

NOTICE OF
PROTECTION PROVIDED BY
VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION

This notice provides a **brief summary** of the Virginia Life, Accident and Sickness Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or health insurance company (including a health maintenance organization) licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values

- Health Insurance
 - \$500,000 for health benefit plans
 - \$300,000 in disability income insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of accident and sickness insurance benefits

- Annuities
 - \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for health benefit plans, for which the limit is increased to \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portions(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association’s website at www.valifega.org or contact:

Virginia Life, Accident and Sickness Insurance Guaranty Association
c/o APM Management Services, Inc.
1503 Santa Rosa Road, Suite 101
Henrico, VA 23229-5105
804-282-2240

State Corporation Commission
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218-1157
804-371-9741

Toll Free Virginia only; 1-800-552-7945

<http://www.scc.virginia.gov/division/boi/index.aspx>

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Virginia law, then Virginia law will control.

Life Insurance Company of North America

1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235
A Stock Insurance Company

BLANKET ACCIDENT POLICY

POLICYHOLDER: Leidos, Inc.
POLICY NUMBER: ABL 658641
POLICY EFFECTIVE DATE: January 1, 2020
POLICY REWRITE DATE: May 21, 2020
POLICY TERM: January 1, 2020 to December 31, 2021
POLICY ANNIVERSARY: January 1
STATE OF ISSUE: Delaware

This Policy is a continuation of and replaces the same numbered policy that became effective January 1, 2020. Any different benefits provided by this Policy become effective on its Rewrite Date shown above. Any different benefits will not affect benefits payable for claims incurred before the Policy Rewrite Date.

This Policy describes the terms and conditions of insurance. This Policy goes into effect subject to its applicable terms and conditions at 12:01 A.M. on the Policy Rewrite Date shown above at the Policyholder's address. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 12:00 A.M., on the day following the last day of the Policy Term unless the Policyholder and We agreed to continue coverage under this Policy for an additional Policy Term. The laws of the State of Issue shown above govern this Policy.

We and the Policyholder agree to all of the terms of this Policy.

**THIS IS A LIMITED POLICY
IT PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY
IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS
PLEASE READ IT CAREFULLY.**



Anna Krishtul, Corporate Secretary



William J. Smith, President

Countersigned _____
Where Required By Law

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SCHEDULE OF AFFILIATES

The following affiliates are covered under this Policy on the effective dates listed below. A newly-acquired affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies Us within 30 days of its acquisition and pays the required premium. If We are not notified within the required time period, the affiliate will be covered on the date We agree in writing to provide coverage and receive the required premium. Individuals who are employed by the affiliate on its effective date of coverage are eligible for coverage on that date.

AFFILIATE NAME

LOCATION

EFFECTIVE DATE

All affiliates and divisions participating in the plan as on file with the Subscriber and reported to Us upon request.

BA-01-1000.00

SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.

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

Policy Aggregate Maximum \$20,000,000
Applies To All benefits provided by this Policy

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

Eligible Persons: An Eligible Person is an individual who meets all of the requirements of one of the Covered Classes shown below:

- Class 1 All active full-time, benefit eligible Employees of Leidos, Inc. working at least 30 hours per week or part-time, benefit eligible Employees working at least 12 hours per week but less than 30 hours per week, excluding Employees of Leidos-Biomedical Research, Inc.
- Class 2 All active full-time and part-time, benefit eligible Employees classified as Officers or Employees of Leidos-Biomedical Research, Inc.
- Class 3 All prospective Employees traveling at the expense and direction of Leidos-Biomedical Research, Inc.
- Class 4 All Employees of Leidos, Inc. classified as a Consultant. A Consultant is an Employee who performs the duties of a salaried employee; works on an on-call, sporadic basis; and does not meet the Internal Revenue Service (IRS) standards for independent contractor/consultant status. Working hours must total at least 180 and not exceed 1,860 in any 12-month period.

RATE TABLE

Premium: \$19,500.00

Mode of Premium Payment: Annual Installments

War Risk Report of Exposure

The Policyholder agrees to report to the Insurance Company annually in arrears, exposure in any of the countries listed below. This report is due on the Anniversary date of the Policy and shall include:

1. the name of the Covered Person;
2. the Covered Person's Employee ID Number, if applicable;
3. the Principal Sum or Class of the Covered Person;
4. country visited;
5. date country was entered; and
6. date country was exited.

Countries: Afghanistan - rate \$0.0125/1,000; Iraq - rate \$0.0125/\$1,000

Additional premium if required, shall be determined in accordance with the standard War Risk rates utilized at the time of exposure.

Premium Due Date(s): Policy Effective Date and each Policy Anniversary thereafter during the Policy Term

Contributions: The cost of the coverage is paid by the Policyholder

War Risk Deposit \$0.00 included in the Premium for the Policy

BA-01-1100.00

SCHEDULE OF BENEFITS FOR CLASS 1

CONDITIONS OF COVERAGE

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

Business Travel Coverage

| | |
|--------------------------------------|---|
| Personal Deviations covered | Yes |
| Personal Deviation takes place | during, or within 7 days before or after, covered Business Travel |
| Maximum Length of Personal Deviation | 7 days |

Exposure and Disappearance Coverage

Felonious Assault and Violent Crime Coverage

Owned Aircraft Coverage

Pilot Coverage

Relocation Coverage

| | |
|-----------------------------|----|
| Personal Deviations covered | No |
|-----------------------------|----|

War Risk Coverage

BA-01-1100.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Principal Sum: 3 times Annual Compensation rounded to the next higher \$1,000, if not already a multiple thereof, subject to a maximum benefit of \$500,000 plus an amount equal to the group accident insurance benefit in effect under Policy OK 980352, underwritten by Life Insurance Company of North America, if the War Risk Coverage applies to the Covered Accident;

3 times Annual Compensation rounded to the next higher 1,000, if not already a multiple thereof, subject to a maximum benefit of \$500,000, if the War Risk Coverage does not apply to the Covered Accident.

If more than one Condition of Coverage applies to a Covered Accident, We will pay benefits only once under only one Condition of Coverage, but it will be the Condition of Coverage which provides the largest principal sum.

Loss must occur within: 365 days of the Covered Accident

Annual Compensation means an Employee's annual earnings for normal work established by the Policyholder for his job classification. It includes earnings received from commissions but not bonuses, overtime or other extra compensation.

Commissions will be averaged for the 12 months just prior to the date of the Covered Loss, or the months employed, if less than 12 months.

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 50% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 50% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| When Payable | At the end of each month during which the Covered Person remains comatose |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 25% of the Principal Sum |

Age Reductions

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

| Age | Percentage of Benefit Amount |
|------------|-------------------------------------|
| 70 or over | 65% |

Benefit reductions will be effective on the Covered Person's attainment of age as specified in schedule above.

Aggregate Limit of Indemnity

| Applies to: | Amount |
|--------------------|---------------|
| War Risk Coverage | \$10,000,000 |

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Any benefits payable under these Additional Accident Benefits shown below are in addition to any other Accidental Death and Dismemberment benefits payable.

ACCIDENTAL BURN AND DISFIGUREMENT BENEFIT

| | |
|----------------------------|---------------------------|
| 75-100% Body Disfigurement | 100% of the Principal Sum |
| 50-74% Body Disfigurement | 50% of the Principal Sum |
| 25-49% Body Disfigurement | 10% of the Principal Sum |
| Burn Classification | third degree |

Reconstructive or Cosmetic Surgery must be performed within 12 months of a Covered Accident.

BRAIN DAMAGE BENEFIT 100% of the Principal Sum subject

CARJACKING BENEFIT

Benefit 10% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of \$25,000

FELONIOUS ASSAULT AND VIOLENT CRIME BENEFIT

Accidental Death and Dismemberment Benefit 10% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of \$25,000

Hospital Stay Benefit \$100

Maximum Benefit Period 365 days per Hospital Stay per Covered Accident

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

Benefit 10% of the Principal Sum subject to a maximum of \$10,000

REHABILITATION BENEFIT

Benefit per Covered Accident 10% of the Principal Sum, subject to a maximum of \$10,000

SEATBELT AND AIRBAG BENEFIT

Seatbelt Benefit 25 of the Principal Sum subject to a maximum of \$25,000

Airbag Benefit 10 of the Principal Sum subject to a maximum of \$12,500

Default Benefit \$1,000

TERRORISM BENEFIT

100% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of of the Principal Sum per Covered Accident

BA-01-1101.00

SCHEDULE OF BENEFITS FOR CLASS 2

CONDITIONS OF COVERAGE

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

Business Travel Coverage

| | |
|--------------------------------------|---|
| Personal Deviations covered | Yes |
| Personal Deviation takes place | during, or within 7 days before or after, covered Business Travel |
| Maximum Length of Personal Deviation | 7 days |

Exposure and Disappearance Coverage

Felonious Assault and Violent Crime Coverage

Owned Aircraft Coverage

Pilot Coverage

Relocation Coverage

| | |
|-----------------------------|----|
| Personal Deviations covered | No |
|-----------------------------|----|

War Risk Coverage

BA-01-1100.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Principal Sum: 3 times Annual Compensation rounded to the next higher \$1,000, if not already a multiple thereof, subject to a maximum benefit of \$300,000 if the Relocation Coverage does not apply to the Covered Accident.

\$100,000 if the Relocation Coverage applies to the Covered Accident.

If more than one Condition of Coverage applies to a Covered Accident, We will pay benefits only once under only one Condition of Coverage, but it will be the Condition of Coverage which provides the largest principal sum.

Loss must occur within: 365 days of the Covered Accident

Annual Compensation means an Employee's annual earnings for normal work established by the Policyholder for his job classification. It includes earnings received from commissions but not bonuses, overtime or other extra compensation.

Commissions will be averaged for the 12 months just prior to the date of the Covered Loss, or the months employed, if less than 12 months.

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 50% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 50% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| When Payable | At the end of each month during which the Covered Person remains comatose |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 25% of the Principal Sum |

Age Reductions

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

| Age | Percentage of Benefit Amount |
|------------|-------------------------------------|
| 70 or over | 65% |

Benefit reductions will be effective on the Covered Person's attainment of age as specified in schedule above.

Aggregate Limit of Indemnity

| Applies to: | Amount |
|--------------------|---------------|
| War Risk Coverage | \$10,000,000 |

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Any benefits payable under these Additional Accident Benefits shown below are in addition to any other Accidental Death and Dismemberment benefits payable.

ACCIDENTAL BURN AND DISFIGUREMENT BENEFIT

| | |
|----------------------------|---------------------------|
| 75-100% Body Disfigurement | 100% of the Principal Sum |
| 50-74% Body Disfigurement | 50% of the Principal Sum |
| 25-49% Body Disfigurement | 10% of the Principal Sum |
| Burn Classification | third degree |

Reconstructive or Cosmetic Surgery must be performed within 12 months of a Covered Accident.

BRAIN DAMAGE BENEFIT 100% of the Principal Sum

CARJACKING BENEFIT

Benefit 10% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of \$25,000

FELONIOUS ASSAULT AND VIOLENT CRIME BENEFIT

Accidental Death and Dismemberment Benefit 10% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of \$25,000

Hospital Stay Benefit \$100

Maximum Benefit Period 365 days per Hospital Stay per Covered Accident

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

Benefit 10% of the Principal Sum subject to a maximum of \$10,000

REHABILITATION BENEFIT

Benefit per Covered Accident 10% of the Principal Sum, subject to a maximum of \$10,000

SEATBELT AND AIRBAG BENEFIT

Seatbelt Benefit 25% of the Principal Sum subject to a maximum of \$25,000

Airbag Benefit 10% of the Principal Sum subject to a maximum of \$12,500

Default Benefit \$1,000

TERRORISM BENEFIT

100% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of of the Principal Sum per Covered Accident

BA-01-1101.00

SCHEDULE OF BENEFITS FOR CLASS 3

CONDITIONS OF COVERAGE

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

Business Travel Coverage

Non-Employee Coverage

Personal Deviations covered No

Exposure and Disappearance Coverage

Felonious Assault and Violent Crime Coverage

Owned Aircraft Coverage

Relocation Coverage

Personal Deviations covered No

War Risk Coverage

BA-01-1100.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Principal Sum: \$100,000

Loss must occur within: 365 days of the Covered Accident

SCHEDULE OF COVERED LOSSES

Covered Loss

Benefit

| | |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 50% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 50% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| When Payable | At the end of each month during which the Covered Person remains comatose |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 25% of the Principal Sum |

Age Reductions

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

| Age | Percentage of Benefit Amount |
|------------|-------------------------------------|
| 70 or over | 65% |

Benefit reductions will be effective on the Covered Person's attainment of age as specified in schedule above.

Aggregate Limit of Indemnity

| Applies to: | Amount |
|-------------------|--------------|
| War Risk Coverage | \$10,000,000 |

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Any benefits payable under these Additional Accident Benefits shown below are in addition to any other Accidental Death and Dismemberment benefits payable.

ACCIDENTAL BURN AND DISFIGUREMENT BENEFIT

| | |
|----------------------------|---------------------------|
| 75-100% Body Disfigurement | 100% of the Principal Sum |
| 50-74% Body Disfigurement | 50% of the Principal Sum |
| 25-49% Body Disfigurement | 10% of the Principal Sum |
| Burn Classification | third degree |

Reconstructive or Cosmetic Surgery must be performed within 12 months of a Covered Accident.

BRAIN DAMAGE BENEFIT 100% of the Principal Sum

CARJACKING BENEFIT

Benefit 10% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of \$25,000

FELONIOUS ASSAULT AND VIOLENT CRIME BENEFIT

| | |
|--|--|
| Accidental Death and Dismemberment Benefit | 10% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the <i>Schedule of Covered Losses</i> , subject to a maximum of \$25,000 |
| Hospital Stay Benefit | \$100 |
| Maximum Benefit Period | 365 days per Hospital Stay per Covered Accident |

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

Benefit 10% of the Principal Sum subject to a maximum of \$10,000

REHABILITATION BENEFIT

Benefit per Covered Accident 10% of the Principal Sum, subject to a maximum of \$10,000

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|---|
| Seatbelt Benefit | 25% of the Principal Sum subject to a maximum of \$25,000 |
| Airbag Benefit | 10 of the Principal Sum subject to a maximum of \$12,500 |
| Default Benefit | \$1,000 |

SCHEDULE OF BENEFITS FOR CLASS 4

CONDITIONS OF COVERAGE

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

Business Travel Coverage

| | |
|--------------------------------------|---|
| Personal Deviations covered | Yes |
| Personal Deviation takes place | during, or within 7 days before or after, covered Business Travel |
| Maximum Length of Personal Deviation | 7 days |

Exposure and Disappearance Coverage

Felonious Assault and Violent Crime Coverage

Owned Aircraft Coverage

Relocation Coverage

| | |
|-----------------------------|----|
| Personal Deviations covered | No |
|-----------------------------|----|

War Risk Coverage

BA-01-1100.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

| | |
|-------------------------|----------------------------------|
| Principal Sum: | \$300,000 |
| Loss must occur within: | 365 days of the Covered Accident |

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 50% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 50% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| When Payable | At the end of each month during which the Covered Person remains comatose |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 25% of the Principal Sum |

Age Reductions

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

| Age | Percentage of Benefit Amount |
|------------|-------------------------------------|
| 70 or over | 65% |

Benefit reductions will be effective on the Covered Person's attainment of age as specified in schedule above.

Aggregate Limit of Indemnity

| Applies to: | Amount |
|-------------------|--------------|
| War Risk Coverage | \$10,000,000 |

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Any benefits payable under these Additional Accident Benefits shown below are in addition to any other Accidental Death and Dismemberment benefits payable.

ACCIDENTAL BURN AND DISFIGUREMENT BENEFIT

| | |
|----------------------------|---------------------------|
| 75-100% Body Disfigurement | 100% of the Principal Sum |
| 50-74% Body Disfigurement | 50% of the Principal Sum |
| 25-49% Body Disfigurement | 10% of the Principal Sum |
| Burn Classification | third degree |

Reconstructive or Cosmetic Surgery must be performed within 12 months of a Covered Accident.

BRAIN DAMAGE BENEFIT 100% of the Principal Sum

CARJACKING BENEFIT

Benefit 10% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of \$25,000

FELONIOUS ASSAULT AND VIOLENT CRIME BENEFIT

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| Accidental Death and Dismemberment Benefit | 10% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the <i>Schedule of Covered Losses</i> , subject to a maximum of \$25,000 |
| Hospital Stay Benefit | \$100 |
| Maximum Benefit Period | 365 days per Hospital Stay per Covered Accident |

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

Benefit 10% of the Principal Sum subject to a maximum of \$10,000

REHABILITATION BENEFIT

Benefit per Covered Accident 10% of the Principal Sum, subject to a maximum of \$10,000

SEATBELT AND AIRBAG BENEFIT

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|------------------|---|
| Seatbelt Benefit | 25% of the Principal Sum subject to a maximum of \$25,000 |
| Airbag Benefit | 10 of the Principal Sum subject to a maximum of \$12,500 |
| Default Benefit | \$1,000 |

TERRORISM BENEFIT

100% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of of the Principal Sum per Covered Accident

BA-01-1101.00

GENERAL DEFINITIONS

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

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|---------------------------|---|
| Aircraft | A vehicle which: <ol style="list-style-type: none">1. has a valid certificate of airworthiness; and2. is being flown by a pilot with a valid license to operate the Aircraft. |
| Covered Accident | A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions: <ol style="list-style-type: none">1. occurs while the Covered Person is insured under this Policy;2. occurs under one of the Conditions of Coverage specified in the <i>Schedule of Benefits</i>;3. is not contributed to by disease, Sickness, or mental or bodily infirmity;4. is not otherwise excluded under the terms of this Policy. |
| Covered Injury | Any bodily harm that results, directly and independently of all other causes, from a Covered Accident. |
| Covered Person | An Eligible Person, as defined in the <i>Schedule of Benefits</i> , for whom required premium has been paid when due and for whom coverage under this Policy remains in force. |
| Employee | An Employee of the Employer who is in one of the Covered Classes. |
| Employer | The Policyholder and any affiliates, subsidiaries or divisions shown in the <i>Schedule of Affiliates</i> covered under this Policy on its effective date or a later date agreed to by Us. |
| He, His, Him | Refers to any individual, male or female. |
| Hospital | An institution that meets all of the following: <ol style="list-style-type: none">1. it is licensed as a Hospital pursuant to applicable law;2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;3. it is managed under the supervision of a staff of medical doctors;4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;6. it charges for its services. <p>The term Hospital does not include a clinic, facility, or unit of a Hospital for:</p> <ol style="list-style-type: none">1. rehabilitation, convalescent, custodial, educational or nursing care;2. the aged, drug addicts or alcoholics;3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense. |
| Nurse | A licensed graduate registered nurse (R.N.) or a licensed practical nurse (L.P.N.) who is not: <ol style="list-style-type: none">1. the Covered Person;2. a parent, sibling, spouse or child of either the Covered Person or the Covered Person's spouse;3. a person living in the Covered Person's household; or4. a person employed or retained by the Policyholder. |
| Personal Deviation | An activity which: <ol style="list-style-type: none">1. is neither reasonably related to or incidental to the purpose of travel for which coverage is provided by this Policy; and2. the Covered Person performs before, during or after covered travel. |

When coverage is provided during a Personal Deviation, the time period covered is shown in the *Conditions of Coverage* section of the *Schedule of Benefits*.

Physician

A United States-licensed health care provider practicing in the United States within the scope of his license and rendering care and treatment to the Covered Person that is appropriate for the condition and locality, and who is not:

1. the Covered Person;
2. a parent, sibling, spouse or child of either the Covered Person or the Covered Person's spouse;
3. a person living in the Covered Person's household;
4. a person employed or retained by the Policyholder; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Policyholder

The entity, named on this Policy's face page, to which We issue this Policy.

Private Passenger Automobile

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

Sickness

A physical or mental illness, including pregnancy.

Total Disability or Totally Disabled

Totally Disabled or Total Disability means either:

1. inability of the Covered Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; or
2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

We, Us, Our

Life Insurance Company of North America

BA-01-1200.00

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

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| Policy Effective Date | The Insurance Company agrees to provide Accident Insurance Benefits described in this Policy in consideration of the Policyholder's application and payment of the Initial Premium when due. Insurance begins on the Policy Effective Date shown on this Policy's first page. |
| Effective Date for Newly-Acquired Affiliates | Insurance becomes effective for any newly-acquired affiliate of the Policyholder on the date it is acquired, if: We have been notified in writing within the time period specified in the <i>Schedule of Affiliates</i> and have agreed to provide insurance, and additional premium has been paid when due. If We are not notified within the required time period, insurance for the affiliate will become effective on the date we agree in writing to insure it and receive any additional premium due. Individuals who are employees of an affiliate on its effective date of insurance under this Policy will be eligible for insurance on that date. |
| Eligibility | A person is eligible for insurance under this Policy when he meets the definition of Eligible Person shown in the <i>Schedule of Benefits</i> . An Eligible Person may be insured under only one Covered Class, even though he may be eligible under more than one Covered Class. |
| Effective Date for Individuals | Insurance becomes effective for the Eligible Person on the latest of the following dates: <ol style="list-style-type: none">1. the Policy Effective Date;2. the date the person becomes eligible. <p>In no event will insurance for the Eligible Person become effective before the Policy Effective Date.</p> |
| Effective Date of Changes | Any increase or decrease in the amount of insurance for the Covered Person resulting from: <ol style="list-style-type: none">1. a change in benefits provided by this Policy; or2. a change in the Employee's Covered Class will take effect on the date of such change. |
| Termination of Insurance | Insurance for the Covered Person will end on the earliest of: <ol style="list-style-type: none">1. the date the person is no longer in an Eligible Class; and2. the date the person enters full time active duty in any Armed Forces. We will refund any premium paid for any period of active duty when We receive proof of active duty. Active duty does not include Reserve or National Guard duty for training; and3. the end of the period for which the last premium is paid; and4. the date this Policy ends. <p>Termination does not affect a claim for a Covered Loss due to a Covered Accident that occurs before the termination date. However, in no instance will benefits extend beyond the earliest of:</p> <ol style="list-style-type: none">1. the end of the Benefit Period; and2. the date benefits equal to any applicable Benefit Limit, as shown in the <i>Schedule of Benefits</i>, have been paid; and3. the date benefits equal to any applicable Policy Aggregate Maximum, as shown in the <i>Schedule of Benefits</i>, have been paid. |

BA-01-1300.00

COMMON EXCLUSIONS

In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Conditions of Coverages* and *Description of Indemnity Benefits* sections.

1. Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war;
5. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
 - a. except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
 - c. being used for:
 - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
 - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
 - d. an ultra-light or glider;
 - e. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
 - f. being used for the purpose of parachuting or skydiving;
 - g. designed for flight above or beyond the earth's atmosphere;
6. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
7. travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be 'controlled' by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
8. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. a Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days;
10. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred.

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

1. employed or retained by the Policyholder;
2. living in the Covered Person's household;
3. a parent, sibling, spouse or child of either the Covered Person or the Covered Person's spouse;
4. the Covered Person.

BA-01-1403.00

CLAIM PROVISIONS

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| Beneficiary | <p>The beneficiary is the person or persons the Covered Person names or changes on a form executed by him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Policyholder. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by this Policy.</p> <p>A beneficiary designation or change will become effective on the date the Covered Person executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.</p> <p>If more than one person is named as beneficiary, the interests of each will be equal unless the Covered Person has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.</p> <p>If there is no named beneficiary or surviving beneficiary, or if the Covered Person dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:</p> <ol style="list-style-type: none">1. spouse;2. child or children;3. parents; and4. siblings;5. estate of the Covered Person. |
| Claim Forms | <p>We send forms for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.</p> |
| Legal Actions | <p>No action at law or in equity will be brought to recover benefits under this Policy less than 60 days after satisfactory proof of loss has been furnished as required by this Policy. No such action will be brought after expiry of the applicable statute of limitations from the time proof of loss is required to be furnished.</p> |
| Notice of Claim | <p>Written or authorized electronic/telephonic notice must be given to Us or Our agent within 31 days after a Covered Accident occurs or the loss begins or as soon as reasonably possible, but in no case any longer than 15 months after the date of loss. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given at Our home office in Philadelphia, Pennsylvania, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.</p> |
| Manner of Payment of Claims | <p>The Policyholder authorizes that any benefit payment due as a lump sum of \$5,000 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.</p> |
| Payment of Claims | <p>All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate. If any payee of benefits is a minor or otherwise legally incompetent, we will pay benefits to the person designated as his legal guardian or conservator.</p> |

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability.

Payment of Claims to Foreign Employees

The Policyholder may, in a fiduciary capacity, receive and hold any benefits payable to Covered Persons whose place of employment is other than:

1. the United States of America;
2. Puerto Rico; or
3. the Dominion of Canada.

We will not be responsible for the application or disposition by the Policyholder of any such benefits paid. Our payments to the Policyholder will constitute a full discharge of Our liability for those payments under this Policy.

Physical Examination and Autopsy

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

Recovery of Overpayment

If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

Time of Payment

We will pay benefits due under this Policy for any loss, other than a loss for which this Policy provides any periodic payment, immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise shown in the *Benefits* sections of this Policy.

BA-01-1500.00

as modified by RA-BA-1000.00

ADMINISTRATIVE PROVISIONS

Cancellation

We or the Policyholder may cancel this Policy, after the first year or Policy Term, as of any Premium Due Date by giving the other party 31 days advance written or authorized electronic notice. Any premium rate guarantee will not affect Our or the Policyholder's right to cancel this Policy.

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

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

Grace Period

A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:

1. We do not intend to renew this Policy beyond the period for which premium has been accepted; and
2. written notice of Our intention not to renew is delivered to the Policyholder at least 31 days before the premium is due.

This Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time this Policy was in force.

Premiums

Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Rate Table*, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. If Covered Persons' coverage amounts are reduced due to age, premium will be based on the amounts of coverage in force on the day after the reduction took place. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.

Draft Accounts

The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

Premium Payment

The total premium paid by the Policyholder is the sum of premiums for all Covered Persons. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the *Schedule of Benefits*, unless the Policyholder and We agree to another mode of premium payment. Premiums are paid at Our home office or to Our authorized agent.

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

Premium Rate Changes

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

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

1. the terms of this Policy change;
2. the number of Covered Persons or persons eligible for coverage increases or decreases by more than 10% since the later of the Policy Effective Date and the date of the last renewal of this Policy;
3. coverage is reinstated following failure to pay premium during the Grace Period;
4. a change in Covered Persons or persons eligible to be covered which would, on a manual rate basis, require a change of 10% or more in the premium rate;
5. a change in any federal or state law or regulation is enacted, adopted or amended to the extent it affects Our benefit obligations under this Policy;
6. the Policyholder fails to provide sufficient information, as required by Us, to confirm adequacy of premiums and rates currently being paid; or
7. any facultative reinsurance obtained by Us in connection with underwriting or renewal of the Policy is terminated for any reason, or if its cost increases by 10% or more, or Our retention increases by 10% or more.

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

Reinstatement

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid, but not to any period more than 60 days prior to the date of reinstatement.

BA-01-1601.00

as modified by RA-BA-1000.00

GENERAL PROVISIONS

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| Addition of New Employees | All Employees added to the Classes of Covered Classes in the <i>Schedule of Benefits</i> are eligible for insurance under this Blanket Policy. |
| Assignment | <p>We will be bound by an assignment of the Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy for the Covered Person remains in force.</p> <p>This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts unless contrary to law.</p> |
| Certificates | Where required by law, We will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid. |
| Clerical Error | A person's coverage will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly. |
| Conformity with Statutes | Any provision in this Policy that is in conflict with the requirements of any state or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws. |
| Entire Contract | <p>This Policy, including the endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this Policy will be valid until approved by one of Our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.</p> <p>If an enrollment form of any Covered Person is required, it may also be made a part of this Policy at Our option.</p> |
| Examination of the Policy | This Policy will be available for inspection at the Policyholder's office during regular business hours. |
| Incontestability Of This Policy or Participation Under this Policy | <p>All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy or of participation under this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder.</p> <p>After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.</p> |
| Misstatement of Fact | If the Policyholder has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated. |
| Noncompliance with Policy Requirements | Any express or implied waiver by Us of any requirements of this Policy is not a continuing waiver of such requirements. Any failure by Us to enforce any policy provision will not be a waiver or amendment of that provision. |

Policy Changes

No change in this Policy will be valid until approved by one of Our executive officers and endorsed on or attached to this Policy. We may agree with the Policyholder to modify a plan of benefits without the Covered Person's consent.

Records

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

Ownership of Records

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

Workers Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation Insurance.

BA-01-1700.00

CONDITIONS OF COVERAGE

This Section describes the Conditions of Coverage under which benefits provided by this Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the *Common Exclusions* sections in order to understand all of the terms, conditions and limitations of coverage.

BA-01-2000.00

BUSINESS TRAVEL COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss caused, directly and independently of all other causes, by a Covered Accident which occurs while the Covered Person is:

1. travelling:
 - a. on business of the Policyholder; and
 - b. in the course of the business of the Policyholder; and
 - c. on a trip authorized in advance by the Policyholder; and
 - d. away from the premises of the Policyholder; or
2. making a Short Stay away from the Policyholder's premises in his City of Permanent Assignment.

Definitions For purposes of this coverage:

Short Stay means a trip on business for the Employer and authorized in advance by the Employer and lasting less than 365 days.

City of Permanent Assignment means the city where the Covered Person normally works.

Exclusions Coverage for business travel is not provided during any of the following:

1. normal commuting between the Covered Person's home and place of work;
2. any activity not authorized or organized, or not reimbursable, by the Policyholder;
3. the Covered Person's Personal Deviation, unless shown in the *Schedule of Benefits*;
4. the Covered Person's driving any vehicle or Private Passenger Automobile for pay or hire;
5. Business Travel Coverage is not in effect while the Covered Person is performing job duties: (a) during work hours; and (b) in a residence work area, which are specified in a written telecommuting agreement between him and his employer.

Other exclusions that apply to this coverage are in the *Common Exclusions* Section.

BA-01-2003.00

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BUSINESS TRAVEL COVERAGE

Non-Employee Coverage

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss caused, directly and independently of all other causes, by a Covered Accident which occurs while the Covered Person is:

1. travelling on business of the Policyholder; and
2. on a trip authorized in advance by the Policyholder.

Exclusions Coverage for business travel is not provided during any of the following:

1. normal commuting between the Covered Person's home and place of work;
2. any activity not authorized or organized, or not reimbursable, by the Policyholder;
3. the Covered Person's Personal Deviation, unless shown in the *Schedule of Benefits*;
4. the Covered Person's participation in any race or speed contest;
5. the Covered Person's driving any vehicle or Private Passenger Automobile for pay or hire;

6. Business Travel Coverage is not in effect while the Covered Person is performing job duties: (a) during work hours; and (b) in a residence work area which are specified in a written telecommuting agreement between him and his employer.

Other exclusions that apply to this coverage are in the *Common Exclusions* Section.

BA-01-2003.00

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EXPOSURE AND DISAPPEARANCE COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss which results, directly and independently of all other causes, from a Covered Accident that causes the Covered Person's unavoidable exposure to the elements following the forced landing, sinking, stranding or wrecking of a vehicle.

If the Covered Person disappears and is not found within one year from the date of wrecking, sinking or disappearance of the conveyance in which the Covered Person was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Covered Person's death resulted directly and independently of all other causes from a Covered Accident.

Travel or trip must have been authorized in advance by the Policyholder.

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

BA-01-2006.00

FELONIOUS ASSAULT AND VIOLENT CRIME COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, when the Covered Person suffers a Covered Loss resulting, directly and independently of all other causes, from a Covered Accident that occurs during a violent crime or felonious assault as described below. A police report detailing the felonious assault or violent crime must be provided before any benefits will be paid. The Covered Accident must occur while the Covered Person is on the business or premises of the Policyholder.

To qualify for benefit payment, the Covered Accident must occur during any of the following:

1. actual or attempted robbery or holdup;
2. actual or attempted kidnapping;
3. any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the state where the felony occurred.

Definitions For purposes of this coverage:

Family Member means the Covered Person's parent, step-parent, Spouse or former Spouse, son, daughter, brother, sister, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, aunt, uncle, cousins, grandparent, grandchild and stepchild.

Fellow Employee means a person employed by the same Employer as the Covered Person or by an Employer that is an affiliated or subsidiary corporation. It shall also include any person who was so employed, but whose employment was terminated not more than 45 days prior to the date on which the defined violent crime/felonious assault was committed.

Member of the Same Household means a person who maintains residence at the same address as the Covered Person.

Exclusions Benefits will not be paid for treatment of any Covered Injury sustained or Covered Loss incurred during any:

1. violent crime or felonious assault committed by the Covered Person; or
2. felonious assault or violent crime committed upon the Covered Person by a Fellow Employee, Family Member, or Member of the Same Household.

Other exclusions that apply to this coverage are in the *Common Exclusions* Section.

BA-01-2007.00

OWNED AIRCRAFT COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss that results, directly and independently of all other causes, from a Covered Accident that occurs during travel or flight in, including getting in or out of, any Aircraft that is owned, leased, operated or controlled by the Policyholder or any of its subsidiaries or affiliates.

A record of eligible Aircraft will be maintained by the Policyholder and provided to Us at Our request.

An Aircraft substituted for an eligible Aircraft will also be eligible if it is as similar to the original Aircraft in design and seating capacity as is available, and the original Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction. An Aircraft controlled by the Policyholder is one available for its use for 10 or more consecutive days or 15 days during any calendar year.

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

BA-01-2012.00

PILOT COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss resulting, directly and independently of all other causes, from a Covered Accident that occurs while the Covered Person is flying as a licensed pilot or member of the crew of an Aircraft and meets all of the following requirements:

1. has submitted a completed Pilot Data History form and been accepted for Pilot Coverage by Us;
2. maintains the same level of qualification stated on the Pilot Data History form submitted to and approved by Us;
3. is flying as a pilot or member of the crew of an Aircraft travelling on or transacting business for the Policyholder. All trips must have been authorized in advance by the Policyholder;
4. is flying as a pilot or member of the crew of an Aircraft on a list of eligible Aircraft maintained by the Policyholder;
5. is flying as a pilot or member of the crew of an Aircraft that is owned, leased, operated or controlled by the Policyholder;
6. is not giving or receiving flight instruction.

Description of Aircraft Covered

A record of eligible Aircraft will be maintained by the Policyholder and provided to Us at Our request.

An Aircraft substituted for an eligible Aircraft will also be eligible if it is as similar to the original Aircraft in design and seating capacity as is available, and the original Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction. An Aircraft controlled by the Policyholder is one available for its use for 10 or more consecutive days or 15 days during any calendar year.

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

BA-01-2013.00

RELOCATION COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss that results, directly and independently of all other causes, from a Covered Accident that occurs during Relocation. This Benefit will be equal to the percentage of the Covered Person's Accidental Death and Dismemberment Benefit, as specified in the *Schedule of Benefits*.

Relocation coverage begins when the Covered Person departs from his prior place of residence, or if later, his prior place of employment and begins travel to his new place of residence or employment. Relocation coverage ends when the Covered Person begins his first full day of employment at his new location or 10 days from the date this coverage began.

Definition For purposes of this coverage:
Relocation means a change in the Covered Person's assigned place of employment for the Policyholder which necessitates a change of residence, and for which the Policyholder pays travel expenses.

Exclusions This coverage will be in effect during the Covered Person's Personal Deviation only if indicated in the *Schedule of Benefits*.

Other exclusions that apply to this coverage are in the *Common Exclusions* Section.

BA-01-2016.00

WAR RISK COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss that results, directly and independently of all other causes, from a Covered Accident that occurs during war or acts of war that occur Worldwide except for countries where travel is permitted only under licenses granted by the Office of Foreign Assets Control, unless such license is granted.

The Policyholder may cancel this war risk coverage at any time by sending written notice to Us at Our home office address. Coverage will be canceled upon receipt of notice or a date specified by the Policyholder.

We may cancel this coverage at any time by providing written notice to the Policyholder at least 10 days prior to termination of this coverage. Any unearned premium will be promptly returned to the Policyholder.

Exclusions This benefit does not provide coverage when a Covered Accident occurs:

1. in the United States and its territories and possessions; or
2. in any nation of which the Covered Person is a citizen or a permanent resident.

Other exclusions that apply to this coverage are in the *Common Exclusions* Section.

BA-01-2021.00

DESCRIPTION OF INDEMNITY BENEFITS

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

BA-01-2200.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Losses We will pay the benefit for any one of the Covered Losses listed in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss resulting, directly and independently of all other causes, from a Covered Accident within the applicable time period specified in the *Schedule of Benefits*.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, We will pay the Benefit for the Covered Loss for which the largest benefit is payable. If a Covered Accident causes the Covered Person's death, the total of all Benefits We will pay for Accidental Death and any other Covered Losses will not exceed the Principal Sum.

Definitions

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Loss of Toes means complete Severance through the metatarsalphalangeal joint.

Paralysis or Paralyzed means total loss of use. A Physician must determine the loss of use to be complete and not reversible at the time the claim is submitted.

Quadriplegia means total Paralysis of both upper and lower limbs.

Hemiplegia means total Paralysis of the upper and lower limbs on one side of the body.

Paraplegia means total Paralysis of both lower limbs or both upper limbs.

Uniplegia means total Paralysis of one upper or one lower limb.

Coma means a profound state of unconsciousness from which the Covered Person is not likely to be aroused through powerful stimulation. The Coma must begin within 30 days of the Covered Accident, continue for 60 consecutive days and must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of injuries sustained in that Covered Accident.