



Group Accident Policy - Michigan

ZURICH AMERICAN INSURANCE COMPANY
1299 Zurich Way
Schaumburg, Illinois 60196

In return for the payment of premium expressed in the **Schedule**, **We** agree to pay the benefits of this Group **Accident Policy** to the persons insured hereunder, subject to the terms and conditions which follow. **We** have issued the Group **Accident Policy** to the **Policyholder**. The Group **Accident Policy** is executed as of the **Policy** date which is its date of issue, and from which anniversary dates are measured. The Group **Accident Policy** is delivered in, and subject to the laws of the Contract Situs in which it is issued.

**THIS GROUP ACCIDENT INSURANCE POLICY PROVIDES ACCIDENT COVERAGE ONLY
THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS**

POLICYHOLDER: IMA Financial Group, Inc. and all subsidiaries and affiliates
3700 East River Road
Mt. Pleasant, MI 48858

POLICY NUMBER: GTU4225664

POLICY DATE: January 1, 2023 to January 1, 2026
(All Insurance begins and ends at 12:01 a.m. at **Policyholder's** Address)

CONTRACT SITUS: Michigan

The following pages, including any riders, endorsements, schedule pages, **Insured** enrollment forms, applications or amendments, are a part of this Group **Accident Policy**. **We** and the **Policyholder** have agreed to all the terms of this Group **Accident Policy**.

This is a legal contract between the **Policyholder** and **Us**.
READ THE GROUP ACCIDENT POLICY CAREFULLY

In Witness Whereof, **We** have caused this **Policy** to be executed and attested, and, if required by state law, this **Policy** will not be valid unless countersigned by **Our** authorized representative.

Kristof Terryn
President
Zurich American Insurance Company

Laura J. Lazarczyk
Corporate Secretary
Zurich American Insurance Company

NON-PARTICIPATING

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SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

ELIGIBILITY AND CLASSIFICATION OF INSURED(S):

The following individuals are eligible to become **Insureds** upon the submission of completed enrollment material, if required:

- Class I:** All active Full-Time and Part-Time Employees who earn \$80,000 or more per year and who work at least 20 hours per week from the Policyholder, who are not in **Class III** or **Class VII**.
- Class II:** All active Full-Time and Part-Time Employees who earn less than \$80,000 per year and who work at least 20 hours per week from the Policyholder, who are not in **Class III** or **Class VII**.
- Class III:** All Active Executives (not including IMA Presidents/Division or Market Leaders) and Employee Board of Director Members of the Policyholder
- Class IV:** All Non-Employee Board of Director Members of the Policyholder
- Class V:** All Guests and Spouses of Insured Persons
- Class VI:** All Dependent Child(ren) of Insured Persons
- Class VII:** All Validated Producers of the Policyholder

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, and he or she is covered under more than one class, **We** will pay only one benefit, the largest benefit.

EFFECTIVE DATE OF INSURANCE FOR THE INSURED:

- A. For eligible individuals hired prior to January 1, 2023:
The Policy effective date.
- B. For eligible individuals hired on or after January 1, 2023:
The date of hire.

SECTION II – SCHEDULE

COVERAGES(S):

Classes Covered

24 Hour Accident Protection, Business and Pleasure Including Corporate Owned or Leased Aircraft, and Substitute Aircraft, Passenger Only H-1	III, VII
24 Hour Accident Protection While on Business Trip, Including Corporate Owned or Leased Aircraft, and Substitute Aircraft, Passenger Only H-2	I, II, IV
24 Hour Accident Protection While on A Specified Trip, Including Corporate Owned or Leased Aircraft, and Substitute Aircraft, Passenger Only H-3	V, VI
Exposure and Disappearance Coverage	All
Extra-Ordinary Commutation Coverage	I, II, IV

BENEFITS:

Classes Covered

ACCIDENTAL DEATH BENEFIT

All

Principal Sum:

- Class I:** \$250,000
- Class II:** \$150,000
- Class III:** \$500,000
- Class IV:** \$250,000

Class V: \$50,000

Class VI: \$25,000

Class VII: \$500,000

Aggregate Limit of Liability per Covered Accident: \$10,000,000

Classes Covered

**ACCIDENTAL DISMEMBERMENT
AND PLEGIA BENEFIT**

All

Principal Sum:

Same as above.

Coma Benefit

All

ADDITIONAL BENEFITS:

Classes Covered

Carjacking Benefit

All

Critical Burn Benefit

All

Day Care Benefit

All

Felonious Assault Benefit

All

Hearing Aid or Prosthetic Appliance Benefit

All

Higher Education Benefit

All

Home Alteration And Vehicle Modification Benefit

All

Parent Care Benefit

All

Rehabilitation Benefit

All

Seat Belt/Air Bag Benefit

All

Spouse/Domestic Partner Retraining Benefit

All

Therapeutic Counseling Benefit

All

ADDITIONAL ENDORSEMENTS

Form Number

Classes Covered

Group Parent Protection

U-VA-200-B CW (09/17)

All

Enhanced Travel Assistance Plan

U-VA-125-B MI (09/17)

All

Out of Country Travel Medical Insurance Benefit

U-VA-124-B MI (09/17)

All

Policyholder Business Mailing Address

U-VA-104-B CW (09/17)

All

Annual Earnings Definition Endorsement

U-VA-104-B CW (09/17)

All

Enrollment Required: Yes No

Premium Due Date: Upon Receipt of Invoice

Premium: 3-Yr Annual Installment

Installment 1: \$25,194.00

Installment 2: \$25,194.00*

Installment 3: \$25,194.00*

***Class VII:** Rate of \$82.18 per person per year. 2nd & 3rd Installments subject to **Class VII** annual audit

SECTION III – DEFINITIONS

Accident or **Accidental** means an unforeseen event that occurs while the **Policy** is in force and which is the direct and independent cause of bodily injury to the **Insured**. Suicide and self-inflicted injury are not considered “Accidental.”

Active and **Actively at Work** describes an employee who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered **Actively at Work** provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence.

Aggregate Limit of Liability means the total benefits **We** will pay for a **Covered Accident** or **Covered Accidents** set forth in the Schedule. For purposes of the **Aggregate Limit of Liability** provision, **Covered Accident** or **Covered Accidents** will include a **Covered Loss** or **Covered Losses** arising out of a single event or related events or originating cause and includes a resulting **Covered Loss** or **Covered Losses**. If the total benefits under the **Aggregate Limit of Liability** is not enough to pay full benefits to each **Insured**, **We** will pay each one a reduced benefit based upon the proportion that the **Aggregate Limit of Liability** bears to the total benefits which would otherwise be paid.

Chartered Aircraft means an aircraft operated by a company with an air carrier or commercial operating certificate issued by the Federal Aviation Administration or the equivalent certificate issued by a foreign government, which the **Policyholder** has the right to use for no more than ten (10) consecutive days and/or for no more than fifteen (15) days in a one (1) year period.

Controlled by, as used in the **Coverages** Section, means the **Policyholder** has the right to use a block of aircraft flight time for 25 or more hours in a one (1) year period or for 100 hours or more without a specified term, from a company which is in the business of providing aircraft for private use. A **Chartered Aircraft** will not be considered **Controlled** by the **Policyholder**.

Coverage(s) means the event or events described in the **Hazards** of this **Policy** to which benefits and additional benefits apply. The **Hazards** are listed in the **Coverages** Section on the Schedule.

Covered Accident means an **Accident** that results in a **Covered Loss**.

Covered Injury means an **Injury** directly caused by accidental means which is independent of all other causes, results from a **Covered Accident**, occurs while the **Covered Person** is insured under this **Policy**, and results in a **Covered Loss**.

Covered Loss means a loss which meets the requisites of one or more benefits or additional benefits, results from a **Covered Injury**, and for which benefits are payable under this **Policy**.

Covered Person means any person who has insurance under the terms of this **Policy**. It includes the **Insured**.

Dependent means an **Insured's Spouse/Domestic Partner** and **Dependent Child(ren)**, as defined in this section.

Dependent Child(ren), if used in this **Policy**, means those unmarried **Child(ren)** of the **Insured**, and those unmarried **Child(ren)** of his or her legally married **Spouse**, and those unmarried **Child(ren)** as defined in the **Policyholder's** medical plan as on file and approved by **Us** of the **Insured's Domestic Partner** who rely on the **Insured** for more than 50% of their support, and are either: 1) less than 19 (nineteen) years of age; 2) less than 26 (twenty-six) years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental retardation or physical handicap.

Newborn coverage: Benefits under this policy are applicable for a newly born child of the insured from the moment of birth. Coverage for newly born children shall include coverage of injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

Domestic Partner means as defined in the **Policyholder's** medical plan as on file and with **Us**.

Foreign National means a person who is a citizen of a country or other jurisdiction other than the United States of America and who is not a resident of the United States of America.

Injury means a bodily **Injury**.

Insured means an individual who is eligible for **Coverage** under this **Policy** as provided in the Eligibility and Classification of **Insureds** part of Section I, and who completes the enrollment material, if required.

Owned Aircraft means an aircraft in which the **Policyholder** or a related company has legal or equitable title. Fractional ownership in a company which is in the business of providing aircraft for private use will be deemed to be equitable title in the aircraft used by the **Policyholder**.

Plan means the **Plan** design as described on the Schedule.

Policy means this Group **Accident Insurance Policy**.

Policyholder means the group named on the front page of this **Policy**.

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

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

Spouse, if used in this **Policy**, means the **Insured's** legally married **Spouse**.

Under lease, as used in the **Coverages** Section, means an aircraft which the **Policyholder** does not own but has the right to use, under a written agreement, for more than ten (10) consecutive days and/or for more than fifteen (15) days in a one (1) year period. A **Chartered Aircraft** will not be considered **Under lease**.

We, Us, and Our refers to Zurich American Insurance Company.

SECTION IV – COVERAGES

24 HOUR ACCIDENT PROTECTION, BUSINESS AND PLEASURE INCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, AND SUBSTITUTE AIRCRAFT, PASSENGER ONLY H-1

Classes III, VII Only

The **Hazards** insured against by this **Policy** are:

A **Covered Injury** sustained by an **Insured** anywhere in the world, subject to the terms, conditions, exclusions and limitations under this **Policy**.

Hazard Limitations:

Air travel **Coverage** is limited to a loss sustained during a trip, while the **Insured** is a passenger, riding in or on, boarding or getting off:

- A. any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
 - 1. medical certificate; and
 - 2. pilot certificate with a proper rating to pilot such aircraft.
- B. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Hazard Exclusions:

Coverage is not provided:

- A. If the **Insured** is the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. Unless **We** have previously consented in writing to the use, **Coverage** is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
 - 1. any aircraft other than those expressly stated in this **Coverage**;
 - 2. any aircraft **Owned** or **Controlled** by, or **Under lease** to the **Policyholder** except the following aircraft, including **Substitute Aircraft**

As on File with the Policyholder

provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the **Policyholder's** consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.

3. any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured**;
4. any aircraft operated by the **Policyholder** except those indicated in 2. above, including **Substitute Aircraft** or one of the Policyholder's employees;
5. any aircraft engaged in a **Specialized Aviation Activity**;
6. any conveyance used for tests or experimental purposes, or in a race or speed test.

Hazard Definitions:

Substitute Aircraft means an aircraft, which is not owned by the **Policyholder**, and:

1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;
2. is the same class of aircraft as the specified aircraft; and
3. is being used by the **Policyholder** because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.

Note: A complete updated list of all Corporate Aircraft must be provided to **Us** on each anniversary of the **Policy**.

Other Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

24 HOUR ACCIDENT PROTECTION WHILE ON BUSINESS TRIP, INCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, AND SUBSTITUTE AIRCRAFT, PASSENGER ONLY H-2

Classes I, II, IV Only

The **Hazards** insured against by this **Policy** are:

A **Covered Injury** sustained by an **Insured** anywhere in the world while on the **Business of the Policyholder** during a business trip, subject to the terms, conditions, limitations and exclusions under this **Policy**.

Coverage, subject to limitations and exclusions, is provided between:

- A. the later of the time the **Insured** leaves the place where he or she normally works or lives; and
- B. the earlier of the time the **Insured** returns to the place where he or she normally works or lives.

Hazard Limitations:

Air travel **Coverage** is limited to a loss sustained during a trip, while the **Insured** is a passenger, riding in or on, boarding or getting off:

- A. any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
 1. medical certificate; and
 2. pilot certificate with a proper rating to pilot such aircraft.
- B. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Hazard Exclusions:

Coverage is not provided:

- A. If the **Insured** is the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. For an assignment by the **Policyholder** or relocation that exceeds three hundred and sixty-five (365) days in duration. Note: If an assignment exceeds three hundred and sixty-five (365) days in duration, the location of the assignment will be considered the place of permanent assignment, and the **Insured** will then have **Coverage** when traveling elsewhere on the **Business of the Policyholder**.
- C. Unless **We** have previously consented in writing to the use, **Coverage** is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:

1. any aircraft other than those expressly stated in this **Coverage**;
2. any aircraft **Owned** or **Controlled** by, or **Under lease** to the **Policyholder** except the following aircraft including **Substitute Aircraft**:

As on File with the Policyholder

provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the **Policyholder's** consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.

3. any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured**;
4. any aircraft operated by the **Policyholder** except those indicated in 2. above, including **Substitute Aircraft** or one of the **Policyholder's** employees;
5. any aircraft engaged in a **Specialized Aviation Activity**;
6. any conveyance used for tests or experimental purposes, or in a race or speed test.

Hazard Definitions:

- **Business of the Policyholder** means an assignment by or at the direction of the **Policyholder** to further the business of the **Policyholder**. It does not include an **Accident** occurring during usual travel to and from work; bona fide leaves of absence or vacation. It does include a **Personal Deviation** and **Side Trips** of a personal nature.
- **Personal Deviation** means non-business activities undertaken while on the **Business of the Policyholder**, but unrelated to furthering the **Business of the Policyholder**.
- **Side Trip** means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; 3) is taken during the course of the business trip; and 4) is limited to 336 hours.
- **Substitute Aircraft** means an aircraft, which is not owned by the **Policyholder**, and:
 1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;
 2. is the same class of aircraft as the specified aircraft; and
 3. is being used by the **Policyholder** because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.

Note: A complete updated list of all Corporate Aircraft must be provided to **Us** on each anniversary of the **Policy**.

Other Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

24 HOUR ACCIDENT PROTECTION WHILE ON A SPECIFIED TRIP, INCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, AND SUBSTITUTE AIRCRAFT, PASSENGER ONLY H-3

Classes V, VI Only

The **Hazards** insured against by this **Policy** are:

A **Covered Injury** sustained by an **Insured**, subject to the terms, conditions, limitations and exclusions under this **Policy**, during a specified to:

While traveling on a business trip and/or relocation trip * with a primary Insured person * The trip must be approved by and/or at the expense of the Policyholder.

Coverage, subject to limitations and exclusions, is provided between:

- A. the later of the time the **Insured** leaves the place where he or she normally works or lives; and
- B. the earlier of the time the **Insured** returns to the place where he or she normally works or lives.

Hazard Limitations:

Air travel **Coverage** is limited to a loss sustained during the trip, while the **Insured** is a passenger, riding in or on, boarding or getting off:

- A. any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
 1. medical certificate; and

2. pilot certificate with a proper rating to pilot such aircraft.
- B.** any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Hazard Exclusions:

Coverage is not provided:

- A.** If the **Insured** is the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B.** For travel or activities by the **Insured**, which deviate from the requirements for making the specified trip, or travel that is an extension of the specified trip. This does not include a **Personal Deviation** and **Side Trips** of a personal nature.
- C.** Unless **We** have previously consented in writing to the use, **Coverage** is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
 1. any aircraft other than those expressly stated in this **Coverage**;
 2. any aircraft **Owned** or **Controlled** by, or **Under lease** to the **Policyholder** except the following aircraft including **Substitute Aircraft**:

As on File with the Policyholder

provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the **Policyholder's** consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.

3. any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured**;
4. any aircraft operated by the **Policyholder** except those indicated in 2. above, including **Substitute Aircraft** or one of the Policyholder's employees;
5. any aircraft engaged a **Specialized Aviation Activity**;
6. any conveyance used for tests or experimental purposes, or in a race or speed test.

Hazard Definitions:

- **Personal Deviation** means non-business activities undertaken while on the specified trip, but unrelated to the specified trip.
- **Side Trip** means non-business travel of a personal nature that: 1) is incidental to the specified trip; 2) would not have been taken if not for the specified trip; 3) is taken during the course of the specified trip; and 4) is limited to 336 hours.
- **Substitute Aircraft** means an aircraft, which is not owned by the **Policyholder**, and:
 1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;
 2. is the same class of aircraft as the specified aircraft; and
 3. is being used by the **Policyholder** because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.

Note: A complete updated list of all Corporate Aircraft must be provided to **Us** on each anniversary of the **Policy**.

Other Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

EXPOSURE AND DISAPPEARANCE COVERAGE

Classes All

If an **Insured** is exposed to weather because of an **Accident** and this results in a **Covered Loss**, **We** will pay the applicable **Principal Sum**, subject to all **Policy** terms.

If the conveyance in which an **Insured** is riding disappears, is wrecked, or sinks, and the **Insured** is not found within 365 days of the event, **We** will presume that the person lost his or her life as a result of **Injury**. If travel in such conveyance was covered under the terms of this **Policy**, **We** will pay the applicable **Principal Sum**, subject to all **Policy** terms. **We** have the right to recover the benefit if **We** find that the **Insured** survived the event.

Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

EXTRA-ORDINARY COMMUTATION COVERAGE

Classes I, II, IV Only

Coverage is extended to include a **Covered Injury** suffered by an **Insured** while commuting directly between his or her home, and place of regular employment. This can be by car or other conveyance. For this **Coverage** to take effect, there must be a stop in service due to a strike or major breakdown of one or more public transit systems regularly used by the **Insured**.

This **Coverage** begins when the **Insured** leaves his or her home or place of work. This **Coverage** ends when the **Insured** arrives at his or her home or place of work. Except for events beyond the control of the **Insured**, no losses will be covered if the **Insured** deviates from his or her normal route.

Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

SECTION V – BENEFITS

ACCIDENTAL DEATH BENEFIT

If an **Insured** suffers a loss of life as a result of a **Covered Injury**, **We** will pay the applicable **Principal Sum**. The death must occur within 365 days of the **Covered Injury**.

This benefit is subject to the limitations in Section VIII General Limitations.

ACCIDENTAL DISMEMBERMENT AND PLEGIA BENEFIT

If an **Injury** to an **Insured** or a **Covered Spouse / Domestic Partner** results in any of the following **Covered Losses**, **We** will pay the benefit amount shown. The **Covered Loss** must occur within 365 days of the **Accident**.

The benefit amounts are based on the **Principal Sum** of the person suffering the **Covered Loss**.

Covered Loss of	Benefit
1. Both Hands or Both Feet	Principal Sum
2. One Hand and One Foot	Principal Sum
3. One Hand or One Foot plus the loss of Sight of One Eye	Principal Sum
4. Sight of Both Eyes	Principal Sum
5. Speech and Hearing	Principal Sum
6. Speech or Hearing	50% of Principal Sum
7. One Hand; One Foot; or Sight of One Eye	50% of Principal Sum
8. Thumb and Index Finger of the same Hand	25% of Principal Sum
9. Hearing in One Ear	25% of Principal Sum
Plegia	
1. Quadriplegia (total paralysis of all four Limbs)	Principal Sum
2. Paraplegia (total paralysis of both lower Limbs)	75% of Principal Sum
3. Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)	75% of Principal Sum
4. Uniplegia (total paralysis of one Limb)	25% of Principal Sum

For purposes of this benefit:

- Covered Loss** means:
 - For a foot or hand, actual severance through or above an ankle or wrist joint;
 - Actual severance through or above the metacarpophalangeal joint of a thumb or index finger;
 - Total and permanent loss of sight;
 - Total and permanent loss of speech;
 - Total and permanent loss of hearing.
- Plegia** must continue for twelve (12) consecutive months and be determined by a competent medical authority to be permanent, complete and irreversible paralysis of one or more **Limbs**. A **Limb** means an arm or a leg. Proof of total paralysis may be required by **Us** on a periodic basis. Benefits are not payable for paralysis caused by a stroke.

This benefit is subject to the limitations in Section VIII General Limitations.

COMA BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss** within 365 days of a **Covered Accident**, and such **Injury** causes the **Insured** to be in a **Coma** for at least thirty (30) consecutive days, **We** will pay a **Coma Benefit**.

The **Coma Benefit** will be payable at 1% of the **Insured's Principal Sum** per month for the first 11 months the **Insured** remains in a **Coma**, following the initial thirty (30) day period. At the end of the 11 months of payment, if the **Insured** remains in a **Coma**, **We** will pay a lump sum benefit equal to the **Principal Sum** payable under the **Accidental Death Benefit** less the amount of the 11 months of benefit already received.

Coma will be determined by a duly licensed physician.

This benefit is subject to the limitations in Section VIII General Limitations.

SECTION VI – ADDITIONAL BENEFITS

CARJACKING BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death** or **Accidental Dismemberment and Plegia Benefit**, as a direct result of an **Accident** that occurs during a **Carjacking** of a private passenger automobile that the **Insured** was operating, getting into or out of, or riding in as a passenger, **We** will pay an additional benefit equal to 10% of the applicable **Principal Sum** to a maximum of \$25,000.

Verification of the **Carjacking** must be made part of an official police report within twenty-four (24) hours of the **Carjacking** or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within twenty-four (24) hours or as soon as reasonably possible, and such verification must be provided to **Us**.

For purposes of this benefit, **Carjacking** means a person other than the **Insured** taking unlawful possession of a private passenger automobile by means of force or threats against the person(s) then rightfully occupying it.

CRITICAL BURN BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss** as a result of a **Covered Accident**, which is payable under the **Accidental Dismemberment and Plegia Benefit**, an additional benefit will be payable equal to the lesser of 10% of the **Insured's Principal Sum** or \$25,000, provided all terms and conditions of the **Policy** are met and:

1. the **Insured** has received second degree or higher burns over 25% of his or her body; and
2. the **Insured** has undergone reconstructive surgery to treat the burned areas of the body; and
3. the reconstructive surgery has taken place within 365 days of the occurrence of the **Injury**.

DAY CARE BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, **We** will pay an additional benefit for day care expenses on behalf of each **Dependent Child** if:

1. on the date of the **Accident**, the **Dependent Child** was enrolled in an **Accredited Child Care Facility**, or enrolls in such facility within ninety (90) days from the date of loss; and
2. the **Dependent Child** is under age 13.

The **Day Care Benefit** will be equal to the lesser of:

1. the actual cost of the child care;
2. 10% of the **Principal Sum** of the **Insured** who suffered the **Covered Loss**; or
3. \$10,000.

The **Day Care Benefit** will be paid annually for four (4) consecutive years if:

1. the **Dependent Child** is under age 13 at the time of each annual payment; and
2. proof is received by **Us** that verifies that the **Dependent Child** remains enrolled in an **Accredited Child Care Facility**.

An **Accredited Child Care Facility** means:

1. a child care facility that operates pursuant to state and local laws;
2. is licensed by the state for such child care facilities; and
3. has been provided with a Tax Identification Number by the Internal Revenue Service.

An **Accredited Child Care Facility** does not include a hospital; the child's home; a nursing or convalescent home; a facility for the treatment of mental disorders; an orphanage; or a treatment center for drug and alcohol abuse.

FELONIOUS ASSAULT BENEFIT

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If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death or Accidental Dismemberment and Plegia Benefit** as a result of a violent or criminal act committed by someone other than the **Insured**, a **Fellow Employee** or a member of his or her **Family** or **Household**, **We** will pay an additional benefit equal to 10% of the **Insured's Principal Sum**, provided:

1. the **Injury** is incurred in connection with the **Policyholder's** normal business whether on or off the **Policyholder's** premises; and
2. the crime directly involves the **Policyholder's** funds or assets.

For purposes of this benefit:

Fellow Employee means a person employed by the same employer as the **Insured** or by an employer that is an affiliated or subsidiary corporation. It will also include any person who was so employed, but whose employment was terminated not more than forty-five (45) days prior to the date on which the defined violent crime/felonious assault was committed.

Family means the **Insured's** parent, step-parent, **Spouse** or former **Spouse**, son, daughter, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, aunt, uncle, cousins, grandparent, grandchild or stepchild.

Household means a person who maintains residence at the same address as the **Insured**.

This benefit applies only to the crimes or attempted crimes of robbery, theft, hold-up or kidnapping.

HEARING AID OR PROSTHETIC APPLIANCE BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Dismemberment and Plegia Benefit**, **We** will pay an additional benefit provided:

1. the **Insured** is required to use a hearing aid or prosthetic appliance;
2. the **Injury** that caused the payment of the **Accidental Dismemberment and Plegia Benefit** is the same **Injury** that requires the **Insured** to use the **Hearing Aid or Prosthetic Appliance**; and
3. the **Hearing Aid or Prosthetic Appliance** was required within one (1) year of the **Injury**.

The amount **We** will pay will be equal to the one time cost of the **Hearing Aid or Prosthetic Appliance** actually paid by the **Insured**.

This benefit will not be paid unless:

1. the **Hearing Aid or Prosthetic Appliance** was prescribed by a legally qualified physician or surgeon who is not the **Insured's** spouse child, or relative; and
2. presentation of proof of payment is provided to **Us**.

For purposes of this benefit, **Prosthetic Appliance** will include an artificial limb or eye.

No payment will be made for ordinary living, traveling or clothing expenses.

The maximum amount payable under all provisions of this benefit combined will be the lesser of 10% of the **Insured's Principal Sum** or \$25,000.

HIGHER EDUCATION BENEFIT

If the **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, **We** will pay an additional benefit for higher education expenses to the individual who incurs the expense for each **Dependent Child**.

A **Dependent Child** is eligible for the **Higher Education Benefit** if on the date of the **Accident**:

1. he or she is enrolled as a full-time student in an accredited college, university or trade school; or
2. he or she is at the 12th grade level and enrolls in an accredited college, university or trade school within one (1) year from the date of the **Accident**.

The **Higher Education Benefit** will be equal to 10% of the **Insured's Principal Sum**, to a maximum of \$10,000. This amount will be paid annually for up to four (4) consecutive years if the **Dependent Child** continues his or her education. Before this benefit is paid each year, the **Dependent Child** must present written proof that he or she is attending an institution of higher learning on a full-time basis.

If, at the time of the **Accident**, a **Plan** covering the **Insured's Dependents** was selected, but there are no **Dependent Child(ren)** who qualify for this benefit, **We** will pay an additional benefit of \$1,000 to the designated beneficiary.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Dismemberment and Plegia Benefit**, **We** will pay an additional benefit for home alterations and/or vehicle modifications, provided:

1. the **Insured** is required to use a wheelchair to be ambulatory on a permanent basis; and
2. the **Injury** that caused the payment of the **Accidental Dismemberment and Plegia Benefit** is the same **Injury** that requires the **Insured** to need the wheelchair.

The amount **We** will pay will be equal to:

1. the one time cost of alterations to the **Insured's** primary residence to make it wheelchair accessible and habitable; and
2. the one time cost of modifications necessary to his or her motor vehicle to make the vehicle accessible or drivable.

Benefits will not be payable unless:

1. alterations and/or modifications are made by a person or persons experienced in such alterations and/or modifications, and are recommended by a recognized organization providing support and assistance to wheelchair users; and
2. presentation of proof of payment is provided to **Us**.

The maximum amount payable under all provisions of this benefit combined will be the lesser of 20% of the **Insured's Principal Sum** or \$50,000.

PARENT CARE

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, **We** will pay an additional benefit for **Parent Care**, in equal shares, to each **Dependent Parent** (or his or her legal guardian) of such **Insured**.

The amount payable for the **Parent Care Benefit** will be 10% of the **Insured's Principal Sum** to a maximum of \$25,000 for all **Dependent Parents**.

For purposes of this benefit, **Dependent Parent** means the of the **Insured** who, at the time of a **Covered Accident**, is receiving support and care provided by such **Insured** as evidenced by the most current tax return filed with the government of the United States of America.

REHABILITATION BENEFIT

If the **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Dismemberment and Plegia Benefit**, **We** will pay an additional benefit for the **Reasonable and Customary** expenses actually incurred for **Rehabilitation Training**, in an amount equal to the lesser of:

1. the actual expenses that are incurred within two (2) years from the date of the **Accident** for the **Rehabilitation Training**;
2. \$25,000; or
3. 10% of the **Insured's Principal Sum**.

Rehabilitation Training means a treatment program that:

1. is prescribed by a licensed physician acting within the scope of his or her license by **Us** prior to the provision of services;
2. is required due to the **Insured's Injury**; and
3. prepares the **Insured** for an occupation which he or she would not have engaged in except for the **Injury**.

Reasonable and Customary expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, **We** will determine the amount based upon:

1. the complexity involved;
2. the degree of professional skill required; and
3. any other pertinent factors.

SEAT BELT/AIR BAG BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, and the **Injury** which caused the accidental death directly resulted from an automobile **Accident**, **We** will pay an additional benefit, which equals 10% of the applicable **Principal Sum** up to a maximum of \$25,000 provided that the **Insured** was:

1. operating or riding as a passenger in any private passenger automobile designed for use primarily on public roads; and
2. wearing an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the **Injury**.

Verification of the **Insured's** actual use of the seat belt or lap and shoulder restraints is required as follows:

1. in the official law enforcement report of the **Accident**, through certification by the investigating officers; or
2. by other reasonable proof, acceptable to **Us**.

An additional benefit equal to 10% of the **Insured's Principal Sum** to a maximum of \$25,000, will be paid if the **Insured** was driving a private passenger automobile with a manufacturer equipped driver-side air bag or riding as a passenger in a private passenger automobile with a manufacturer equipped passenger-side air bag, provided the **Insured's** seat belt or lap and shoulder restraint was properly fastened at the time of the **Accident**. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the **Accident**, through certification by the investigating officers or by other reasonable proof.

SPOUSE/DOMESTIC PARTNER RETRAINING BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, **We** will pay to his or her **Spouse/ Domestic Partner**, the actual cost of any professional or trade-training program in which the **Spouse/Domestic Partner** enrolls, provided:

1. the purpose of the training program is to obtain an independent source of support and maintenance;
2. the actual cost is incurred within thirty (30) months from the death of the **Insured**; and
3. the professional or trade training program is licensed by the state.

The maximum amount payable under this benefit will be the lesser of 10% of the **Insured's Principal Sum** or \$10,000.

THERAPEUTIC COUNSELING BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Dismemberment and Plegia Benefit**, and the **Insured** requires **Therapeutic Counseling**, **We** will reimburse the charges for such counseling, to the individual who incurs the expense, provided:

- (1) all terms and conditions of the **Policy** are met;
- (2) **Therapeutic Counseling** begins within ninety (90) days of the **Covered Accident**;
- (3) **Therapeutic Counseling** must be received within one (1) year from the date of the **Covered Loss**.

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

The maximum amount payable under this benefit is \$5,000 for any one **Covered Accident**.

SECTION VII – GENERAL EXCLUSIONS

A loss will not be a **Covered Loss** if it is caused by, contributed to, or results from:

1. war or any act of war, whether declared or undeclared;
2. involvement in any type of active military service;
3. illness or disease, regardless of how contracted, medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for **Accidental** ingestion of contaminated foods;
4. travel or flight in any aircraft except to the extent stated in the **Coverage** Section.

SECTION VIII – GENERAL LIMITATIONS

Limitation on Multiple Covered Losses. If an **Insured** suffers more than one loss as a result of the same **Accident**, **We** will pay only one benefit, the largest benefit.

Limitation on Multiple Benefits. If an **Insured** can recover benefits under more than one of the following benefits: **Accidental Death Benefit, Accidental Dismemberment Benefit and Plegia Benefit, Coma Benefit**, as a result of the same **Accident**, the most **We** will pay for these benefits in total is the **Insured's Principal Sum**.

Limitation on Multiple Hazards. If an **Insured** suffers a **Covered Loss** that is covered under more than one **Hazard**, **We** will pay only one benefit, the largest benefit unless there is a specific written exception in the **Policy**.

Aggregate Limit. **We** will not pay more than the **Aggregate Limit of Liability** stated in the Schedule.

SECTION IX - TERMINATION OF INSURANCE

A. Policy Termination.

Termination by **Policyholder**. The **Policyholder** may terminate this **Policy** on the first renewal date or at any time after that date by delivering to **Us** a written notice to end this **Policy** at least thirty (30) days in advance of such termination. **We** will

calculate and return the unearned premium, if any, using a standard short rate table. The **Policyholder** will send **Us** any additional amounts owed, if any, between the **Policy's** paid to date and the official date of termination.

Termination by Us. We may terminate this **Policy** by giving the **Policyholder** at least thirty (30) days' notice of **Our** intent to terminate. Such notice will state the exact date the **Policy** will terminate. We may also end this **Policy** for non-payment of premium on any premium due date if the payment is not received prior to the end of the **Grace Period**. We will mail a notice of such termination to the **Policyholder's** last address shown in **Our** records. In the event of termination, we may return to the **Policyholder** any unearned premium, in excess of \$25, on a pro rata basis.

B. Termination of Individual's Insurance.

Insured. Insurance automatically terminates on the earliest of:

1. the date the **Policy** is terminated;
2. the date the **Insured** ceases to be eligible for insurance;
3. the expiration date of the period for which required premium has been paid for such **Insured**;
4. the date the **Insured** fails to pay the required premium, if the **Insured** is so required;
5. the date the **Insured** retires.

SECTION X - HOW TO FILE A CLAIM

- A. Notice.** The **Insured** or the beneficiary, or someone on their behalf, must give **Us** written notice of the **Covered Loss** within ninety (90) days of such **Covered Loss**. The notice must name the **Covered Person** who sustained the **Injury**, the **Insured**, and the **Policy** Number. To request a claim form, the **Insured** or the beneficiary, or someone on their behalf may contact **Us** at 1-866-841-4771. The notice must be sent to the Claims Department, Zurich American Insurance Company, Zurich Document Distribution Center, P.O. Box 968041, Schaumburg, IL 60196, or any of **Our** agents. Notice to **Our** agents is considered notice to **Us**.
- B. Claim Forms.** We will send the claimant proof of **Covered Loss** forms within fifteen (15) days after **We** receive notice. If the claimant does not receive the proof of **Covered Loss** form in fifteen (15) days after submitting notice, he or she can send **Us** a detailed written report of the claim and the extent of the **Covered Loss**. We will accept this report as a proof of **Covered Loss** if sent within the time fixed below for filing a proof of **Covered Loss**.
- C. Proof of Covered Loss.** Written proof of **Covered Loss** must be sent within ninety (90) days of the **Covered Loss**. Failure to furnish proof of **Covered Loss** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the proof of **Covered Loss**, and the proof was provided as soon as reasonably possible.

SECTION XI - PAYMENT OF CLAIMS

- A. Time of Payment.** We will pay claims for all **Covered Losses**, other than **Covered Losses** for which this **Policy** provides any periodic payment, immediately upon receipt of written proof of loss. Unless an optional periodic payment is stated or chosen, any **Covered Loss** to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance, which remains when **Our** liability ends, will then be paid when **We** receive the proof of **Covered Loss** that is acceptable to **Us**.
- B. Who We Will Pay.**
1. Loss of Life of an **Insured**. **Covered Losses** resulting from the **Insured's** death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as the **Insured**, **We** will pay the benefit to the beneficiary named by the **Insured** for the **Policyholder's** Group Life Insurance policy. If there is no beneficiary named by the **Insured** for the **Policyholder's** Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as the **Insured**, **We** will pay the benefit to the **Insured's** survivors in the following order:
 - a. the **Insured's** legally married **Spouse** or **Domestic Partner**;
 - b. the **Insured's** **Child(ren)**;
 - c. the **Insured's** parents;
 - d. the **Insured's** brothers and sisters;
 - e. the **Insured's** estate.
 2. All Other Claims. Benefits are to be paid to the **Insured**.
- C. Physical Examination and Autopsy.** We have the right to examine an **Insured** when and as often as **We** may reasonably request while the claim is pending. Such examination will be at **Our** expense. **We** can have an autopsy performed unless forbidden by law.

D. Choice of Service Provider. The **Insured** has the sole right to choose his or her duly licensed physician and hospital.

SECTION XII - GENERAL POLICY CONDITIONS

- A. Beneficiaries.** The **Insured** has the sole right to name a beneficiary. The beneficiary has no interest in the **Policy** other than to receive certain payments. The **Insured** may change the beneficiary at any time unless he or she has assigned the interest in the **Policy**. In such case, the person to whom he or she has assigned the interest in this **Policy** may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed unless the previous beneficiary was designated as irrevocable. Any beneficiary designation must be in writing.
- B. Change or Waiver.** A change or waiver of any terms or conditions of this **Policy** must be issued by **Us** in writing and signed by one of **Our** executive officers. No agent has authority to change or waive **Policy** terms or conditions. A failure to exercise any of **Our** rights under this **Policy** will not be deemed as a waiver of such rights in the same or future situations.
- C. Clerical Error.** A clerical error or omission will not increase or continue an **Insured's Coverage**, which otherwise would not be in force. If an **Insured** applies for insurance for which he or she is not eligible, **We** will only be liable for any premiums paid to **Us**.
- D. Conformity with Statute.** Terms of this **Policy** that conflict with the laws of the state where it is delivered are amended to conform to such laws.
- E. Entire Contract.** This **Policy**, the **Policyholder** application, **Insured** enrollment materials, and any attachments represent the entire insurance contract between the **Policyholder** and **Us**.
- F. Grace Period.** Premiums are due for this **Policy** on or before the premium due date or renewal date, whichever applies. If the **Policyholder** does not pay a renewal premium when it is due, there is a thirty-one (31) day **Grace Period** to pay. During the **Grace Period**, the **Policy** will stay in force. The **Policyholder** will not have a **Grace Period** if **We** have given notice, at least thirty (30) days in advance, that **We** are going to terminate this **Policy**.
- G. Insured Certificates.** **We** will give to the **Policyholder** a **Certificate**, in either paper or electronic format, for their **Insureds**, where required by state law. The **Policyholder** will either give or make these **Certificates** available to the **Insureds**. Such **Certificate** will contain a summary of terms that affect benefits.
- H. Policyholder Records.** The **Policyholder** will keep a record of the **Coverage**, premium and other pertinent administrative information for each **Insured** will be deemed to be a part of the **Policy**. **We** may examine these records at reasonable times while the **Policy** is in force and for six years after the termination of the **Policy**. The **Policyholder** will report to **Us** within a reasonable time all changes in information regarding an **Insured**. The **Policyholder** will indemnify **Us** for any benefits or other payments that are caused in whole or in part by the **Policyholder's** negligence or error in performing the record keeping function.
- I. Suit Against Us.** No action on this **Policy** may be brought until sixty (60) days after written proof of **Covered Loss** has been sent to **Us**. Any action must commence within three (3) years, (five (5) years in Kansas and Tennessee; and six (6) years in South Carolina and Wisconsin) of the date the written proof of **Covered Loss** was required to be submitted. If the law of the state where the **Insured** lives makes such limit void, then the action must begin within the shortest time period permitted by law. In those states where binding arbitration is allowed, binding arbitration will supersede this provision. **Time Limit on Certain Defenses.** In the absence of fraud, statements made by the **Policyholder** or a **Covered Person** are deemed representations and not warranties. No such statement will cause **Us** to deny or reduce the benefits due under this **Policy** or be used as a defense of a claim, unless it is contained in a signed written application. After three (3) years from the date coverage starts no such statement (except age) will cause this **Policy** to be contested.
- J. ERISA Claims Fiduciary.** The **Policyholder** agrees that the **Policy** constitutes the plan and plan document under the Employee Retirement Income Security Act of 1974 as amended (ERISA). The **Policyholder** designates **Us** as the claims fiduciary of this plan and gives **Us** the authority to determine eligibility for benefits and to construe the terms of the plan. The **Policyholder** agrees to comply with the disclosure and reporting requirements of ERISA regarding the plan and **Our** designation and authority as the claims fiduciary.
- K. Assignment of Interest.** A transfer of interest is binding when **We** receive written notice. **We** have no duty to confirm that a transfer is valid.
- L. Reinstatement.** If any renewal premium is not paid within the time granted the **Insured** for payment, a subsequent acceptance of premium by **Us** or by an agent duly authorized by **Us** to accept the premium, without requiring in connection with the acceptance of the premium an application for reinstatement, is a reinstatement of the policy. However, if **We** or **Our** agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the **Policy** is reinstated upon approval of the application by **Us** or, if not approved by **Us**, on the forty-fifth day after the date of the conditional receipt unless **We** have previously notified the **Insured** in writing of its disapproval of the application. Under the reinstated policy, **We** will cover only loss resulting from accidental injury that is sustained after the date of reinstatement. In all other respects,

We and the **Insured** have the same rights under the **Policy** as they had under the **Policy** immediately before the due date of the defaulted premium, subject to any provisions endorsed on the policy or attached to the policy in connection with the reinstatement. We will apply any premium accepted in connection with a reinstatement to a period for which premium has not been previously paid, but not to any period more than 60 days before the date of reinstatement.

M. Newly Acquired Corporation If the **Policyholder** acquires a corporation through stock purchase, exchange of stock or otherwise, and notifies Us of such acquisition within one hundred and eighty (180) days thereafter, the eligible employees of the **Newly Acquired Corporation** will be insured under this **Policy** as of the effective date of such acquisition.

If the **Policyholder** does not notify Us and provide Us with the underwriting information necessary for Us to determine the amount of additional premium required, if any, within the one hundred and eighty (180) days, or does not pay such additional premium, if any, as required, the **Coverage** for the employees of the **Newly Acquired Corporation** will terminate. However, the **Policyholder** will be liable for the payment of any premium required for the period such **Coverage** was in effect.

Note: The above reporting provision only applies to corporations with more than 200 employees. For corporations with less than 200 employees, reporting of such acquisition will not be required, and **Coverage** will be automatic for the duration of the **Policy** term.

IMA Financial Group, Inc. and all subsidiaries and affiliates
GTU4225664
Effective: January 1, 2023



ZURICH®

AMENDATORY ENDORSEMENT

Out of Country Travel Medical Insurance Benefit

ZURICH AMERICAN INSURANCE COMPANY

1299 Zurich Way
Schaumburg, Illinois 60196

This endorsement, effective January 1, 2023, forms a part of **Policy** No. GTU4225664, issued to IMA Financial Group, Inc. and all subsidiaries and affiliates.

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy/Certificate**:

Out of Country Travel Medical Insurance Schedule			
Benefit	Maximum Benefit Amount per Covered Person per Covered Accident and Illness	Deductible per Covered Person per Covered Accident and Illness	Co-Insurance Rate(s) per Covered Person per Covered Accident and Illness
Medical Expense Benefit	\$250,000	\$0	100%
Medical Expense Benefit Sublimits:			
Daily Hospital Room and Board	The average semi-private room rate per day	The Deductible shown in the Medical Expense Benefit	100%
Daily Intensive Care Unit	Two (2) times the average semi-private room rate per day	The Deductible shown in the Medical Expense Benefit	100%
Dental	The Maximum Benefit Amount shown in the Medical Expense Benefit	The Deductible shown in the Medical Expense Benefit	100%
Pregnancy	The Maximum Benefit Amount shown in the Medical Expense Benefit	The Deductible shown in the Medical Expense Benefit	100%

We or Our Assistance Provider will pay the **Reasonable and Customary** expenses incurred by the **Covered Person** for **Medically Necessary** medical services or treatments resulting from a **Covered Accident** while such **Covered Person** is traveling outside his or her country of **Principal Residence** while on the **Business of the Policyholder** including **Personal Deviations** and **Side Trips**. **We or Our Assistance Provider** will pay up to the Maximum Benefit Amount for the Medical Expense Benefit,

Coverage under this benefit is conditional upon notification within twenty-four (24) hours, or as soon as reasonably possible by the **Covered Person** or **Policyholder** to **Us** or **Our Assistance Provider** at 1-800-263-0261, of the need

for medical treatment. **Our Assistance Provider**, in conjunction with the local attending **Physician**, shall coordinate the most suitable medical care.

For purposes of this Out of Country Travel Medical Insurance Benefit only, the following additional definitions apply in addition to the Definitions stated in Section III of the **Policy**:

Assistance Provider means the assistance provider approved or designated by **Us**.

Benefit Plan means the benefits provided under this Out of Country Travel Medical Insurance Benefit.

Business of the Policyholder means a temporary assignment by or at the direction of the **Policyholder** to further the business of the **Policyholder** which lasts no longer than three hundred and sixty-five (365) days. It does not include an **Accident** or **Illness** which occurs during bona fide leaves of absence or vacation. If the temporary assignment exceeds three hundred and sixty-five (365) days in duration, the location of the assignment will be considered the place of permanent assignment.

Co-Insurance Rate(s) means the percentage of the eligible expenses shown in the Out of Country Travel Medical Insurance Schedule payable by **Us**, or **Our Assistance Provider** on **Our** behalf, after the **Covered Person** pays the applicable **Deductible(s)**, if any

Deductible(s) means the dollar amount the **Covered Person** must pay before benefits under this Out of Country Travel Medical Insurance Benefit become payable. The Out of Country Travel Medical Insurance Schedule shows the amount of the applicable **Deductible(s)**, if any, and the Benefit(s), Additional Benefits and Medical Expense Sublimits to which the **Deductible(s)** applies.

Illness means a sickness or disease, which impairs the normal functions of the body and which first manifests itself during a covered trip.

In Force Policy means any multiple group, group-type, family, or individual health care policy covering the **Covered Person** and in effect at the time of the **Injury** or **Illness**, or subsequently thereafter, other than the Policy to which this benefit is included.

Medically Necessary means a medical service or treatment:

1. is essential for the diagnosis, treatment or care of the Injury or Illness for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. is ordered by a licensed medical provider acting within the scope of his or her practice.

Parent(s) means the person who has the legal authority and corresponding duties to care for the personal and property interests of the **Dependent Child(ren)**.

Personal Deviation means non-business activities undertaken while on the **Business of the Policyholder**, but unrelated to furthering the **Business of the Policyholder**.

Physician means a person who is:

1. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner that We or Our Assistance Provider are required by law to recognize;
2. licensed to practice in the jurisdiction where care is being given;
3. practicing within the scope of their license; and
4. not related to the Covered Person by blood or marriage.

Principal Residence means the legal domicile of the **Covered Person**.

Reasonable and Customary means the common charge made by other health care providers in the same locality for the treatment furnished. If the common charge for a service cannot be determined due to the unusual nature of such service, **We or Our Assistance Provider** will determine the amount based upon:

1. the complexity involved;
2. the degree of professional skill required; and
3. any other pertinent factors.

We or Our Assistance Provider will make the final determination of what is **Reasonable and Customary** based on all the circumstances.

Side Trip means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; and 3) is taken during the course of the business trip; and 4) lasts for no more than fourteen (14) day(s).

For purposes of this Out of Country Travel Medical Insurance Benefit only, in addition to the General Exclusions stated in Section VII of the **Policy**, **We** will not cover:

1. in-patient hospital treatment unless the **Covered Person** has notified **Us** or **Our Assistance Provider** in advance of the planned admission and allowed them to coordinate care or, in the case of an emergency admission, notified **Us** or **Our Assistance Provider** within twenty-four (24) hours, or as soon as reasonably possible, of said admission;
2. non-emergency medical expenses unless prior notice is given to **Us** or **Our Assistance Provider**;
3. any medical expenses incurred by the **Covered Person** after the date that **We** or **Our Assistance Provider**, based on the advice of a Medical Practitioner, had recommended the repatriation of the **Covered Person** to his or her country of **Principal Residence**;
4. any medical expenses incurred if the travel was undertaken for the purpose of obtaining medical treatment;
5. medical expenses incurred more than twelve (12) months from the date of the **Covered Injury** or onset of **Illness**;
6. medical expenses resulting from the **Covered Person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft;
7. medical expenses resulting from pregnancy, child birth, or elective abortion or medical expenses relating to travel while in the third trimester of pregnancy, unless such expenses are incurred as a result of an emergency;
8. an injury or sickness for which the Covered Person is entitled to benefits under Workers Compensation, Employer Liability, or similar law;
9. expenses which are more than **Reasonable and Customary**;
10. expenses for travel against the advice of a **Physician**;
11. medical expenses incurred within the **Covered Person's** country of **Principal Residence**;
12. medical expenses incurred for which the **Covered Person** is not legally obligated to pay;
13. medical expenses incurred for treatment by a member of the **Covered Person's** family or household;
14. artificial limbs, eyes, teeth or prosthetic devices of any kind;
15. treatment to the teeth, gums or structures directly supporting the teeth, unless due to Injury of sound, natural teeth or non-elective emergency dental surgery;
16. routine physical examinations;
17. mental health care;
18. cosmetic surgery, other than reconstructive surgery when necessary due to an Injury as a result of a Covered Accident while coverage is in effect;
19. personal comfort or convenience items, including but not limited to telephone charges, television rental, or guest meals.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy/Certificate** to which it is attached.

Endorsement No. as issued with policy.

Effective Date: January 1, 2023 Attached to and forming a part of **Policy** No. GTU4225664

Signed for by Zurich American Insurance Company:



President

November 1, 2022

Date

This endorsement, effective January 1, 2023, forms a part of **Policy** No. GTU4225664, issued to IMA Financial Group, Inc. and all subsidiaries and affiliates.

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT DOES NOT PROVIDE COVERAGE FOR SICKNESS OR PREVENTIVE HEALTH CARE EXCEPT FOR ILLNESS WHILE ON A COVERED TRIP

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy/Certificate**:

ENHANCED TRAVEL ASSISTANCE PLAN

This Enhanced Travel Assistance Plan will apply to the following **Covered Persons** when on a **Covered Trip**: the **Insured** and his or her **Spouse/Domestic Partner** and/or **Dependent Child(ren)** if the **Spouse/Domestic Partner** and/or **Dependent Child(ren)** are with the **Insured** while he or she is covered under the **Policy**. The **Spouse/Domestic Partner** and/or **Dependent Child(ren)** will not be covered while making a trip without the **Insured**. The transportation and/or services provided under this Enhanced Travel Assistance Plan must be pre-authorized by **Us** or **Our Assistance Provider**. This Enhanced Travel Assistance Plan consists of the following benefits:

ENHANCED TRAVEL ASSISTANCE PLAN BENEFITS

Hospital Admission/Medical Expense Guarantee

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and incurs a **Hospital Admission Guarantee Charge** and/or a **Medical Expense Guarantee Charge**, **We** or **Our Assistance Provider** will pay the actual expenses incurred for guarantee of payment to the hospital or the medical provider. The maximum amount **We** or **Our Assistance Provider** will pay for the Hospital Admission/Medical Expenses Guarantee is \$10,000.

Medical Evacuation Benefit

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and is being treated in a hospital, medical facility, clinic or by a medical provider which, based upon **Our** or **Our Assistance Provider's** evaluation, cannot provide medical care in accordance with **Western Medical Standards**, **We** or **Our Assistance Provider** will arrange for, and cover the cost for, the transport of the **Covered Person** to the nearest hospital or medical facility which can provide such care. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must pre-authorize the transport for this Medical Evacuation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Based on all the circumstances, **We** or **Our Assistance Provider** will determine the standard of care of a hospital or medical facility, clinic or medical provider for the limited purpose of determining **Our** liability.

Medical Repatriation Benefit

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and has sufficiently recovered to travel in a non-scheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel with minimal risk to his or her health, **We** or **Our Assistance Provider** will arrange for, and cover the cost for, the transport of the **Covered Person** to his or her **Principal Residence**, in such transportation. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must pre-authorize the transport for this Medical Repatriation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Based on all the circumstances, for the limited purpose of determining **Our** liability, **We** or **Our Assistance Provider** will determine the appropriateness of the scheduling and the mode of transportation as well as what special equipment and/or personnel are covered.

Non-Medical Repatriation Benefit

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and has sufficiently recovered to travel in a regularly scheduled economy class air flight without special equipment or personnel with minimal risk to his or her health, **We** or **Our Assistance Provider** will arrange for, and cover the cost to change the travel date on the return air flight and/or for an upgrade in the seating, to his or her **Principal Residence**. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must agree to the change in the travel date and/or upgrade for this Non-Medical Repatriation Benefit to be payable. No change or upgrade will be made without the prior recommendation of the attending physician.

Return of Remains Benefit

If a **Covered Person** dies while on a **Covered Trip**, **We** or **Our Assistance Provider** will make arrangements and pay for the local preparation of the body for transport or cremation (not including the cost of cremation), travel clearances and authorizations, standard shipping container (not including urn or coffin) and transportation of the body or remains to its country of destination. **We** or **Our Assistance Provider** must be contacted prior to the preparation and transportation of the body and **We** or **Our Assistance Provider** must pre-authorize the services and transportation for this Return of Remains Benefit to be payable.

Visit to Hospital Benefit

If a **Covered Person** is scheduled to be hospitalized for more than three (3) consecutive days while on a **Covered Trip**, **We** or **Our Assistance Provider** will arrange for, and cover the cost of, a regularly scheduled round trip economy class air flight and accommodations (including hotel/lodging and meals; but excluding personal comfort or convenience items) for as many as two (2) people chosen by the **Covered Person** to visit the **Covered Person** while he or she is hospitalized. **We** or **Our Assistance Provider** must pre-authorize the transportation for this Visit to Hospital Benefit to be payable. The maximum amount **We** will pay for this Visit to Hospital Benefit is \$10,000.

Return of Child Benefit

If a **Covered Person** is traveling with a **Dependent Child(ren)**, who is under nineteen (19) years of age or a **Dependent Child(ren)** who prior to age nineteen (19) became incapable of self-sustaining employment by reason of mental or physical handicap and remains chiefly dependent upon the **Covered Person** for support and maintenance, while on a **Covered Trip**, and due to the **Illness** of or **Injury** to the **Covered Person**, such **Dependent Child(ren)** is left unattended, **We** or **Our Assistance Provider** will arrange for, and cover the cost of, the transport of the **Dependent Child(ren)** by a regularly scheduled economy class air flight to the location chosen by the **Covered Person**, and for an attendant, if applicable. **We** or **Our Assistance Provider** must pre-authorize the transportation of the **Dependent Child(ren)** and attendant, if applicable, for this Return of Child Benefit to be payable. The maximum amount **We** will pay for this Return of Child Benefit is \$10,000 per **Dependent Child** and \$10,000 per attendant.

Return of Companion Benefit

If a **Covered Person** is traveling with a companion while on a **Covered Trip**, and due to the **Illness** of or **Injury** to the **Covered Person** the **Covered Person** cannot complete the **Covered Trip** as scheduled, **We** or **Our Assistance Provider** will arrange for, and pay for, the lesser of the change fee for the companion's return air flight or a one way economy class flight. **We** or **Our Assistance Provider** must pre-authorize such costs for this Return of Companion Benefit to be payable. The maximum amount **We** will pay for this Return of Companion Benefit is \$10,000.

Dispatch of a Physician or Specialist Benefit

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and, based on the information available, **We** or **Our Assistance Provider** cannot adequately assess whether or not medical care can be provided in accordance with **Western Medical Standards** and/or medical evacuation, medical repatriation or non-medical repatriation transportation and/or services are necessary, **We** or **Our Assistance Provider** will arrange for, and cover the cost of, a physician's or specialist's travel to the **Covered Person's** location, as well as the medical services provided on location by such physician or specialist, to make the assessment. **We** or **Our Assistance Provider** must pre-authorize such costs for this Dispatch of a Physician or Specialist Benefit to be payable. The maximum **We** will pay for this Dispatch of a Physician or Specialist Benefit is \$10,000.

Security Evacuation Benefit

If, as a result of an **Event** that takes place while a **Covered Person** is on a **Covered Trip**, the **Covered Person** requires extrication from a location in which he or she is traveling due to an imminent physical danger, **We** or **Our Assistance Provider** will arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the **Covered Person**; but excluding personal comfort and convenience items) of the **Covered Person** to the nearest place of safety. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must pre-authorize the transport for this Security Evacuation Benefit to be payable. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, **We** or **Our Assistance Provider** will make every effort to maintain contact with the **Covered Person**.

We or **Our Assistance Provider** will also arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the **Covered Person**; but excluding personal comfort and convenience items) of the **Covered Person** within seven (7) days of the **Covered Person's** extrication from a location in which he or she was traveling due to an imminent physical danger back to the location in which the **Covered Person** was traveling, provided return is safe and permitted, or the **Covered Person's Principal Residence**.

Based on all the circumstances, for the limited purpose of determining **Our** liability, **We** or **Our Assistance Provider** will determine the necessity of the extrication, the feasibility of the extrication and the appropriateness of the scheduling, as well as what mode of transportation and special equipment and/or personnel are covered. The maximum amount **We** will pay for this Security Evacuation Benefit is \$100,000.

TRAVEL ASSISTANCE PLAN EXCLUSIONS

We will not provide this Enhanced Travel Assistance Plan if the **Coverage** is excluded under Section VII – General Exclusions of the **Policy**, or if:

1. the **Covered Trip** was undertaken for the specific purpose of securing medical treatment;
2. **We** or **Our Assistance Provider** did not pre-authorize the transportation and/or services;
3. the **Covered Trip** was undertaken against the advice of a physician or medical practitioner;
4. the costs incurred are not necessary and/or are excessive. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
5. with respect to the Medical Evacuation Benefit, the medical care which is being provided is consistent with **Western Medical Standards**. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
6. with respect to the Medical Evacuation Benefit, it is not medically necessary to transport the **Covered Person** to another hospital or medical facility. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
7. based upon the medical condition of the **Covered Person** and/or the local conditions and circumstances, **We** or **Our Assistance Provider** determines that the medical evacuation or repatriation or non-medical repatriation is not appropriate. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
8. with respect to the Security Evacuation Benefit, the **Covered Person** has violated the laws or regulations of the location of his or her **Principal Residence** or the location in which he or she is traveling while on a **Covered Trip**;
9. with respect to the Security Evacuation Benefit, the **Covered Person** fails to produce or maintain immigration, work, residence or similar visas, permits or other relevant documentation for the location in which he or she is traveling while on a **Covered Trip**;
10. with respect to the Security Evacuation Benefit, the expenses incurred are solely due to the repossession of the **Policyholder's** or **Covered Person's** property by a titleholder or other interested party, to satisfy any debt, insolvency, financial failure or other financial obligation of the **Policyholder** or **Covered Person**;
11. with respect to the Security Evacuation Benefit, the expenses incurred are solely due to the **Policyholder** or **Covered Person** failing to honor any contractual obligation, bond or specific performance condition in a license;
12. with respect to the Security Evacuation Benefit, the **Covered Person** is a citizen of the country in which he or she is traveling while on a **Covered Trip**;

ENHANCED TRAVEL ASSISTANCE PLAN DEFINITIONS

For purposes of this Enhanced Travel Assistance Plan only, the following additional definitions apply:

Assistance Provider means the travel assistance provider approved or designated by **Us**.

Covered Trip means travel from the **Covered Person's Principal Residence** and such travel is covered under the **Policy**.

Event means any of the following situations in which the **Covered Person** finds himself or herself while on a **Covered Trip**:

1. Expulsion from a location in which the **Covered Person** is traveling or being declared persona non-grata on the written authority of the recognized government of the location in which the **Covered Person** is traveling;
2. Political, social or military events involving the location in which the **Covered Person** is traveling which result in the appropriate government authority(ies) of the **Covered Person's** location of **Principal Residence** or the location in which the **Covered Person** is traveling issuing a formal recommendation that citizens of the **Covered Person's** country of **Principal Residence** or the country in which the **Covered Person** is traveling leave the location in which the **Covered Person** is traveling;
3. Storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that results in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate government authority(ies) of the location in which the **Covered Person** is traveling and such area is deemed to be uninhabitable or dangerous;
4. Confirmed (by documentation and/or physical evidence) attack or threat of attack against the **Covered Person's** health and safety by a third party;
5. Deemed kidnapped or a missing person by local or international authorities and, when found, the **Covered Person's** health and/or safety are in question within seven (7) day(s) of his or her being found.

Hospital Admission Guarantee Charge means any charge or expense made by a hospital prior to and as a condition of a **Covered Person's** admission to that hospital.

Ill or Illness means a sickness or disease, which impairs the normal functions of the body and which first manifests itself during a **Covered Trip**.

Injured, Injury or Injuries means a bodily injury or injuries and is not limited to accidental bodily injuries.

Medical Expense Guarantee Charge means any charge or expense made by a medical provider other than a hospital prior to and as a condition of a **Covered Person** being provided with the medical service or treatment by that provider.

Principal Residence means the legal domicile of the **Covered Person** in his or her country of citizenship or location of permanent assignment. If the **Covered Person** has dual citizenship, his or her country of citizenship is the country of the passport he or she used to enter the location in which he or she is traveling.

Western Medical Standards means generally accepted medical standards comparable to those in the United States, Canada or Western Europe.

For the purpose of this Enhanced Travel Assistance Plan, if there are any differences in the definition of a term between this Enhanced Travel Assistance Plan and the **Policy**, the definition in this Enhanced Travel Assistance Plan will govern.

ENHANCED TRAVEL ASSISTANCE PLAN - OTHER PROVISIONS

For purposes of this benefit only, the following additional conditions apply:

Changes to the Enhanced Travel Assistance Plan

The **Policyholder** shall notify all **Covered Persons** of any changes to this Enhanced Travel Assistance Plan within a reasonable time of such change.

Notice

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

Reservation of Rights

We reserve the right to suspend, curtail or limit coverage under this Enhanced Travel Assistance Plan in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strike, nuclear accident, act of God or the refusal of authorities to permit **Us** or **Our Assistance Provider** to provide services, or in any location for which a travel warning has been issued by the appropriate government authority(ies) of the **Covered Person's** location of **Principal Residence** or the location in which the **Covered Person** is traveling.

Right of Recovery

We may to recover any benefits which **We** have paid under this Enhanced Travel Assistance Plan if the **Policyholder** or **Covered Person** recovers any money from a third party for the expenses incurred by the **Policyholder** or **Covered Person** which were covered under this Enhanced Travel Assistance Plan. **We** will be reimbursed from such recovery and **We** will have a lien against that recovery. **We** have the right to recover any benefits from the **Policyholder** or **Covered Person** for transportation services and/or expenses, which were not covered under this Enhanced Travel Assistance Plan.

If, after a Security Evacuation is completed, it becomes clear that the **Covered Person** was an active participant in the events that lead to an **Event**, **We** have the right to recover any benefits which **We** have paid under this Enhanced Travel Assistance Plan.

Scope

Illness, as defined under this Enhanced Travel Assistance Plan, is solely covered under this Enhanced Travel Assistance Plan and in no way supersedes or modifies the other coverages and/or benefits provided under the **Policy**.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy/Certificate** to which it is attached.

Endorsement No. as issued with policy.

Effective Date: January 1, 2023

Attached to and forming a part of **Policy** No. GTU4225664

Signed for by Zurich American Insurance Company:



President

November 1, 2022

Date



Zurich American Insurance Company
1299 Zurich Way
Schaumburg, Illinois 60196

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy**:

For purposes of this endorsement only, **SECTION – I ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE, ELIGIBILITY AND CLASSIFICATION OF INSUREDS** is amended to include the following:

Solely with respect to **Non-Contributory Insurance**, coverage afforded to the **Policyholder** under this endorsement shall apply to all **Classes** as set forth in the ELIGIBILITY AND CLASSIFICATION OF INSUREDS Section.

For purposes of this endorsement only, **SECTION – II SCHEDULE** is amended to include the following:

International Program Structure

The international program consists of the following policies, which, all for themselves and interrelated, are an integral part of the international program issued to the **Policyholder**:

1. **Master Policy.**

For purposes of this endorsement only, **SECTION III – DEFINITIONS** is amended to include the following:

Group Person(s) means a person who is located or employed by a **Subsidiary and/or Affiliate** in a **Prohibited Jurisdiction** that would qualify as an **Insured** or **Covered Person** under the **Master Policy** provided that it is located in a **Prohibited Jurisdiction** and the person has not paid premium for **Coverage** and benefits under the **Master Policy**. Such person is not a party to, nor a **Covered Person** or a beneficiary under this **Master Policy** and has no rights and no obligations under this **Master Policy**.

Group Person Relevant Loss means loss that is deemed to be the legal or contractual obligation of:

1. the **Policyholder** to indemnify a **Group Person**;
2. the **Policyholder** to indemnify a **Subsidiaries and/or Affiliates** for such entity's contractual obligation to a **Group Person**; or
3. **Subsidiaries and/or Affiliates** for such entity's contractual obligation to a **Group Person**;

for loss that would have been covered under the terms of this **Master Policy** if incurred by a **Covered Person**.

Local Compulsory Insurance means any insurance that is required to be purchased under the laws of any jurisdiction.

Master Policy means this **Policy** no.: GTU4225664

Non-Contributory Insurance means the **Coverages** and benefits under this **Master Policy** for which no contribution of premium payments is permitted nor required from the **Group Person** or **Insured**.

Prohibited Jurisdiction means any country or political subdivision in which **We** are not authorized to insure risks and where doing so would violate insurance laws and regulations of such jurisdictions.

Subsidiaries and/or Affiliates mean those subsidiaries and affiliates in which the **Policyholder**, directly or indirectly, has a controlling interest of 50% or more, or over which the **Policyholder** undertakes actual management within a company and thereby essentially determines decision-making by the respective company.

For purposes of this endorsement only, **SECTION IV – COVERAGES** is amended to include the following:

Group Parent Protection. Solely with respect to **Non-Contributory Insurance**, **We** will indemnify the **Policyholder** for loss under this **Master Policy** as set forth below:

1. Where the **Policyholder** holds shares or any other financial interest as, by way of example but not by way of

limitation, any participation, controlling interest, voting rights, management control or investment, under applicable laws, in the **Subsidiaries and/or Affiliates** in a **Prohibited Jurisdiction**, if the **Policyholder** suffers devaluation of such shares or financial interest as a result such **Subsidiaries and/or Affiliates** incurring and paying for a **Group Person Relevant Loss**, this constitutes the **Policyholder's** insurable interest under this section;

2. Where the **Policyholder** agrees to contractually indemnify a **Subsidiary and/or Affiliate** for a **Group Person Relevant Loss**, the **Policyholder's** insurable interest arises by virtue of the loss that the **Policyholder** incurs in indemnifying the **Subsidiary and/or Affiliate**; or
3. Where the **Policyholder** agrees to contractually indemnify a **Group Person**, where such **Group Person** has not paid premium under the **Master Policy**, for loss that would have been a **Covered Loss** under the terms of this **Master Policy** if incurred by a **Covered Person**, the **Policyholder's** insurable interest arises by virtue of the loss that the **Policyholder** incurs in indemnifying the **Group Person**.

For the purposes of this section of the **Master Policy**, the amount of the **Policyholder's** loss is deemed to be equal in amount to the **Group Person Relevant Loss**.

For the purpose of this section of the **Master Policy**, **Subsidiary and/or Affiliate** shall include any **Subsidiaries and/or Affiliates** as well as branches acquired or newly formed following the effective date of this **Master Policy**.

The terms of this section shall prevail in the event of conflict with any other provisions of this **Master Policy**.

For the purposes of this endorsement only, **SECTION XI – PAYMENT OF CLAIMS** is amended to include the following:

Claim Payment. **Group Persons** are not entitled to make any claim against **Us** for payment of benefits under this **Master Policy**.

The coverage afforded to the **Policyholder** will not exceed the amount of the **Principal Sum** that would have been paid to the **Group Person** had the **Group Person** been a **Covered Person** subject to any Difference in Conditions or Difference in Limits under this **Policy**.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Effective Date: January 1, 2023 Attached to and forming a part of **Policy** No. GTU4225664

Signed for by Zurich American Insurance Company:



President

November 1, 2022

Date

SANCTIONS EXCLUSION ENDORSEMENT



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

The following exclusion is added to the policy to which it is attached and supersedes any existing sanctions language in the policy, whether included in an Exclusion Section or otherwise:

SANCTIONS EXCLUSION

Notwithstanding any other terms under this policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED



Privacy Notice

We Take Important Steps to Protect the Nonpublic Personal Information We Collect About You

Dear Customer:

rev. January 2020

We care about your privacy. That is why we believe in your right to know what nonpublic personal information (“NPI”) we collect about you and what we do with that information. This Privacy Notice describes the NPI we collect about you and how we share and protect that information.

Overview	UNDERSTANDING HOW WE USE YOUR PERSONAL INFORMATION
Why are you receiving this Notice?	Financial institutions, which include the Company, choose how they share your NPI. Federal and state law gives consumers the right to limit some but not all sharing of that information. Federal law also requires us to tell you how we collect, share and safeguard your NPI. You are receiving this Privacy Notice because our records show either that you are a customer who is obtaining or has obtained insurance coverage or non-insurance products or services.
What types of information do we collect?	<p>The types of NPI we collect depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none">• Information about you we receive on applications or other forms, such as your name, address, telephone number, date of birth, your social security number, driver’s license number, employment information, information about your income, assets and net worth, and medical information;• Information about your transactions with the Company and its affiliates;• Information about your insurance coverage, premiums, claims history, and payment history;• Data from insurance support organizations, government agencies, insurance information sharing bureaus;• Property information and similar data about you or your property, such as property appraisal reports; and• Information we receive from a consumer reporting agency or insurance information sharing bureau, such as a credit or fraud report. <p>When your relationship with us ends, we may continue to share information about you as described in this Privacy Notice.</p>
What do we do with the NPI we collect?	We share your NPI in the course of supporting your insurance coverage or non-insurance products or services, as authorized by law, or with your consent. This includes sharing, as permitted by law, your NPI with affiliated parties and nonaffiliated third parties, as applicable, in the course of supporting your insurance coverage or non-insurance products.

These affiliates and nonaffiliated third parties include:

- Financial service providers, such as banks and other insurance companies;
- Non-financial companies, such as medical providers and nonaffiliated service providers that perform marketing services on our behalf; and
- Others, such as consumer reporting agencies and insurance information sharing bureaus.

In the section below, we list the reasons we can share your NPI, whether we actually share your NPI, and whether you can opt out of this sharing (or if you are a resident of Vermont, whether you have the right to opt in to allowing this sharing).

Reasons we can share your personal information	Does Company Share?	Can you opt out of this sharing or limit this sharing or is your authorization required for this sharing?
For our everyday business purposes – such as to process your transactions, administer insurance coverage, products or services, maintain your account, prevent fraud and report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	Not Applicable
For our affiliates' everyday business purposes – transaction and experience information	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	Not Applicable
For our affiliates to market to you	Yes	No
For non-affiliates to market their products to you	No	Not Applicable

Collecting and safeguarding information	
How often do you notify me about your privacy practices?	We must notify you about our sharing practices when you receive your policy, open an account or purchase a service, and each year while you are a customer, or when significant or legal changes require a revision. Please review the privacy policy posted on our website, ZurichNA.com. It contains additional information about our practices.
Why do you collect my NPI?	We collect NPI when you apply for insurance or file an insurance claim to help us provide you with our insurance products and services, and determine your insurability or other eligibility. We may also ask you and others for information to help us verify your identity in order to prevent money laundering and terrorism. Information in a report prepared by an insurance support organization may be retained by that organization and provided to others.
What NPI do we share?	We may provide to affiliates and/or nonaffiliated third parties the same NPI listed above in the section entitled, "What types of information do we collect?"
How do you safeguard my NPI?	Employees who have access to your NPI are required to maintain and protect the confidentiality of that information. Access to your personal information may be needed to conduct business on your behalf or to service your insurance coverage. In addition, we maintain physical, electronic and procedural measures to protect your personal information in compliance with applicable laws and regulatory standards.

FOR RESIDENTS OF ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, ILLINOIS, MAINE, MASSACHUSETTS, MINNESOTA, MONTANA, NEW JERSEY, NEVADA, NORTH CAROLINA, OHIO, OREGON, OR VIRGINIA:

You have the following individual rights under state law:

Except for certain documents related to claims and lawsuits, you have the right to access the recorded personal information that we have collected about you which we reasonably can locate and retrieve. To access your recorded personal information, you must submit a request using our online form on our website, ZurichNA.com, or calling our toll-free number at 1-800-382-2150. You may also reasonably describe the information you seek in writing and send your written request to the Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com. If you would like a copy of your recorded personal information that we reasonably can locate and retrieve, we may charge you a reasonable fee to cover the costs incurred in providing you a copy of the recorded information if it is permitted by law. If you request medical records, we may elect to supply that information to you through your designated medical professional for security purposes. We may also direct you to a consumer reporting agency to obtain certain consumer report information.

Generally, most of the recorded nonpublic personal information we collect about you and have in our possession is from policy applications or enrollment forms you submit to obtain our products and services, and is reflected in your statements and other documentation you receive from us. If you believe that the personal information we have about you in our records is incomplete or inaccurate, please let us know at once through any of the above methods, and we will investigate and correct any errors we find.

You also have the right to request the correction, amendment, or deletion of recorded personal information about you that we have in our possession. You may make your request using any of the above methods.

Residents of California and Nevada have additional rights over their non-public personal information if it is not governed by the Gramm-Leach-Bliley Act. For more information about these rights, please consult our online privacy policy posted on our website, ZurichNA.com.

FOR RESIDENTS OF MASSACHUSETTS ONLY WHO ARE ZNA P&C CUSTOMERS: You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

Key words and phrases	TERMS YOU SHOULD KNOW
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Definitions	
Everyday business purposes	<p>The actions necessary for financial companies like the Company to conduct business and manage customer accounts, such as:</p> <ul style="list-style-type: none"> • Processing transactions, mailing and auditing services; • Administering insurance coverage, product, services or claims; • Providing information to credit bureaus; • Protecting against fraud; • Responding to court/governmental orders or subpoenas and legal investigations; and • Responding to insurance regulatory authorities.
Affiliates	Financial or nonfinancial companies related by common ownership or control.

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| | <ul style="list-style-type: none">• <i>Company affiliates include insurance and non-insurance companies under common ownership with the Company and that provide insurance and non-insurance products or services.</i> |
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Nonaffiliated Third Parties	<p>Financial or nonfinancial companies not related by common ownership or control. We may share your information with companies that we hire to perform marketing and business services for us, such as data processing, computer software maintenance and development, and transaction processing. When we share information with others to perform these services, they are required to take appropriate steps to protect this information and use it only for purposes of performing the services.</p> <ul style="list-style-type: none"> • <i>The Company does not share information with nonaffiliates to market their products to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>The Company does not jointly market.</i>

Changes to this Privacy Notice; contact us	<p>We may change the policies, standards and procedures described in this Notice at any time to comply with applicable laws and/or to conform to our current business practices. We will notify you of material changes.</p> <p>If you have any questions about your contract with us, you should contact your agent.</p> <p>If you have questions specific to our Privacy Notice, contact our Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.</p>
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This Privacy Notice is sent on behalf of the following affiliated companies, which are referred to in this Privacy Notice, in the aggregate, as the “Company:”

American Guarantee and Liability Insurance Company, American Zurich Insurance Company, Colonial American Casualty and Surety Company, Empire Fire & Marine Insurance Company, Empire Indemnity Insurance Company, The Fidelity and Deposit Company of Maryland, Steadfast Insurance Company, Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company, Zurich American Insurance Company, Zurich American Insurance Company of Illinois, The Zurich Services Corporation (together, “the ZNA P&C Companies”), Zurich American Life Insurance Company, and Zurich American Life Insurance Company of New York.

AMENDATORY ENDORSEMENT
Administrative Change



ZURICH AMERICAN INSURANCE COMPANY
Schaumburg, Illinois

This endorsement, effective January 01, 2023 forms a part of Policy No. GTU 4225664, issued to IMA Financial Group, Inc. and all subsidiaries and affiliates.

POLICYHOLDER BUSINESS MAILING ADDRESS ENDORSEMENT

It is hereby understood and agreed that effective January 01, 2023 the following address will be used in regard to any business mailings with the **Policyholder**:

430 E. Douglas Ave., Suite 400
Wichita, KS 67202

Except for the above, this Amendatory Endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Endorsement No. 1

Signed for by Zurich American Insurance Company _____

Date: January 01, 2023

AMENDATORY ENDORSEMENT
Administrative Change



ZURICH AMERICAN INSURANCE COMPANY
Schaumburg, Illinois

This endorsement, effective January 01, 2023, forms a part of Policy No. GTU 4225664, issued to IMA Financial Group, Inc. and all subsidiaries and affiliates.

ANNUAL EARNINGS DEFINITION ENDORSEMENT

It is hereby understood and agreed that effective January 01, 2023 for clarification purposes, when referring to the Earnings of an eligible employee, the following applies:

Annual Earnings means the **Insured's** annual rate of earnings from his or her Employer. The employee's **Annual Earnings** will be based on his or her earnings in effect on the **Insured's** last full day of Active Work unless a different date applies.

Annual Earnings from the **Insured's** Employer is determined from his or her W-2 form and is the greater of a) the **Insured's Annual Earnings** earned over the calendar year occurring prior to April 1 preceding the date of loss or b) the **Insured's Annual Earnings** as of December 31 for the calendar year occurring prior to April 1 preceding the date of loss. If the income on the W-2 form is less than one calendar year, the greater of the **Insured's Annual Earnings** as defined above divided by the period of time on the W-2 form, or the **Insured's Annual Earnings** as of December 31 or the annualized contracted amount the **Insured** has with his or her Employer will be used.

If the **Insured** does not have a W-2 form from the Employer, **Annual Earnings** means the greater of the **Insured's Annual Earnings** on the date he or she became employed or the annualized contracted amount the **Insured** has with his or her Employer. Any change in the **Insured's** earnings after his or her last full day of Active Work will not affect your **Annual Earnings**.

Annual Earnings includes:

1. Bonuses
2. Commissions.
3. Overtime pay.
4. Section 132 qualified parking plan.
5. Any other extra compensation.
6. Contributions you make through a salary reduction agreement with your Employer to an Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangement; or
7. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual Earnings does not include:

1. Car, housing, moving allowances or severance pay.
2. Contributions toward premiums paid for long term disability insurance.
3. Imputed income for excess life insurance.
4. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
5. Amounts classified as wellness benefits,
6. Income received from Longevity and Safety Awards,
7. Amounts classified as a taxable gift,
8. Paid Non-Taxable Fringes, i.e. Cell Phone Expense reimbursement; or
9. Any other income received from sources other than the policyholder.

Except for the above, this Amendatory Endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Endorsement No. 2

Signed for by Zurich American Insurance Company _____

Date: January 01, 2023,