

SCHEDULE OF COVERAGE

Policyholder: VFIS TRUST

Policy Number:

Participating Organization:

VFP 2347-7994C-03

Appalachian Search and Rescue Conference, Inc
 1213 Prince Street
 Alexandria, VA 22314

Policy Effective Date: 02/01/2007

Term: 1 Year

Policy Expiration Date: 02/01/2008

Premium: \$ 2,542

This summary of coverage provides only those following benefits that have a specified amount entered opposite the name of the benefit. Benefits that are followed by the word "none" are not provided.

PART	COVERAGE	AMOUNT OF INSURANCE
I.	Loss of Life Benefits	
	A. Accidental Death Benefits	
	(i) Accidental Death Indemnity Benefit.....	\$ 10,000
	(ii) Seat Belt Benefit Amount.....	\$ 5,000
	B. Illness Loss of Life Benefit.....	\$ 10,000
	C. Dependent Benefit Amount (Per Dependent Child).....	\$ 10,000
	D. Spousal Support Benefit Amount.....	\$ 5,000
	E. Memorial Benefit Amount.....	\$ 2,000
II.	Lump Sum Living Benefits	
	A. Accidental Dismemberment Principle Sum.....	\$ 10,000
	B. Vision Impairment Benefit.....	\$ 10,000
	C. Optional Permanent Physical Impairment Principle Sum - Injury Only.....	\$ 10,000
	D. Cosmetic Disfigurement Resulting From Burns Principle Sum.....	\$ 10,000
	E. HIV Positive Benefit.....	\$ 10,000
III.	Weekly Income Benefits	
	A. Total Disability Benefit	
	(1) Total Disability Weekly Income Benefit (first 28 Days).....	\$ 100
	(2) Total Disability Maximum Weekly Amount (after 28 Days).....	\$ 100
	(3) Total Disability Minimum Weekly Amount.....	\$ 25
	B. Partial Disability Benefit	
	(1) Partial Disability Weekly Income Benefit (first 28 Days).....	\$ 50
	(2) Partial Disability Maximum Weekly Amount (after 28 Days).....	\$ 50
	(3) Partial Disability Minimum Weekly Amount.....	\$ 13
IV.	Occupational Retraining Benefit Maximum Amount	\$ 20,000
V.	Weekly Permanent Physical Impairment Benefit	\$
VI.	Optional Weekly Permanent Physical Impairment COLA Benefit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VII.	Medical Expense Benefits	
	A. Medical Expense Maximum Amount.....	\$ 10,000
	Medical Expense Benefit Options	
	1. Excess of Workers' Compensation or No-Fault Auto Insurance Benefits.....	<input type="checkbox"/>
	2. Excess of Workers' Compensation, No-Fault Auto Insurance and Other Group Insurance.....	<input type="checkbox"/>
	3. Primary Medical Expense Benefit.....	<input checked="" type="checkbox"/>
	B. Cosmetic/Plastic Surgery Maximum Amount	\$ 10,000
	C. Post Traumatic Stress Disorder Maximum Amount.....	\$ 10,000
	D. Critical Incident Stress Management Maximum Amount Per Covered Activity.....	\$ 2,500
	E. Family Expense Benefit.....	\$ 100
VIII.	Optional Benefits	
	A. Weekly Hospital Indemnity Benefit.....	\$ none
	B. Additional Disability Weekly Benefit.....	\$ none
	C. 24 Hour Accidental Death and Dismemberment Benefit.....	\$ none
	D. Non-Covered Activity Accidental Death and Dismemberment Benefit.....	\$ none

Additional Participating Organizations/Policyholders:

Alleghany Mountain Rescue

Blue Ridge Mountain Rescue

Maryland Search & Rescue

Mountaineer Area Rescue

Piedmont Search & Rescue

Potomac Valley Search & Rescue

Shenandoah Mountain Rescue

Southwest Virginia Mountain Rescue

Tidewater Search and Rescue

Policy Forms Attached at Issuance:

V30028-2005	Summary of Coverage - Volunteer - 2005 Version
V30388	Amendatory Endorsement - 2005
V30380-T	Felonious Assault Benefit Rider
V30381-T	Home Alteration and Vehicle Modification Rider



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AMENDATORY ENDORSEMENT

In consideration of the payment or premium calculated in the manner stated in the summary of coverage to which this endorsement is attached, it is hereby agreed that the summary of coverage is amended as follows:

- I. The section entitled **Schedule of Coverages**, appearing in the policy is deleted and replaced with the attached **Schedule of Coverages**.
- II. The definition of **Insured Person**, appearing in the section entitled "**GENERAL SUMMARY OF COVERAGE DEFINITIONS**", is deleted and replaced by the following.

Insured Person - means any officially designated member of a **Participating Organization** while acting as: (1) a volunteer member for the **Participating Organization**; (2) any junior member or member in training; (3) any commissioner, director, trustee or other similar position associated with the **Participating Organization**; (4) any bystander deputized at the time of the emergency by an official of the **Participating Organization** to assist in an emergency, but only during the actual emergency; (5) an auxiliary member; (6) any non-member who is requested to participate by the auxiliary or **Participating Organization**; and (7) any member who receives remuneration for "on call" duty or out of pocket expenses subject to the following:

An **Insured Person** will not include a member who looks to the **Participating Organization** for their primary source of income while acting within the scope of their employment unless the policy is specifically endorsed to provide coverage for career members. A member will be deemed to look to the **Participating Organization** for their primary source of income if they: (1) average 25 hours or more employment per week; or (2) are salaried and work a schedule of more than 25 hours per week. The time frame used to determine the average hours or the salaried schedule will be the same time frame used to calculate the **Average Weekly Wage** in **Part III.** of the policy.

- III. The section entitled "**B. ILLNESS LOSS OF LIFE BENEFIT**", appearing under **PART I.**, is deleted and replaced by the following.

B. ILLNESS LOSS OF LIFE BENEFIT

We will pay the **Illness Loss of Life Benefit** shown in the **Schedule** if death to an **Insured Person**: (1) occurs during a specific **Covered Activity** and is not otherwise payable as an **Accidental Death Indemnity Benefit**; or (2) occurs due to an **Illness** covered as a result of participation in a specific **Covered Activity**. Either: (1) death; or (2) medical treatment for the **Illness**, must occur within 48 hours of the **Covered Activity**. The requirement that death occurs, or medical treatment for the **Illness** be received, within 48 hours is waived for **Infectious Disease**. Medical treatment means treatment by a **Physician** or at a **Hospital** for the **Illness**.

No **Illness Loss of Life Benefit** will be payable, however, if an **Accidental Death Indemnity Benefit** is payable under the policy, or if, as a direct result of participation in the same **Covered Activity**, an **HIV Positive Benefit** was paid to the **Insured Person** under the policy.

- IV. The section entitled "**C. DEPENDENT BENEFIT**", appearing under **PART I.**, is deleted and replaced by the following.

C. DEPENDENT BENEFIT (PER DEPENDENT CHILD)

We will pay the **Dependent Benefit Amount** shown in the **Schedule** for each **Dependent Child** if either an **Accidental Death Indemnity Benefit** or an **Illness Loss of Life Benefit** is payable under the policy. We may make payment directly to the **Dependent Child's**: (1) custodian; or (2) to an individual or institution appearing to us to have assumed custody or principal support of the **Dependent Child** if: (a) the **Dependent Child** is a minor, or in our opinion is not competent to give a valid receipt for payment due him or her; and (b) no request for payment has been received by us from a duly appointed guardian or other legally appointed representative. Payment made in this manner will release us from all liability to the extent of any payment made.

"**Dependent Child**" means any unmarried child of the **Insured Person** who was dependent upon the **Insured Person** and claimed on the **Insured Person's** final tax return.

- V. The section entitled "**C. PERMANENT PHYSICAL IMPAIRMENT BENEFIT**", appearing under **PART II.**, is deleted and replaced by the following.

C. OPTIONAL PERMANENT PHYSICAL IMPAIRMENT BENEFIT

If this **Optional Permanent Physical Impairment Benefit** is selected by the **Participating Organization** as indicated in the **Schedule** and the **Optional Permanent Physical Impairment Benefit** becomes payable under the policy, we will pay an **Optional Permanent Physical Impairment Benefit** if **Injury** to an **Insured Person** results in an **Optional Permanent Physical Impairment** and the **Insured Person** participates in an approved physical rehabilitation program if his or her physical condition so warrants.

To Determine the Benefit Payable

The **Insured Person's Permanent Physical Impairment** will be assigned an impairment value by an examining **Physician**. This value will be expressed as a percentage in relation to the whole person. The impairment value will be determined by the most current edition of the American Medical Association's "Guide To The Evaluation of Permanent Impairment." This percentage value will be applied to the **Optional Permanent Physical Impairment Benefit Principal Sum** shown in the **Schedule** to determine the **Optional Permanent Physical Impairment Benefit** dollar amount payable under the policy.

Any **Optional Permanent Physical Impairment Benefit** paid or payable hereunder will be in addition to any **Accidental Dismemberment Benefit** or **Vision Impairment Benefit** paid or payable under the policy. However, in no event will the total amount of benefits payable as a result of any one accident exceed 100% of the largest Principal Sum or benefit amount shown in the **Schedule** for these **Benefits**.

If the **Insured Person** has a physical impairment prior to the time of loss, the impairment value that represents the pre-existing condition will be deducted from the **Permanent Physical Impairment** evaluation.

"Permanent Physical Impairment" means a medical condition which is a physical or functional abnormality or loss, which remains after the maximum medical rehabilitation has been achieved, and which is considered stable or non progressive by the **Physician** at the time an evaluation is made.

VI. The sections entitled **"A. TOTAL DISABILITY BENEFITS"** and **"B. PARTIAL DISABILITY BENEFITS"**, appearing under **PART III.**, are deleted and replaced by the following.

A. TOTAL DISABILITY BENEFITS

- (1) If **Injury** or **Illness** to an **Insured Person** results in **Total Disability**, we will pay the **Total Disability Weekly Income Benefit** shown in the **Schedule** for the first 28 days of **Total Disability**.
- (2) If **Total Disability** continues beyond 28 days, we will pay 100% of the difference between the **Insured Person's Average Weekly Wage** and any disability income benefits paid or payable to the **Insured Person** from any workers' compensation act or similar law and **Other Valid and Collectible Insurance**, not to exceed the **Total Disability Maximum Weekly Amount** shown in the **Schedule**, for each week the **Insured Person** is **Totally Disabled** up to a maximum of 260 weeks.
- (3) The minimum benefit payable for **Total Disability** will be the **Total Disability Minimum Weekly Amount** shown in the **Schedule**.
- (4) If an **Insured Person** is approved for disability retirement by the Public Employee Retirement Administration Commissioner, or otherwise retires, all eligibility for **Total Disability** terminates on the effective date of such retirement.

B. PARTIAL DISABILITY BENEFITS

- (1) If **Injury** or **Illness** to an **Insured Person** results in **Partial Disability**, we will pay the **Partial Disability Weekly Income Benefit** shown in the **Schedule** for the first 28 days of **Partial Disability**.
- (2) If **Partial Disability** continues beyond 28 days, we will pay 50% of the difference between the **Insured Person's Average Weekly Wage** and any disability income benefits paid or payable to the **Insured Person** from any workers' compensation act or similar law and **Other Valid and Collectible Insurance**, not to exceed the **Partial Disability Maximum Weekly Amount** shown in the **Schedule**, for each week the **Insured Person** is **Partially Disabled** up to a maximum of 52 weeks.
- (3) The minimum benefit payable for **Partial Disability** will be the **Partial Disability Minimum Weekly Amount** shown in the **Schedule**.
- (4) If an **Insured Person** is approved for disability retirement by the Public Employee Retirement Administration Commissioner, or otherwise retires, all eligibility for **Partial Disability** terminates on the effective date of such retirement.

VII. The section entitled **PART V. WEEKLY PERMANENT PHYSICAL IMPAIRMENT BENEFIT** is deleted and replaced by the following.

PART V. WEEKLY PERMANENT PHYSICAL IMPAIRMENT BENEFIT

We will pay a **Weekly Permanent Physical Impairment Benefit** if: (1) **Injury** to an **Insured Person** results in a **Permanent Physical Impairment**; and (2) it is determined that the **Insured Person** has a **Permanent Physical Impairment** percentage value of 50% or greater for purposes of the **Permanent Physical Impairment Benefit**. This **Weekly Permanent Physical Impairment Benefit** will begin in the 261st week from the date of participation in the **Covered Activity** which caused the **Injury** and will continue to be paid weekly for the remainder of the **Insured Person's** lifetime.

The **Weekly Permanent Physical Impairment Benefit** will be determined by multiplying the **Weekly Income Benefit** amount payable on the 29th day of **Total Disability**, as determined under **Weekly Income Benefits** section of the policy, by the percentage value of the **Insured Person's Permanent Physical Impairment**.

Example: If the **Total Disability Weekly Income Benefit** payable on the 29th day of **Total Disability** is \$600.00 and the **Insured Person's Permanent Physical Impairment** percentage value is 70%, the lifetime **Weekly Permanent Physical Impairment Benefit** would be \$420 per week ($\$600 \times 70\% = \420).

The **Permanent Physical Impairment** rating used to determine the **Weekly Permanent Physical Impairment Benefit** is final upon initiation of **Weekly Permanent Physical Impairment Benefits**. Subsequent changes in the **Permanent Physical Impairment** rating, if any, will not affect the **Weekly Permanent Physical Impairment Benefits** paid or payable.

Weekly Permanent Physical Impairment Benefits will be paid in addition to any benefits paid or payable under the policy.

VIII. The section entitled "**C. 24 HOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**", appearing under **PART VIII.**, is deleted and replaced by the following.

C. 24 HOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

This **24 Hour Accidental Death and Dismemberment Benefit** is only provided under the policy if it is selected by the **Participating Organization** and a benefit amount is indicated on the **Schedule**. It is payable if a Covered Person suffers an injury at any time, whether it be during a **Covered Activity** or not, that results in the Covered Person's accidental death or dismemberment such that:

- (1) an **Accidental Death Indemnity Benefit** or an **Accidental Dismemberment Benefit** or a **Vision Impairment Benefit** is payable under the policy, or
- (2) an **Accidental Death Indemnity Benefit** or an **Accidental Dismemberment Benefit** or a **Vision Impairment Benefit** would otherwise be payable under the policy but for the injury not being suffered during a **Covered Activity**.

The benefit amount payable will be equal to the **24 Hour Accidental Death and Dismemberment Benefit** or the **Accidental Dismemberment Benefit** or a **Vision Impairment Benefit** amount indicated in the **Schedule**.

Any **24 Hour Accidental Death and Dismemberment Benefit** payable is in addition to any **Accidental Death Indemnity Benefit** or an **Accidental Dismemberment Benefit** or a **Vision Impairment Benefit** payable under the policy.

"Covered Person", as used in this benefit, means all people who are listed on the **Participating Organization's** roster. The roster will be maintained and periodically updated by the **Participating Organization**. The roster will be kept on file with the **Participating Organization**.

IX. The section entitled "D. **NON-COVERED ACTIVITY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**", appearing under **PART VIII.**, is deleted and replaced by the following.

D. NON-COVERED ACTIVITY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

This **Non-Covered Activity Accidental Death and Dismemberment Benefit** is only provided under the policy if it is selected by the **Participating Organization** and a benefit amount is indicated on the **Schedule**. It is payable if a Covered Person suffers an injury during a non-covered activity that results in the Covered Person's accidental death or dismemberment such that an **Accidental Death Indemnity Benefit** or an **Accidental Dismemberment Benefit** or a **Vision Impairment Benefit** would otherwise be payable under the policy but for the injury not being suffered during a **Covered Activity**. The benefit amount payable will be equal to the **Non-Covered Activity Accidental Death and Dismemberment Benefit** amount indicated in the **Schedule**.

The **Non-Covered Activity Accidental Death and Dismemberment Benefit** is not available under the policy if the **24 Hour Accidental Death and Dismemberment Benefit** is provided under the policy.

"Covered Person", as used in this benefit, means all people who are listed on the **Participating Organization's** roster. The roster will be maintained and periodically updated by the **Participating Organization**. The roster will be kept on file with the **Participating Organization**.

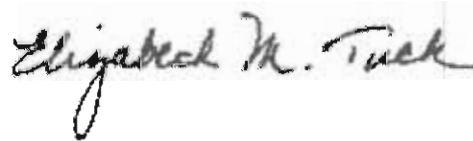
This endorsement takes effect on 02/01/2007 12:01 A.M., Standard Time at Alexandria, VA and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations, and conditions of the policy not inconsistent herewith.

Attached to and made part of Policy No. VFP 2347-7994C-03 / 00 issued to Appalachian Search and Rescue Conference, Inc by the National Union Fire Insurance Company of Pittsburgh, PA. but the same shall not be binding on the Company unless countersigned by its duly authorized agent.

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



President



Secretary

Countersigned by _____

Licensed Resident Agent

(Where required by law)



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OF PITTSBURGH, PA.
A CAPITAL STOCK COMPANY

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FELONIOUS ASSAULT BENEFIT RIDER

This rider is made a part of the summary of coverage to which it is attached. It modifies the summary of coverage as set forth below. All other provisions of the policy remain in full force and effect. In the event of any conflict between this rider and the policy, this rider shall govern.

Felonious Assault Benefit Percentage of Principal Sum Amount. We will pay a benefit under this Rider when the **Insured Person** suffers one or more losses for which benefits are payable under the **Accidental Death Indemnity Benefit, Accidental Dismemberment Benefit, Cosmetic Disfigurement Resulting from Burns Benefit, Permanent Physical Impairment Benefit, Vision Impairment Benefit** provided by the **Policy** as a result of a **Felonious Assault** that is directed at the **Insured Person** while he or she is participating in a **Covered Activity**.

The amount payable under this Rider is an additional 50 % of the total amount payable under all the benefits specified above. Only one benefit is payable under this Rider for all losses as a result of the same **Felonious Assault**.

Felonious Assault - as used in this Rider, means any willful or unlawful use of force upon the **Insured Person**: (1) with the intent to cause bodily injury to the **Insured Person**; and (2) that results in bodily harm to the **Insured Person**; and (3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.

This rider takes effect on 02/01/2007 12:01 A.M., Standard Time at Alexandria, VA.

Attached to and made a part of Policy No. VFP 2347-7994C-03 / 00 issued to Appalachian Search and Rescue Conference, Inc by the National Union Fire Insurance Company of Pittsburgh, PA but the same shall not be binding on the Company unless countersigned by its duly authorized agent.

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

President

Secretary



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HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT RIDER

This rider is made a part of the summary of coverage to which it is attached. It modifies the summary of coverage as set forth below. All other provisions of the policy remain in full force and effect. In the event of any conflict between this rider and the policy, this rider shall govern.

If an **Insured Person**:

1. suffers an **Injury** or **Illness** that is payable under the **Policy** and which results in a permanent and irrevocable loss;
2. did not, prior to the date of the Covered Activity, require **Home Alteration** or **Vehicle Modification**; and
3. as a direct result of such loss(es) is now required to make a **Home Alteration** and/or **Vehicle Modification**;

we will pay **Covered Home Alteration and Vehicle Modification Expenses** that are incurred within one year after the date of the accident or the onset of the **Illness** causing such loss(es), up to a maximum of \$ 15,000 , for all such losses caused by the same accident or **Illness**.

Covered Home Alteration and Vehicle Modification Expenses – means one-time expenses that:

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

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

- 1) made on behalf of the **Insured Person**;
- 2) recommended by a nationally-recognized organization providing support and assistance to impaired individuals;
- 3) carried out by individual experienced in such alterations and modifications;
- 4) in compliance with any applicable laws or requirements for approval by the appropriate government authorities; and
- 5) is agreed to and approved by us

We will pay any **Home Alteration** and **Vehicle Modification** expenses incurred by an **Insured Person** in excess of benefits paid or payable under any workers' compensation act or similar law, no fault automobile insurance plan or similar law, and any **Other Valid and Collectible Insurance**.

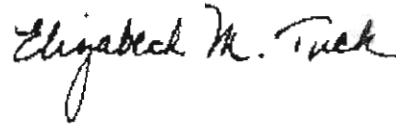
This rider takes effect on 02/01/2007 12:01 A.M., Standard Time at Alexandria, VA

Attached to and made a part of Policy No. VFP 2347-7994C-03 / 00 issued to Appalachian Search and Rescue Conference, Inc by the National Union Fire Insurance Company of Pittsburgh, PA but the same shall not be binding on the Company unless countersigned by its duly authorized agent.

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



President



Secretary



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This summary of coverage furnished by National Union Fire Insurance Company (called "we", "our" or "us" in this summary of coverage) describes the coverage that will be provided for all those persons called **Insured Persons** as defined in this summary of coverage. Coverage will be provided for losses described herein subject to the terms of the Master Policy (called "the policy" in this summary of coverage.) This summary of coverage is issued to the **Participating Organization** named in the **Schedule**.

This summary of coverage is not a contract of insurance. The complete terms and conditions governing each **Insured Person's** coverage are in the policy issued to the **Policyholder** named in the **Schedule**. The policy may be changed or terminated without the consent of or notice to each **Insured Person**.

CONSIDERATION - TERM

Coverage under the policy is provided in consideration of the payment of the premium by **the Participating Organization**. The premium due is shown in the **Schedule**. The term of coverage for such **Participating Organization** will begin on the Effective Date and end on the Expiration Date as shown in the **Schedule**. All periods of insurance will begin and end at 12:01 AM Standard Time at the address of the **Participating Organization**.

RENEWAL

Coverage may be renewed by us for further consecutive terms by the payment of our premium rate in effect at the time of renewal. If this coverage is not renewed, insurance will stop on the date to which premiums have been paid subject to the Grace Period provision.

INDIVIDUAL EFFECTIVE AND TERMINATION DATES

An **Insured Person's** coverage will take effect on the later of: (1) the Effective Date shown in the **Schedule**; or (2) the date he or she becomes an **Insured Person** as defined in this summary of coverage.

An **Insured Person's** coverage will end on the earliest of: (1) the date the policy terminates; (2) the date he or she is no longer an **Insured Person** as defined in this summary of coverage; or (3) the date the **Participating Organization's** coverage ends.

Termination of coverage will not affect any loss resulting from participation in a **Covered Activity** when such participation occurred prior to the date of termination.

National Union Fire Insurance Company of Pittsburgh, Pennsylvania has caused this summary of coverage to be signed by its President and Secretary.

President

Secretary

The term **Injury** includes, but is not limited to, hernia, back strain or sprain, heat exhaustion, and over-exertion. The term **Injury**, or the purposes of this policy, shall not include human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC), or any heart or circulatory malfunction.

Insured Person - means any officially designated member of a **Participating Organization** while acting as: (1) a volunteer member for the **Participating Organization**; (2) any junior member or member in training; (3) any commissioner, director, trustee or other similar position associated with the **Participating Organization**; (4) any bystander deputized at the time of the emergency by an official of the **Participating Organization** to assist in an emergency, but only during the actual emergency; (5) any auxiliary member; (6) any non-member who is requested to participate by the auxiliary or **Participating Organization**; and (7) any member who receives remuneration for "on call" duty or out of pocket expenses subject to the following:

An **Insured Person** will not include a member who looks to the **Participating Organization** for their primary source of income while acting within the scope of their employment unless the policy is specifically endorsed to provide coverage for career members. A member will be deemed to look to the **Participating Organization** for their primary source of income if they receive remuneration for "on call" duty of more than 25 hours per week.

Other Valid and Collectible Insurance - means any: (1) group plan, program, or insurance policy; (2) any other group hospital, surgical or medical benefit plan; (3) union welfare plans or group employer or employee benefit programs; or (4) any no-fault automobile insurance plan or similar law. **Other Valid and Collectible Insurance** will not include benefits provided by the United States Social Security Act or any individual disability insurance plans.

Out-Patient Physical Therapy - means rehabilitative physical therapy which is: 1) received without being confined overnight in a **Hospital** as a registered bed patient; 2) an approved therapy program; 3) necessary for the rehabilitation of an **Insured Person** from an **Injury** or an **Illness** for which he or she was confined in a **Hospital** for treatment; 4) administered by a licensed physical therapist; and 5) monitored by a **Physician**.

Participating Organization - means a non-profit emergency service organization or political subdivision who elects coverage under the policy and pays the required premium. The **Participating Organization** is named in the **Schedule**. Coverage for such **Participating Organization** will be in force at 12:01 AM on the Effective Date shown in the **Schedule** subject to payment of the required premium. Coverage is limited to **Insured Persons** of any fire, emergency, rescue or ambulance departments of the municipality or political subdivision.

Permanent Physical Impairment - means a medical condition which is a physical or functional abnormality or loss, which remains after the maximum medical rehabilitation has been achieved, and which is considered stable or nonprogressive by the **Physician** at the time an evaluation is made.

Physician - means any duly licensed medical practitioner: (1) who is acting within the scope of his or her license; and (2) who is not the **Insured Person** or an **Immediate Family Member**.

Reasonable and Customary Expense - means an expense which: (1) is charged for treatment, supplies or medical services medically necessary to treat the **Insured Person's** condition; (2) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Schedule - means the Schedule of Coverages which is attached to and made part of this summary of coverage.

PART II. LUMP SUM LIVING BENEFITS

A. ACCIDENTAL DISMEMBERMENT BENEFIT

If **Injury** to an **Insured Person** shall result in any one of the losses listed below, we will pay the indicated percentage for the loss suffered, of the **Accidental Dismemberment Principal Sum** shown in the **Schedule**. If the **Insured Person** suffers more than one loss as a result of any one accident, only one amount, the largest, will be paid.

<u>For Loss of:</u>	<u>% of Accidental Dismemberment Principal Sum Payable</u>
Both Hands or Both Feet	100
One Hand and One Foot	100
Entire Sight of Both Eyes	100
One Hand and Entire Sight of One Eye	100
One Foot and Entire Sight of One Eye	100
Speech and Hearing	100
One Arm or One Leg	75
Speech or Hearing	50
One Hand or One Foot	50
Entire Sight of One Eye	50
Both Thumbs	10
One Thumb	5
Each Joint of a Finger or Toe	1

"**Loss**" means, with reference to the foot, a complete severance through or above the ankle joint; with reference to the hand, the complete severance of the distal, proximal or medial phalanx of four fingers; with reference to the arm or leg, the complete severance through or above the elbow or knee joint; with reference to the thumb, the complete severance at the metacarpophalangeal joint; and with reference to a joint of a finger or toe, the complete severance of a distal, proximal or (where applicable) medial phalanx. **Loss** of speech or hearing means the total and irrecoverable loss of speech and/or hearing. **Loss** of sight means the total and irrecoverable loss of sight.

B. VISION IMPAIRMENT BENEFIT

If **Injury** to an **Insured Person** shall result in **Permanent Damage** to the **Insured Person's** eyesight, we will pay the indicated percentage, from the vision impairment table below, of the **Vision Impairment Benefit** shown in the **Schedule** for each eye impaired based upon the degree of vision impairment to each eye. This table shall apply separately to each eye.

<u>Vision Impairment</u>	<u>% of Vision Impairment Benefit Payable Per Each Eye</u>
20/20	0.00%
20/30	2.75%
20/40	5.50%
20/50	8.25%
20/60	11.00%
20/80	16.50%
20/100	22.00%
20/120	28.00%
20/150	36.00%
20/180	44.50%
20/200 or poorer	50.00%

- (2) This area classification factor is multiplied by the percentage of body surface actually burned. The attending **Physician** will determine the percentage applicable to each burn. The table below lists the maximum allowance percentage for body surface burned for each area classification;
- (3) Steps 1 and 2 will produce an arithmetic factor that will be multiplied by the **Cosmetic Disfigurement from Burns Principal Sum** to determine the percentage of the **Cosmetic Disfigurement from Burns Principal Sum** payable under this benefit. For example, by using the **Cosmetic Burn Schedule** shown below:
- (a) if the entire surface of the right hand and forearm were burned the benefit would be $5 \times 4.5\% = 22.5\%$ of the **Cosmetic Disfigurement from Burns Principal Sum** payable; or
- (b) if 50% of surface of the right hand and forearm were burned the benefit would be $5 \times 2.25\%$ (which is 50% of 4.5) = 11.25% of the **Cosmetic Disfigurement from Burns Principal Sum** payable.

The following table is a burn schedule from which benefits can be determined. This table only represents the maximum % of the **Cosmetic Disfigurement from Burns Principal Sum** payable for any one covered loss. If the **Insured Person** suffers burns in more than one area as a result of any one accident, benefits will not exceed more than 100% of the **Cosmetic Disfigurement from Burns Principal Sum**.

Cosmetic Burn Schedule

Body Part	Area Classification	Maximum Allowable % for Area Surface Burned	Maximum % of Cosmetic Disfigurement from Burns Principal Sum
Face, Neck, Head	11	9.0%	99.0%
Hand & Forearm (Right)	5	4.5%	22.5%
Hand & Forearm (Left)	5	4.5%	22.5%
Upper Arm (Right)	3	4.5%	13.5%
Upper Arm (Left)	3	4.5%	13.5%
Torso (Front)	2	18.0%	36.0%
Torso (Back)	2	18.0%	36.0%
Thigh (Right)	1	9.0%	9.0%
Thigh (Left)	1	9.0%	9.0%
Lower Leg (Right) (below knee)	3	9.0%	27.0%
Lower Leg (Left) (below knee)	3	9.0%	27.0%

The percentage shown is based on 100% of the Body Part identified being burned. Please refer to the **Schedule** for the amount of the **Cosmetic Disfigurement from Burns Principal Sum**.

Any **Cosmetic Disfigurement from Burns Benefit** paid or payable hereunder will be in addition to any **Accidental Dismemberment Benefit** or **Permanent Physical Impairment Benefit** paid or payable under the Policy. However, in no event will the total amount of benefits payable as a result of any one accident exceed 100% of the largest Principal Sum shown in the **Schedule** for these **Benefits**.

C. DISABILITY BENEFITS GENERAL

If an **Insured Person** is **Totally Disabled** or **Partially Disabled** for less than a week, we will pay 1/7 of the benefit otherwise payable for each full day the **Insured Person** is so disabled.

The amount of **Total Disability Benefits** or **Partial Disability Benefits** payable to an **Insured Person** who is **Totally Disabled** or **Partially Disabled** may be increased after **Total Disability Benefits** or **Partial Disability Benefits** have been paid to that **Insured Person** for at least 52 consecutive weeks. The increase will equal the percentage increase, if any, in the **Consumer Price Index** for the preceding calendar year. The increase will apply to either the **Insured Person's Average Weekly Wage** at the time of the **Covered Activity** which caused the **Injury** or **Illness**, or to the **Total Disability Benefit** or **Partial Disability Benefit**, whichever results in the higher benefit to the **Insured Person**. Any increase in benefits will become effective on July 1 next following the 52 week benefit period. Successive annual increases, if any, on July 1 of each subsequent year will be compounded.

In the event that benefits are payable for both **Total Disability** and **Partial Disability** resulting from **Injury** or **Illness** sustained while participating in the same **Covered Activity**, the maximum benefit period for all benefits is 260 weeks.

Periods of **Total Disability** or **Partial Disability** separated by less than five (5) years will be considered one period of disability unless due to separate and unrelated causes.

Average Weekly Wage – means an average weekly wage determined by the greater of: 1) the total of wages, salaries, tips, and commissions, etc., for the calendar year immediately preceding the year in which the loss occurred; 2) the average weekly wage earned in the 12 months preceding the loss; 3) the annualized weekly wage earned in the 3 months preceding the loss; or 4) for the self-employed, the amount taken from Schedule C, E, or F which is reported on page one (1) of IRS Form 1040 as net taxable income, excluding rental, investment or passive income. The **Average Weekly Wage** will be verified by the **Insured Person's** employer and/or tax records.

Partial Disability, Partially Disabled - means an **Insured Person's** inability to do one or more, but not all, of the material and substantial duties of his or her regular occupation. The **Insured Person** must be under the regular care of a **Physician** during **Partial Disability**.

Total Disability, Totally Disabled - means an **Insured Person's** inability to perform all of the material and substantial duties of his or her regular occupation. The **Insured Person** must be under the regular care of a **Physician** during **Total Disability**.

PART IV OCCUPATIONAL RETRAINING BENEFIT

We will pay for **Covered Retraining Expenses**, up to the **Occupational Retraining Benefit Maximum Amount** shown in the **Schedule**, if, as a result of **Injury** or **Illness**, an **Insured Person** is rendered **Permanently Totally Disabled** and chooses to enroll in an institution of higher learning or professional or trade training program. The objective of any professional or trade training program must be to return the **Insured Person** to work in an occupation to which he/she is suited. The professional or trade training program must be agreed upon by us and the **Insured Person**.

“**Covered Retraining Expenses**” includes, but is not limited to, expenses for tuition, books and any other training materials required by the institution of higher learning or professional or trade training program.

We will pay the medical expense benefits subject to the **Participating Organization's** choice of 1, 2, or 3 below:

1. If "1" on the **Schedule** is marked with an "X", we will pay any covered medical expenses incurred by an **Insured Person** in excess of benefits paid or payable under any workers' compensation act or similar law, or no fault automobile insurance plan or similar law. If benefits are not payable under the applicable workers' compensation act or similar law, but are covered under the policy, we will pay such benefits.
2. If "2" on the **Schedule** is marked with an "X", we will pay any covered medical expenses incurred by an **Insured Person** in excess of benefits paid or payable under any workers' compensation act or similar law, no fault automobile insurance plan or similar law, and any **Other Valid and Collectible Insurance**.
3. If "3" on the **Schedule** is marked with an "X", we will pay any covered medical expenses incurred by an **Insured Person** on a primary basis regardless of benefits paid or payable under any other group insurance, no fault automobile insurance plan or similar law, or any workers' compensation act or similar law.

All medical expense benefits will be paid subject to the terms and limits of each applicable part.

We will not pay more than the **Medical Expense Maximum Amount** shown in the Schedule for any one accident or **Illness**.

"**Home Health Care**" means those nursing and other home health care services provided to an **Insured Person** in his or her place of residence. **Home Health Care** must be: (1) performed by a **Home Health Care Practitioner**; (2) in lieu of confinement in a **Hospital** or nursing facility; and (3) pursuant to the orders of the attending **Physician**. Such attending **Physician's** orders must be written and include a plan of care which must be reviewed and approved by the **Physician**.

"**Home Health Care Practitioner**" means a nurse, medical social worker, home health aide, physical therapist, or other medical practitioner. However, no provider will be considered a **Home Health Care Practitioner** unless such practitioner is: (1) duly licensed and/or certified in compliance with all applicable laws and regulations to provide the care received; and (2) not an **Insured Person** or an **Immediate Family Member**.

B. COSMETIC PLASTIC SURGERY BENEFIT

We will pay the **Reasonable and Customary Expense(s)** incurred if an **Insured Person** requires skin grafting or plastic surgery due to an **Injury** for which **Medical Expense Benefits** are paid or payable. We will not pay more than the **Cosmetic Plastic Surgery Maximum Amount** shown in the **Schedule** for any one accident.

C. POST TRAUMATIC STRESS DISORDER BENEFIT

We will pay the **Reasonable and Customary Expense(s)** incurred, if, as the result of participation in a specific **Covered Activity** in which a **Traumatic Incident** occurred, an **Insured Person** requires **Hospital** or medical treatment of a **Post-Traumatic Stress Disorder**. Treatment must be prescribed and monitored by a **Physician**. We will not pay more than the **Post Traumatic Stress Disorder Maximum Amount** shown in the **Schedule** for each **Insured Person** for any one **Covered Activity**.

Covered Activity or all **Injuries** resulting from the same accident.

B. OPTIONAL ADDITIONAL DISABILITY WEEKLY BENEFIT

If an **Insured Person** becomes **Totally Disabled** and is eligible for **Total Disability Benefits** under the policy, we will pay a one time additional weekly benefit equal to the **Additional Disability Weekly Benefit** shown in the **Schedule** for the first week the **Insured Person** is **Totally Disabled**. If the **Insured Person** is **Totally Disabled** for less than one week, we will pay 1/7 of the **Additional Disability Weekly Benefit** for each full day of **Total Disability**. We will pay the **Additional Disability Weekly Benefit** in addition to any other weekly benefit payable under the policy.

C. 24 HOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

This **24 Hour Accidental Death and Dismemberment Benefit** is only provided under the policy if it is selected by the **Participating Organization** and indicated on the **Schedule**. It is payable if an **Insured Person** suffers an injury at any time, whether it be during a **Covered Activity** or not, that results in the **Insured Person's** accidental death or dismemberment such that:

- (1) an **Accidental Death Indemnity Benefit** or an **Accidental Dismemberment Benefit** or a **Vision Impairment Benefit** is payable under the policy, or
- (2) an **Accidental Death Indemnity Benefit** or an **Accidental Dismemberment Benefit** or a **Vision Impairment Benefit** would otherwise be payable under the policy but for the injury not being suffered during a **Covered Activity**.

The benefit amount payable will be equal to the **Accidental Death Indemnity Benefit** or the **Accidental Dismemberment Benefit** or a **Vision Impairment Benefit** that is payable under the policy, or that otherwise would have been payable under the policy had the injury been suffered during a **Covered Activity**.

Any **24 Hour Accidental Death and Dismemberment Benefit** payable is in addition to any **Accidental Death Indemnity Benefit** or an **Accidental Dismemberment Benefit** or a **Vision Impairment Benefit** payable under the policy.

D. NON-COVERED ACTIVITY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

This **Non-Covered Activity Accidental Death and Dismemberment Benefit** is only provided under the policy if it is selected by the **Participating Organization** and indicated on the **Schedule**. It is payable if an **Insured Person** suffers an injury during a non-covered activity that results in the **Insured Person's** accidental death or dismemberment such that an **Accidental Death Indemnity Benefit** or an **Accidental Dismemberment Benefit** or a **Vision Impairment Benefit** would otherwise be payable under the policy but for the injury not being suffered during a **Covered Activity**. The benefit amount payable will be equal to the amount that would have been payable had the injury been suffered during a **Covered Activity**.

The **Non-Covered Activity Accidental Death and Dismemberment Benefit** is not available under the policy if the **24 Hour Accidental Death and Dismemberment Benefit** is provided under the policy.

OTHER COVERAGE WITH THIS COMPANY

If the **Insured Person** is covered under more than one similar policy issued by us, the total benefits payable will not exceed those payable under the policy which provides the largest benefit.

Time of Payment of Claims: When we receive written proof of loss, we will pay any benefits due. Benefits that provide for periodic payment will be paid at least monthly. When our liability ends, we will pay any remaining balance as soon as we receive written proof of loss.

Payment of Claims: Any loss of life benefit will be paid in accordance with the beneficiary designation on record with us or the **Participating Organization**.

If no beneficiary is named, loss of life benefits will be paid to the first surviving class of the following classes: the **Insured Person's** (1) spouse; (2) child(ren); (3) parents; or (4) brothers or sisters. Otherwise, we will pay benefits to the **Insured Person's** estate.

All other benefits are payable to the **Insured Person**, unless otherwise indicated in the policy. We may pay all or a part of any benefits for health care services directly to the provider, unless the **Insured Person** directs us otherwise, in writing, by the time sufficient written proof of loss is received. We cannot require that the service be given by a certain provider.

If the **Participating Organization** requests, we may (at our option) pay benefits to the **Participating Organization**. The **Participating Organization** will then pay the **Insured Person** or beneficiary entitled to receive the benefits.

Any payment we make in good faith will end our liability to the extent of the payment. **Physical Examination and Autopsy:** We, at our expense, have the right to have the **Insured Person** examined as often as reasonably necessary while a claim is pending. We may also have an autopsy performed unless prohibited by law.

Legal Actions: No legal action may be brought to recover on the policy within 60 days after written proof of loss has been given as required by the policy. No such action may be brought after 3 years from the time written proof of loss is required to be given.

Change of Beneficiary: The **Insured Person** can change the beneficiary at any time by sending a written notice to the **Participating Organization** or us. The beneficiary's consent is not required for this or any other change in the policy, unless the designation of the beneficiary is irrevocable.

Conformity with State Statutes: Any provision of the policy, which, on its effective date, is in conflict with the laws of the state in which the **Insured Person** resides on that date, is amended to conform to the minimum requirements of such laws.

Clerical Error: The insurance of any **Insured Person** will not be affected by a clerical error made by the **Participating Organization** or us. An error will not continue the insurance of an **Insured Person** beyond the date it would end under the policy terms if the error had not been made.

Examination and Audit: We shall be permitted to examine and audit a **Participating Organization's** records relating to the policy at: (1) any reasonable time during the policy term; and (2) within two years after the expiration of the policy or until all claims have been settled or adjusted, whichever is later.

New Entrants: New eligible persons added from time to time to the group of **Insured Persons** originally insured under this plan will be automatically covered under the policy.