNITY BENEFIT occurs within [thirty (30)] days of the Injury Benefit Waiting Period of [seven (7)days]; not exceed the Benefit Period of [fifty-two (52) weeks]. payments will be equal to [75%] [reduced by] [(1) Workers' Compensation Disability Benefit]; [(2) Social Security Disability Benefits excluding any amounts for which the Insured's Dependents may qualify because of the Insured's disability]; [(3) Social Security Retirement Benefits]; [(4) Group Disability Benefits sponsored by the Policyholder]; [(5) the amount of any disability income benefits from any automobile or no-fault policy or insurance] This Accident Weekly Indemnity Benefit shall not exceed the Weekly Indemnity Amount of [\$400.00].</p>	<p>This will be either in or out. If in The range will be 15-60 1 - 365 days The range will be 3-14 1 - 730 days The range will be 26-78 1 - 120 weeks The range will be 50%-80 1% - 100% This will be either in or out. This will be either in or out. This will be either in or out.</p> <p>This will be either in or out. This will be either in or out. This will be either in or out.</p> <p>The range will be \$1 - \$100.00 \$1,000</p>
<p>[AFTER SCHOOL CARE BENEFIT [is [10] years old or less, [2%] of the Principal Sum [\$2,000] per year. [four (4)] consecutive years under [ten (10)] at the time of each payment. [The maximum benefit under this provision is [\$6,000].]</p>	<p>This will be either in or out The range will be 7-13 years The range will be 1% - 5% - 21 years The range will be 1% - 25% The range will be \$1 - \$100,000 - \$15,000 The range will be 2-6 1 - 10 years The range will be 7-13 1 - 21 years This will be either in our out. If in The range will be \$4,000 - \$60 1 - \$500,000</p>
<p>[CARJACKING BENEFIT benefit equal to [10%] of the Principal Sum to a maximum of [\$10,000]. official police report within [24 hours] investigating officer(s) within [24 hours]</p>	<p>This will be either in or out. If in The range will be 5%-1% - 25% The range will be \$1 - \$250,000 - \$50,000 The range will be 12 - 48 hours The range will be 12 - 48 hours</p>
<p>[COBRA BENEFIT of [one (1)] year [5%] of the Insured's Principal Sum;</p>	<p>This will be either in or out. If in The range will be 1 - 3 years The range will be 1% - 10% - 25%</p>

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<p>[\$5,000]; [one (1) year]</p>	<p>The range will be \$1,000-\$50,000 The range will be 1-3 years</p>
<p>[COMMON CARRIER BENEFIT to the lesser of [\$50,000] or [50%]</p>	<p>This will be either in or out. If in The range will be \$5,000-\$1,000,000 The range will be 25%-100%</p>
<p>[CRITICAL BURN BENEFIT lesser of [10%] or [\$10,000] over [25%] If an Insured suffers an Injury resulting in a Covered Loss as a result of a Covered Accident, [which is payable under the Accidental Dismemberment [and Covered Loss of Use][and Plegia] Benefit,] an additional benefit will be payable equal to the lesser of [10%] of the Insured's Principal Sum or [\$10,000], provided all terms and conditions of the Policy are met and:</p> <ol style="list-style-type: none"> 1. the Insured has received second degree or higher burns over [25%] of his or her body; and 2. the Insured has undergone reconstructive surgery to treat the burned areas of the body; and 3. the reconstructive surgery has taken place within [365 days] of the occurrence of the Injury.] 	<p>This will be either in or out. If in <u>This will be in or out.</u> <u>These will be in or out.</u> [10%] The range will be 5% <u>50%</u> - 100% The range will be \$5[\$10,000-\$500] <u>The range will be \$1,000 - \$25,000,000</u> [25%] The range will be 20% - 50% - 100% The <u>This will be in or out.</u> <u>This will be in or out. If in, [365] range will be 180 - 730 days.</u></p>
<p>[DAY CARE BENEFIT [ninety (90)] days the [Covered] Dependent Child is under age [13]. [3%] of the Principal Sum [\$3,000]. annually for up to [four (4)] consecutive years under age [13] [The maximum <u>amount payable under this</u> benefit for this provision will be 6]s <u>\$4,000</u>]</p>	<p>This will be either in or out. If in The range will be 30 - 180 - 730 days The range will be 7 - 13 - 21 years The range will be 1% - 10% - 25% The range will be \$1 - \$100,000-\$15,000 The range will be 2 - 6 - 10 years The range will be 7 - 13 - 21 years This will be either in or out. If in The range will be \$4,000 - \$60 - \$500,000</p>

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<p>[FELONIOUS ASSAULT BENEFIT] <u>[a Fellow Employee]</u> benefit equal to [15%] <u>[Fellow Employee means...]</u> than [forty-five (45)] days</p>	<p>This will be either in or out. If in <u>This will be in or out</u> The range will be 5% <u>50%</u> - 100% <u>This will be in or out. If in,</u> The range will be 45 days – 5 years</p>	<p>Formatted Table</p>
<p>[HEARING AID OR PROSTHETIC APPLIANCE BENEFIT] <u>3. the Hearing Aid or Prosthetic Appliance was required within [one (1) year] of the Injury.</u> will be the lesser of [10%] or [\$10,000].</p>	<p>This will be either in or out. If in The range will be <u>31 days to 5%</u> - 50% <u>years.</u> The range will be \$5,000-\$1% - <u>50%</u> <u>The range will be \$1 - \$50,000</u></p>	
<p>[HIGHER EDUCATION BENEFIT] <u>2. he or she is at the 12th grade level and enrolls in an accredited college, university or trade school within [one (1) year] from the date of the Accident.</u> <u>will be equal to [5%] of the Insured's Principal Sum</u> maximum of [\$5,000]. up to [four (4)] consecutive years <u>[The maximum amount payable under this benefit for this provision is [\$20,000].]</u> <u>[If, at the time of the Accident there are no Dependent Child(ren) who qualify for this benefit, We will pay an additional benefit of [\$1,000] to the designated beneficiary.]</u></p>	<p>This will be either in or out. If in: The range will be 2% <u>25%</u> <u>1 day to 3</u> <u>years.</u> The range will be \$2,000-\$30,000 <u>1%</u> - <u>50%</u> The range will be 2-8 years <u>\$1-</u> <u>\$100,000</u> The range will be \$4,000-\$60,000 <u>1-</u> <u>10</u> <u>The</u> <u>This will be in or out. If in, the range</u> <u>will be \$1-\$500-\$5,000</u> <u>This will be in or out. If in, the range</u> <u>will be \$1 - \$10,000.</u></p>	<p>Formatted: Right: 0.25", Space After: 6 pt Formatted: Right: 0.25", Space After: 12 pt</p>
<p>[HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT] will be the lesser of [10%] or [\$10,000].]</p>	<p>This will be either in or out. If in The range will be 1% - <u>50%</u> The range will be \$5,000-\$50- <u>\$250,000</u></p>	
<p>[NATURAL DISASTER BENEFIT] the lesser of [10%] or [\$10,000]. <u>For purposes of this benefit, Natural Disaster means [a storm] ([wind], [rain], [snow], [sleet], [hail], [lightning], [dust] or [sand]), [earthquake], [flood], [volcanic eruption], [wildfire] or other similar event.)</u></p>	<p>This will be either in or out. If in The range will be 5% <u>1%</u> - 50% The range will be \$51-\$250,000- <u>\$50,000</u> <u>Each bracketed item will be in or out.</u></p>	<p>Formatted: Normal, Space After: 12 pt</p>
<p>[PARENT CARE] will be [[<u>[\$5,000.00]</u> <u>[5% of the Principal Sum]</u> of [\$40,000.00]</p> <p><u>For purposes of this benefit, Dependent Parent means the [parent(s)] [or] [grandparent(s)] of the Insured who, at the time of a Covered Accident, is receiving support and care provided by such Insured as evidenced by the most current tax return filed with the government of the United States of America.]</u></p>	<p>This will be either in or out. If in The range will be \$1 - \$250,000- <u>\$50,000</u> The range will 5% <u>25%</u> - 50% The range will be \$1 - \$1,000,000- <u>\$100,000</u> <u>Each bracketed item will be either in or out.</u></p>	<p>Formatted: Normal, Space After: 12 pt</p>
<p>[REHABILITATION BENEFIT] <u>If the Insured suffers an Injury resulting in a Covered Loss, which is payable under the Accidental Dismemberment [and Covered Loss of Use][and Plegia] Benefit, We will pay an additional benefit for the [Reasonable and Customary] expenses actually incurred for Rehabilitation Training, in an amount equal to the lesser of:</u> expenses incurred with [2] years [\$10,000]; or [10%] of the Insured's Principal Sum. <u>Rehabilitation Training means a treatment program that:</u></p>	<p>This will be either in or out. If in <u>Bracketed items will be either in or out.</u> The range will be 1 - 3 <u>10</u> years The range will be \$51 - \$250,000- <u>\$50,000</u> The range will be 5% <u>1%</u> - 50% <u>Each bracketed item will be either in or</u></p>	<p>Formatted: Tab stops: Not at 0.5" + 0.81" + 7.25" Formatted: Tab stops: Not at 0.5" + 0.88" + 7.25"</p>

<p>1. <u>is prescribed by a licensed physician acting within the scope of his or her license that is approved by Us prior to the provision of services;</u></p> <p>2. <u>is required due to the Insured's Injury; [and]</u></p> <p>3. <u>prepares the Insured for an occupation which he or she would not have engaged in except for the Injury.]</u></p> <p><u>Reasonable and Customary expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, We will determine the amount based upon:</u></p> <p>1. <u>the complexity involved;</u></p> <p>2. <u>the degree of professional skill required; and</u></p> <p>3. <u>any other pertinent factors.</u></p> <p><u>We reserve the right to make the final determination of what is Reasonable and Customary.]</u></p>	<p><u>out.</u></p> <p><u>This will be either in or out.</u></p>
<p>[SEAT BELT[/AIR BAG] BENEFIT [which equals [10%] of the Principal Sum up to a maximum] of [\$10,000],</p> <p>[An additional benefit [equal to [5%] of the Insured's Principal Sum to a maximum of [\$5,000], will be paid if the Insured was driving a private passenger automobile with a manufacturer equipped driver-side air bag or riding as a passenger in a private passenger automobile with a manufacturer equipped passenger-side air bag, provided the Insured's seat belt or lap and shoulder restraint was properly fastened at the time of the Accident. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the Accident, through certification by the investigating officers or by other reasonable proof, acceptable to Us.]</p> <p>[We will not pay a Seat Belt [or Air Bag] Benefit if the driver of the automobile in which the Insured was riding was either</p> <p>1. <u>under the influence of alcohol;</u></p> <p>a. <u>A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.</u></p> <p>b. <u>An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication. Or,]</u></p> <p>2. <u>under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage.]]</u></p>	<p>This will be either in or out. If in</p> <p>This will be either in or out. If in the range will be 5% - 50% - 100%</p> <p>The range will be \$1,000-\$200<u>25,000,000</u></p> <p>This will be either in or out. If in The range will be 2% - 50% - 100%</p> <p>The range will be \$1,000-\$200<u>25,000,000</u></p> <p><u>This will be either in or out. If in,</u></p> <p><u>This will be either in or out.</u></p> <p>This will be either in or out.</p>
<p>[SPOUSE[/DOMESTIC PARTNER] RETRAINING BENEFIT within [thirty (30)] months be [the lesser of [2 %] of the Insured's Principal Sum or] [\$3,000].]</p>	<p>This will be either in or out. The range will be 12-1 - 60 months The range will be 1% - 25% - 50% The range will be \$1 - \$250,000- \$25,000</p>
<p>[SURVIVING SPOUSE [/DOMESTIC PARTNER] BENEFIT [1%] [and will be paid for a period of [six (6) months]]]</p>	<p>This will be either in or out. The range will be 1% - 5% - 25% The range will be 2-181 - 100 months</p>
<p>[THERAPEUTIC COUNSELING BENEFIT within [ninety (90)] (3) <u>Therapeutic Counseling</u> must be received within [one (1) year] from the date of the <u>Covered Loss</u>. is \$[1,000.00]</p>	<p>This will be either in or out. The range will be 14-1801 - 365 days The range will be \$400-\$51 year - 10 years.</p>

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		<p>The range will be \$1 - \$250,000</p>
<p>[TERRORISM BENEFIT the lesser of [10%] or [\$30,000]. a [ten (10)] day notice</p>		<p>This will be either in or out. If in The range will be 2% - 251% - 100% The range will be \$21,000 - \$100 - \$25,000,000 The range will be 3 - 341 - 365 days</p>

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<p>[TRAVEL ASSISTANCE PLAN traveling [100 miles]</p> <p>Medical Evacuation [Western Medical Standards] [The maximum amount We will pay for this benefit is [\$50,000.00].]</p> <p>Medical Repatriation [The maximum amount We will pay for this benefit is [\$25,000.00].]</p> <p>Non-Medical Repatriation [The maximum amount We will pay for this benefit is [\$10,000.00].]</p> <p>Return of Remains [The maximum amount We will pay for this benefit is [\$5,000.00].]</p> <p>Visit to Hospital [seven (7)] consecutive days [The maximum amount We will pay for this benefit is [\$5,000.00].]</p> <p>Return of Child [nineteen (19)] years of age age [nineteen (19)] became [The maximum amount We will pay for this benefit is [\$5,000.00] per Child [\$5,000.00] per attendant.]</p> <p>Return of Companion [The maximum amount We will pay for this benefit is [\$5,000.00].]</p>	<p>The range will be 0-__250 miles</p> <p>This will be either in or out. This will be either in or out. If in the range will be \$25,000-\$100,000</p> <p>This will be either in or out. If in the range will be \$10,000-\$50,000</p> <p>This will be either in or out. If in the range will be \$5,000-\$20,000</p> <p>This will be either in or out. If in the range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in the range will be 3-30 days The range will be \$2,500-\$10,000</p> <p>The range will be 18-30 The range will be 18-30 This will be either in or out. If in the range will be \$2,500-\$10,000</p> <p>The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in the range will be \$2,500-\$10,000</p>
<p>TRAVEL ASSISTANCE EXCLUSIONS</p> <p>3. [Western Medical Standards].</p> <p>8. [the Injuries or Illness resulted in whole or in part from the Covered Person being intoxicated. A Covered Person will be conclusively presumed to be intoxicated if on or about the time of the incident which required medical treatment the level of alcohol in his or her blood exceeds the amount at which a person is presumed to be intoxicated if operating a motor vehicle in that jurisdiction. A report from a law enforcement officer, medical provider or similar report will be considered proof of the Covered Person's intoxication.]</p>	<p>This will be either in or out.</p> <p>This will be either in or out.</p>
<p>[TRAVEL ASSISTANCE LIMITATIONS</p> <p>Aggregate Limit of Liability per Covered Accident [\$500,000]</p>	<p>This will be either in or out. If in the range will be \$25,000-\$5,000,000</p>
<p>TRAVEL ASSISTANCE DEFINITIONS</p> <p>more than [100] miles ["Western Medical Standards" means generally accepted medical standards comparable to those in the United States, Canada or Western Europe.]</p>	<p>The range will be 0-__250 miles This will be either in or out.</p>
<p>TRAVEL ASSISTANCE OTHER PROVISIONS</p> <p>[Excess Coverage Our obligation to pay the Policyholder or Covered Person under this Travel Assistance Plan will be excess of any other insurance which the Policyholder or Covered Person has with respect to the expenses covered under this Travel Assistance Plan.]</p> <p>Reservation of Rights [or in any country for which a travel warning has been issued by the Department of State of the United States of America].]</p>	<p>This will be either in or out.</p> <p>This will be either in or out.</p>

<p>[Exempted Countries] This coverage is not available in the following countries: [Afghanistan]. We further reserve Our rights to modify this list upon [ten (10)] days notice to the Policyholder.]</p> <p>Scope [Covered transportation expenses will be limited to air and marine conveyance.] [To contact Us regarding this Travel Assistance Plan, the Covered Person must call [1-800-263-0261] from the U.S. or Canada; and collect from anywhere else in the world at [+1-416-977-0277].]</p> <p>[TRAVEL REIMBURSEMENT PLAN] are traveling [100 miles]</p> <p>TRAVEL REIMBURSEMENT BENEFITS</p> <p>Medical Evacuation [in accordance with generally accepted medical standards of the United States of America, Canada or Western Europe] [generally accepted medical standards of the United States of America, Canada or Western Europe] [In no case will We pay more than [\$50,000.00].</p> <p>Medical Repatriation [In no case will We pay more than [\$25,000.00]].</p> <p>Non-Medical Repatriation [In no case will We pay more than [\$10,000.00]].</p> <p>Return of Remains [In no case will We pay more than [\$5,000.00]].</p> <p>Visit to Hospital than [seven (7)] consecutive days [In no case, will We pay more than [\$5,000.00]].</p> <p>Return of Child [nineteen (19)] years of age age [nineteen (19)] became [In no case will We pay more than [\$5,000.00] per child and [\$5,000] per attendant.]</p> <p>Return of Companion [In no case will We pay more than [\$5,000.00]].</p> <p>[Access Fee] We will reimburse the Policyholder for the expenses the Policyholder incurs to provide access to travel assistance services. [In no case will We pay more than [\$50,000.00].]</p> <p>TRAVEL REIMBURSEMENT EXCLUSIONS</p> <p>3. [in accordance with generally accepted medical standards of the United States of America, Canada or Western Europe].</p>	<p>This will be either in or out. [Afghanistan – specified countries will be inserted. If in, the range will be 3-90 days</p> <p>This will be either in or out.</p> <p>This will be either in or out. The appropriate telephone numbers will be inserted.</p> <p>The range will be 0-<u>250</u> miles</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out. If in, the range will be \$10,000-\$50,000</p> <p>This will be either in or out. If in, the range will be \$5,000 - \$25,000</p> <p>This will be either in or out. If in The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in The range will be \$2,500-\$10,000</p> <p>The range will be 3- 30 days This will be either in or out. If in The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in The range will be 18-30 years</p> <p>The range will be 18-30 years This will be either in or out. If in, The range will be \$2,500-\$10,000 The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in The range will be \$25,000-\$100,000</p> <p>This will be either in or out.</p>
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<p>5. [the Injuries or Illness resulted in whole or in part from the Covered Person being intoxicated. A Covered Person will be conclusively presumed to be intoxicated if on or about the time of the incident which required medical treatment, the level of alcohol in his/her blood exceeds the amount at which a person is presumed to be intoxicated if operating a motor vehicle in that jurisdiction. A report from a law enforcement officer, medical provider or similar report shall be considered proof of the Covered Person's intoxication.]</p>	<p>This will be either in or out.</p>
<p>[TRAVEL REIMBURSEMENT LIMITATIONS Aggregate Limit of Liability per Covered Accident [\$500,000].]</p>	<p>This will be either in or out. If in, the range will be \$25,000-\$45,000,000</p>
<p>TRAVEL REIMBURSEMENT OTHER PROVISIONS [Excess Coverage Our obligation to reimburse the Policyholder will be excess of any other insurance coverage which the Policyholder or Covered Person has with respect to the covered expenses under this Policy.]</p>	<p>This will be either in or out.</p>
<p>Scope [Covered transportation expenses will be limited to air and marine conveyances.]</p>	<p>This will be either in or out.</p>

SECTION VII – GENERAL EXCLUSIONS

<p>1. [suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury [including, but not limited to, any attempt to restrict the flow of oxygen to the brain for purposes of auto-eroticism or auto-erotic asphyxiation];]</p>	<p>This will be either in or out. If in, [including, but not limited to...] will be in or out.</p>
<p>2. [war or any act of war, whether declared or undeclared;]</p>	<p>This will be either in or out.</p>
<p>1., 2., 3., 4., 5., 6., 7., 8., 9., 10., 11., 123. [involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].]</p> <p>[For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.][This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.].]</p>	<p>Each Exclusion This will be either in or out. If in, [Reserve or National...] will be either in or out. If in, [thirty-one consecutive days] the range is 1 – 365. This will be either in or out. if in, [sixty (60) days] the range is 1 – 365. This will be either in or out. If in, [sixty (60) days] the range is 1 – 365.</p>
<p>4. [illness or disease [regardless of how contracted,]; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; [except for Accidental ingestion of contaminated foods];]</p>	<p>This will be either in or out. If in, This will be either in or out. This will be either in or out.</p>
<p>5. [participation in the commission or attempted commission of [a crime,] [any felony,] [an assault,] [insurrection] [or] [riot];]</p>	<p>This will be either in or out. If in, each bracketed item will be either in or out.</p>
<p>6. [[parasailing,] [bungee jumping,] [heli-skiing,] [scuba diving] [or any other extra-hazardous activity];]</p>	<p>This will be either in or out. If in, each bracketed item will be either in or out.</p>
<p>7. [being intoxicated while operating a motor vehicle.]</p> <p>[being intoxicated.]</p> <p>a. An Insured will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.</p> <p>b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Insured's intoxication.]</p>	<p>This will be either in or out. If in, this will be either in or out.</p> <p>This will be either in or out.</p>
<p>8. [being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;]</p>	<p>This will be either in or out.</p>
<p>9. [travel or flight in any aircraft except to the extent stated in the Coverage Section;]</p>	<p>This will be either in or out.</p>

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<p><u>10. [release, whether or not accidental, or by any person unlawfully or intentionally,] of nuclear energy or radiation, including sickness or disease resulting from such release:]</u></p>	<p><u>This will be either in or out. If in, [whether or not accidental...] will be either in or out.</u></p>
<p><u>11. [a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident:]</u></p>	<p><u>This will be either in or out.</u></p>
<p><u>12. [alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a licensed medical provider operating within his or her scope of authority.]</u></p>	<p><u>This will be either in or out.</u></p>

SECTION VIII – GENERAL LIMITATIONS

<p><u>Limitation on Multiple Covered Losses. If an Insured suffers more than one loss as a result of the same Accident. We will pay only one benefit, the largest benefit.</u></p> <p><u>Limitation on Multiple Benefits</u> <u>. If an Insured can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment [and Covered Loss of Use] [and Plegia] Benefit, [Coma Benefit], [Permanent and Total Disability Benefit], [HIV Occupational Accident Benefit], [In-Hospital Indemnity Benefit], as a result of the same Accident, the most We will pay for these benefits in total is the Insured's Principal Sum.</u></p> <p><u>Limitation on Multiple Hazards</u> <u>— If an Insured suffers a Covered Loss that is covered under more than one Hazard. We will pay only one benefit, the largest benefit [unless there is a specific written exception in the Policy].</u></p> <p>[Aggregate Limit. We will not pay more than the Aggregate Limit of Liability stated in the Schedule [or a specific Hazard]</p> <p><u>(s).</u></p>	<p><u>Each limitation will be either in or out. Bracketed Benefits will be either in or out.</u></p> <p><u>This will be either in or out.</u></p> <p><u>This will be either in or out.</u></p>	<p>Formatted Table</p> <p>Formatted: A1a, Right: 0.25"</p> <p>Formatted: A1a, Right: 0.25"</p> <p>Formatted: A1a, Indent: Left: -0.01", First line: 0.01"</p>
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SECTION IX - TERMINATION OF INSURANCE

<p>Policy Termination <u>— least [thirty (30)] days in advance</u> <u>Termination by Policyholder. The Policyholder may terminate this Policy on the first renewal date or at any time after that date by delivering to Us a written notice to end this Policy at least [thirty (30)] days in advance of such termination. We will calculate and return the unearned premium, if any, using a standard short rate table. The Policyholder will send Us any additional amounts owed, if any, between the Policy's paid to date and the official date of termination.</u></p> <p>Termination by Us. least [thirty (30)] days notice</p> <p>Termination of Individual's Insurance [Insured. Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:</p> <ol style="list-style-type: none"> 1. the Policy is terminated; 2. the Insured ceases to be eligible for insurance; 3. the Insured fails to pay the required premium, if the Insured is so required; 4. [the Insured reaches age [70]]; 5. [the Insured retires].] 	<p><u>This bracketed item will be either in or out. The range will be 14-1891 - 365 days</u> <u>We may elect to refund premium on a pro rata basis.</u></p> <p>The range will be 14-1891 - 365 days</p> <p>This will be either in or out. If in, Appropriate month or date will be inserted.</p> <p>This will be either in or out. If in, The range will be 6555 and over</p> <p>This will be either in or out</p>	<p>Formatted Table</p> <p>Formatted: Space Before: 6 pt</p> <p>Formatted: Tab stops: Not at 0.75"</p>
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<p>[Insured. Insurance terminates:</p> <ol style="list-style-type: none"> 1. the date the Policy is terminated; 2. the expiration date of the period for which required premium has been paid for such Insured; 3. the date the Insured ceases to be eligible for insurance; 4. the date the Insured fails to pay the required premium, if the Insured is so required; 5. [the date the Insured reaches age [70]]; 6. [the date the Insured retires.]] <p>[If an Insured has received approval for a benefits eligible leave of absence, layoff or sabbatical from the Policyholder in accordance with the Policyholder's written policy, his or her insurance under this Policy will continue, provided the required premiums are paid. This extension of Coverage is subject to all of the termination provisions of this Policy with the exception of number 2. above.]</p> <p>[Conversion Privilege Benefit policy within [sixty (60)] days</p> <p>[To request a Conversion Application Form, the Insured must call [1-800-834-1959].]</p> <ol style="list-style-type: none"> 1. or [\$100,000]; <u>3. any IAD policy issued will take effect on the termination date of the Insured's insurance under the Basic Accident Policy; [and]</u> Insured attains age [70].] <p>[The Conversion Privilege is only available to those Insureds who are residents of the United States at the time of conversion.]]</p> <p>[Post Termination Continuation of Coverage the age of [70] —If the insurance of an Insured ceases for reasons other than reaching the age of [70], or cancellation of the Policy, he or she has the right to continue Coverage under the Policy], even if the Policy is subsequently canceled or terminated for any reason].</p> <p>must be received by Us within [sixty (60)] days</p> <ol style="list-style-type: none"> <u>2. the Insured may elect to continue the same Principal Sum [in units of [\$10,000]]</u> — [to a maximum of [\$250,000] <p>—] but the amount may not be less than [\$50,000]]. —In the event that the Insured has a Principal Sum in an amount less than [\$100,000] —], he or she may continue that amount or increase the amount to [\$100,000].</p> <p>[The maximum Principal Sum under this amendatory endorsement shallContinuation of <u>Coverage will</u> be [\$250,000.]]]</p>	<p>This will be either in or out.</p> <p>This will be either in or out. If in,</p> <p>This will be either in or out. If in, The range will be 6555 and over</p> <p>This will be either in or out.</p> <p><u>The language at left is variable and defined by the Policyholder based on elements relating to the relationship between the organization and Insureds/Covered Persons. Actual agreed upon language may vary from the example at left.</u></p> <p>This will be either in or out. If in, the range will be 1 – 365 days</p> <p>This will be either in or out. -If in, The range will be 30 – 120 days <u>Telephone the appropriate telephone number will be inserted.</u></p> <p>The range will be \$5,000 to \$1,000,000 The range will be 65 plus</p> <p>This will be either in or out.</p> <p><u>The range will be 55 and over</u></p> <p>This will be either in or out. The range will be 65 plus The range will be 30 -120 days The range will be \$1,000 - \$100,000 The range will be \$1,000 - \$5,000,000,000</p> <p>This will be either be in or out. If in, the range will be \$1,000 - \$100,000</p> <p>The range will be \$1,000 - \$100,00055 and over. The range will be \$50,000 - \$200,000</p> <p>This will be either be in or out.</p>
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		<p>The range will be 1 – 365 days.</p> <p>Bracketed items will be either in or out.</p> <p>For all dollar amounts, the ranges will be \$1,000 - \$5,000 - \$25,000,000</p>
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SECTION X - HOW TO FILE A CLAIM

Us at	<p>[1-866-841-4771.]</p> <p>[P.O. Box 307010, Jamaica, NY 11430-7010]</p>	<p>Appropriate telephone number and address will be inserted.</p>
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SECTION XI - PAYMENT OF CLAIMS

<p>Who We Will Pay [the beneficiary named by the Insured for the Policyholder's Group Life Insurance policy. If there is no beneficiary named by the Insured for the Policyholder's Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as the Insured, We will pay the benefit to] [the Insured's survivors in the following order: 1. a. the Insured's legally married Spouse[or Domestic Partner]; b. the Insured's Child(ren); c. the Insured's parents; d. the Insured's brothers and sisters; e. the Insured's estate; 2.] [He or she may direct in writing that all, or part of the Accident Medical Expense Benefit, if applicable, shall be paid directly to the party who furnished the service. The direction may be changed by the Insured at any time up to the filing of the proof of Loss]. 3 If a Foreign National</p>	<p>This will be either in or out.</p> <p>This will be either in or out. <u>If in, each item a. through d. will be in or out.</u></p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>
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SECTION XII - GENERAL POLICY CONDITIONS

<p>Grace Period. at least [thirty (30)] days in advance Premiums are due for this Policy on or before the premium due date or renewal date, whichever applies. <u>If the Policyholder does not pay a renewal premium when it is due, there is a [thirty-one (31) day] Grace Period to pay. During the Grace Period, the Policy will stay in force. The Policyholder will not have a Grace Period if We have given notice, at least [thirty (30)] days in advance, that We are going to terminate this Policy.</u></p> <p>Policyholder Records [The Policyholder shall indemnify Us for any benefits or other payments that are caused in whole or in part by the Policyholder's negligence or error in performing the record keeping function.]</p> <p>Renewal.</p> <p>I. Suit Against Us. <u>No action on this Policy may be brought until sixty (60) days after written proof of Covered Loss has been sent to Us. Any action must commence within three (3) years, (five (5) years in Kansas and Tennessee; and six (6) years in South Carolina and Wisconsin) of the date the written proof of Covered Loss was required to be submitted. If the law of the state where the Insured lives makes such limit void, then the action must begin within the shortest time period permitted by law. [In those states where binding arbitration is allowed, binding arbitration will supersede this provision.]</u></p> <p>J. Renewal. <u>This Policy will automatically renew for an additional [twelve-] month period unless either party expresses its intent not to renew as specified by Policy termination provisions.]</u></p> <p>ERISA Claims Fiduciary</p> <p>Assignment of Interest</p> <p>Arbitration</p> <p>Newly Acquired Aircraft</p>	<p>The range will be 30-120 - 365 days</p> <p><u>The range will be 1 day – 365 days.</u></p> <p>This will be either in or out.</p> <p><u>New bracketed language will be in or out – out if optional arbitration clause is not selected.</u></p> <p>This will be either in or out. <u>If in, [twelve] range is 1 – 120.</u></p> <p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out. <u>If in, the range will be 1-1 - 365</u></p>
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<p>within [sixty (60)] days</p> <p>[Newly Acquired Corporation] more than [ninety 90]] days</p> <p>[Note: The above reporting provision only applies to corporations with more than [200] employees. For corporations with less than [200] employees, Coverage will be automatic for the duration of the Policy term.]</p>	<p>days</p> <p>This will be either in or out. If in, the range will be 14-1 - 365 days</p> <p>This will be either in or out. If in The range will be 100-51 - <u>1,000,000</u> The range will be 100-51 - <u>1,000,000</u></p>
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APPLICATION

[BASIC] [BUSINESS TRAVEL] ACCIDENT INSURANCE	[BASIC] Either in or out [BUSINESS TRAVEL] Either in or out	Formatted Table										
<p>A. CLASS(ES) OF INSURED PERSONS</p> <p>Class I: [All active full-time Employees of the Policyholder working a minimum of [30] hours per week]</p> <p>Class II: [All active part-time Employees of the Policyholder working a minimum of [20] hours per week]</p> <p>Class III: []]</p>	<p>This will be variable according to Class of Insured.</p> <p>This will be variable according to Class of Insured.</p> <p>This will be variable according to Class of Insured.</p>											
<p>Class I: [[One (1) times to [four (4)] times the Employee's Base Annual Earnings* to a maximum of [\$200,000]]</p> <p>Class II: [\$100,000]]</p> <p>Class III: []]</p> <p>*Base Annual Earnings shall mean the Employee's base annual salary exclusive of overtime, bonuses, [commissions,] and special compensation.]</p>	<p>This will be either in or out. If in, The range will be 1 -20 times The range will be \$1,000 - \$5,000,000</p> <p>This will be either in or out. If in, The range will be \$1,000 - \$5,000,000</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>											
<p>[Reduction of Principal Sum]</p> <p>If an Insured is age [70] or older on the date of an Accident causing a Covered Loss, the Principal Sum used to calculate benefits will be the following percentage of the applicable Principal Sum indicated above:</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Age at Date of Accident</th> <th style="text-align: center;">% of Principal Sum</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">[70-74]</td> <td style="text-align: center;">[65%]</td> </tr> <tr> <td style="text-align: center;">[75-79]</td> <td style="text-align: center;">[45%]</td> </tr> <tr> <td style="text-align: center;">[80-84]</td> <td style="text-align: center;">[30%]</td> </tr> <tr> <td style="text-align: center;">[85] and Older</td> <td style="text-align: center;">[15%]</td> </tr> </tbody> </table>	Age at Date of Accident	% of Principal Sum	[70-74]	[65%]	[75-79]	[45%]	[80-84]	[30%]	[85] and Older	[15%]	<p>Same variables as listed in the Schedule Section.</p>	
Age at Date of Accident	% of Principal Sum											
[70-74]	[65%]											
[75-79]	[45%]											
[80-84]	[30%]											
[85] and Older	[15%]											
<p>C. HAZARD(S)</p> <p>Class I: [24 Hour Accident Protection, Business and Pleasure, Excluding Corporate Owned or Leased Aircraft H-1]</p> <p>Class II: [24 Hour Accident Protection While on Business Trip H-2]]</p> <p>Class III: []]</p>	<p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>											
D. BENEFITS												

<p>Accidental Death and Dismemberment (including Exposure and Disappearance with a [365] day incurral period)</p> <table border="0"> <thead> <tr> <th data-bbox="87 331 237 359"><u>Covered Loss of</u></th> <th data-bbox="516 331 581 359"><u>Benefit</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="87 359 451 386">Life</td> <td data-bbox="456 359 675 386">[100%] of Principal Sum</td> </tr> <tr> <td data-bbox="87 386 293 413">Both hands or both feet</td> <td data-bbox="456 386 675 413">[100%] of Principal Sum</td> </tr> <tr> <td data-bbox="87 413 289 441">One hand and one foot</td> <td data-bbox="456 413 675 441">[100%] of Principal Sum</td> </tr> <tr> <td data-bbox="87 441 451 468">One hand or one foot plus sight of one eye</td> <td data-bbox="456 441 675 468">[100%] of Principal Sum</td> </tr> <tr> <td data-bbox="87 468 245 495">Sight of both eyes</td> <td data-bbox="456 468 675 495">[100%] of Principal Sum</td> </tr> <tr> <td data-bbox="87 495 261 522">Speech and hearing</td> <td data-bbox="456 495 675 522">[100%] of Principal Sum</td> </tr> <tr> <td data-bbox="87 522 245 550">Speech or hearing</td> <td data-bbox="456 522 675 550">[50%] of Principal Sum</td> </tr> <tr> <td data-bbox="87 550 451 577">One hand or one foot or sight of one eye</td> <td data-bbox="456 550 675 577">[50%] of Principal Sum</td> </tr> <tr> <td data-bbox="87 577 451 604">Thumb and index finger of the same hand</td> <td data-bbox="456 577 675 604">[25%] of Principal Sum</td> </tr> <tr> <td data-bbox="87 604 354 632">◆ <u>Covered Loss of Use of:</u></td> <td data-bbox="553 604 618 632"><u>Benefit</u></td> </tr> <tr> <td data-bbox="126 632 237 659">Four Limbs</td> <td data-bbox="456 632 675 659">[100%] of Principal Sum</td> </tr> <tr> <td data-bbox="126 659 237 686">Three Limbs</td> <td data-bbox="456 659 675 686">[75%] of Principal Sum</td> </tr> <tr> <td data-bbox="126 686 237 714">Two Limbs</td> <td data-bbox="435 686 675 714">[66 2/3%] of Principal Sum</td> </tr> <tr> <td data-bbox="126 714 220 741">One Limb</td> <td data-bbox="456 714 675 741">[50%] of Principal Sum]]</td> </tr> <tr> <td data-bbox="126 741 402 768">with a [365] day incurral period</td> <td></td> </tr> </tbody> </table>	<u>Covered Loss of</u>	<u>Benefit</u>	Life	[100%] of Principal Sum	Both hands or both feet	[100%] of Principal Sum	One hand and one foot	[100%] of Principal Sum	One hand or one foot plus sight of one eye	[100%] of Principal Sum	Sight of both eyes	[100%] of Principal Sum	Speech and hearing	[100%] of Principal Sum	Speech or hearing	[50%] of Principal Sum	One hand or one foot or sight of one eye	[50%] of Principal Sum	Thumb and index finger of the same hand	[25%] of Principal Sum	◆ <u>Covered Loss of Use of:</u>	<u>Benefit</u>	Four Limbs	[100%] of Principal Sum	Three Limbs	[75%] of Principal Sum	Two Limbs	[66 2/3%] of Principal Sum	One Limb	[50%] of Principal Sum]]	with a [365] day incurral period		<p>These variables in the BENEFITS Section will be the same as in the Policy and as shown in this Statement of Variables under BENEFITS.</p>
<u>Covered Loss of</u>	<u>Benefit</u>																																
Life	[100%] of Principal Sum																																
Both hands or both feet	[100%] of Principal Sum																																
One hand and one foot	[100%] of Principal Sum																																
One hand or one foot plus sight of one eye	[100%] of Principal Sum																																
Sight of both eyes	[100%] of Principal Sum																																
Speech and hearing	[100%] of Principal Sum																																
Speech or hearing	[50%] of Principal Sum																																
One hand or one foot or sight of one eye	[50%] of Principal Sum																																
Thumb and index finger of the same hand	[25%] of Principal Sum																																
◆ <u>Covered Loss of Use of:</u>	<u>Benefit</u>																																
Four Limbs	[100%] of Principal Sum																																
Three Limbs	[75%] of Principal Sum																																
Two Limbs	[66 2/3%] of Principal Sum																																
One Limb	[50%] of Principal Sum]]																																
with a [365] day incurral period																																	