

**HARTFORD FIRE INSURANCE COMPANY**

One Hartford Plaza  
Hartford, CT 06155  
(A stock insurance company)



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

**SCHEDULE**

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**POLICY NUMBER:** 38-GTA-101258

**POLICYHOLDER NAME:** Regions Financial Corporation  
**POLICYHOLDER'S ADDRESS:** 1900 Fifth Avenue North, 16th Floor  
 Birmingham, AL 35203

Policy Issue State: Alabama

Previous Policy No: 38-ETB-105391

Policy Period: Policy Effective Date: 1/1/2020  
 Policy Termination Date: 1/1/2023

Covered Affiliate(s) or Subsidiary(ies): None

**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 and acquired by the Policyholder after the Policy Effective Date (or any 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) Policyholder must report to Us, in writing, the name of the newly acquired entity and all underwriting information We deem 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 Us).

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.

**PREMIUM**

**Policy Premium:** \$42,241.00  
**Premium Mode:** 3 year pre-paid

**DESCRIPTION OF ELIGIBLE CLASS(ES):**

Class	Description Of Class(es)	Applicable Hazard Riders	Applicable Benefit Riders
1	All Full-time Employees of the Policyholder.	H-3, H-4, H-8, H-10, H-15, H-40	B-4, B-7, B-13, B-18, B-19, B-21, B-26, B-32, B-33, B-38, B-39, B-49, B-50, B-51, B-52, B-55
2	All active outside Directors of the Policyholder.	H-4, H-8, H-10, H-26, H-40	B-4, B-7, B-13, B-18, B-19, B-21, B-26, B-32, B-33, B-38, B-39, B-49, B-50, B-51, B-52, B-55

3	All guests of the Policyholder traveling at the invitation and expense of the Policyholder.	<b>H-4, H-8, H-10, H-25, H-40</b>	<b>B-4, B-7, B-13, B-18, B-19, B-21, B-26, B-32, B-33, B-38, B-39, B-49, B-50, B-51, B-52, B-55</b>
4	All eligible Spouse of a Primary Insured Person.	<b>H-7, H-21, H-40</b>	<b>B-4, B-7, B-13, B-18, B-19, B-21, B-26, B-32, B-33, B-38, B-39, B-49, B-50, B-51, B-52, B-55</b>
5	All eligible Dependent Children of a Primary Insured Person.	<b>H-7, H-21, H-40</b>	<b>B-4, B-7, B-13, B-18, B-26, B-32, B-33, B-38, B-39, B-49, B-50, B-51, B-52, B-55</b>

**BENEFITS AND AMOUNTS**

<b>Class 1</b> <b>Accidental Death &amp; Dismemberment</b>	<b>PRINCIPAL SUM</b> Three (3) times salary, to a Maximum of \$750,000
<b>Class 2</b> <b>Accidental Death &amp; Dismemberment</b>	\$200,000
<b>Class 3</b> <b>Accidental Death &amp; Dismemberment</b>	\$200,000
<b>Class 4</b> <b>Accidental Death &amp; Dismemberment</b>	\$50,000
<b>Class 5</b> <b>Accidental Death &amp; Dismemberment</b>	\$25,000

**Annual Salary** means the Insured Person's base annual earnings, but not including overtime, bonuses, and special compensation.

**AGGREGATE LIMIT:** \$7,500,000 per Air Accident  
\$7,500,000 per War Risk Accident

**HAZARD RIDER(S)** - This Policy covers Injury resulting from the following hazard(s):

<b>Identifier</b>	<b>Form Number</b>	<b>Description</b>
H-3	Form BTA PA-10053	24-Hour Accident Protection While on Business Hazard Rider
H-4	Form BTA PA-10054	24-Hour Accident Protection While on a Policyholder Aircraft for Passenger and Pilot and Crew Hazard Rider
H-7	Form BTA PA-10050	24-Hour Family Relocation Trip Hazard Rider
H-8	Form BTA PA-10055	24-Hour Hijacking or Sky-jacking Business Hazard Rider
H-10	Form BTA PA-10057 (AL)	24-Hour Violent Act On a Trip-Business Only- Hazard Rider
H-15	Form BTA PA-10062	Commutation Hazard Rider
H-21	Form BTA PA-10068	Family Travel Hazard
H-25	Form BTA PA-10072	Non-Employee Business Travel Hazard Rider
H-26	Form BTA PA-10073	Non-Employee Directors or Trustee Business Travel Hazard Rider
H-40	Form BTA PA-10087	War Risk Hazard Rider

**BENEFIT RIDER(S)**

<b>Identifier</b>	<b>Form Number</b>	<b>Description</b>
B-4	Form BTA PA-10115	Adaptive Home & Vehicle Benefit Rider
B-7	Form BTA PA-10093	Bereavement Counseling Benefit Rider
B-13	Form BTA PA-10099	Coma Benefit Rider
B-18	Form BTA PA-10104	Cosmetic Disfigurement and Severe Burn Benefit Rider
B-19	Form BTA PA-10105	Day Care Benefit Rider
B-21	Form BTA PA-10107	Education Expense Benefit Rider
B-26	Form BTA PA-10112	Funeral Expense Benefit Rider
B-32	Form BTA PA-10119	Medical Emergency Evacuation Benefit Rider
B-33	Form BTA PA-10149	Mortgage Continuation Benefit Rider
B-38	Form BTA PA-10123	Out of Country Medical Benefit Rider
B-39	Form BTA PA-10124	Paralysis Benefit Rider
B-49	Form BTA PA-10133	Rehabilitation Expense Benefit Rider
B-50	Form BTA PA-10134	Repatriation of Remains Benefit Rider
B-51	Form BTA PA-10135	Seat Belt and Airbag Benefit Rider
B-52	Form BTA PA-10136	Security Evacuation Benefit Rider
B-55	Form BTA PA-10139	Therapeutic Counseling Benefit Rider

**BLANKET TRAVEL ACCIDENT POLICY**

**HARTFORD FIRE INSURANCE COMPANY**

One Hartford Plaza  
Hartford, Connecticut 06155  
(A stock insurance company)



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

**Policyholder:** Regions Financial Corporation

**Policy Number:** 38-GTA-101258

We will pay benefits according to the conditions of this Policy.

This is a legal contract between the Policyholder and Us. We agree to provide the rights and benefits of this Policy according to its conditions and provisions.

This Policy begins on the Policy Effective Date shown in the Schedule 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 between Us and the Policyholder at the premium rates set by Us for the renewal period.

**PLEASE READ THE POLICY CAREFULLY.**

This Policy is delivered in and governed by the laws of the Policy Issue State, and to the extent applicable, by the Employee Retirement Income Security Act of 1974 (as amended). This Policy may be inspected at the office of the Policyholder.

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.**

**THIS IS A LIMITED BENEFIT POLICY.**

**IT PROVIDES BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY. IT IS NOT INTENDED TO COVER ALL MEDICAL COSTS.**

Signed for Hartford Fire Insurance Company at Hartford, Connecticut

Lisa Levin, *Secretary*

Douglas Elliot, *President*

**Non-Participating**

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## DEFINITIONS

**Accident, Accidental** means a sudden, abrupt, and unexpected event.

**Aircraft** means a vehicle which:

- 1) has a valid Airworthiness Certificate issued by the FAA;
- 2) is being flown by a pilot with a valid license to operate the Aircraft.

**Airworthiness Certificate** means a valid and current "Standard Airworthiness Certificate" issued by the FAA.

**Alcohol and Substance Abuse** means the overindulgence in or dependence on a stimulant, depressant or other chemical substance, leading to effects that are detrimental to the individual's physical or mental health or the welfare of others.

**Ambulatory Surgical Center (ASC) or Ambulatory Medical Center** means a licensed healthcare facility where surgical procedures or medical Treatment that does not require an overnight Hospital stay are performed by a Physician. The facility must:

- 1) be under the direct supervision of a Physician;
- 2) provide Treatment by Physicians and/or Medical Professionals; and
- 3) have written agreements in place with one or more Hospitals to immediately accept patients who develop complications.

An ASC is also known as an outpatient surgery center or a same day surgery center.

**Automobile** means a self-propelled private passenger motor vehicle with four or more wheels that 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:

- 1) a sedan;
- 2) station wagon;
- 3) sport utility vehicle; and
- 4) a motor vehicle of the pickup, panel, van, camper, or motor home type.

Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

**Benefit Plan** means a policy or other benefit or service arrangement for medical or dental care, or providing accident or health coverage, under any of the following:

- 1) individual, group or blanket coverage, whether on an insured or self-funded basis;
- 2) Hospital or medical service organizations;
- 3) health maintenance organizations;
- 4) labor-management plans;
- 5) employee benefit organization plans;
- 6) association plans; or
- 7) any other "employee welfare benefit plan" as defined in the Employee Retirement Income Security Act of 1974, as amended.

**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 Person 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 Person's assignment to a location exceeds 365 days, such assignment will be deemed to change the Insured Person's residence and regular place of employment to the new location.

**Civil Aircraft** means a civilian or public Aircraft which:

- 1) has an Airworthiness Certificate;
- 2) is piloted by a person who has:
  - a) a current pilot certificate which the appropriate Aircraft category rating for that Aircraft; and
  - b) a current medical certificate which is appropriate for the operation of that Aircraft; and
- 3) is not operated by the militia, or armed forces of any state, national government or international authority.

A Civil Aircraft does not include a Policyholder Aircraft.

**Coinsurance** means the percentage of the Usual and Customary Charges incurred for Covered Medical Services payable by Us.

**Coma, Comatose** means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness by external or internal stimulation, as determined by a Physician.

**Common Carrier** means any air, land or water motorized Conveyance operated under a license for the transportation of fare-paying Passengers, including ridesharing programs. Common Carrier does not include courtesy transportation for which a charge is not made or cruise ships at sea more than 24 consecutive hours or any Conveyance, regardless of whether the Conveyance is licensed that is hired or used for a sport, gamesmanship, contest, or recreational activity. These Conveyances can include, but are not limited to, race cars, bobsleds, hunting vehicles, sightseeing vehicles, helicopters, fishing boats, parasails, paragliders, and boat cruises operating beyond 12 hours.

**Complications of Pregnancy** means any condition, whether or not a pregnancy is terminated, that requires Hospital Confinement and whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy. Examples include: acute nephritis; cardiac decompensation; disease of the endocrine, hemopoietic, nervous or vascular systems; ectopic pregnancy that is terminated; hyperemesis gravidarum; missed abortion; nephrosis; non-elective caesarean section; spontaneous termination of pregnancy that occurs during a period of gestation when a viable birth is not possible; or any similar condition(s) of comparable severity.

This definition does not include: elective caesarean section unrelated to a diagnosed complication of pregnancy; false labor; morning sickness; multiple gestation pregnancy; occasional spotting; physician prescribed rest during pregnancy; pre-eclampsia; any similar condition(s) associated with a difficult pregnancy but not considered a classifiable, distinct complication of pregnancy; or any other condition associated with pregnancy but has not been diagnosed by a Physician as a complication of pregnancy as defined.

**Confined, Confinement** means the assignment to a bed in a medical facility for a period of at least 24 consecutive hours.

**Conveyance** means any motorized craft, vehicle, or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

**Covered Accident** means an Accident that occurs directly and independently of all other causes while coverage is in effect for an Insured Person resulting in a Covered Loss under the Policy for which benefits are payable.

The Insured Person must be participating in a Covered Hazard, as identified in the Schedule, when the Accident occurs.

**Covered Hazard** means those hazards set out in the Covered Hazards section of the Schedule, in which Insured Persons are provided insurance under the Policy.

**Covered Loss** means an accidental death, dismemberment, Sickness or other Injury covered under the Policy.

**Deductible** means the amount of Usual and Customary Charges for Covered Medical Services that must be incurred by the Insured Person before benefits become payable. The amount of the Deductible is shown in the Rider Schedule. Benefits are not payable for charges applied to the Deductible.

**Dependent Child(ren)** means:

- 1) an Insured Person's or Spouse's natural child, legally adopted child or stepchild;
- 2) a child placed into the Insured Person's or Spouse's custody for adoption (regardless of whether the adoption has become final);
- 3) a child for whom the Insured Person or Spouse is ordered by a court or administrative order to provide coverage regardless of whether he/she is the custodial or non-custodial parent; or
- 4) an Insured Person's or Spouse's foster child or any other child for whom the Insured Person or Spouse has been appointed legal guardian; or
- 5) any other child who lives with the Insured Person in a regular parent/child relationship and is dependent on the Insured Person for support and maintenance;

who is/are:

- 1) unmarried; and
- 2) under 18 years of age; or
- 3) a student age 18 or older but under age 26.

If an unmarried child is age 18 or older and is:

- 1) incapable of self-sustaining employment because of a mental or physical disability;
- 2) chiefly dependent on the Insured Person or Spouse for financial support and maintenance;

and proof has been provided of his/her disability upon Our request, that child will continue to be a dependent child until these conditions cease to exist.

**Diagnostic Exams** mean any of the following major/advanced tests: angiogram, arteriogram, bone scintigraphy, CT, EEG, EKG, EMG, MRI, PET, SPECT, or thallium stress test. This definition does not include any lab test or x-ray.

**Durable Medical Equipment** means equipment of a type that is designed primarily for use, and used primarily, by people who are sick (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not sick, even if the items can be used in the Treatment of Emergency Sickness or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

**Eligible Class** means any group of people listed in the Description of Eligible Class(es) shown in the Schedule.

**Emergency Room (ER)** means a specified area within a Hospital that is designated for emergency healthcare. This area must:

- 1) be staffed and equipped to handle trauma;
- 2) be under the direct supervision of a Physician;
- 3) provide Treatment by Physicians and/or Medical Professionals; and
- 4) provide care 24 hours per day, 7 days per week.

This definition does not include an Urgent Care Facility.

**Emergency Sickness** means an illness or disease diagnosed by a Physician which causes a severe or acute symptom that, if not provided with immediate Treatment, would reasonably be expected to result in serious deterioration of the person's health, or place his/her life in jeopardy. Emergency Sickness also includes Complications of Pregnancy.

**Experimental or Investigative Treatment** means a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the Treatment, device or prescription medication is being used, including any Treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other government agency approval not received at the time the services are rendered.

**Extra-Hazardous Aviation Activity** means an Aircraft while it is being used for one or more of the following activities:

- 1) acrobatics or stunt flying;
- 2) racing or any endurance test;
- 3) crop dusting or seeding;
- 4) Spraying;
- 5) Exploration;
- 6) pipe or power line inspection;
- 7) any form of hunting;
- 8) bird or fowl herding;
- 9) aerial photography or banner towing;
- 10) any test or experiment;
- 11) Firefighting;
- 12) any flight which requires:
  - a) a special permit; or
  - b) waiver

from the FAA, even though granted.

**Extreme Sport or Extra-Hazardous Activities** means sky diving, bungee jumping, zip lining, base jumping, parachuting, hang gliding, hot air ballooning, mountain climbing, rock or ice climbing, spelunking, paintballing, scuba diving, snow or water skiing, snowboarding, jet skiing, white or black water rafting, surfing, parasailing, parascending, windsurfing, motorcycling, motocross, off-road bicycle racing, cycle touring, triathlon competitions, safari, animal riding (i.e. camel, elephant), running with the bulls, rodeos, racing of any motor vehicle on land or water, use of pyrotechnics, use of any



dangerous animals during production (i.e. sharks, tigers, bears), any undersea/underwater productions, or any equestrian productions.

**FAA** means:

- 1) the Federal Aviation Administration of the United States; or
- 2) the similar aviation authority for the country of the Aircraft's registry, if the country is recognized by the United States.

**Geographic Area** means the city, providence or region in which the service, procedure, devices, drugs, Treatment or supplies are provided or a greater area, if necessary, to obtain a representation cross-section of charges for a like treatment, service, procedure, device, drug, or supply. Inside the United States, this would be based on the first three digits of the zip code.

**Home Country** means a country from which the Insured Person holds a passport. If the Insured Person holds passports from more than one country, his or her Home Country will be the country that the Insured Person has declared to Us in writing as his or her Home Country.

**Home Health Care** means healthcare services provided by a Home Health Care Agency in the residence of an Insured Person, including, but not limited to, counseling services, home health aide services, Hospice Care, skilled nursing care, medical social services and Therapy Services. Services must be rendered under a plan of care that is established and reviewed regularly by a Physician.

**Home Health Care Agency** means an appropriately licensed home health care agency which:

- 1) is primarily engaged in providing home health services;
- 2) provides services under the supervision of a Physician or Medical Professional;
- 3) has a planned program of policies and procedures developed with and periodically reviewed by one or more Physicians; and
- 4) maintains clinical records on all patients.

**Hospice Care** means specialized care, medical services and emotional support for an Insured Person who is in the last stages of an advanced illness, focusing on comfort and quality of life rather than cure.

**Hospice Facility** means an appropriately licensed healthcare facility, or a distinct unit within a Hospital or other institution, which:

- 1) provides Hospice Care and related services 24 hours per day, 7 days per week;
- 2) is under the direct supervision of a Physician and has a Physician or Medical Professional available at all times; and
- 3) is not mainly a place for care of the aged/elderly, care of persons with Substance Abuse issues/disorders, care of persons with Mental and Nervous Disorders, or a hotel or similar establishment.

Confinement in a Hospice Facility must follow certification by a Physician or hospice medical director that an Insured Person is terminally ill with less than 6 months to live if the Covered Loss runs its normal course. This definition does not include a nursing home, Rehabilitation Facility, Skilled Nursing Facility or swing bed hospitals that are authorized to provide and be paid for extended care services.

**Hospital** means an institution which:

- 1) operates pursuant to law;
- 2) primarily and continuously provides Medical Care and Treatment of sick and injured persons on an inpatient basis;
- 3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- 4) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof, which is used primarily as:

- 1) a nursing home, convalescent home or Skilled Nursing Facility;
- 2) an alcohol or drug treatment facility; or
- 3) a place for rest, custodial care or for the aged.

**Host Country** means the country, other than an Excluded Country, in which the Insured Person is traveling while covered under the Policy.

**Immediate Family Member** means a person who is related to the Insured Person in any of the following ways: Spouse, brother-in-law, sister-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes step-parent), grand-parent (includes step grand-parent), brother or sister (includes stepbrother or stepsister and half-brother or half-sister), or child (includes a child legally adopted or a child placed for adoption but not yet adopted), or stepchild.

**Injury** means bodily injury sustained by an Insured Person caused from a Covered Accident that:

- 1) occurs while this Policy is in force as to the Insured Person whose Injury is the basis of claim; and
- 2) occurs under the circumstances described in a Covered Hazard applicable to that Insured Person.

See the Schedule for applicability of all Covered Hazards and benefits. All Injuries sustained by one Insured Person in any one Covered Accident, including all related conditions and recurrent symptoms of the Injuries are considered a single Injury.

**Inpatient** means an Insured Person who is Confined and charged by a medical facility for room and board or is being held in a Hospital for a period of 24 consecutive hours or more. The requirement that an Insured Person be charged by the medical facility does not apply to Confinement in a Veteran's Administration Hospital or other Federal Government Hospital.

**Institution of Higher Learning** includes, but is not limited to, any state or private university or college, professional or trade school.

**Insured Person** means a person:

- 1) who is a member of an Eligible Class described in the Schedule;
- 2) for whom premium has been paid; and
- 3) while covered under this Policy.

**Intensive Care Unit (ICU)** means a specifically designated area of a Hospital that provides the highest level of Medical Care and:

- 1) is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- 2) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
- 3) is permanently equipped with special lifesaving equipment and medical apparatus for the care of the critically ill or injured;
- 4) is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the unit on a 24 hour basis; and
- 5) has a Physician assigned to the unit on a full-time basis.

An Intensive Care Unit may include Hospital units with the following (or similar) names: burn unit; critical care unit; neonatal intensive care unit; cardiac care unit; or transplant unit.

An Intensive Care Unit is not any of the following step-down units: intermediate care unit; modified/moderate care unit; Observation Unit; progressive care unit; or sub-acute intensive care unit.

This definition does not include a private monitored room.

**Kidnap, Kidnapped, or Kidnapping** means the wrongful abduction and holding under duress or by fraudulent means of an Insured Person by any person or group making a ransom demand or series of ransom demands for the release of such Insured Person.

**Leased Aircraft** means any Aircraft not owned by the Policyholder but:

- 1) furnished for the use of and at the discretion of the Policyholder;
- 2) under the Policyholder's care, custody, or control for a stated period of time other than for a specific purpose or trip;
- 3) subject to a formal written lease agreement defining:
  - a) all terms, conditions, and obligations of both parties during the term of the lease; and
  - b) provisions for the safe return of the Aircraft to the owner, fair wear and tear expected;
- 4) with or without a pilot or crew furnished by the owner in attendance; and
- 5) with or without maintenance furnished by the owner.

**Medical Care** means necessary:

- 1) medical or surgical Treatment, services and supplies;
- 2) Hospital, nursing and ambulance services.

Each item of Medical Care must be:

- 1) prescribed by a Physician;
- 2) for the sole purpose of treating the Injury.

**Medical Emergency Evacuation** 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.

A Medical Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

**Medically Necessary or Medical Necessity** means a determination by the Insured Person's Physician that Treatment, service or supply provided to treat an Injury or Sickness is:

- 1) appropriate and consistent with the diagnosis and does not exceed in scope, duration, or intensity the level of care needed to provide safe, adequate, and appropriate treatment of the Injury or Sickness;
- 2) is commonly accepted as proper care or Treatment of the Injury or Sickness in accordance with the medical practices of the United States and federal guidelines;
- 3) can reasonably be expected to result in or contribute to the improvement of the Injury or Sickness; and
- 4) is provided in the most conservative manner or in the least intensive setting without adversely affecting the condition of the Injury or the quality of the Medical Care provided.

The fact that a Physician may prescribe, order, recommend, or approve a treatment, service or supply does not, of itself, make the treatment, service, or supply medically necessary for the purpose of determining eligibility for coverage under the Rider.

The Medical Professional must be acting within the scope of his/her license. A Medical Professional does not include an Insured Person or any Immediate Family Member.

**Medical Professional** means a person who is appropriately licensed to provide Medical Care and Treatment, including a nurse practitioner (NP/APRN), physician's assistant (PA) or registered nurse (RN). The medical professional must be acting within the scope of his/her license. A medical professional does not include an Insured Person or any Immediate Family Member.

**Member of the Household** means a person who maintains residence at the same address as the Insured Person at the time of the Injury.

**Mental and Nervous Disorders** means any condition, disease or disorder listed as a mental or nervous disorder in the most recent edition of the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM), where improvement can be reasonably expected with therapy.

This definition does not include conditions, diseases or disorders related to Substance Abuse.

**Military Transport Aircraft** means a transport Aircraft operated by:

- 1) the United States Air Mobility Command (AMC); or
- 2) a national military air transport service of any country.

**Natural Disaster** means an event, including, but not limited to, wind storm, rain, snow, sleet, hail, lightning, dust or sand storm, earthquake, tornado, flood, volcanic eruption, wildfire, or other similar event that:

- 1) is due to natural causes; and
- 2) results in severe damage such that the area in which loss occurs is declared a disaster area by a competent governmental authority having jurisdiction.

**Observation Unit** means a specified unit within a Hospital, apart from an Emergency Room (ER), where a patient can be monitored by a Physician or Medical Professional following Treatment in an ER or as an Outpatient. This area must:

- 1) be under the direct supervision of a Physician;
- 2) provide Treatment by Physicians and/or Medical Professionals; and
- 3) provide care 24 hours per day, 7 days per week.

**Outpatient** means an Insured Person who receives Treatment or services at a Hospital, Ambulatory Surgery Center (ASC), lab, medical clinic, Physician or Medical Professional's office/clinic, radiologic center or other licensed medical facility and is neither Confined nor charged for room and board.

**Paralysis** means the complete loss of muscle function in a part of the body as a result of neurological damage, as determined by a Physician.

**Passenger(s)** means a person not performing as a pilot, operator, or crew member of a Conveyance.

**Physician** means a provider or practitioner who:

- 1) is properly licensed or certified to provide care or Treatment under the laws of the state where he or she practices;
- 2) provides services that are within the scope of his or her license or certificate; and
- 3) is not the Insured Person, a Member of the Household of the Insured Person or an Immediate Family Member.

**Policy** means this insurance policy, certificate, the Schedule and all attached riders, amendments, endorsements or other papers.

**Policy Period** means the period between the Policy Effective Date and Policy Termination Date. These dates are shown on the Schedule.

**Policyholder Aircraft** means an Aircraft which is owned by the Policyholder, a Leased Aircraft or an Aircraft operated by or on behalf of the Policyholder.

**Pre-existing Condition** means a health condition for which an Insured Person has sought or received medical advice or Treatment from a Physician or Medical Professional at any time during the 12 months immediately preceding the Policy Effective Date of coverage under the Policy.

**Rehabilitation Care Facility** means an appropriately licensed healthcare facility, or a distinct unit within a Hospital or other institution, which:

- 1) provides Rehabilitation Care Services;
- 2) is under the direct supervision of a Physician;
- 3) has a planned program of policies and procedures developed with and periodically reviewed by one or more Physicians; and
- 4) is not mainly a place for rest, Custodial Care, care of the aged/elderly, care of persons with Substance Abuse issues/disorders, care of persons with Mental and Nervous Disorders, or a hotel or similar establishment.

Confinement in a rehabilitation care facility must be at the direction of a Physician. This definition does not include a Hospice Facility, nursing home, Skilled Nursing Facility or swing bed hospitals that are authorized to provide and be paid for extended care services.

**Relocation Trip** means a trip which:

- 1) begins when the Insured Person or his or her Spouse or Dependent Child(ren) leave his or her former place of residence for the purpose of relocating to a new residence; and
- 2) ends when he or she arrives at his or her new place of residence;

provided such trip is due to the Insured Person's relocation which is at the request and expense of the Policyholder.

A Relocation Trip will not include any period of time in excess of 7 days of the Relocation Trip during which the Insured Person or his or her Spouse or Dependent Child(ren) take a vacation or Sojourn and/or Personal Deviation which substantially differs from the Relocation Trip.

**Schedule** means the benefits, benefit amounts, terms, limitations, and provisions of coverage selected by the Policyholder which is attached to and made a part of this Policy.

**Sickness** means an illness, disease or condition that impairs an Insured Person's normal functioning of mind or body and which is not the direct result of an Injury or Accident. Sickness also includes Complications of Pregnancy.

**Skilled Nursing Facility** means an appropriately licensed healthcare facility, or a distinct unit within a Hospital or other institution, which:

- 1) provides skilled nursing care and related services 24 hours per day, 7 days per week;
- 2) is under the direct supervision of a Physician and has a Physician or Medical Professional available at all times;
- 3) has a planned program of policies and procedures developed with and periodically reviewed by one or more Physicians; and
- 4) is not mainly a place for rest, Custodial Care, care of the aged/elderly, care of persons with Substance Abuse issues/disorders, care of persons with Mental and Nervous Disorders, or a hotel or similar establishment.

Confinement in a Skilled Nursing Facility must be at the direction of a Physician. This definition does not include a Hospice Facility, nursing home, Rehabilitation Care Facility or swing bed hospitals that are authorized to provide and be paid for extended care services.

**Sojourn and/or Personal Deviation** means non-business travel or activities undertaken while on the Business of the Policyholder, or during a Business Trip, but unrelated to furthering the Business of the Policyholder.

**Spouse** means any individual who is recognized as the spouse of the Insured Person, under applicable state law.

Spouse will also include a domestic partner or civil union partner as determined by any controlling legal authority or, in the absence of such authority, by agreement between Us and the Policyholder.

**Surgical Replantation** means the surgical reattachment of an arm, leg, hand, foot, finger, or toe that has been severed from an Insured Person's body.

**Therapy Services** means acupuncture, respiratory therapy, occupational therapy, physical therapy or speech therapy.

**Transportation** means moving an individual by the most efficient and available land, water or air Conveyance.

**Treatment** means medical advice, diagnosis, care or services (including diagnostic measures) received by a person, or the use of drugs or medicines by a person.

**Trip** means a trip taken by an Insured Person which begins when the Insured Person 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 Person is on an authorized leave of absence or vacation or travel to and from the Insured Person's place of regular employment. This definition does not include the Insured Person's trip to a location that extends for more than 365 days. Such a trip will be deemed to change the Insured Person's residence or place of regular employment to the new location.

**Urgent Care Facility** means a licensed, freestanding healthcare facility providing immediate, short-term Medical Care without an appointment, other than a Hospital (including any outpatient department of a Hospital), Emergency Room, or Physician or Medical Professional's office/clinic. The facility must:

- 1) be under the direct supervision of a Physician; and
- 2) provide Treatment by Physicians and/or Medical Professionals.

**Usual and Customary Charge(s)** means the average amount charged by most providers for Treatment, service or supplies in the Geographic Area where the Treatment, service or supply is provided.

**Violent Act** means any willful or unlawful use of force in connection with the commission of or the attempt to commit a crime (including, but not limited to, robbery, hold-up, extortion, theft, Kidnapping, hostage-taking, assault, battery, sniping, murder, manslaughter, riot, or insurrection) that:

- 1) results in Injury to the Insured Person; and
- 2) is a felony or a misdemeanor in the jurisdiction in which it occurs.

**We, Us or Our** means the Hartford Fire Insurance Company.

## POLICY EFFECTIVE AND TERMINATION DATES

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

**Policy Termination Date.** We may terminate this Policy by giving 31 days advance notice in writing to the Policyholder. Either We or the Policyholder may terminate this Policy on any premium due date by giving 31 days advance notice in writing to the other party.

This Policy may, at any time, be terminated by mutual written consent of the Policyholder and Us.

This Policy terminates automatically on the earlier of:

- 1) the Policy Termination Date shown in the Schedule; or
- 2) the end of the Grace Period 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 PERSON'S EFFECTIVE AND TERMINATION DATES

**Insured Person's Effective Date.** An Insured Person's coverage under this Policy begins on the latest of:

- 1) the Policy Effective Date;
- 2) the date for which the first premium for the Insured Person's coverage is paid; or
- 3) the date the person becomes a member of an Eligible Class as described in the Schedule.

A change in an Insured Person's coverage under this Policy due to a change in his or her Eligible Class, or Covered Hazard becomes effective on the later of:

- 1) when the change in his or her Eligible Class or Covered Hazard occurs; or
- 2) if the change requires a change in premium, the date the changed premium is paid.

However, a change in coverage applies only with respect to a Covered Loss that occurs once the change becomes effective.

**Insured Person's Termination Date.** An Insured Person's coverage under this Policy ends on the earliest of:

- 1) the date this Policy is terminated (unless the Policyholder and Us agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums);
- 2) the end of the Grace Period if premiums are not paid when due; or
- 3) the date the Insured Person ceases to be a member of any Eligible Class described in the Schedule.

Termination of coverage will not affect a claim for a Covered Loss that occurs either before or after such termination if that loss results from a Covered Accident that occurred while the Insured Person's coverage was in force under this Policy.

## PREMIUM

### Premiums

Premiums are payable to Us as shown in the Schedule. We may change the required premiums due on any Policy anniversary date, as measured annually from the Policy Effective Date, by giving the Policyholder at least 31 days advance written notice.

We may change the required premiums as a condition of any renewal of this Policy. We may also change the required premiums at any time when any change affecting rates is made in this Policy. Any such change in this Policy will not take effect until any required additional premium is received by Us, except as otherwise agreed to in writing by the Policyholder and Us.

We may change the premium rates if:

- 1) there is a change in the Policy;
- 2) there is any change to state or federal law or inaction by state or federal law makers which affects Our liability under the Policy on a temporary or permanent basis;
- 3) Social Security Disability benefits are reduced or eliminated on a temporary or permanent basis due to the actual or threatened insolvency of the Social Security Disability Insurance Trust Fund;
- 4) there is a 10% increase or decrease in the number of insured;
- 5) the Policyholder adds or deletes a subsidiary, affiliated business entity or Policyholder Aircraft; or
- 6) there has been a material misstatement in the reported experience during the pre-sale process.

### Renewal

This Policy may be renewed, subject to Our consent, by payment of premiums as they become due. The renewal premiums will be based on Our rates in effect at the time of renewal.

### Grace Period

A grace period of 31 days will be provided for the payment of any premium due after the Initial Premium. 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 We expressly agree to accept late payment of a premium without terminating the Policy, the Policyholder will be liable to Us for any unpaid premiums for the time this Policy is in force.

No grace period will be provided if We receive notice to terminate this Policy prior to a premium due date.



## ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFIT(S)

If the Insured Person's Injury results in any of the losses listed in the table below within 365 days after the date of the Covered Accident, We will pay the sum shown opposite the loss. We will not pay more than the Accidental Death or Accidental Dismemberment Principal Sum shown for each Insured Person for all losses due to the same Covered Accident subject to the Age Reduction Schedule. The Accidental Death or Accidental Dismemberment Principal Sum amount is shown in the Schedule.

**FOR LOSS OF:**

**BENEFIT:**

Life.....	100% of the Accidental Death Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	100% of the Accidental Dismemberment Principal Sum
One Hand and One Foot.....	100% of the Accidental Dismemberment Principal Sum
One Hand and Sight of One Eye .....	100% of the Accidental Dismemberment Principal Sum
One Foot and Sight of One Eye.....	100% of the Accidental Dismemberment Principal Sum
Speech and Hearing in Both Ears.....	100% of the Accidental Dismemberment Principal Sum
Speech and Hearing in One Ear.....	75% of the Accidental Dismemberment Principal Sum
One Arm or One Leg.....	75% of the Accidental Dismemberment Principal Sum
One Hand or One Foot.....	50% of the Accidental Dismemberment Principal Sum
Sight of One Eye.....	50% of the Accidental Dismemberment Principal Sum
Speech or Hearing in Both Ears.....	50% of the Accidental Dismemberment Principal Sum
Thumb and Index Finger on the Same Hand.....	25% of the Accidental Dismemberment Principal Sum
Hearing in One Ear.....	25% of the Accidental Dismemberment Principal Sum
One Thumb.....	10% of the Accidental Dismemberment Principal Sum

For purposes of this benefit:

- 1) **Loss of Arm** means Severance of an arm above the elbow joint, including the Severance of the entire arm.
- 2) **Loss of Both Feet, Loss of One Foot** means Severance of a foot or both feet above the ankle joint, including the Severance of an entire leg or any part of a leg that includes an entire foot.
- 3) **Loss of Both Hands, Loss of One Hand** means Severance of at least four whole fingers at or proximal to the metacarpophalangeal joints (the joints that connect the fingers and the hand) from one or both hands, including the Severance of an entire arm or any part of an arm that includes an entire hand.
- 4) **Loss of Fingers or Thumb** means Severance of more than one finger or the thumb at least at or proximal to the first interphalangeal joint of each finger.
- 5) **Loss of Hearing** means total and permanent loss of hearing in one or both ears which cannot be corrected by any means.
- 6) **Loss of Leg** means Severance of a leg above the knee joint, including the Severance of the entire leg.
- 7) **Loss of Sight of Both Eyes, Loss of Sight of One Eye** means total and permanent loss of sight or blindness which cannot be corrected by any means, or Severance of one or both eyes.
- 8) **Loss of Speech** means total and permanent loss of audible voice communication which cannot be corrected by any means.
- 9) **Severance** means the complete separation and dismemberment of the part from the body.

**Surgical Replantation Benefit**

If a limb or appendage is Surgically Replanted, the amount payable will be 50% of the amount which would have been paid for a Loss of such limb or appendage. If the Surgical Replantation fails to provide the person with at least 75% use of the limb or appendage, the Benefit Amount for the Loss will be paid, less any amount paid for the Surgical Replantation.

The amount payable depends on the type of Loss as shown above. All benefits are subject to the Accidental Dismemberment Principal Sum amount shown in the Schedule. We will not pay more than the Accidental Dismemberment Principal Sum shown for each Insured Person for all losses due to the same Covered Accident subject to the Age Reduction Schedule.

**Exposure and Disappearance**

We will presume an Insured Person has died due to Injuries if, while insurance is in effect, the Insured Person dies as a result of exposure to the elements as a result of an Injury.

We will presume the Insured Person has died if, while insurance is in effect and after the forced landing, stranding, sinking, or wrecking of a vehicle:

- 1) the Insured Person disappears; and
- 2) the Insured Person's body is not found within 1 year(s) of disappearance; and

3) a valid death certificate is issued by a court of competent jurisdiction.

## LIMITATIONS AND EXCLUSIONS

### **Economic Sanction**

We will not provide coverage or pay benefits under this Policy to the extent, and only to the extent, that We are prohibited from providing coverage or making payment by any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the United States government.

### **Limitation on Multiple Benefits**

If an Insured Person suffers one or more Covered Losses from the same Covered Accident for which amounts are payable under all of the benefits provided by this Policy, the maximum amount payable under all of the benefits combined will not exceed the largest amount payable for one of those Covered Losses.

### **Limitation on Multiple Covered Hazards or Classes**

If an Insured Person's Injury is caused by a Covered Accident that occurs while the Insured Person is covered under more than one Covered Hazard or Class, and if the same benefit applies to that Insured Person with respect to more than one such Covered Hazard or Class, then the Accidental Death or Accidental Dismemberment Principal Sum for that Insured Person for that Covered Accident will be determined as though the Covered Accident occurred while the Insured Person was covered under only one such Covered Hazard and Class. We will pay the benefits for the Covered Hazard and Class with the largest Principal Sum for that Insured Person.

### **Aggregate Limit**

The Accidental Death or Accidental Dismemberment Principal Sum otherwise payable shall be reduced if more than one Insured Person suffers a loss as a result of the same Covered Accident, and if amounts are payable for those losses under all of the benefits provided by the Policy.

The Accidental Death or Accidental Dismemberment Principal Sum 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 Schedule or shown on the Hazard Rider Schedule. If the combined Accidental Death or Accidental Dismemberment Principal Sum 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 Accidental Death or Accidental Dismemberment Principal Sum otherwise payable for each Insured Person for all such losses under all those benefits combined.

### **Exclusions**

Unless otherwise specified in the Policy, including any attached Riders, the Policy does not cover loss resulting from or for:

- 1) suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted Injury;
- 2) war or act of war, whether declared or undeclared;
- 3) Injury sustained while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard Service is not excluded, unless it extends beyond 31 days;
- 4) Injury sustained while on any Aircraft except a Civil Aircraft, or Military Transport Aircraft, unless specifically covered by a Hazard Rider;
- 5) except when specifically covered by a Hazard Rider, Injury sustained while on any Aircraft:
  - a) as a pilot, crewmember or student pilot;
  - b) as a flight instructor or examiner;
  - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization covering any Eligible Class under the Policy; or
  - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
- 6) Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
- 7) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- 8) sickness, disease, or bacterial or viral infection, or medical or surgical treatment thereof unless and only to the extent covered by Rider, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- 9) Mental and Nervous Disorders;
- 10) services for which no charge is normally made.

## CLAIMS PROVISIONS

### Notice of Claim

The person who has the right to claim benefits (the claimant, beneficiary or his or her representative) must give Us written Notice of a Claim within 30 days after a Covered Loss begins. Failure to furnish notice within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give notice within such time, provided such notice is furnished as soon as reasonably possible. The notice should include the Insured Person's name and the Policy Number. Notice should be given to Our agent or sent to Us.

### Claim Forms

When We receive the notice of claim, We will send forms to the claimant for giving Us Proof of Loss. The forms will be sent within 10 days after We receive the notice of claim. If the forms are not received, the claimant will satisfy the Proof of Loss requirement if a written notice of the occurrence, character and extent of the loss is sent to Us.

### Proof of Loss

Written Proof of Loss must be furnished to Us 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 We 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.

All Proof of Loss submitted must be satisfactory to Us and must include information which is required by Us to adjudicate the claim. In addition, the claimant must provide Us any Proof of Loss documentation specifically required in any relevant Rider. We reserve the right to request additional information reasonably related to the claim.

### Time of Payment of Claims

We will pay any benefit due, other than benefits for which the Policy provides periodic payment, immediately after We receive Proof of Loss. Subject to due written Proof of Loss, all accrued benefits for which the Policy provides periodic payment will be paid not later than at the expiration of each period of 30 days during the continuance of the period for which benefits are due, and any balance remaining unpaid at the termination of the period will be paid immediately upon receipt of the proof.

### Payment of Claims

We will pay any benefit due for loss of life:

- 1) according to the written beneficiary designation on file with the Policyholder; otherwise, if no beneficiary is named or no named beneficiary survives the Insured Person, We will pay
- 2) to the survivors in equal shares, in the first of the following classes to have a survivor at the Insured Person's death:
  - a) Spouse;
  - b) children;
  - c) parents;
  - d) brothers and sisters.

If there is no survivor in these classes or if there are legal impediments to determining who the survivors or beneficiaries are, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding language.

If a benefit due is payable to:

- 1) the Insured Person's estate; or
- 2) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment,

We may pay up to \$1,000 of the benefit due to some other person whom We believe is entitled to the payment, and who is related to the Insured Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith. We may pay benefits directly to any Hospital or person rendering covered services, unless the Insured Person requests otherwise in writing. The Insured Person must make the request no later than the time he or she files Proof of Loss.

Upon receipt of due written Proof of Loss, benefit payments for charges incurred by the Insured Person for covered medical services will be made directly to the provider at Our option. If any such charges have been paid by the Insured Person, the benefit payment for those charges will be made to the Insured Person upon written proof of payment.

### **Modified Payment of Claims**

When We receive notice for losses suffered by an Insured Person whose residence is outside the United States, We may pay any benefits that may become payable under the Policy to the Policyholder, who:

- 1) will hold such payment in trust for the sole use and benefit of the Insured Person or his or her beneficiary or other person to whom such benefits are payable (the Payee), as described in the Payment of Claims provision within this section;
- 2) will transmit such payment to such Payee in accordance with the Payment of Claims and Time of Payment of Claims provisions of this section;
- 3) agrees that any such payment made by Us to the Policyholder constitutes a full discharge of Our liability with respect to the claim for which payment is made;
- 4) will alone assume full responsibility for the proper application or distribution of such payment; and
- 5) will indemnify, defend and hold Us harmless for any claims, demands, judgments, losses, costs, expenses, liabilities and damages whatsoever, including interest, penalties and legal fees, arising from or relating in any way to such payment or to the amount, application or distribution thereof; and
- 6) will, with respect to any application or disbursement of such payment in foreign currency, use the foreign exchange rate in effect at the Policyholder's payor bank on the date the benefits become payable to convert United States of America dollar-denominated currency into foreign currency.

### **Appealing Denial of Claims**

If a claim for benefits is wholly or partially denied, notice of the decision shall be furnished to the Insured Person. This written decision will:

- 1) give the specific reason or reasons for denial;
- 2) make specific reference to Policy provisions on which the denial is based;
- 3) provide a description of any additional information necessary to prepare the claim and an explanation of why it is necessary; and
- 4) provide an explanation of the review procedure.

On any denied claim, an Insured Person or his representative may appeal to Us for a full and fair review. The claimant may:

- 1) request a review upon written request within 60 days of receipt of claim denial;
- 2) review pertinent documents; and
- 3) submit issues and comments in writing.

We will make a decision no more than 60 days after receipt of the request for review, except in special circumstances (such as the need to hold a hearing), but in no case more than 120 days after We receive the request for review. The written decision will include specific reasons for the decision on which the decision is based.

### **Subrogation**

In the event:

- 1) an Insured Person suffers a Covered Loss caused, in full or in part, by the act or omission of any person or legal entity;
- 2) the Insured Person or claimant becomes entitled to and are paid benefits under the Policy; and
- 3) the Insured Person or claimant does not initiate legal action for the recovery of such benefits from a Third Party in a reasonable period of time or notify Us that he or she does not intend to do so;

then We will be subrogated to any rights such person may have against a Third Party and may, at Our option, bring legal action against or otherwise pursue a Third Party to recover any payments made by Us in connection with the Covered Loss.

Third Party, as used in this provision, means:

- 1) any person or legal entity whose act or omission, in full or in part, causes the Covered Loss for which benefits are paid or payable under the Policy; or
- 2) any insurer, including the Insured Person's own, that provides benefits to the Insured Person or claimant as a result of the act or omission which caused the Covered Loss for which benefits are paid or payable under the Policy.

This provision does not apply to Accidental Death and Dismemberment benefits.

**Physical Examinations and Autopsy**

We, at Our own expense, shall have the right and opportunity to have:

- 1) a claimant for whom a claim is made examined by a Physician or Medical Professional of Our choice during the pendency of a claim as often as reasonably required; and
- 2) an autopsy conducted for a claimant for whom a claim is made in case of death, where not prohibited by law.

**Legal Actions**

No legal action may start:

- 1) until 60 days after Proof of Loss has been given; or
- 2) more than 3 years after the time Proof of Loss is required to be given, unless otherwise required by law.

**Assignment**

This insurance may not be assigned. The Insured Person may not assign any of his or her rights, privileges or benefits under this Policy. Benefit payments may be assigned as allowed in the Payment of Claims provision.

**Workers' Compensation Coverage**

The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

## GENERAL PROVISIONS

### **Entire Contract**

The entire contract between the Policyholder and Us consists of this Policy and any other papers made a part of this Policy at issue.

### **Incontestability**

In the absence of fraud, the validity of this Policy shall not be contested, except for nonpayment of premium, after it has been in force for two years from the Policy Effective Date.

### **Statements**

In the absence of fraud, all statements made by the Policyholder and persons insured under this Policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing on an application, signed by the person making it and a copy of it is given to the person who made it, or, in the event of the death or incapacity of the Insured Person, to the Insured Person's beneficiary or personal representative. Such Insured Person, beneficiary, or personal representative shall have the right to make a written request to Us for a copy of the application, and we shall, within 15 days after the receipt of the request, mail to the person making the request a copy of the application upon which the statement is made.

### **Changes**

No agent has authority to change or waive any part of this Policy. To be valid, any change or waiver must be in writing, approved by one of Our officers and made part of this Policy.

### **Noncompliance with Policy Requirements**

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

### **Data Furnished by Policyholder**

The Policyholder must maintain adequate records acceptable to Us and provide any information required by Us relating to this insurance, its premium, and any benefits claimed or paid hereunder.

### **Right to Audit**

We will have the right to inspect and audit, at any reasonable time, all records and procedures of the Policyholder that may have a bearing on this insurance, its premium, and any benefits claimed or paid hereunder.

### **Certificates**

If required by the laws of the state where this Policy is delivered, We will give certificates to the Policyholder for delivery to Insured Persons. The certificates will state the features of this Policy which are important to Insured Persons.

### **Conformity with State and Federal Law**

Any provision of the Policy that is contrary to the law of the jurisdiction in which it is delivered or with any other applicable law is amended to meet the minimum requirements of the law.

### **Right to Receive and Release Needed Information**

We have the right to decide in Our sole judgment what facts We need to administer this Policy. We may get needed facts from, or give them to, any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under this Policy must give Us any facts We need to determine coverage under this Policy or determine the correct payment of a claim.

### **Facility of Payment and Right to Recovery**

If a payment made under another plan includes an amount that should have been paid under this Policy, We may pay that amount to the organization making that payment. That amount will then be treated as though it were a benefit paid under this Policy, and We will not have to pay that amount again. If the amount of the payments made by Us is more than it should have paid under this Policy, We may recover the excess from any person(s) to or for whom We have overpaid, including insurance companies or other organizations. If benefits are overpaid, We may recover the amount overpaid by requesting a lump sum payment of the overpaid amount or reducing future benefits payable under this Policy.

**New Entrants**

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

**Misstatement of Age**

If premiums for the Insured are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. We require satisfactory proof of age before paying any claim.

**Clerical Error**

Clerical error, whether by the Policyholder or Us, 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 if that insurance would otherwise have ended or been reduced as provided in this Policy.

**Policy Interpretation**

We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the Policy. This provision applies where the interpretation of the Policy is governed by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Disclosure of Services**

In addition to the insurance coverage, We may offer noninsurance benefits and services under this Policy.



**HARTFORD FIRE INSURANCE COMPANY**

One Hartford Plaza  
Hartford, Connecticut 06155  
(A stock insurance company)



**THE  
HARTFORD**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

**Policyholder:** Regions Financial Corporation  
**Policy Number:** 38-GTA-101258

**H-3 – 24-HOUR ACCIDENT PROTECTION WHILE ON BUSINESS HAZARD RIDER**

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses for which benefits are payable 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 Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

**24-HOUR ACCIDENT PROTECTION WHILE ON BUSINESSHAZARD**

We will pay the Policy benefits for the Hazard described in this Rider when an Insured Person suffers an Injury resulting from a Covered Loss during a Trip and while on the Business of the Policyholder, not lasting for more than 365 days, including an Injury while:

- 1) operating or a Passenger on, boarding, alighting from, or 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 while on, boarding, alighting from, or being struck or run down by) for the Transportation of Passengers or property for hire, profit or gain; or
- 2) a Passenger on, boarding, or alighting from a Civil Aircraft or Military Transport Aircraft; or
- 3) being struck or run down by an Aircraft.

The benefits under this Rider also apply where the Sojourn or Personal Deviation involves one or more stops en route to the destination, and extensions time spent at the destination, that do not last longer than a total of 14 days.

**EXCLUSIONS**

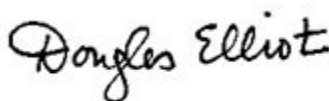
This Hazard does not cover Injury resulting from an Accident that occurs while the Insured Person is operating or a Passenger on, boarding, or alighting from or by being struck or run down by any Aircraft engaged in an Extra-Hazardous Aviation Activity.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



**Lisa Levin, Secretary**



**Douglas Elliot, President**

**HARTFORD FIRE INSURANCE COMPANY**

One Hartford Plaza  
Hartford, Connecticut 06155  
(A stock insurance company)



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

**Policyholder:** Regions Financial Corporation

**Policy Number:** 38-GTA-101258

**H-4 – 24-HOUR ACCIDENT PROTECTION WHILE ON A  
POLICYHOLDER AIRCRAFT FOR PASSENGER AND PILOT AND CREW HAZARD RIDER**

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses for which benefits are payable 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 Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

**24-HOUR ACCIDENT PROTECTION WHILE ON A POLICYHOLDER AIRCRAFT FOR PASSENGER AND PILOT AND CREW HAZARD**

We will pay Policy benefits for the Hazard described in this Rider, if an Insured Person suffers an Injury as a result of a Covered Loss anywhere in the world during a Trip on the Business of the Policyholder:

- 1) if the Insured Person is operating or a Passenger on, boarding, alighting from, or being struck or run down by the Policyholder Aircraft, specified below, while such Insured Person
  - a) is a Passenger; or
  - b) is acting or training as a pilot, specified below, or crew member by or on behalf of the Policyholder, but only if such Insured Person is certified and licensed by a governmental authority with competent jurisdiction to operate or serve as a pilot or crew on such Policyholder Aircraft; or
- 2) due to any Passengers who temporarily perform pilot or crew functions in a life-threatening emergency.

For purposes of this Rider, only the following Insured Person(s) are authorized as pilot(s):

As on file with the Policyholder

The above named pilot(s) must have a current and valid medical certificate and pilot certificate with a proper rating to fly such Aircraft.

The Policyholder Aircraft(s) covered by this Rider are:

N26FA - Bombardier Challenger 300, N586AL - Bombardier Challenger 350,  
N587FA - Bombardier Challenger 350

**Newly Acquired Aircraft Coverage:** The Policyholder Aircraft Passenger and Pilot and Crew Hazard shall apply to any Newly Acquired Aircraft from the date such Aircraft is delivered to the Policyholder, provided the Policyholder:

- 1) notifies Us within 30 days; and
- 2) pays any required premium for such coverage.

**Substitute and Replacement Aircraft Coverage:** The Policyholder Aircraft Passenger and Pilot and Crew Hazard shall apply to any Substitute Aircraft or Replacement Aircraft from the time such Aircraft is used as a temporary substitute by the Policyholder, provided the Policyholder Aircraft covered under the Policy is withdrawn from use due to its breakdown, repair, servicing, loss, or destruction.

**LIMITATIONS AND EXCLUSIONS**

This Hazard does not cover Injury resulting from an Accident that occurs while the Insured Person is operating or a Passenger on, boarding, or alighting from or by being struck or run down by any Aircraft engaged in an Extra-Hazardous Aviation Activity.

The following exclusions in the Policy do not apply to this Rider to the extent the Rider specifically covers them:

- 1) Injury sustained while on any Aircraft except a Civil Aircraft, or Military Transport Aircraft;
- 2) Injury sustained while on any Aircraft:
  - a) as a pilot, crew member or student pilot;
  - b) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization covering any Eligible Class under the Policy.

## DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

**Newly Acquired Aircraft** means an Aircraft that is owned, leased for a period of more than 30 consecutive days, or operated by or on behalf of the Policyholder, which is acquired either in addition to or in place of any Policyholder Aircraft covered under the Policy prior to such acquisition.

**Replacement Aircraft** means any Aircraft which is:

- 1) of similar or lesser size, weight and performance as the Policyholder Aircraft covered under the Policy;
- 2) is not owned by the Policyholder;
- 3) is operated by a properly licensed pilot certified and licensed by a governmental authority with competent jurisdiction to operate; and
- 4) is used as a temporary substitute for the Policyholder Aircraft covered under the Policy.

**Substitute Aircraft** means any Aircraft which:

- 1) is of the same class as the Policyholder Aircraft covered under the Policy;
- 2) is not owned by the Policyholder;
- 3) is operated by a properly licensed pilot certified and licensed by a governmental authority with competent jurisdiction to operate;
- 4) is not more than 3 seats and also not more than 25% larger in passenger and crew member seat capacity than the aircraft withdrawn from normal use; and
- 5) is used as a temporary substitute for the Policyholder Aircraft covered under the Policy.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, Secretary



Douglas Elliot, President

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**Policy Number:** 38-GTA-101258

**H-7 – 24-HOUR FAMILY RELOCATION TRIP HAZARD RIDER**

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses for which benefits are payable 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 Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

**24-HOUR FAMILY RELOCATION TRIP HAZARD**

We will pay the Policy benefits for the Hazard described in this Rider when an Insured Person's Spouse or Dependent Child(ren) suffer(s) an Injury as a result of a Covered Loss which occurs anywhere in the world during a Relocation Trip.

A Relocation Trip will not include any period of time in excess of 14 days during which the Insured Person takes a vacation, or a Sojourn or Personal Deviation from the Relocation Trip.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

A handwritten signature in black ink that appears to read "Lisa Levin".

Lisa Levin, Secretary

A handwritten signature in black ink that reads "Douglas Elliot".

Douglas Elliot, President

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**H-8 – 24-HOUR HIJACKING OR SKY-JACKING BUSINESS HAZARD RIDER**

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses for which benefits are payable 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 Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

**24-HOUR HIJACKING OR SKY-JACKING BUSINESS HAZARD**

We will pay the Policy benefits for the Hazard described in this Rider when an Insured Person suffers an Injury resulting from a Covered Loss which occurs during a Hijacking or Sky-jacking anywhere in the world while the Insured Person is on a Trip on the Business of the Policyholder. Coverage under this Rider shall continue while the Insured Person is subject to the control of the hijacker(s) and during travel directly to his or her residence or original destination.

**DEFINITIONS**

**Hijacking** means unlawful seizure or wrongful exercise of control of an Aircraft or other Conveyance, or the crew thereof, in which the Insured Person is traveling as a Passenger.

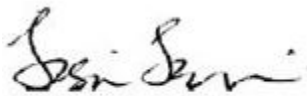
**Sky-jacking** means unlawful seizure or wrongful exercise of control of an Aircraft or other Conveyance, or the crew thereof, in which the Insured Person is traveling as a Passenger. It will also include any attempt at Sky-jacking and consequent exposure to the Insured Person.

**EXCLUSIONS**

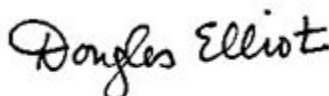
This Hazard does not cover Injury resulting from an Accident that occurs while the Insured Person is operating or a Passenger on, boarding, or alighting from or by being struck or run down by any Aircraft engaged in an Extra-Hazardous Aviation Activity.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, Secretary



Douglas Elliot, President

## **HARTFORD FIRE INSURANCE COMPANY**

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### **H-10 – 24-HOUR VIOLENT ACT ON A TRIP - BUSINESS ONLY - HAZARD RIDER**

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Violent Acts 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 Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

### **24-HOUR VIOLENT ACT ON A TRIP - BUSINESS ONLY - HAZARD**

We will pay the Policy benefits for the Hazard described in this Rider, if an Insured Person suffers an Injury as a result of a Violent Act that occurs during a Trip on the Business of the Policyholder, while the Insured Person is covered under the Policy.

This Hazard will not apply to a Covered Loss that results from a Violent Act committed by:

- 1) the Insured Person;
- 2) an employee of the Policyholder;
- 3) a former employee of the Policyholder whose employment with the Policyholder ended less than 6 months before the date of the Violent Act; or
- 4) any Insured Person currently eligible for coverage under the Policy.

With respect to Sojourn and Personal Deviation, this Rider only applies where the Sojourn or Personal Deviation:

- 1) does not depart more than 500 miles from the direct route or destination(s) with respect to the circumstances described herein; and
- 2) if it involves one or more stops en route to the destination and/or an extensions time spent at the destination, does not last longer than a total of 7 days.  
whichever is less.

### **EXCLUSIONS**

Any aviation exclusion is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to an Injury sustained by the Insured Person under the circumstances described in this Rider. However, unless otherwise provided by this Policy, that exclusion is not waived if the Insured Person is operating or a Passenger on, boarding, or alighting from or by being struck or run down by any Aircraft, if the Accident causing such Injury occurs while the Insured Person is:

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

All other exclusions in the Policy apply.

### **ADDITIONAL PROOF OF LOSS**

In addition to the Proof of Loss requirements in the Policy, a police report detailing the Violent Act must be provided.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Handwritten signature of Lisa Levin in cursive script.

Lisa Levin, *Secretary*

Handwritten signature of Douglas Elliot in cursive script.

Douglas Elliot, *President*

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**H-15 – COMMUTATION HAZARD RIDER**

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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 Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

**EXTRAORDINARY COMMUTATION HAZARD**

We will pay the Policy benefits for the Hazard described in this Rider, for an Injury which occurs while the Insured Person is commuting directly between his or her residence and place of regular employment:

- 1) by Automobile or other Conveyance not normally used by the Insured Person for commuting; and
- 2) during a strike, power failure, major breakdown, or similar event which results in the discontinuance or interruption of one or more public transportation systems regularly used by the Insured Person;

on a regularly scheduled workday.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

A handwritten signature in black ink that reads "Lisa Levin".

Lisa Levin, Secretary

A handwritten signature in black ink that reads "Douglas Elliot".

Douglas Elliot, President



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**H-21 – FAMILY TRAVEL HAZARD RIDER**

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses for which benefits are payable 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 Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

**FAMILY TRAVEL HAZARD**

We will pay the Policy benefits for the Hazard described in this Rider when the Spouse or Dependent Child(ren) of the Insured Person suffer(s) an Injury resulting from a Covered Loss:

- 1) while accompanying the Insured Person or on his or her way to join the Insured Person on a Trip while on the Business of the Policyholder, including a Sojourn or Personal Deviation taken during the course of such Trip; and
- 2) when such Trip is authorized by and/or paid for in whole or in part by the Policyholder.

Benefits payable under this Hazard are subject to the Exclusions listed in the Policy.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, *Secretary*



Douglas Elliot, *President*

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**H-25 – NON-EMPLOYEE BUSINESS TRAVEL HAZARD RIDER**

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses 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 Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

**NON-EMPLOYEE BUSINESS TRAVEL HAZARD**

We will pay the Policy benefits for the Hazard described in this Rider, if an Insured Person suffers an Injury as a result of a Covered Loss while:

- 1) on a Trip on the Business of the Policyholder;
- 2) on a Covered Trip.

Coverage under this Rider begins when the Insured Person leaves his or her residence or place of regular employment, whichever occurs last and ends when the Insured Person returns to his or her residence or place of regular employment, whichever occurs first.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

**Lisa Levin, Secretary**

**Douglas Elliot, President**

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**Policy Number:** 38-GTA-101258

**H-26 – NON-EMPLOYEE DIRECTORS OR TRUSTEE BUSINESS TRAVEL HAZARD RIDER**

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses 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 Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

**NON-EMPLOYEE DIRECTORS OR TRUSTEE BUSINESS TRAVEL HAZARD**

We will pay the Policy benefits for the Hazard described in this Rider, if an Insured Person suffers an Injury as a result of a Covered Loss while:

- 1) traveling to, at, or returning from the Policyholder's board of directors' or board of trustees' meetings, at the Policyholder's authorization, direction and expense;
- 2) on a Trip on the Business of the Policyholder.

Coverage under this Rider begins when the Insured Person leaves his or her residence or place of regular employment, whichever occurs last and ends when the Insured Person returns to his or her residence or place of regular employment, whichever occurs first.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Lisa Levin, *Secretary*

Douglas Elliot, *President*

## **HARTFORD FIRE INSURANCE COMPANY**

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### **H-40 – WAR RISK HAZARD RIDER**

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses 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 Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

#### **WAR RISK HAZARD**

We hereby waive the exclusion “war or act of war, whether declared or undeclared,” in the Exclusions section of the Policy, provided an Insured Person suffers a Covered Loss due to or contributed by declared or undeclared War occurring worldwide, except:

- 1) in the United States of America or the Insured Person’s country of permanent residence; or
- 2) if the Insured Person is traveling within the geographical limits, territorial waters, or the airspace above a Designated War Risk Territory.

Coverage may be extended for Covered Losses due to or contributed by declared or undeclared War that occurs in the Designated War Risk Territory if the Policyholder reports actual exposure within these countries to Us as indicated below in the Reporting Requirements. Additional premium may apply.

#### **Reporting Requirements**

The Policyholder agrees to report annually in writing, exposure of Insured Persons in the Designated War Risk Territory(ies). The report must include the name of each Insured Person exposed, his or her specific itinerary and designation(s) in the Designated War Risk Territory(ies), and the effective and termination dates of his or her exposure and Principal Sum amount. Additional premium may apply.

#### **Changes in War Risk Territories**

We may, with 10 days written notice to the Policyholder, make changes to the list of countries designated as Designated War Risk Territory(ies), that in Our opinion, are required to accurately reflect existing war risk conditions. We may also, at any Policy anniversary date, as measured annually from the Policy Effective Date, and with at least 10 days written notice to the Policyholder, request information regarding any/all travel by an Insured Person to countries other than the Insured Person's country of origin or country of citizenship.

#### **Termination Date**

War risk coverage ends on the earliest of:

- 1) the date the Policy terminates;
- 2) the date We receive written notice from the Policyholder of the Policyholder’s intent to terminate War risk coverage (or on the date specified in the written notice, if later); or
- 3) the date specified in Our written notice to the Policyholder of Our intent to terminate War risk coverage (or 10 days after the date the written notice is received by the Policyholder, if later).

If War risk coverage terminates prior to the end of a period for which premium has already been paid, any unearned premium will be returned on a pro-rata basis, but the return of the unearned premium is not a condition of cancellation. Our failure to exercise any of Our rights under this coverage will not be deemed a waiver of these rights.

Termination of War risk coverage will not affect a claim for a Covered Loss that occurred while War risk coverage was in effect.

## DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

**Designated War Risk Territory(ies)** means Afghanistan, Iraq, Israel (West Bank/Gaza Strip), Libya, Somalia, Sudan, Syria, and Yemen or any country subject to the administration and enforcement of U. S. economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC).

**War** means armed conflict, hostilities or warlike operations (whether war be declared or not) by order of any government or public authority including but not limited to invasion, acts of any enemy foreign to the nationality of the Insured Person or the country in (or over) which the act occurs, civil war, riot, rebellion, insurrection, revolution, overthrow of the legally constituted government, civil commotion assuming the proportions of (or amounting to) an uprising, military or usurped power, or explosion of war weapons.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, *Secretary*



Douglas Elliot, *President*

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**B-4 – ADAPTIVE HOME & VEHICLE BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**ADAPTIVE HOME & VEHICLE MODIFICATION BENEFIT**

If an Insured Person suffers an Injury, other than loss of life, that results in a loss payable under the Accidental Dismemberment or Paralysis Benefit, We will pay an additional benefit that is the lesser of:

- 1) the Benefit Amount as indicated in the Rider Schedule; or
- 2) the actual cost

for Home Alteration and Vehicle Modification Expenses that are incurred within 24 months of the date of the Covered Accident that caused the Injury if an Insured Person:

- 1) did not require, prior to the date of the Covered Accident that caused the Injury, the use of a wheelchair or other adaptive device to be ambulatory; and
- 2) as a direct result of such Injury, the use of a wheelchair or other adaptive device to be ambulatory is now compulsory.

This benefit will be payable only if:

- 1) such Home Alterations are:
  - a) made by a person(s) with experience in such alterations; and
  - b) recommended by a recognized organization providing support and assistance to wheelchair or other adaptive device users; and
- 2) such Vehicle Modifications are:
  - a) carried out by a person(s) with experience in Vehicle Modifications; and
  - b) approved by the motor vehicle department of the state.

**RIDER SCHEDULE**

**Adaptive Home & Vehicle Modification Benefit**

<b>Class:</b>	<b>Benefit Amount:</b>
<b>Class 1, 2, 3, 4, &amp; 5</b>	<b>\$50,000</b>

**DEFINITIONS**

Except as defined below, the definitions in the Policy apply to this Rider.

**Home Alteration** means changes to the residence of the Insured Person that are necessary to make the residence accessible and habitable to the Insured Person.

**Home Alteration and Vehicle Modification Expenses** as used in this Rider mean 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 adaptive device user; or
  - b) modifications to an Automobile owned or leased by the Insured Person or modifications to an Automobile newly purchased for the Insured Person that are necessary to make the Automobile accessible to and/or driveable by the Insured Person;
- 2) do not include charges that would not have been made if no coverage existed; and
- 3) do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred.

Expenses incurred due to the alterations to the Automobile and residence of the Insured Person must:

- 1) be made on behalf of the Insured Person; and
- 2) be in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

**Vehicle Modifications** means changes, including but not limited to installation of equipment to an Automobile that are necessary to make such Automobile accessible to or drivable by an Insured Person.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, *Secretary*



Douglas Elliot, *President*

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**B-7 – BEREAVEMENT COUNSELING BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**BEREAVEMENT COUNSELING BENEFIT**

If the Insured Person suffers an accidental death or an accidental dismemberment or Paralysis for which an Accidental Death, or Accidental Dismemberment or Paralysis Benefit is payable under the Policy or if he or she goes into a Coma for which a Coma Benefit is payable, We will pay the Bereavement Counseling Benefit if an Insured Person or his or her Spouse and/or Dependent Child(ren) receives Bereavement Counseling.

We will pay the Bereavement Counseling Benefit Amount for each Bereavement Counseling session he or she attends, up to the Maximum Number of Sessions as found in the Rider Schedule.

Bereavement Counseling sessions must first begin within 365 days after the date of the Covered Accident. Benefits for any Bereavement Counseling session must be incurred within 2 year(s) after the date of the Insured Person's Covered Accident.

**RIDER SCHEDULE**

**Bereavement Counseling Benefit**

<b>Class:</b>	<b>Benefit Amount:</b>	<b>Maximum Number of Sessions:</b>
<b>Class 1, 2, 3, 4, &amp; 5</b>	\$150 per session	10

**ADDITIONAL PROOF OF LOSS**

In addition to the Proof of Loss requirements in the Policy, evidence of expenses incurred for services provided for Bereavement Counseling is required in order to receive benefits under this Rider.

**DEFINITIONS**

Except as defined below, the definitions in the Policy apply to this Rider.

**Bereavement Counseling** means treatment or counseling for the grief reaction resulting from an Insured Person's Covered Accident. Counseling must be provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.



In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Handwritten signature of Lisa Levin in cursive script.

Lisa Levin, *Secretary*

Handwritten signature of Douglas Elliot in cursive script.

Douglas Elliot, *President*

**HARTFORD FIRE INSURANCE COMPANY**

One Hartford Plaza  
Hartford, Connecticut 06155  
(A stock insurance company)



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries

**Policyholder:** Regions Financial Corporation

**Policy Number:** 38-GTA-101258

**B-13 – COMA BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**COMA BENEFIT**

If an Injury renders the Insured Person Comatose within 30 days of the date of the Covered Accident, and if the Coma continues for a period of 30 consecutive days, We will pay a monthly benefit equal to the Monthly Benefit Amount shown in the Rider Schedule. No benefit is provided for the first 30 days of the Coma.

The benefit is payable monthly as long as the Insured Person remains Comatose due to the Injury, but ceases on the earliest of:

- 1) the end of the month in which the Insured Person dies;
- 2) the end of the month in which the Insured Person recovers from the Coma;
- 3) the end of the month in which the Monthly Benefit Period ends; or
- 4) the total payments equal the Maximum Benefit Amount.

We will pay benefits calculated at a rate of 1/30<sup>th</sup> of the monthly benefit for each day for which We are liable when the Insured Person is Comatose for less than a full month.

If an Insured Person is in a Coma for which the Monthly Benefit Amount is payable and dies within 365 days after the Covered Accident, We will pay a lump sum equal to the Insured Person’s Maximum Benefit Amount, less any benefit amount for Coma already paid.

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

**RIDER SCHEDULE**

**Coma Benefit**

<b>Class:</b>	<b>Maximum Benefit Amount:</b>	<b>Monthly Benefit Amount:</b>	<b>Monthly Benefit Period:</b>
<b>Class 1</b>	Three (3) times salary, to a Maximum of \$750,000	1% of the Maximum Benefit Amount per month for the Monthly Benefit Period	100 months
<b>Class 2</b>	\$200,000	1% of the Maximum Benefit Amount per month for the Monthly Benefit Period	100 months
<b>Class 3</b>	\$200,000	1% of the Maximum Benefit Amount per month for the Monthly Benefit Period	100 months

<b>Class 4</b>	\$50,000	1% of the Maximum Benefit Amount per month for the Monthly Benefit Period	100 months
<b>Class 5</b>	\$25,000	1% of the Maximum Benefit Amount per month for the Monthly Benefit Period	100 months

## DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

**Monthly Benefit Period** means the number of months as shown in the Rider Schedule during which the Insured Person remains in a Coma and for which the monthly Coma benefit is payable.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, Secretary



Douglas Elliot, President

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**B-18 – COSMETIC DISFIGUREMENT AND SEVERE BURN BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**COSMETIC DISFIGUREMENT AND SEVERE BURN BENEFIT**

If, as a result of participation in a Covered Hazard, an Insured Person incurs a Severe Burn in one or more than one area of the body, as listed in the Rider Schedule, We will pay a benefit as described in this Rider.

The benefit amount is based on the Percentage Amount Payable shown with respect to the Specified Body Area, Area Classification, and Maximum Allowable % For Area Surface Burned shown in the Cosmetic Burn Chart.

**FAMILY EXPENSE REIMBURSEMENT BENEFIT**

If benefits are payable under the Cosmetic Disfigurement and Severe Burn Benefit, We will also pay benefits for expenses reasonably incurred by the Insured Person’s Immediate Family Member(s) when visiting the Insured Person in the Hospital. Expenses must be incurred within 90 days from the date of Injury. The Maximum Benefit Amount for this Benefit is stated in the Rider Schedule.

Expenses incurred by such Immediate Family Member(s) will include expenses for necessary transportation, meals, and lodging:

- 1) if the Insured Person suffers from a Severe Burn payable under the Cosmetic Disfigurement and Severe Burn Benefit; and
- 2) when severity of the burn requires hospitalization of the Insured Person at least 50 miles from his or her permanent residence;

for up to 10 days for such person in the area of such place of Confinement, but:

- 1) only while the Insured Person remains so Confined; and
- 2) not to exceed \$100 per day for lodging and \$50 per day for meals.

**RIDER SCHEDULE**

**Cosmetic Disfigurement and Severe Burn Benefit**

**Class:** **Maximum Benefit Amount:**

**Class 1, 2, 3, 4, & 5** \$50,000

**Cosmetic Burn Chart**

<b>Specified Body Area:</b>	<b>Area Classification:</b>	<b>Maximum Allowable %* for Area Surface Burned:</b>	<b>Percentage Amount Payable*:</b>
Face, Neck, Head	10	10%	100%
Hand and Forearm	5	4.5%	22.5%
Upper Arm	3	4.5%	13.5%
Torso (Front or Back)	2	18%	36%
Thigh	1	9%	9%

Lower Leg (Below Knee)            3                                    9%                                    27%

The benefit payable for any one loss is determined by the following formula:

- 1) Identify the Area Classification Factor on the Cosmetic Burn Chart shown in this Rider;
- 2) Multiply the Area Classification Factor by the Maximum Allowable Percentage for Area Surface Burned (or a percentage proportional to the total amount of the Specified Body Area actually burned: See \*below);
- 3) Multiply the result of 2) by the Maximum Benefit Amount to determine the amount of the benefit payable under this Rider.

\*The percentage shown is based on 100% of the Specified Body Area identified as being burned. If less than 100% of the Specified Body Area is burned, an appropriate corresponding percentage of the Allowable Percentage is to be used in determining the percentage of Maximum Benefit Amount payable.

Sample Calculations for the Cosmetic Disfigurement from Burns Benefit

Example 1:

If the entire upper arm is burned, the benefit is as follows:  
 $3 \times 4.5\% = 13.5\%$  of the Maximum Benefit Amount is payable.

Example 2:

If 50% of the upper arm is burned, the benefit is as follows:  
 $3 \times 2.25\%$  (which is 50% of 4.5%) = 6.75% of Maximum Benefit Amount is payable.

Example 3:

If the entire thigh is burned, and 50% of the lower leg (below knee) the benefit is as follows:  
 $(1 \times 9\%) + (3 \times 4.5\% (50\% \text{ of } 9\%)) = (9\% + 13.5\%) = 22.5\%$  of the Maximum Benefit Amount is payable.

The Maximum Benefit Amount is shown in the Rider Schedule.

**Family Expense Reimbursement**

<b>Class:</b>	<b>Maximum Benefit Amount:</b>
<b>Class 1, 2, 3, 4, &amp; 5</b>	\$1,000

**DEFINITIONS**

Except as defined below, the definitions in the Policy apply to this Rider.

**Severe Burn** means cosmetic disfigurement of the surface of a body area that is a full-thickness or at least third-degree burn, as determined by a Physician.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, Secretary



Douglas Elliot, President

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**B-19 – DAY CARE BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**DAY CARE BENEFIT**

If the Accidental Death Benefit is payable under the Policy and the Insured Person has or is survived by one or more Children, We will pay a benefit on behalf of any Child of the Insured Person who:

- 1) is enrolled in a Day Care Program on the date of the Covered Accident causing the Insured Person’s death and on the date of the Insured Person’s death; or
- 2) enrolls in a Day Care Program within 365 days after the Insured Person’s death. The benefit is payable annually for each year of the Child’s enrollment in a Day Care Program, for a maximum of 4 Day Care Benefit payments for each Child.

The total amount of the benefit each year is equal to the least of:

- 1) the actual cost of care for that Child charged by that Day Care Program for that year;
- 2) the Percentage of the Principal Sum shown on the Rider Schedule; or
- 3) the Maximum Benefit Amount shown in the Rider Schedule.

The benefit will be paid to the person who has primary responsibility for the Child’s Day Care Program expenses. The benefit is not payable for any period of enrollment in a Day Care Program before the date of the Accident that caused the Insured Person’s death. The benefit is not payable for any period of enrollment after the earlier of:

- 1) the date the Child reaches 13 years of age; or
- 2) the date 4 year(s) after the later of the date of the Insured Person’s death or the date the Child first enrolls in a Day Care Program.

**RIDER SCHEDULE**

**Day Care Benefit**

<b>Class:</b>	<b>Percentage of Principal Sum</b>	<b>Maximum Benefit Amount</b>
<b>Class 1, 2, 3, &amp;4</b>	10% of Principal Sum	\$10,000

**ADDITIONAL PROOF OF LOSS**

In addition to the Proof of Loss requirements in the Policy, We will require proof of enrollment for each Child in a Day Care Program. Proof may be in the form of, but not be limited to, the following:

- 1) a copy of the Child’s approved enrollment application in a Day Care Program; or
- 2) canceled check(s) or similar evidence of payment to the provider of the Day Care Program; or
- 3) a letter from the provider of the Day Care Program stating that the Child:
  - a) is attending a Day Care Program; or
  - b) has been enrolled in a Day Care Program and will be attending within 365 days of the date of the Insured Person’s death.

Proof of enrollment and payment must be sent to Us prior to the last day of the 12<sup>th</sup> month following the date of the Insured Person's death and then annually thereafter.

## DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

**Child, Children** for the purposes of this Rider means the Insured Person's unmarried child, including a natural, step, foster or adopted child, from the moment of placement in the Insured Person's home, under age 13, and primarily dependent upon the Insured Person for support and maintenance.

**Day Care Program** means a program of childcare which:

- 1) is operated in a private home, school or other facility; and
- 2) provides, and receives compensation for, the care of children; and
- 3) is licensed as a child care center or is operated by a licensed child care provider, if such licensing is required by the state or jurisdiction in which it is located; or
- 4) if licensing is not required, provides childcare on a daily basis for 12 months a year.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, *Secretary*



Douglas Elliot, *President*

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### **B-21 – EDUCATION EXPENSE BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

#### **EDUCATION EXPENSE BENEFIT**

If an Insured Person suffers a loss of life for which an Accidental Death Benefit is payable under the Policy, We will pay the following benefit(s):

##### **Dependent Child Education**

We will pay a benefit to or on behalf of any child of the Insured Person who meets the definition of Dependent Child on the date of the Covered Accident causing the Insured Person's death and on the date of the Insured Person's death and who, on the date of the Insured Person'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 Person's death.

The benefit will be paid for each year of the Dependent 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 Dependent Child reaches age 29, 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 Dependent Child;
- 2) the Percentage of Principal Sum shown in the Rider Schedule based on the Insured Person's Principal Sum on the date of the Covered Accident; or
- 3) the Maximum Annual Amount shown in the Rider Schedule.

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

A Dependent Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she re-enrolls 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 Person's death.

##### **Spouse Education**

We will pay a benefit to or on behalf of the Spouse of the Insured Person who meets the definition of Spouse on the date of the Covered Accident causing the Insured Person's death and on the date of the Insured Person'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 Person'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 Person'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.

Form BTA PA-10107



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 the Spouse;
- 2) the Percentage of Principal Sum shown in the Rider Schedule based on the Insured Person's Principal Sum on the date of the Covered Accident; or
- 3) the Maximum Annual Amount shown in the Rider Schedule.

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

A Spouse who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she re-enrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the Insured Person's death.

## **RIDER SCHEDULE**

### **Dependent Child Education:**

<b>Class:</b>	<b>Percentage of Principal Sum</b>	<b>Maximum Annual Amount</b>
<b>Class 1, 2, 3, &amp; 4</b>	10% of Principal Sum	\$10,000

### **Spouse Education:**

<b>Class:</b>	<b>Percentage of Principal Sum</b>	<b>Maximum Annual Amount</b>
<b>Class 1, 2, 3, &amp; 4</b>	10% of Principal Sum	\$10,000

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, Secretary



Douglas Elliot, President

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**B-26 – FUNERAL EXPENSE BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**FUNERAL EXPENSE BENEFIT**

If an Insured Person suffers a loss of life for which the Accidental Death Benefit is payable under the Policy, We will pay the Funeral Expense Benefit.

The Funeral Expense Benefit is equal to the least of:

- 1) the actual charges incurred for Funeral Expenses;
- 2) the Percentage of the Principal Sum shown in the Rider Schedule; or
- 3) the Maximum Benefit Amount shown in the Rider Schedule.

**RIDER SCHEDULE**

**Funeral Expense Benefit**

<b>Class:</b>	<b>Percentage of Principal Sum:</b>	<b>Maximum Benefit Amount:</b>
<b>Class 1, 2, 3, 4, &amp; 5</b>	10% of Principal Sum	\$10,000

**ADDITIONAL PROOF OF LOSS**

In addition to the Proof of Loss requirements in the Policy, We will require the following additional proof of loss:

- 1) a copy of the invoice for Funeral Expenses;
- 2) canceled check(s) or similar evidence of payment for such Funeral Expenses.

**DEFINITIONS**

Except as defined below, the definitions in the Policy apply to this Rider.

**Funeral Expenses** means:

- 1) transportation of the deceased from the death site to the funeral service site;
- 2) a container or casket for the deceased's remains to be placed in;
- 3) basic services of the funeral home and staff, including but not limited to embalming, interment, or cremation; and
- 4) the costs incurred for the purchase of a cemetery plot, tomb or mausoleum including plaque, tombstone or monument.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Handwritten signature of Lisa Levin in cursive script.

Lisa Levin, *Secretary*

Handwritten signature of Douglas Elliot in cursive script.

Douglas Elliot, *President*

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**B-32 – MEDICAL EMERGENCY EVACUATION BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Accidents and Emergency Sickesses 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**MEDICAL EMERGENCY EVACUATION BENEFIT**

We will pay for Covered Medical Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Medical Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, up to the Maximum Benefit Amount shown in the Rider Schedule for all Medical Emergency Evacuations due to all Injuries from the same Covered Accident or all Emergency Sickesses from the same or related causes.

Benefits will not be payable, unless:

- 1) the Physician ordering the Medical Emergency Evacuation certifies that the severity of the Insured Person's Injury or Emergency Sickness requires a Medical Emergency Evacuation;
- 2) all Transportation arrangements made for the Medical Emergency Evacuation are by the most direct and economical method and route possible;
- 3) the charges incurred are Medically Necessary, and do not exceed the usual level of charges for similar Transportation, Treatment, services, or supplies in the locality where the expense is incurred; and
- 4) the charges incurred do not include charges that would not have been incurred if no insurance existed.

**EMERGENCY REUNION BENEFIT**

Following a Medical Emergency Evacuation for which a Medical Emergency Evacuation Benefit is payable under this Rider, We will pay for the expenses reasonably incurred

- 1) to bring one person chosen by the Insured Person to and from the Hospital or other medical facility where the Insured Person is Confined if:
  - a) the Insured Person is alone; and
  - b) the place of Confinement is outside a 100 mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket; and
- 2) for lodging and meals for up to 10 days for such person in the area of such place of Confinement, but:
  - a) only while the Insured Person remains so Confined; and
  - b) not to exceed \$100 per day for lodging and \$50 per day for meals.

The total of all benefits outlined in this Rider may not exceed the Maximum Benefit Amount shown in the Rider Schedule.

**RIDER SCHEDULE**

**Medical Emergency Evacuation Benefit**

**Class:**

**Class 1, 2, 3, 4, & 5**

**Maximum Benefit Amount:**

actual cost of the Medical Emergency Evacuation up to a maximum amount of \$5,000,000

## LIMITATIONS AND EXCLUSIONS

Our designated travel assistance provider must make all arrangements and must authorize all expenses in advance of any benefits being payable. Benefits will not be payable unless We authorize in writing, or by authorized electronic or telephonic means, all expenses in advance, and services are rendered by Us or Our designated travel assistance provider. We reserve the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Us in advance. In the event the Insured Person refuses to be evacuated, We will not be liable for any expenses incurred after the date medical evacuation is recommended.

## DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

**Covered Medical Emergency Evacuation Expense(s)** 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.

**Medically Necessary Emergency Evacuation Service** means any Transportation, medical Treatment, medical service or medical supply that:

- 1) is an essential part of a Medical 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.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, Secretary



Douglas Elliot, President

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**B-33 – MORTGAGE CONTINUATION BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**MORTGAGE CONTINUATION BENEFIT**

If the Accidental Death Benefit is payable under the Policy and the Insured Person has or is survived by a Spouse and/ or one or more Dependent Children, We will pay an additional monthly Mortgage Continuation Benefit equal to the least of:

- 1) the actual cost of the monthly Mortgage payment;
- 2) the remainder of the Mortgage balance; or
- 3) the Monthly Benefit Amount shown in the Rider Schedule.

The benefit will be paid to the Spouse or appointed legal guardian of the youngest Dependent Child. The benefit is payable monthly until the earliest of:

- 1) the date the Insured Person's surviving Spouse dies;
- 2) the end of the calendar year when the youngest Dependent Child reaches age 18;
- 3) the date the Mortgage is paid in full;
- 4) the date the house is sold;
- 5) the end of the month in which the Monthly Benefit Period ends; or
- 6) the date the total payments equal the Maximum Benefit Amount.

**RIDER SCHEDULE**

**Mortgage Continuation Benefit**

<b>Class:</b>	<b>Monthly Benefit Amount:</b>	<b>Monthly Benefit Period:</b>
<b>Class 1, 2, 3 &amp; 4</b>	\$1,500	12 months

**ADDITIONAL PROOF OF LOSS**

In addition to the Proof of Loss requirements in the Policy, the Mortgage company contact information, loan number, monthly Mortgage payment amount and loan balance are required in order to receive benefits under this Rider.

**DEFINITIONS**

Except as defined below, the definitions in the Policy apply to this Rider.

**Mortgage** means a loan that is secured by a single family home, townhouse, condominium, or cooperative that is owned and used as a primary residence and includes any property taxes and insurance that may be included in the monthly payment.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Handwritten signature of Lisa Levin in cursive script.

Lisa Levin, *Secretary*

Handwritten signature of Douglas Elliot in cursive script.

Douglas Elliot, *President*

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### **B-38 – 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 Policy Schedule. It applies only with respect to Covered Losses 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

#### **OUT OF COUNTRY MEDICAL EXPENSE BENEFIT**

If the Insured Person is participating in a Covered Hazard outside of his or her Country of Permanent Residence for a period of less than 365 days, and the Insured Person suffers a Medical Emergency, We will pay the Out of Country Medical Expense Benefit.

The Out of Country Medical Expense Benefit Amount equals the Usual and Customary Charges incurred outside of the Insured Person's Country of Permanent Residence for Covered Medical Services that are Medically Necessary and received due to that Medical Emergency, up to the Maximum Amount per Insured Person. Benefits are payable for charges incurred within the Maximum Benefit Period shown in the Rider Schedule.

#### **FOREIGN TRAVEL IMMUNIZATION BENEFIT**

We will pay the Benefit Amount shown in the Rider Schedule, subject to all applicable conditions and exclusions, if the Insured Person is traveling during the course of a Covered Hazard outside of the United States or its territories and certain immunization or vaccination shots are required in order to enter the country. We will indemnify the Insured Person the Benefit Amount for each required immunization and/or vaccination up to the Benefit Maximum shown in the Rider Schedule.

#### **MEDICAL EMERGENCY GUARANTEE CHARGE EXPENSE BENEFIT**

If the Insured Person is participating in a Covered Hazard outside of his or her Country of Permanent Residence for a period of less than 365 days, and the Insured Person suffers a Medical Emergency for which the Usual and Customary Charges become payable under the Out of Country Medical Expense Benefit, and such Insured Person incurs a Hospital Admission Guarantee Charge, We will pay the actual expenses incurred for guarantee of the payment to the Hospital or the medical provider up to the Maximum Medical Emergency Guarantee Charge Expense Amount shown in the Rider Schedule.

#### **COVERED MEDICAL SERVICES**

Covered Medical Services under this Rider are as follows:

- 1) **Hospital:** the following services provided when the Insured Person is Confined in a Hospital:
  - a) the daily room rate for a semi-private room when an Insured Person is Confined in a Hospital and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
  - b) ancillary Hospital services and supplies including operating room, laboratory tests, Diagnostic Exams, anesthesia and medicines (excluding take home drugs) when Confined in a Hospital.
  - c) the daily room rate when an Insured Person is Confined in a Hospital in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
- 2) **Private Duty Nurse:** private duty nursing services by a registered nurse (RN) or licensed practical nurse (LPN) while an Insured Person is Confined in a Hospital. These services must be ordered by a Physician.
- 3) **Emergency Room:** expenses incurred due to Treatment in an Emergency Room. Such expenses include the attending Emergency Room Physician's charges, x-rays, laboratory procedures, medications, use of the



Emergency Room, and medical supplies. In the case of Injury, Emergency Room Treatment must begin within 72 hours of a Medical Emergency.

- 4) **Prosthesis:** artificial limbs, eyes, larynx, or other prosthesis for initial acquisition and fitting. We will not pay for repair or replacement of any prosthesis, unless due to a Covered Accident.
- 5) **Ambulatory Surgical Center or Ambulatory Medical Center:** Treatment including operating room, laboratory tests, anesthesia, medical supplies, and medicines (excluding take home drugs) provided in an Ambulatory Surgical Center or Ambulatory Medical Center.
- 6) **Physician:** expenses for Treatment provided by a Physician.
- 7) **Anesthesia:** expenses for pre-operative screening, anesthetics, and administration of anesthesia during a surgical procedure whether on an Inpatient or Outpatient basis.
- 8) **Durable Medical Equipment Rental:** expenses for rental of a wheelchair, orthopedic appliances, orthopedic braces, or other medical equipment that has therapeutic value for an Insured Person. We will not cover computers, motor vehicles, or modifications to a motor vehicle, ramps and installation costs, eyeglasses, and hearing aids. No benefits will be paid for rental charges in excess of the purchase price.
- 9) **Blood and Blood Products:** expenses for blood, blood products, artificial blood products, and transfusions of any blood or blood products.
- 10) **Ambulance:** expenses for transportation from the emergency site to the Hospital.
- 11) **Radiological Procedures:** Outpatient expenses for CAT Scan, MRI, x-ray, CT, PET, ultrasound, and other radiological procedures.
- 12) **Outpatient Laboratory Tests:** expenses for laboratory tests provided when the Insured Person is not Confined in a Hospital and provided by a medical facility other than an Emergency Room or Ambulatory Surgical Center.
- 13) **Prescription Drug:** expenses for drugs prescribed by a Physician for the Treatment of Injury or Sickness and administered on an outpatient basis.
- 14) **Rehabilitation Care Facility:** expenses for physical and occupational rehabilitation. Treatment must be provided in a duly licensed Rehabilitation Care Facility and be under the direction of a Physician.
- 15) **Dental:** expenses including dental x-rays for the repair or Treatment of each Injured tooth that is whole, sound, and a natural tooth at the time of the Medical Emergency.
- 16) **Vision or Hearing Products:** eyeglasses, contact lenses, and hearing aids when damage occurs in a Medical Emergency that requires medical Treatment.
- 17) **Skilled Nursing Facility:** expenses for Confinement in a Skilled Nursing Facility if it begins within 5 consecutive days after an Insured Person is Confined in a Hospital as a result of a Medical Emergency. We will pay for Treatment if a Physician visits the Insured Person at least once every 30 days and certifies that the Confinement is Medically Necessary.
- 18) **Home Health Care:** expenses for Home Health Care beginning within 5 consecutive days after discharge from a Hospital, Skilled Nursing Facility, or Rehabilitation Care Facility.
- 19) **Chiropractic Care:** expenses for Treatment and services received by a chiropractor.
- 20) **Physical and Occupational Therapy:** expenses for physical or occupational therapy and an office visit connected with any such service.

## RIDER SCHEDULE

### OUT OF COUNTRY MEDICAL EXPENSE BENEFIT

<b>Maximum Amount per Insured Person:</b>	\$250,000
<b>Deductible:</b>	\$0
<b>Coinsurance:</b>	100% of Usual and Customary Charges
<b>Maximum Benefit Period:</b>	52 weeks from the date of the Medical Emergency

### FOREIGN TRAVEL IMMUNIZATION BENEFIT

- Foreign Travel Immunization Benefit: \$50 per required immunization and vaccination required
- Benefit Maximum: \$1,500

### MEDICAL EMERGENCY GUARANTEE CHARGE EXPENSE BENEFIT

Maximum Medical Emergency Guarantee	\$10,000
Charge Expense Amount:	

## LIMITATIONS AND EXCLUSIONS

### Rider Exclusions

Unless otherwise specified in this Rider, in addition to the exclusions in the Policy, We will not pay Out of Country Medical Benefits for any loss, Treatment, or services resulting from, or contributed to, by:

- 1) pregnancy, childbirth, elective abortion, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
- 2) elective or cosmetic surgery, except for reconstructive surgery needed as the result of an Injury;
- 3) orthopedic appliances used mainly to protect an Injury, so the Insured Person can participate in interscholastic, intercollegiate or club sports;
- 4) Injury for which expenses are paid or payable under any automobile insurance policy without regard to fault; (This exclusion does not apply in any state where prohibited.);
- 5) Treatment or service provided by a private duty nurse;
- 6) routine physical exams and medical services or wellness visits;
- 7) overuse symptoms including, but not limited to, bursitis, tendonitis, shin splints, stress fractures, heat exhaustion, heat stroke, heat prostration, malfunctions of the heart, embolism, reinjuries or the aggravation thereof, sprains, hernia, strains, muscle tears, or repetitive motion Injury, and/or Treatment of Injuries that result over a period of time (such as blisters, tennis elbow, etc);
- 8) aggravation or re-Injury of a Pre-existing Condition;
- 9) Injury for which expenses are incurred that are in excess of Usual and Customary Charges for Covered Medical Services, or expenses that are not covered;
- 10) Mental and Nervous Disorders;
- 11) Experimental or Investigative Treatment or procedures;
- 12) diagnosis or treatment of acne;
- 13) human organ or tissue transplants or treatment thereof;
- 14) a motor vehicle accident if the insured is not properly licensed to operate the motor vehicle in the jurisdiction in which the accident takes place (This exclusion will not apply to an insured who is a passenger).

## DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

**Covered Medical Services** means the services covered by this Rider. Covered Medical Services are shown in the Rider Schedule and described in the Covered Medical Services provision.

**Country of Permanent Residence** means country or location in which the Insured Person maintains a primary permanent residence.

**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 Emergency** means a condition caused by an Injury or Sickness that meets all of the following criteria:

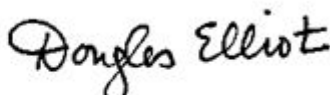
- 1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy;
- 2) the severe or acute symptom occurs suddenly and unexpectedly; and
- 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 Covered Hazard:
  - a) applicable to that person; and
  - b) to which this Rider applies.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, Secretary



Douglas Elliot, President

**HARTFORD FIRE INSURANCE COMPANY**

One Hartford Plaza  
Hartford, Connecticut 06155  
(A stock insurance company)



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**Policy Number:** 38-GTA-101258

**B-39 – PARALYSIS BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**PARALYSIS BENEFIT**

We will pay the percentage of the Maximum Benefit Amount shown below if Injury to the Insured Person results in any one of the types of loss(es) specified below within 365 days of the date of the Covered Accident that caused the Injury, provided that the Paralysis is diagnosed by a Physician as reasonably expected to continue for the duration of his or her lifetime.

If an Insured Person dies within 365 days of the Covered Accident, then We will pay a lump sum equal to the Insured Person’s Maximum Benefit Amount shown in the Rider Schedule, less any Benefit Amount for Paralysis already paid.

**RIDER SCHEDULE**

<b>Class:</b>	<b>Maximum Benefit Amount:</b>
<b>Class 1</b>	Three (3) times salary, to a Maximum of \$750,000
<b>Class 2</b>	\$200,000
<b>Class 3</b>	\$200,000
<b>Class 4</b>	\$50,000
<b>Class 5</b>	\$25,000

<b>Loss</b>	<b>Class 1, 2, 3, 4 &amp; 5</b>
Quadriplegia	100% of the Maximum Benefit Amount
Triplegia	75% of the Maximum Benefit Amount
Paraplegia	75% of the Maximum Benefit Amount
Hemiplegia	50% of the Maximum Benefit Amount
Uniplegia	25% of the Maximum Benefit Amount

**LIMITATIONS AND EXCLUSIONS**

**Rider Exclusions**

If an Insured Person suffers a loss for which a benefit is payable under more than one of the following provisions: Accidental Death and Dismemberment Benefit, only one benefit, the one which would pay the largest benefit amount, will be paid.

**DEFINITIONS**

Except as defined below, the definitions in the Policy apply to this Rider.

**Hemiplegia** means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body.

**Limb, Limbs** means entire arm or entire leg.

**Paraplegia** means the complete and irreversible paralysis of both lower Limbs.

**Quadriplegia** means the complete and irreversible paralysis of both upper and both lower Limbs.

**Triplegia** means the complete and irreversible paralysis of three Limbs.

**Uniplegia** means the complete and irreversible paralysis of one Limb.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, *Secretary*



Douglas Elliot, *President*

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**B-49 – REHABILITATION EXPENSE BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**REHABILITATION EXPENSE BENEFIT**

If the Insured Person is participating in a Covered Hazard and suffers a Covered Accident for which an Accidental Dismemberment or Paralysis benefit is payable under the Policy, We will reimburse the Insured Person for Covered Rehabilitative Expenses that result from the Injury causing the dismemberment or Paralysis up to the Maximum Benefit Amount shown in the Rider Schedule for all Injuries caused by the same Covered Accident. The Covered Rehabilitative Expenses must be incurred within 2 years after the date of the Covered Accident causing the Injury.

**RIDER SCHEDULE**

**Rehabilitation Expense Benefit**

<b>Class:</b>	<b>Maximum Benefit Amount:</b>
<b>Class 1, 2, 3, 4, &amp; 5</b>	<b>\$50,000</b>

**DEFINITIONS**

Except as defined below, the definitions in the Policy apply to this Rider.

**Covered Rehabilitative Expense(s)** means expenses that:

- 1) are charged for a Medically Necessary Rehabilitative Training Service of the Insured Person performed under the care, supervision or order of a Physician;
- 2) do not exceed the usual level of charges for similar Treatment, supplies, or services in the locality where the expenses are 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.

**Medically Necessary Rehabilitative Training Service** 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.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Handwritten signature of Lisa Levin in cursive script.

Lisa Levin, *Secretary*

Handwritten signature of Douglas Elliot in cursive script.

Douglas Elliot, *President*

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### **B-50 – 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 Policy Schedule. It applies only with respect to Covered Losses 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

#### **REPATRIATION OF REMAINS BENEFIT**

If an Insured Person suffers an Injury or Emergency Sickness that results in loss of life while covered under the Policy, We will pay for certain expenses incurred as a result of such death including, but not limited to, the following:

- 1) the expense incurred for the preparation of the deceased's body for burial or cremation;
- 2) the most economical coffin or receptacle adequate for transporting the remains; and
- 3) transportation of the deceased's body to the place of burial or cremation;

up to the Maximum Benefit Amount shown in the Rider Schedule below, provided that the death of the Insured Person occurred outside a 100 mile radius from his or her current place of primary residence.

#### **FAMILY TRAVEL BENEFIT**

Following an Insured Person's death for which a Repatriation of Remains benefit is payable under this Rider, We will pay for expenses reasonably incurred:

- 1) to return to their current place of primary residence, the Insured Person's Spouse and any of the Insured Person's Dependent Children who were accompanying the Insured Person when his or her death occurred, with an attendant for the Dependent Children if necessary and if the Dependent Children are not accompanied by the Spouse; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person; and
- 2) for lodging and meals for up to 10 days for the Insured Person's Spouse and Dependent Children in the area where the Insured Person's death occurred, if they were accompanying the Insured Person at that time. We will only pay for such expenses for days in excess of the days that had been planned for the trip prior to the Insured Person's death, and only prior to the repatriation of his or her remains. We will not pay for such expenses in excess of, for the Spouse and Dependent Children combined, \$100 per day for lodging and \$50 per day for food.

#### **IDENTIFICATION AND ESCORT EXPENSE BENEFIT**

If an Insured Person suffers an Injury or an Emergency Sickness that results in loss of life and the Repatriation of Remains Benefit is payable, We will pay for expenses reasonably incurred if an Immediate Family Member or authorized representative incurs Identification Expenses or Escort Expenses while:

- 1) en route and during the stay in the city or town where the Insured Person's body is located, including transportation by the most direct route by a licensed Common Carrier to and from such location, but not to exceed the cost of one round-trip economy airfare ticket; and
- 2) for lodging and meals for up to 10 days for such person in the area where the Insured Person's death occurred, and not to exceed \$100 per day for lodging and \$50 per day for meals.

The total of all benefits outlined in this Rider may not exceed the Maximum Benefit Amount shown in the Rider Schedule.

## RIDER SCHEDULE

### Repatriation of Remains Benefit

**Class:**

**Class 1, 2, 3, 4, & 5**

**Maximum Benefit Amount:**

actual cost of the Repatriation of Remains up to a maximum amount of \$5,000,000

### LIMITATIONS AND EXCLUSIONS

Our designated travel assistance provider must make all arrangements and must authorize all expenses in advance of any benefits being payable. Benefits will not be payable unless We authorize in writing, or by authorized electronic or telephonic means, all expenses in advance, and services are rendered by Us or Our designated travel assistance provider. We reserve the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Us in advance. In the event the Insured Person refuses to be evacuated, We will not be liable for any expenses incurred after the date medical evacuation is recommended.

### DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

**Escort Expenses** mean expenses for an Immediate Family Member or authorized representative to join the Insured Person's body during the repatriation to the Insured Person's place of permanent residence.

**Identification Expenses** mean expenses incurred by an Immediate Family Member or authorized representative when identifying the remains of the Insured Person.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, Secretary



Douglas Elliot, President



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**B-51 - SEAT BELT AND AIRBAG BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**SEAT BELT BENEFIT**

If an Insured Person suffers a loss of life for which the Accidental Death Benefit is payable under the Policy and the Covered Accident causing death occurs while the Insured Person is operating, or riding as a Passenger in, an Automobile and wearing a properly fastened Seat Belt, We will pay the Seat Belt Benefit.

The Seat Belt Benefit is equal to the lesser of:

- 1) the Percentage of Principal Sum shown in the Rider Schedule; or
- 2) the Maximum Benefit Amount shown in the Rider Schedule.

**AIRBAG BENEFIT**

If the Insured Person is wearing a Seat Belt and received a payment as indicated above, We will pay the Airbag Benefit if:

- 1) the Insured Person was positioned in a seat equipped with a factory installed Airbag;
- 2) the Insured Person was properly strapped in the Seat Belt when the Airbag inflated; and
- 3) the police report establishes that the Airbag inflated properly upon impact.

The Airbag Benefit is equal to the lesser of:

- 1) the Percentage of Principal Sum shown in the Rider Schedule; or
- 2) the Maximum Benefit Amount shown in the Rider Schedule.

**LIMITED BENEFIT**

If a police report is not available, or it is unclear whether the Insured Person was wearing a Seat Belt, or positioned in a seat protected by a properly functioning and properly deployed Airbag, We will pay a limited benefit of \$1,000.

**RIDER SCHEDULE**

**Seat Belt Benefit**

<b>Class:</b>	<b>Percentage of Principal Sum:</b>	<b>Maximum Benefit Amount:</b>
<b>Class 1, 2, 3, 4, &amp; 5</b>	10% of Principal Sum	\$50,000

**Airbag Benefit**

<b>Class:</b>	<b>Percentage of Principal Sum:</b>	<b>Maximum Benefit Amount:</b>
<b>Class 1, 2, 3, 4, &amp; 5</b>	10% of Principal Sum	\$50,000

## DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

**Airbag** means an inflatable supplemental passive restraint system installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications that inflates upon collision to protect an individual from injury and death. An Airbag is not considered a Seat Belt.

**Seat Belt** means:

- 1) an unaltered belt, lap restraint, or shoulder restraint installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications; or
- 2) a child restraint device that meets the standards of the National Safety Council and is properly secured and utilized in accordance with applicable state law and the recommendations of its manufacturer for children of like age and weight.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, *Secretary*



Douglas Elliot, *President*

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**B-52 – SECURITY EVACUATION BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**SECURITY EVACUATION BENEFIT**

If, as a result of an Occurrence that takes place while the Insured Person is covered under the Policy and participating in a Covered Hazard, and while traveling outside his or her Home Country more than 100 miles from his or her primary residence, an Insured Person requires a Security Evacuation, We will pay benefits for the Transportation of the Insured Person to the Nearest Place of Safety. The determination that an Insured Person requires a Security Evacuation must be made by a Designated Security Consultant and all arrangements must be made by Our designated travel assistance provider.

Benefits will be payable for eligible expenses up to the Maximum Benefit Amount shown in the Rider Schedule. Eligible expenses are for Transportation to the Nearest Place of Safety and Related Costs necessary to ensure the Insured Person’s safety and well-being as determined by the Designated Security Consultant. Security Evacuation benefits are payable only once per Occurrence.

Benefits will also be payable for Transportation and Related Costs within 7 days of the Security Evacuation to the following location(s) as chosen by the Insured Person:

- 1) back to the Host Country if return is safe and permitted;
- 2) the Insured Person’s Home Country;
- 3) where the Insured Person is currently permanently assigned by the Policyholder;
- 4) where the Policyholder is located; or
- 5) where the entity that sponsored the Insured Person’s trip is located.

Benefits will be payable for consulting services by Designated Security Consultant for seeking information on Missing Person or Kidnapping cases if the Insured Person is deemed Kidnapped or a Missing Person by local or international authorities. This benefit is subject to the Maximum Benefit Amount as shown in the Rider Schedule.

Our designated travel assistance provider must make all arrangements and must authorize all expenses in advance of any benefits being payable. Our designated travel assistance provider is not responsible for the availability of Transportation services. If possible, the Insured Person’s Common Carrier tickets will be used. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation becomes viable.

**RIDER SCHEDULE**

**Security Evacuation Benefit**

**Class:**

**Maximum Benefit Amount:**

**Class 1, 2, 3, 4, & 5**

actual cost of the Security Evacuation up to a maximum amount of \$100,000

## LIMITATIONS AND EXCLUSIONS

### Right of Recovery

For the purpose of this Rider, if, after a Security Evacuation is completed, it becomes clear that the Insured Person was an active participant in the events that led to an Occurrence, We have the right to recover all Transportation and Related Costs from the Insured Person.

### Excess Provision

Benefits payable for the eligible expenses under this Rider will be limited to that part of the eligible expense, if any, which is in excess of the total benefits payable for the same Security Evacuation under any other valid and collectible insurance or other indemnity. If the other valid and collectible insurance or indemnity provides benefits on an excess coverage basis, benefits will be paid first by the insurer or services plan whose coverage has been in effect for the longer period of time at the date of the Security Evacuation.

For purposes of this Rider, an Insured Person's entitlement to other valid and collectible insurance or indemnity will be determined as if this Rider did not exist and will not depend on whether timely application for benefits from other valid and collectible insurance or indemnity is made by or on behalf of the Insured Person.

Benefits under this Rider will be reduced to the extent that benefits for expenses are covered by any other valid and collectible insurance or indemnity whether or not a claim is made for such benefits.

### Changes in Terms and Conditions

The terms and conditions of this Rider, including but not limited to the definition of Excluded Countries, may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Security Evacuation exposure. We will give the Policyholder written notice of any change in the terms and conditions of this Rider at least 10 days in advance of the effective date of the change.

### Exclusions

Unless otherwise specified in this Rider, in addition to the exclusions in the Policy, no benefits are payable under this Rider for charges, fees or expenses:

- 1) payable under any other provision of, or Rider to, the Policy to which this Rider is attached;
- 2) that are recoverable through the Insured Person's employer;
- 3) arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured Person, acting alone or in collusion with others;
- 4) arising from or attributable to an alleged:
  - a) violation of the laws of the Host Country by an Insured Person; or
  - b) violation of the laws of the Insured Person's Home Country; unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured Person;
- 5) due to the Insured Person's failure to maintain and possess duly authorized and issued required travel documents and visas;
- 6) arising from an Occurrence which took place in an Excluded Country;
- 7) for repatriation of remains expenses;
- 8) for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
- 9) for medical services;
- 10) for monies payable in the form of a ransom if a Missing Person case evolves into a Kidnapping;
- 11) arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
- 12) arising from or attributable, in whole or in part to non-compliance by the Insured Person with regard to any obligation specified in a contract or license; or
- 13) due to military or political issues if the Insured Person's Security Evacuation request is made more than 7 days after the Appropriate Authority(ies) Advisory was issued.

## DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

**Advisory** means a formal recommendation by the Appropriate Authorities that the Insured Person or citizens of his or her Home Country or citizens of the Host Country leave the Host Country.

**Appropriate Authority(ies)** means the government authority(ies) in the Insured Person's Home Country or the government authority(ies) of the Host Country.

**Designated Security Consultant** means an employee of a security firm under contract with Our designated travel assistance provider who is experienced in security and measures necessary to ensure the safety of the Insured Person(s) in his or her care.

**Excluded Countries** means the following countries from which Security Evacuations are not available under this Rider: Afghanistan, Iraq, Israel (West Bank/Gaza Strip), Libya, Somalia, Sudan, Syria, and Yemen or any country subject to the administration and enforcement of U. S. economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC).

**Imminent Physical Danger** means the Insured Person is subject to possible physical injury or sickness that could result in grave physical harm or death.

**Missing Person** means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

**Nearest Place of Safety** means a location determined by the Designated Security Consultant where:

- 1) the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and
- 2) the Insured Person has access to transportation; and
- 3) the Insured Person has the availability of temporary lodging, if needed.

**Occurrence** means any of the following situations in which an Insured Person finds himself or herself while covered by the Policy:

- 1) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
- 2) political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or citizens of the Host Country should leave the Host Country;
- 3) Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
- 4) Natural Disaster within 7 days of an event;
- 5) the Insured Person had been deemed Kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 3 days of his or her being found;
- 6) Our designated travel assistance provider/Designated Security Consultant recommends an evacuation.

**Related Cost(s)** means food, lodging and, if necessary, physical protection for the Insured Person during Transportation to the Nearest Place of Safety.

**Security Evacuation** means the extrication of an Insured Person from the Host Country due to an Occurrence which results in the Insured Person being placed in Imminent Physical Danger.

**Verified Physical Attack** means deliberate physical harm of the Insured Person confirmed by documentation or physical evidence.

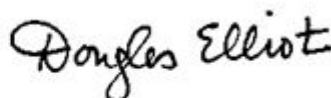
**Verified Threat of Physical Attack** means a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, Secretary



Douglas Elliot, President

**HARTFORD FIRE INSURANCE COMPANY**

One Hartford Plaza  
Hartford, Connecticut 06155  
(A stock insurance company)



**THE  
HARTFORD**

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**Policyholder:** Regions Financial Corporation  
**Policy Number:** 38-GTA-101258

**B-55 – Therapeutic Counseling Benefit Rider**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses 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. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

**THERAPEUTIC COUNSELING BENEFIT**

We will pay the Percentage of Principal Sum up to the Maximum Benefit Amount shown in the Rider Schedule for expenses incurred by the Insured Person for Therapeutic Counseling sessions, if:

- 1) an Insured Person incurs a Covered Loss, other than a loss of life, for which a benefit is payable under the Accidental Dismemberment or Paralysis Benefits of the Policy; and
- 2) the Insured Person initially requires Therapeutic Counseling within 365 days due to the Covered Loss.

Benefits for any Therapeutic Counseling session must be incurred within 2 year(s) after the date of the Covered Accident causing the Injury.

**RIDER SCHEDULE**

**Therapeutic Counseling Benefit**

<b>Class:</b>	<b>Percentage of Principal Sum</b>
<b>Class 1, 2, 3, 4, &amp; 5</b>	10% of Principal Sum up to a Maximum Benefit Amount of \$50,000

**ADDITIONAL PROOF OF LOSS**

In addition to the Proof of Loss requirements in the Policy, evidence of expenses incurred for services provided for Therapeutic Counseling is required in order to receive benefits under this Rider.

**DEFINITIONS**

Except as defined below, the definitions in the Policy apply to this Rider.

**Therapeutic Counseling** means treatment or counseling provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Handwritten signature of Lisa Levin in cursive script.

Lisa Levin, *Secretary*

Handwritten signature of Douglas Elliot in cursive script.

Douglas Elliot, *President*