

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

(212) 458-5000

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

Policyholder: Union College

Policy Number: GTP 0009138553

BLANKET ACCIDENT INSURANCE POLICY

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder for whom premium is paid (herein called Insured Person(s)) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Classification of Eligible Persons section of the Declarations section of this Policy.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the Declarations section.

This Policy begins on the Policy Effective Date shown in the Declarations section and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates in effect at the time of renewal.

This Policy is governed by the laws of the state in which it is delivered.

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



President



Secretary

PLEASE READ THIS POLICY CAREFULLY.

IMPORTANT NOTICE – THIS POLICY PROVIDES ACCIDENT ONLY COVERAGE. IT DOES NOT PROVIDE COVERAGE FOR SICKNESS OR DISEASE

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DECLARATIONS

1. Identification of Policyholder:

Name of Policyholder: Union College
Address of Policyholder: 807 Union Street Schenectady, NY 12308
Type of Business or Purpose of Organization: College/University
Covered Affiliates(s) or Subsidiary(ies): None
Policy Number: GTP 0009138553

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

2. Classification of Eligible Persons:

Class	Description of Class
I	All active Employees of the Policyholder
II	Spouse and Dependent Child(ren) of Class One Employees

Eligible Spouse – as used above, means the Insured's legal spouse.

Eligible Dependent Children – as used above, means the Insured's unmarried children, including natural children from the moment of birth, step or foster children, or adopted children (including a "proposed adopted child") from the moment of placement in the home of the Insured, under age 26 if attending an accredited institution of higher learning on a full time basis) and primarily dependent on the Insured for support and maintenance.

A "proposed adopted child" will be considered an adopted child during any waiting period prior to finalization of the child's adoption, provided such child is primarily dependent on the Insured for support and maintenance during such waiting period.

An unmarried child under age 26 who is a full-time student as detailed above and who takes a medical leave of absence from school, will continue to be an Eligible Dependent Child for up to 12 months during such medical leave. Continued eligibility will end at the expiration of the 12 month period if such child has not returned to full-time student status at that time. The medical necessity of the medical leave of absence must be certified to by the student's attending physician.

Any unmarried Eligible Dependent Children of the Insured covered under the Policy before reaching the age limit specified above, who are incapable of self-sustaining employment by reason of mental illness,

developmental disability, mental retardation, as defined in the mental hygiene law, or physical handicap and who became so incapable prior to attainment of the age limit specified above,, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under the Policy beyond that age limit for as long as the Policy is in force, but only if they remain continuously covered under the Policy. The Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s incapacity and dependency to the Company within 60 days before the Eligible Dependent Child(ren) reach the age limit specified above. If the Insured fails to furnish the requested proof before the Eligible Dependent Child(ren) reach the age limit, coverage for the Eligible Dependent Child(ren) will not be extended past the age limit. If coverage is extended, the Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s continued incapacity and dependency to the Company on an annual basis. If the Insured fails to furnish the requested proof within 31 days of the request, coverage for the Eligible Dependent Child(ren) will terminate at the end of that 31-day period.

3. Principal Sums, Hazards, Benefits and Other Riders and Endorsements for Eligible Persons:

Any Benefit shown in any row of the chart below applies only to an eligible person in a Class shown in that row, only with respect to an accident that occurs under the circumstances described in a Hazard shown in that row as to such person. Any other Rider or Endorsement shown in any row of the chart below applies only with respect to the Classes, Hazards, and Benefits shown in that row.

Section 3A.

Class(es)	Principal Sum
I	\$250,000.00
II	Spouse: \$50,000.00 Dependent Child(ren): \$25,000.00

"Annual Salary" means the Insured's base annual salary exclusive of overtime, bonuses, tips, commission, and special compensation.

Section 3B.

Class(es)	Hazard(s)	Benefit(s) and Benefit Riders	Other Rider(s) and Endorsement(s)
I	H-12, H-34, H-39	B-1,B-2,B-4,B-7,B-13,B-16,B-25,B-26,B-28,B-30,B-44	
II	H-43,H-44,H-34,H-39	B-1,B-2,B-4,B-7,B-13,B-16,B-25,B-26,B-28,B-30,B-44	

Section 3C.

Other Riders and Endorsements to the Policy:

E-7
OFAC

4. Aggregate Limit: \$2,500,000.00 Per Accident

5. Hazards, Benefits and Benefit Riders, Other Riders and Endorsements, and Attachments Made Part of this Policy:

a. The following Hazards are made part of the Policy as of the Policy Effective Date:

FORM NUMBER	HAZARD NUMBER	DESCRIPTION
C11875DBG	H-12	24-Hour Accident Protection While On A Trip (Business Only)
C11893DBG	H-34	On-Premises Bomb Scare
C11898DBG-NY	H-39	War Risk (Business Only)

FORM NUMBER	HAZARD NUMBER	DESCRIPTION
C11902DBG	H-43	24-Hour on a Family Relocation Trip (Insured Dependents Only)
C11903DBG	H-44	Family Accompanying the Insured (Insured Dependents Only)

b. Check one and only one:

<input type="checkbox"/>	B-1	Accidental Death Benefit Only
<input checked="" type="checkbox"/>	B-1 and B-2	Both Accidental Death and Accidental Dismemberment and Paralysis, Coma Benefits

The following Benefits and Benefit Riders/Endorsements are attached to and made part of the Policy as of the Policy Effective Date. Each Benefit Rider/Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by that Benefit Rider/Endorsement.

FORM NUMBER	BENEFIT NUMBER	DESCRIPTION*
C11911DBG-NY	B-4	Bereavement and Trauma Counseling Benefit
C11920DBG	B-13	Emergency Evacuation with Family Travel Benefit
C11923DBG-NY	B-16	Home Alteration and Vehicle Modification Benefit
C11932DBG-NY	B-25	Rehabilitation Benefit
C11933DBG-NY	B-26	Repatriation of Remains Benefit
C11935DBG-NY	B-28	Seat Belt and Air Bag Benefit (Percentage of Principal Sum Amount)
C11937DBG-NY	B-30	Tuition Benefit
C36159DBG	B-44	Out of Country Medical Expense Benefit

c. The following attachments are made part of the Policy as of the Policy Effective Date:

C30531DBG	E-7	Amended definition endorsement
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6. Premiums:

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

\$4,405.59 due and payable for the Policy Term

7. Coverage Effective Date:

Subject to the Policy provisions regarding the effective date of coverage for individuals, insurance will become effective as to each eligible person in consideration of the required premium payment on the following date: first-of-month effective dates.

A change in coverage due to a change in the eligible person's class or Annual Salary will become effective on the latest of the following dates: (1) if the change requires a change in premium, the date

the first changed premium is paid when due; or (2) first-of-month effective date. However, a changed Principal Sum applies only with respect to accidents that occur on or after the effective date of the change.

9. **Policy Term:**

Policy Effective Date: January 1, 2013

Policy Termination Date: January 1, 2016

DEFINITIONS

Airworthiness Certificate – means the “Standard” Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry.

Civilian Aircraft – means a civil or public aircraft having a current and valid Airworthiness Certificate and piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft. A Civilian Aircraft does not include a Policyholder Aircraft.²

Immediate Family Member – means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Injury – means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident to the body and that occurs while the injured person's coverage under this Policy is in force; (2) which occurs under the circumstances described in a Hazard applicable to that person; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss under a Benefit applicable to such Hazard.

Insured – means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy; (2) for whom premium has been paid; and (3) while covered under this Policy. However, an Insured does not include any person covered under this Policy solely as an Insured Dependent.

Insured Dependent – means an Insured Spouse or an Insured Dependent Child.

Insured Dependent Child – means the Insured's Eligible Dependent Child as described in the Classification of Eligible Persons section of the Declarations section of this Policy: (1) for whom premium has been paid; and (2) while covered under this Policy.

Insured Person - means an Insured or an Insured Dependent.

Insured Spouse – means the Insured's Eligible Spouse as described in the Classification of Eligible Persons section of the Declarations section of this Policy: (1) for whom premium has been paid; and (2) while covered under this Policy.

Military Air Transport Aircraft – means an aircraft having a current and valid Airworthiness Certificate; piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft; and operated by the United States of America, or by the similar air transport service of any duly constituted governmental authority of any other recognized country.

Occupational – means While on the Business of the Policyholder or While On-Premises of the Policyholder.

Passenger – means a person not performing as a pilot, operator or crew member of a conveyance.

Physician – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) the Insured Person; (2) an Immediate Family Member; or (3) retained by the Policyholder.

Policyholder Aircraft – means any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the Policyholder.

Scheduled Air Carrier – means any air carrier holding a certificate, license or similar authorization for civilian scheduled air transport issued by the country of the aircraft's registry, and which in accordance with that authorization flies, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, but only if the aircraft is then being used for any regular or chartered flight operated by such carrier.

Sojourn and Personal Deviation, Sojourn or Personal Deviation – means non-business travel or activities undertaken While on the Business of the Policyholder but unrelated to furthering the business of the Policyholder.

Specialized Aviation Activity – means an aircraft while it is being used for one or more of the following activities:

- acrobatic or stunt flying
- racing
- any endurance tests
- any flight on a rocket-propelled or rocket-launched aircraft
- crop dusting
- crop seeding
- crop spraying
- fire fighting
- any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.
- exploration
- pipe line inspection
- power line inspection
- any form of hunting
- bird or fowl herding
- aerial photography
- banner towing
- any test or experimental purpose

Trip – means a trip taken by an Insured which begins when the Insured leaves his or her residence or place of regular employment for the purpose of going on the trip (whichever occurs last), and is deemed to end when the Insured returns from the trip to his or her residence or place of regular employment (whichever occurs first). However, the trip is deemed to exclude any period of time during which the Insured is on an authorized leave of absence or vacation or travel to and from the Insured's place of regular employment except when an Insured needs to utilize alternative means of transportation because of the discontinuance of service, due to strike or major breakdown, of one or more public transportation systems he or she regularly uses. "Trip" does not include the Insured's trip to a location that extends for more than 365 days. Such a trip will be deemed to change the Insured's residence or place of regular employment to the new location.

While on the Business of the Policyholder – means while on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder, but does not include any period of time: (1) while the Insured is working at his or her regular place of employment; (2) during the course of everyday travel to and from work; or (3) during an authorized leave of absence or vacation. If an Insured's assignment to a location exceeds 365 days, such assignment will be deemed to change the Insured's residence and regular place of employment to the new location.

While On-Premises of the Policyholder – means while and in consequence of performing any assigned occupational duties for which compensation is received at the Insured Person's regular place of employment with the Policyholder or elsewhere directly in or on the premises of the Policyholder, but does not include during the course of everyday travel to and from work.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Declarations section of this Policy at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. Either the Company or the Policyholder may terminate this Policy on any Policy Anniversary Date by giving 30 days advance written notice to the other party. This Policy may also, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the earlier of: (1) the Policy Termination Date shown in the Declarations section of this Policy; or (2) the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy; or (3) the Coverage Effective Date described in the Declarations section of this Policy.

Termination Date. An Insured's coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated; (2) the premium due date if premiums are not paid when due; or (3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.

INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured Dependent's coverage under the Policy begins on the latest of: (1) the date the Insured's coverage under the Policy begins; (2) the date the person becomes a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy; or (3) the Coverage Effective Date described in the Declarations section of this Policy.

Termination Date. An Insured Dependent's coverage under the Policy ends on the earliest of: (1) the date the Insured's coverage under the Policy ends; (2) the premium due date if premiums for the Insured Dependent are not paid when due; or (3) the date the Insured Dependent ceases to be a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy.

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Declarations section of this Policy. The Company may change the required premiums due on any premium due date on or after the first Policy anniversary date, as measured annually from the Policy Effective Date, by giving the Policyholder at least 31 days advance written notice. The Company may change the required premiums as a condition of any renewal of this Policy. The Company may also change the required premiums at any time when any coverage change affecting premiums is made in this Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section. In such case, the Policyholder will be liable to the Company for any unpaid premiums for the time this Policy is in force, plus all costs and expenses (including, but not limited to, reasonable attorney fees, collection fees and court costs) incurred by the Company in the collection of all overdue amounts.

No grace period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

BENEFITS

Principal Sum. As applicable to each Hazard and Benefit for each Insured Person, Principal Sum means the amount of insurance in force under this Policy on that person for that Hazard and Benefit as described for the Insured Person's eligible class in the Principal Sums, Hazards and Benefits section of the Declarations section of this Policy.

Reduction Schedule. The amount payable for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss with respect to any Benefit provided by this Policy where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured Person's loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF AMOUNT OTHERWISE PAYABLE
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

"Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

B-1. Accidental Death Benefit. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Benefit with respect to each class of Insured Persons and each hazard. If Injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

B-2. Accidental Dismemberment and Paralysis, Coma, Benefit. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Benefit with respect to each class of Insured Persons and each hazard. If Injury to the Insured Person: (1) results, within 365 days of the date of the accident that caused the Injury, with respect to accidental dismemberment and paralysis; (2) results, within 365 days of the date of the accident that caused the Injury, with respect to Coma; In any one of the Losses specified below, the Company will pay the Benefit shown below for that Loss:

<u>Type of Loss</u>	<u>Percentage of Principal Sum</u>
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye.....	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot.....	50%
Sight of One Eye.....	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand.....	25%
Paralysis	
Quadriplegia.....	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%
Coma.....	1% per month

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

“Quadriplegia” means the complete and irreversible paralysis of both upper and both lower limbs. “Paraplegia” means the complete and irreversible paralysis of both lower limbs. “Hemiplegia” means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. “Uniplegia” means the complete and irreversible paralysis of one limb. “Limb” means entire arm or entire leg.

“Coma/Comatose” means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician. The Coma must continue for 30 continuous days.

No benefit is provided for the first 30 days of the Coma. The benefit is payable monthly as long as the Insured remains Comatose due to that Injury, but ceases on the earliest of the date: (1) the Insured ceases to be Comatose due to that Injury; (2) the Insured dies; or (3) the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

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

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.

LIMITATIONS

Limitation on Multiple Hazards. If an Insured Person's Injury is caused by an accident that occurs under the circumstances described in more than one Hazard applicable to that person as shown in the Principal Sums, Hazards and Benefits section of the Declarations section of this Policy, for Policy purposes the Principal Sum for that Insured Person for that accident will be determined as though the accident occurred under the circumstances described in only one such Hazard, the Hazard with the largest Principal Sum.

Aggregate Limit. The maximum amount payable under this Policy may be reduced if more than one Insured Person suffers a loss as a result of the same accident during the same Policy Term, and if amounts are payable for those losses under one or more of the following Benefits provided by this Policy: Accidental Death Benefit; Accidental Dismemberment and Paralysis, Coma Benefit. The maximum amount payable for all such losses for all Insured Persons under all those Benefits combined will not exceed the amount shown as the Aggregate Limit in the Declarations section of this Policy. If the combined maximum amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured Person for all such losses under all those Benefits combined. NOTE: If the Declarations section of this Policy states that an Aggregate Limit is restricted in its applicability to certain eligible classes or certain Hazards, this Aggregate Limit provision applies only to Insured Persons in those eligible classes or to whom that Hazard applies.

GENERAL EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or auto-eroticism.
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a passenger, pilot, operator or crew member.
3. declared or undeclared war, or any act of declared or undeclared war.
4. sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
5. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
6. Full-time active duty in the Armed Forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded)
7. the Insured's commission of or attempt to commit a crime.
8. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
9. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 60 days after an Insured Person's loss. Notice given by or on behalf of the claimant to the Company at American International Companies ®, Accident and Health Claims Division, PO Box 25987 Shawnee Mission, KS 66225, with information sufficient to identify the Insured Person, is deemed notice to the Company. Failure to give notice within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company in the case of claim: (1) for which this Policy provides periodic payment contingent upon continuing loss, within 30 days after the termination of the period for which the Company is liable; and (2) for any other loss within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

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

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

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

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately, but not more than 60 days after the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, and any application or attached papers make up the entire contract between the Policyholder and the Company. All statements made by the Policyholder will be considered representations and not warranties. No statement made by the Insured Person shall avoid the insurance or reduce benefits thereunder unless contained in a written instrument signed by the Insured Person.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for [one/two]¹ year(s) from the Policy Effective Date, except as to nonpayment of premiums.

Certificates of Insurance. The Company, when required, will provide certificates of insurance for distribution to each Insured describing the coverage provided, any limitations, reductions, and exclusions applicable to the coverage, and to whom benefits will be paid.

Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Policyholder's group life insurance policy as shown on the Policyholder's records kept on that policy, unless the Insured has named a beneficiary specifically for this Policy as shown on the Policyholder's records kept on this Policy. The Insured Dependent's beneficiary is the Insured unless the Insured has named a different beneficiary(ies) for the Insured Dependent's coverage as shown on the Policyholder's records kept on this Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation or the beneficiary designation for an Insured Dependent's coverage at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies) or the Insured Dependent, by providing the Policyholder with a written request for change. When the request is received by the Policyholder, whether the Insured or the Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary for an Insured's coverage or no designated beneficiary for the Insured's coverage is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If no beneficiary for an Insured Dependent's coverage is living on the date of the Insured Dependent's death, the beneficiary is the Insured's estate.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

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

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable. An Insured may not assign any of his or her rights, privileges or benefits under this Policy. An Insured may assign all of his or her rights, privileges and benefits under this Policy without the consent of his or her designated beneficiary. The Company is not bound by an assignment until the Company receives and files a signed copy. The Company is not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.

New Entrants. This Policy will allow from time to time, that new eligible Insured Persons of the Policyholder be added to the class(es) of Insured Persons originally insured under this Policy.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

(212) 458-5000

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

Policyholder: Union College

Policy Number: GTP 0009138553

HAZARD H-12 24-HOUR ACCIDENT PROTECTION WHILE ON A TRIP (Business Only)

Hazard H-12 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person:

1. While on the Business of the Policyholder; and
2. during the course of any Trip, including a Sojourn or Personal Deviation taken during the course of the Trip, made by such person.

With respect to a Sojourn or Personal Deviation, Hazard H-12 applies only where the Sojourns or Personal Deviations:

1. if they involve travel, do not depart more than 250 miles from the direct route or destination(s) with respect to the circumstances described herein; and
2. if they involve one or more stops en route and/or an extension of time spent at the destination(s) with respect to the circumstances described herein, do not last longer than a total of:
 - (a) 7 day(s)whichever is less.

With respect to any period of time such Insured Person is traveling on a conveyance during the course of any such trip, Hazard H-12 applies only with respect to Injury sustained by the person:

1. while operating or riding in or on (including getting in or out of, or on or off of), or by being struck or run down by any conveyance being used as a means of land or water transportation, except:
 - a. any such conveyance the Insured Person has been hired to operate or for which the Insured Person has been hired as a crew member and while the Insured Person is performing as an operator or crew member on any such conveyance; or
 - b. any such conveyance the Insured Person is operating, or for which the Insured Person is performing as a crew member, (including getting in or out of, or on or off of) for the transportation of passengers or property for hire, profit or gain; or
2. while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - a. any Civilian Aircraft; or
 - b. any Military Air Transport Aircraft; or

3. by being struck or run down by any aircraft.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. It is not waived with respect to such person traveling or flying in or on (including getting in or out of, or on or off of) any aircraft other than as expressly described in this Hazard, unless otherwise provided by this Policy.

In addition to all other exclusions in the General Exclusions section of this Policy, the circumstances described in this Hazard are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for Specialized Aviation Activity(ies).

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Policyholder: Union College

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HAZARD H-34 ON-PREMISES BOMB SCARE

Hazard H-34 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person as a result of a Bomb Scare which is directed at the Policyholder or its property or assets and:

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

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

Bomb - as used in this Hazard, means any explosive device fused to detonate and placed with the intent to cause injury, damage or fear.

Bomb Scare - as used in this Hazard, means: (1) any report of the presence of a Bomb (whether or not there actually is a Bomb) that requires both evacuation of the Policyholder's premises and an organized search for such Bomb; or (2) any explosion of a Bomb, whether or not reported in advance.

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HAZARD H-39 WAR RISK (Business Only)

Hazard H-39 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person While on the Business of the Policyholder and as a result of an act of declared or undeclared war within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory (but not such an act in which the Insured Person is an active participant).

Changes in Premium. The Company may change the premium rate for the inclusion of Hazard H-39 under this Policy at any time if: (1) war risk conditions change in the Designated War Risk Territory(ies); (2) there is a change in which area(s) is (are) defined to be the Designated War Risk Territory(ies); or (3) the Policyholder's exposure to war risk in the Designated War Risk Territory(ies) changes in any way. The Company will give the Policyholder written notice of any change in the premium rate for the inclusion of Hazard H-39 at least 10 days in advance of the effective date of the change.

Termination Date. Hazard H-39 ceases to apply with respect to this Policy on the earliest of: (1) the date the Policy terminates; or (2) the date the Company receives written notice from the Policyholder of the Policyholder's intent to terminate the applicability of Hazard H-39 (or on the date specified in the written notice, if later); or (3) the date specified in the Company's written notice to the Policyholder of the Company's intent to terminate the applicability of Hazard H-39 (or 10 days after the date the written notice is received by the Policyholder, if later).

If the applicability of Hazard H-39 terminates prior to the end of a period for which premium has been paid, any unearned premium attributable to Hazard H-39 will be returned.

Termination of the applicability of Hazard H-39 will not affect a claim for a covered loss that occurred while Hazard H-39 was still applicable.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However, unless previously consented to in writing by the Company, that Exclusion is not waived, and this Hazard does not apply, with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is:

1. riding as a Passenger in any aircraft not intended and/or licensed for the transportation of Passengers.
2. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
3. riding as a Passenger in a Policyholder Aircraft or an aircraft owned, leased or operated by the Insured Person's employer.

Exclusion 3 in the Exclusions section of the Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard, and only where the accident occurs within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory.

All other exclusions in the General Exclusions section of this Policy apply.

Changes in Terms and Conditions. The terms and conditions of Hazard H-39, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time, to reflect conditions that, in the opinion of the Company, constitute a change in the Policyholder's war risk exposure.

Designated War Risk Territory(ies) - as used in this Hazard means Worldwide. A Designated War Risk Territory does not include the United States of America, its territories and possessions, Canada or Mexico or the Insured Person's country of permanent residence.

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Policyholder: Union College

Policy Number: GTP 0009138553

HAZARD H-43 24-HOUR ON A FAMILY RELOCATION TRIP (Insured Dependents Only)

Hazard H-43 applies only with respect to an Insured Dependent in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person during the course of any Family Relocation Trip made by such person.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Dependent to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However, unless otherwise provided by this Policy that Exclusion is not waived with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is [:

1. riding as a Passenger in any aircraft not intended and/or licensed for the transportation of Passengers.
2. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
3. riding as a Passenger in a Policyholder Aircraft or an aircraft owned, leased or operated by the Insured Dependent's employer.

All other exclusions in the General Exclusions section of this Policy apply.

Family Relocation Trip - as used in this Hazard, means a Trip made by an Insured Dependent in connection with the Insured's transfer or proposed transfer by the Policyholder to a new worksite. The Trip must be authorized by, or taken at the direction of, the Policyholder and/or must be paid for in whole or in part by the Policyholder.

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HAZARD H-44 FAMILY ACCOMPANYING THE INSURED (Insured Dependents Only)

Hazard H-44 applies only with respect to an Insured Dependent in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such Insured Dependent:

1. while he or she is accompanying the Insured or on his or her way to join the Insured; and
2. when the Trip is authorized by and/or paid for in whole or in part by the Policyholder; and
3. while the Insured is covered during the course of the circumstances described in, and subject to the exclusions and other terms and conditions of any Hazards for which the Insured is covered under this Policy.

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Policy Number: GTP 0009138553

BENEFIT B-4 BEREAVEMENT AND TRAUMA COUNSELING BENEFIT RIDER

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

Bereavement and Trauma Counseling Benefit. If an Insured Person suffers an accidental death or an accidental dismemberment or paralysis or an accidental loss of use for which an Accidental Death or Accidental Dismemberment and Paralysis, Loss of Use and Coma benefit is payable under the Policy, or if he or she goes into a coma for which a Accidental Dismemberment and Paralysis, Loss of Use and Coma benefit is payable under the Policy, the Company will pay Covered Bereavement and Trauma Counseling Expenses that are due to his or her death or dismemberment or paralysis or loss of use or coma. The Covered Bereavement and Trauma Counseling Expenses must be incurred within one year after the date of the accident causing such loss(es), up to a maximum of \$150 per session for up to 10 sessions for the Insured Person and all of his or her Immediate Family Members combined with respect to all such losses caused by the same accident.

Covered Bereavement and Trauma Counseling Expense(s) – as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Bereavement or Trauma Counseling Session for the Insured Person and/or one or more of his or her Immediate Family Member(s) provided under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar counseling sessions in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Medically Necessary Bereavement or Trauma Counseling Session – as used in this Rider, means any individual, joint or family mental health counseling session that: (1) is essential to assist the Insured Person and/or one or more Immediate Family Members in coping with the loss for which it is provided; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

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

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



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

(212) 458-5000

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

Policyholder: Union College

Policy Number: GTP 0009138553

BENEFIT B-13 EMERGENCY EVACUATION BENEFIT RIDER

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

Emergency Evacuation Benefit. The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, up to a maximum of \$50,000 for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sickneses from the same or related causes.

The Physician ordering the Emergency Evacuation must certify that the severity of the Insured Person's Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

Travel Guard must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Travel Guard in advance.

The General Exclusions section of the Policy, and the Exclusions section of each Hazard to which this Rider applies, do not apply with respect to this Rider.

Covered Emergency Evacuation Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Emergency Evacuation - as used in this Rider, means, if warranted by the severity of the Insured Person's Injury or Emergency Sickness: (1) the Insured Person's immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured Person's Transportation to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

Emergency Sickness - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3)

the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies. For purposes of this Rider, any references to "Injury" in such a Hazard are deemed to be references to "Injury or Emergency Sickness."

Medically Necessary Emergency Evacuation Service - as used in this Rider, means any Transportation, medical treatment, medical service or medical supply that: (1) is an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured Person.

Transportation - as used in this Rider means moving the Insured Person during an Emergency Evacuation by a land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

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



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

(212) 770-7000

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

Policyholder: Union College

Policy Number: GTP 0009138553

BENEFIT B-16 HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT RIDER

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

Home Alteration and Vehicle Modification Benefit. If an Insured Person:

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

the Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the accident causing such loss(es), up to a maximum of \$25,000 for all such losses caused by the same accident.

Covered Home Alteration and Vehicle Modification Expenses - as used in this Rider, means one-time expenses that:

1. are charged for:
 - (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
 - (b) modifications to a motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or driveable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:

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

In addition a Physician must certify that the alteration to the Insured Person's residence and the modification(s) to his or her motor vehicle are needed to accommodate the physical disability.

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

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

A handwritten signature in black ink, appearing to be 'R. H.', with a long horizontal stroke extending to the right.

President

A handwritten signature in black ink, appearing to be 'D. B.', with a long horizontal stroke extending to the right.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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Policyholder: Union College

Policy Number: GTP 0009138553

BENEFIT B-25 REHABILITATION BENEFIT RIDER

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

Rehabilitation Benefit. If an Insured Person suffers an accidental dismemberment or paralysis or an accidental loss of use for which an Accidental Dismemberment and Paralysis and Loss of Use Benefit is payable under the Policy, the Company will reimburse the Insured Person for Covered Rehabilitative Expenses that are due to the Injury causing the dismemberment or paralysis or loss of use. The Covered Rehabilitative Expenses must be incurred within two years after the date of the accident causing that Injury, up to a maximum of \$25,000 for all Injuries caused by the same accident.

Hospital – as used in this Rider, means a short-term, acute, general hospital, which: (1) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons; (2) has organized departments of medicine and major surgery; (3) has a requirement that every patient must be under the care of a physician or dentist; (4) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.); (5) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97, (42 USCA 1395x[k]); (6) is duly licensed by the agency responsible for licensing such hospitals; and (7) is not, other than incidentally, a place of rest; a place primarily for the treatment of tuberculosis; a place for the aged; place for drug addicts or alcoholics; a place for convalescent, custodial, educational, or rehabilitative care.

Medically Necessary Rehabilitative Training Service – as used in this Rider, means any medical service, medical supply, medical treatment or Hospital confinement (or part of a Hospital confinement) that: (1) is essential for physical rehabilitative training due to the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

Covered Rehabilitative Expense(s) – as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Rehabilitative Training Service of the Insured Person performed under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar treatment, supplies or services in the locality where the expense is incurred (for a Hospital room and board charge, does not exceed the most common charge for Hospital semi-private room and board in the Hospital where the expense is incurred); and (3) does not include charges that would not have been made if no insurance existed.

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

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

A handwritten signature in black ink, appearing to be 'R.H.' with a long horizontal stroke extending to the right.

President

A handwritten signature in black ink, appearing to be 'D. [unclear]' with a large, stylized flourish at the end.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

Policyholder: Union College

Policy Number: GTP 0009138553

BENEFIT B-26 REPATRIATION OF REMAINS BENEFIT RIDER

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

Repatriation of Remains Benefit. If an Insured Person suffers loss of life due to Injury or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to a mortuary near his or her primary residence, up to a maximum of \$20,000.

Covered expenses include, but are not limited to, expenses for: (1) the most economical coffins or receptacles adequate for transportation of the remains; and (2) transportation of the remains by the most direct and economical conveyance and route possible.

Travel Guard must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard in advance.

Emergency Sickness – as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies. For purposes of this Rider, any references to "Injury" in such a Hazard are deemed to be references to "Injury or Emergency Sickness".

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



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

(212) 458-5000

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

Policyholder: Union College

Policy Number: GTP 0009138553

BENEFIT B-28

SEAT BELT AND AIR BAG (PERCENTAGE OF PRINCIPAL SUM AMOUNT) BENEFIT RIDER

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

Seat Belt Benefit. The Company will pay a benefit under this Rider when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory-installed seat belt. The amount payable under this Rider is the lesser of: (1) \$30,000; or (2) 10% of the Insured Person's Principal Sum.

Air Bag Benefit. The Company will pay an additional benefit under this Rider if a Seat Belt Benefit is payable under this Rider and if the Insured Person is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact. The additional amount payable under this Rider is the lesser of: (1) \$30,000; or (2) 10% of the Insured Person's Principal Sum.

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

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

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

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



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

(212) 458-5000

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

Policyholder: Union College

Policy Number: GTP 0009138553

BENEFIT B-30 TUITION BENEFIT RIDER

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

Children and Spouse Tuition Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, the Company will pay the following benefit:

A. **For the Children.** The Company will pay a benefit to or on behalf of any Child of the Insured who met the definition of Child on the date of the accident causing the Insured's death and on the date of the Insured's death and who, on the date of the Insured's death: (1) is a full-time student in any Institution of Higher Learning above grade 12; or (2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured's death. The benefit will be paid for each year of the Child's continuous enrollment as a full-time student in an Institution of Higher Learning, to a maximum of four (4) consecutive years or the date the Child reaches age 26, whichever comes first. The total amount of the benefit each year is equal to the least of:

1. the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Child;
2. \$5,000.00

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

A Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured's death. If there is no Child under age 26 eligible for the benefit within 365 days after the date of the Insured's death, the Company will pay a one-time lump sum benefit of \$5,000 to the Insured's designated beneficiary.

B. **For the Spouse.** The Company will pay a benefit to or on behalf of the Spouse of the Insured who met the definition of Spouse on the date of the accident causing the Insured's death and on the date of the Insured's death and who, for the purpose of obtaining an independent source of support or to enrich his or her ability to earn a living: (1) is enrolled in any Institution of Higher Learning or professional or trade training program on the date of the Insured's death; or (2) subsequently enrolls in an Institution of Higher Learning or professional or trade training program within 30 months after the date of the Insured's death. The benefit will be paid for each year of the Spouse's continuous enrollment in an Institution of Higher Learning or professional or trade training program, to a maximum of four (4) consecutive years. The total amount of the benefit for all institutions and programs combined each year is equal to the least of:

1. the total actual tuition (exclusive of room and board) charged by those institutions or programs for enrollment during that year for the Spouse;

2. \$5,000.00

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

A Spouse who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the Insured's death. If there is no Spouse eligible for the benefit within 30 months after the date of the Insured's death, the Company will pay a one-time lump sum benefit of \$5,000 to the Insured's designated beneficiary.

Child – as used in this Rider, means the Insured's unmarried children, including natural, step, foster or adopted children from the moment of placement in the Insured's home, under age 26 and primarily dependent on the Insured for support and maintenance.

Institution of Higher Learning – as used in this Rider, means any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to, any state university, private college, or trade school.

Spouse – as used in this Rider, means the Insured's legal spouse.

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



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

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

Policyholder: Union College

Policy Number: GTP 0009138553

BENEFIT B-44 OUT OF COUNTRY MEDICAL EXPENSE BENEFIT RIDER

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

I Out of Country Medical Expense Benefit. If, while traveling outside of his or her country of permanent residence, during the course of any Trip of less than 365 days and While on the Business of the Policyholder, an Insured Person suffers an Injury or contracts a Sickness that requires him or her to be treated by a Physician, the Company will pay, subject to the Out of Country Medical Expense Limitations noted below, the Usual and Customary Charges incurred for Covered Medical Services received due to that Injury or Sickness up to \$25,000 per Insured Person for that Injury or Sickness. This benefit is payable for such charges incurred outside the Insured Person's country of permanent residence and within 52 weeks after the date of the accident causing the Injury or the onset of the Sickness.

Covered Medical Service(s) - as used in this Rider, means any of the following services, if the service is Medically Necessary:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (R.N.);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof; physical therapy and occupational therapy;
8. rental of Durable Medical Equipment;
9. artificial limbs, artificial eyes or other prosthetic appliances; or
10. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Definitions. As used in this Rider, the following terms are defined as follows:

Ambulatory Medical Center - means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Durable Medical Equipment - refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Medical Emergency - means a condition caused by an Injury or Sickness which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and

unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies.

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Sickness – means any disease, illness, or infection of an Insured Person that begins while coverage under the Rider is in force as to the Insured Person.

Medically Necessary - refers to a Covered Medical Service that: (1) is essential for diagnosis, treatment or care of the or condition for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Pre-Existing Condition – means a condition for which the Insured Person received any diagnosis, medical advice or treatment or had taken any prescription medicines during the 12 months immediately preceding the effective date of the Insured Person's coverage under the Policy unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.

Usual and Customary Charge(s) - means a charge that: (1) is made for a Covered Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

Out of Country Medical Expense Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Out of Country Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment in the underlying bodily condition.
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of the Injury or Sickness not to exceed \$250 per tooth per accident.
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless the Injury or Sickness has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of sight.
4. new hearing aids or hearing examinations unless the Injury or Sickness has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of hearing.
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the

Company's sole judgment, Out of Country Medical Benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Medical Expense in lieu of such rental expense).

6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
 7. Pre-Existing Conditions.
 8. any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.
- **Hospital Admission Guarantee Charge** means any charge or expense made by a Hospital prior to and as a condition of an Insured Person's admission to that Hospital.
 - **Medical Expense Guarantee Charge** means any charge or expense made by a medical provider other than a Hospital prior to and as a condition of an Insured Person's being provided with the medical service or treatment by that provider.

Any maximum payable under the Out of Country Medical Expense Benefit will be reduced by any amounts paid or payable under this Medical Emergency Guarantee Charge Expense Benefit.

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



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

(212) 458-5000

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

Policyholder: Union College

Policy Number: GTP 0009138553

ENDORSEMENT E-7 AMENDED DEFINITION ENDORSEMENT

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

The definitions of Trip and While on the Business of the Policyholder is revised as follows:

Trip – means a trip taken by an Insured which begins when the Insured leaves his or her residence or place of regular employment for the purpose of going on the trip (whichever occurs last), and is deemed to end when the Insured returns from the trip to his or her residence or place of regular employment (whichever occurs first). However, the trip is deemed to exclude any period of time during which the Insured is on an authorized leave of absence or vacation or travel to and from the Insured's place of regular employment. "Trip" does not include the Insured's trip to a location that extends for more than 365 days. Such a trip will be deemed to change the Insured's residence or place of regular employment to the new location.

While on the Business of the Policyholder - means while on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder, but does not include any period of time: (1) while the Insured is working at his or her regular place of employment; (2) during the course of everyday travel to and from work; or (3) during an authorized leave of absence or vacation. If an Insured's assignment to a location exceeds 365 days, such assignment will be deemed to change the Insured's residence and regular place of employment to the new location.

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



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

(212) 458-5000

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective January 1, 2013 12:01 A.M. forms a part of Policy No.: GTP 0009138553 issued to Union College by National Union Fire Insurance Company of Pittsburgh, PA.

COVERAGE TERRITORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").



President



Secretary

IMPORTANT NOTICE TO OUR CUSTOMERS REGARDING THE OFFICE OF FOREIGN ASSETS CONTROL

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

WHAT IS OFAC?

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers

PROHIBITED ACTIVITY

- OFAC enforces certain embargoes and sanctions against certain designated countries. No U.S. business or person may enter into certain transactions in or connected to such designated "sanctioned" countries.
- OFAC maintains a directory known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may transact business with any person or entity named on the SDNBP list.

Additional and more in-depth information on OFAC is available at the following website:

<http://www.ustreas.gov/offices/eotffc/ofac>.

OBLIGATIONS PLACES ON US BY OFAC

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations enforced by OFAC, we must block or "freeze" property and payment of any funds transfers or transactions and report all blocks to OFAC within ten (10) days.

POTENTIAL ACTIONS BY US

1. We may immediately cancel your coverage effective on the day that we determine that we have transacted business with an individual or entity associated with your policy on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC.
2. If we cancel your coverage, you will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.
3. We will not pay a claim, accept premium or exchange monies or assets of any kind to or with individuals, entities or companies (including a bank) on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC. And, we will not defend or provide any other benefits under your policy to individuals, entities or companies on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC.

YOUR RIGHTS AS A POLICYHOLDER

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See <http://www.ustreas.gov/offices/eotffc/ofac/legal/forms/license.pdf>.

AMBASSADOR/ INTERNATIONAL AMBASSADOR TRAVEL ASSIST SERVICES

Subject to the conditions described herein, Ambassador/ International Ambassador Travel Assist (herein called the "Company") makes the following services (herein called "Services") available for the policyholder or the participating organization, where indicated, and to those eligible insureds described in the policy (herein called "Eligible Persons").

I. EFFECTIVE DATE OF SERVICES

Services shall be provided effective at 12:01 A.M. Standard Time at the policyholder's or participating organization's address as of the date the policy takes effect (herein the "Effective Date") and shall continue in force until the termination of the policy.

II. CONDITIONS OF AVAILABILITY OF SERVICES

The Company will provide the Services within the countries where such Services are available and are lawful to be provided.

III. DESCRIPTION OF SERVICES

TRAVEL MEDICAL ASSISTANCE

Emergency medical evacuation transportation assistance - If a customer suffers an injury or illness that requires medical treatment or hospitalization, we will coordinate and arrange emergency medical transportation to the nearest most appropriate medical facility. Once the customer is stabilized, our agents coordinate his/her return to a hospital near home.

Physician/hospital/dental/vision referrals- The customer will be provided with a list of physicians, dentists and optometrists in the area in which they are traveling.

Repatriation of mortal remains – We will arrange for the preparation and air transportation of a traveler's mortal remains to their country of domicile in the event of death while traveling.

Return travel arrangements – In the event of hospitalization, arrangements will be made for unattended minors traveling with the client to be flown home.

Emergency prescription replacement - If medications are lost or stolen, we will assist the customer in obtaining new prescriptions and also in shipping to the customer at their current location.

Dispatch of doctor or specialist – We will arrange for a medical consultation or doctor visit if the client is unable to visit a doctor.

In-patient and out-patient medical case management- If the customer is hospitalized, when traveling away from home, our medical advisors monitor the case from initial admission until discharge by maintaining close contact with the patient's attending

physician, family doctor, and family. Our medical advisors also help determine if adequate care is available locally and if necessary, facilitate the evacuation of the customer to the nearest appropriate medical facility.

Qualified liaison for relaying medical information to family members – We will facilitate communications between the client and their family if the client is unable to do so.

Arrangements of visitor to bedside of hospitalized insured – Arrangements for relatives or visitors to travel to the client's bedside can be made through our 24-hour assistance center.

Eyeglasses and corrective lens replacement assistance- We will locate a service provider to replace eyeglasses or corrective lenses that may have been misplaced, stolen or damaged.

Direct billing to medical providers- We will coordinate with the medical provider to arrange direct billing, when available.

Medical cost containment/expense recovery and overseas investigation- We work directly with service providers to achieve significant discounts, audits medical expenses and will pursue an investigation if a resolution cannot be achieved between us and the service provider.

Medical bill audits- We assess all medical bills to ensure services provided are appropriate to the medical treatment needed and all that charges are reasonable and customary.

Shipment of medical records- We can provide assistance in shipping of needed medical records to the attending facility of the patient.

Medical equipment rental/replacement- Travel Assist will locate a facility or provider that would have medical equipment available to the traveler and coordinate between the two parties.

EMERGENCY TRAVEL ASSISTANCE

Flight re-bookings – We are available 24/7 to help customers rebook flights in the event of a flight cancellation, delay or schedule change.

Hotel re-bookings- We can assist in re-booking current reservations in the event of a flight cancellation, delay or schedule change.

Rental vehicle booking- We are available 24/7 to assist the customer in booking car rentals domestically and internationally.

Emergency return travel arrangements- In the event of an emergency we are available to assist 24/7 with making hotel, flight and car rental arrangements to assist the customer in returning home.

Roadside Assistance - We can assist in dispatching a tow truck or other appropriate roadside event (lock-out, gas, batter, etc) to the customer's location in the event of a roadside emergency.

Rental Vehicle Return – If a customer is traveling and has to abandon a rental due to an emergency, we will arrange for the vehicle's return to a location designated by the rental company.

Guaranteed hotel check-in- In the event of a travel delay, we can assist in calling the customer's hotel to guarantee a late arrival check-in. We will also guarantee a hotel in the event the customer has had their credit card stolen/lost.

Worldwide Travel Assistance

Lost baggage search; stolen luggage replacement assistance – We can assist with the return of lost luggage by coordinating efforts with the commercial carrier. In the event that an item is lost while traveling, we will assist the customer in the search for the lost item. We will coordinate getting the luggage to their current destination or home.

Lost passport/travel documents assistance - Travel Assist will assist in the replacement of lost or stolen travel documents, passports or visas.

ATM locator-We can locate the specific ATM locations worldwide that accept the caller's credit card or other card requirements.

Emergency cash transfer assistance - We will help members obtain cash advances in local or US currency for medical emergencies or other travel needs.

Travel information including visa/passport requirements – We can provide the customer with information such as passport/visa requirements and assist in expediting the procurement of these documents.

Emergency telephone interpretation assistance - We provide emergency telephone translation services in all major languages and offers referrals to interpreter services.

Urgent message relay to family, friends or business associates – We will assist with contacting family or friends in the event of an emergency situation while the customer is traveling

Up-to-the-minute travel delay reports- We can assist in providing the most up-to-date travel delay reports and information.

Long-distance calling cards for worldwide telephoning- We can provide information and assistance on purchasing long-distance calling cards for worldwide telephoning.

Inoculation information- We will provide the caller with inoculation recommendations that may be needed prior to traveling to their destination.

Embassy or Consulate Referral - Embassies and consulates are excellent sources for information and assistance to customers while traveling. We will provide the customer the address and phone number of the local embassy or consulate.

Currency conversion or purchase- We can provide foreign exchange rates throughout the world and assist with the purchase of foreign currency.

Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures- We will provide the most up-to-date information regarding medical advisories, epidemics, immunizations and preventative measures in the desired location.

Up-to-the-minute travel supplier strike information- We will provide the latest information available regarding travel supplier strikes and how it may affect the traveler.

Legal referrals/bail bond assistance - We will provide the customer with convenient legal referrals in their general area.

Worldwide public holiday information- We will provide customer with local worldwide public holiday information for the desired location.

CONCIERGE SERVICES

Restaurant referrals and reservations - Worldwide dining referrals and reservations made on behalf of the customer, based on availability.

Event Ticketing - Assistance with obtaining tickets to sporting, theater, concert and other events, based on availability.

Ground transportation coordination – Coordination of car or limo arrangements including transportation to and from the airport, hotel, meetings and more.

Golf tee time reservations and referrals - Assistance with scheduling tee times and making course recommendations, based on availability.

Wireless device assistance- Assistance with cell phones, personal digital assistants (PDAs) and other wireless devices, such as locating carrier stores, technicians, repair shops, replacement services when device is lost, stolen, or inoperable

Latest worldwide weather and ski reports- 24/7 update on destination weather as well as ski conditions throughout the world

Floral Services - Coordination of flower delivery for birthdays, anniversaries, holidays and other special occasions.

Private air charter assistance- Coordination with Private air charters to gain access, availability and booking.

Cruise charter assistance- Assistance with establishing availability and booking of cruise charters.

Latest sports scores- 24/7 updates on sports scores.

Find, wrap, and deliver one-of-a-kind gifts- Assistance in finding unique gifts for friends and family, including gift wrapping and delivery

Movie and theater information- Assistance with obtaining information about movie or theater events playing within a specific area. Travel Assist also obtains the tickets to theater or movie events, based on availability.

Latest stock quotes- Up-to-the-minute stock quotes

Special occasion reminders and gift ideas- Never miss a birthday, anniversary or special day while traveling. All special occasions are kept within Travel Guard Client Services database and a reminder is sent 48 hours prior to the day. Coordination of finding unique gifts for friends and family, including gift wrapping and delivery are included.

Lottery results- Up-to-the-minute lottery results

Local activity recommendations- Worldwide local activity referrals and reservations made on behalf of customer, based on availability

PERSONAL SECURITY

Security Evacuation – If an Insured Person while traveling outside their Home Country requires a Security Evacuation, the Company will coordinate the transportation of the Insured Person to the Nearest Place of Safety.

Immediate 24 hour support services - employees and their families can receive support and information 24/7/365 during an incident involving personal security and/or safety; in-language support available. Services available on-line, via phone or e-mail.

Security and safety advisories, - receive up-to-the-minute information on current situations and threats from security specialists

Urgent Message Alerts and Relays- after providing travel itinerary details or locations of special interest, receive alerts on evolving situations in those areas that would impact travel to them

Confidential Storage of Personal Profile - provide a secure database of relevant customer data (medical data, credit card information and others) and transmit this information to requested contacts.

IV. LIMITATION

The Company reserves the right to suspend, curtail, or limit any or all of the Services at any time in the event of war, riot, insurrection, opposition by legal and administrative authorities of the country in which the Eligible Person becomes ill or is injured, or acts of God. The Company will, however, provide services to the best of its ability during such occurrence.

The Company reserves the right to suspend, curtail, or limit any or all of the Services at any time with written notice to the policyholder or the participating organization if the Company determines that to provide or continue to provide the Services would put the Company in violation of any applicable laws, regulations or ordinances.

V. DISCLAIMER

In all cases, the medical professional or any attorney suggested by the Company shall act in a medical or legal capacity on behalf of the Eligible Person only. The Company assumes no responsibility for any medical advice or legal counsel given by the medical

profession or attorney. The Eligible Person shall not have any recourse to Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

VI. SUBROGATION

The Company shall be subrogated, up to the value of the Services it has provided, to the rights and causes of action of the Eligible Person against any party responsible for acts giving rise to injury or sickness for which the Company renders assistance or for any other matter for which the Company incurs costs in providing Services under this Agreement.

****Services outlined in this Service Agreement are subject to policy terms and conditions**

POLICYHOLDER NOTICE

Thank you for purchasing insurance from the Chartis companies. Chartis insurance companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by Chartis insurance companies to brokers and independent agents in the United States by visiting our website at www.chartisinsurance.com/producercompensation or by calling 1-800-706-3102.