

To: Matt Benson
From: Don Scelza
Date: November 10, 2016
Re: ASRC Insurance

Matt,

Here is information I've pulled together describing the coverage afforded members of AMRG by virtue of AMRG being part of the ASRC. There are three basic policies the ASRC holds: Liability, Auto, and Accident & Sickness. For each of the policies I have provided a general overview of what is covered along with the coverage pages from the policy. The policies are all available on the Members Only page of the ASRC web site.

A couple of items that are relevant to all of the policies.

- The policies contain a list of the ASRC Groups that are covered. They do not name individuals.
- All of the policies reference Employees. The policies have definitions that pull volunteers members of the named groups into this definition. If we were to try to make a claim against one of the policies, the named person would have to appear on the "current" group roster held by the ASRC secretary. This is one reason that getting rosters into the secretary is so important.
- Reading the policies is made a bit harder due to the ASRC having covered groups in multiple states. In many cases there are policy amendments/clarifications for each of the states.

I hope this helps. If you have any other questions, let me know.

Don

Cc: Keith Conover

Liability Insurance

The ASRC carries a liability policy that cover “employees” while they are involved in a function of the ASRC. The Liability Policy covers

- General Liability (Covers all employees)
- Management Liability (Covers the ASRC Reps & Officers)
- Employee Dishonesty
- Computer Fraud
- Identity Fraud

I have included the coverage pages for the General Liability and the Management Liability portions of the policy since they make up the largest portions of the policy.

I believe AMRG has a policy very similar to this one in place. You would have to check to be sure. We did this because we were concerned that some events we participated in might not be covered as ASRC activities.

It is important to note that there is Professional Health Care Liability coverage. This would help some, although not completely I bet, in the event that one of our members provided medical care and was then sued.

Named Insured:
APPALACHIAN SEARCH AND RESCUE
CONFERENCE, INC

Policy Number: VFIS-TR-2050521-09/000
Policy Period: From 02-01-2016
To 02-01-2017

GENERAL LIABILITY COVERAGE PART DECLARATIONS

Limits of Insurance

Each Occurrence or Medical Incident	\$ 1,000,000	
Medical Expense	\$ 10,000	Any One Person
Personal & Advertising Injury	\$ 1,000,000	
General Aggregate	\$ 2,000,000	
Products - Completed Operations Aggregate	\$ 2,000,000	
Products - Completed Operations are subject to the General Aggregate limit unless indicated otherwise		
Employers' Liability	NOT COVERED	
Bodily Injury by Accident	\$	Each Accident
Bodily Injury by Disease	\$	Policy Limit
Bodily Injury by Disease	\$	Each Employee or Volunteer

Estimated Coverage Part Premium:	\$	360.00
Taxes, Fees and Surcharges:		
Total Premium:	\$	360.00

General Liability Forms

See Schedule of Forms and Endorsements.

Named Insured:
APPALACHIAN SEARCH AND RESCUE
CONFERENCE, INC

Policy Number: VFIS-TR-2050521-09/000
Policy Period: From 02-01-2016
To 02-01-2017

MANAGEMENT LIABILITY COVERAGE PART DECLARATIONS

THIS IS CLAIMS MADE COVERAGE. PLEASE READ THE POLICY CAREFULLY.

Limits of Insurance

Aggregate Limit	\$ 1,000,000	Coverage A and B Combined
Coverage A	\$ 500,000	Each Wrongful Act or Offense
Coverage B	\$ 50,000	Each Action for Injunctive Relief
Deductible (Coverage A only)	\$ 0	Each Wrongful Act or Offense

Estimated Coverage Part Premium: \$ 1,454.00

Taxes, Fees and Surcharges:

Total Premium: \$ 1,454.00

Management Liability Forms

See Schedule of Forms and Endorsements

Auto Insurance

The ASRC carries an auto liability insurance policy. It mainly covers liability issues that may occur due to an accident involving the auto of a member of an ASRC team while on an ASRC mission. If you look at the coverage declarations you will see that it covers *Auto Symbols 8 & 9* which are leased/hired autos and autos that are owned by the employees.

Named Insured:
APPALACHIAN SEARCH AND RESCUE
CONFERENCE, INC

Policy Number: VFIS-CM-1050344-09/000
Policy Period: From 02-01-2016
To 02-01-2017

AUTO COVERAGE PART DECLARATIONS

ITEM ONE: Named Insured - Refer to the Common or Auto Policy Declarations

ITEM TWO: Coverage and Covered Autos

This coverage part provides only those coverages activated by a Covered Auto Symbol or a Premium shown below:

Coverage	Covered Auto Symbols	Limit of Insurance (this is the most we will pay for any one accident or loss)	Premium
Covered Autos Liability (combined single limit)	8, 9	\$1,000,000 each accident	\$ 1,094
Personal Injury Protection (PIP) (or equivalent no-fault coverage)	N/A	Refer to ITEM THREE and each PIP or added PIP endorsement	
Added Personal Injury Protection (or equivalent added no-fault coverage)	N/A	Separately stated in each added PIP endorsement	
Property Protection Insurance (Michigan Only)	N/A	Separately stated in the P.P.I. endorsement minus Ded. for each accident	
Auto Medical Payments	N/A	Each Insured	
Medical Expense and Income Loss Benefits (Virginia only)	N/A	Separately stated in each Medical Expense and Income Loss Benefits endorsement	
Uninsured Motorists (UM)	N/A	Refer to ITEM THREE and the Uninsured Motorists endorsement	
Underinsured Motorists (UIM) (when not included in UM coverage)	N/A	Refer to ITEM THREE and the Underinsured Motorists endorsement	
Physical Damage – Comprehensive	N/A	Refer to ITEM THREE and ITEM FOUR (if applicable)	
Physical Damage – Specified Causes of Loss	N/A		
Physical Damage – Collision	N/A		
Physical Damage – Towing and Labor	N/A	Refer to ITEM THREE	
Other Auto Coverages			
Estimated Coverage Part Premium:			\$ 1,094.00
Taxes, Fees and Surcharges:			
Total Premium:			\$ 1,094.00

Accident and Sickness Insurance

The ASRC carries an in Accident & Sickness policy. This policy provides benefits for Accidental Death, Disability, and Medical expenses. This is a significant benefit that I don't think AMRG members really know about. While we hope to never use this policy, not having it in a covered event would be disastrous to the injured member. When I checked on the cost of this type of coverage for AMRG, it was significantly higher than the ASRC dues we were paying at the time.

For this policy, I have included the page of the policy that defines the Covered Activities.

DEFINITIONS

(Additional defined terms can be found throughout this policy)

Any term in capitals and quotations or any term in bold type in the policy, application, riders, endorsements, amendments or other attached papers are to be given the meanings as ascribed in this section or as later defined.

Administrative Personnel – means a person who works an average of 25 hours or more per week while acting within the scope of his or her employment for the **Policyholder** and/or **Participating Organization**, which does not include any emergency response or any emergency response training as listed in items (1), (2), (3) or (4) under **Covered Activities**.

Average Weekly Wage – means an average weekly wage determined by the greater of:

- (1) the weekly average of the total of wages, salaries, tips, or unemployment compensation for the calendar year immediately preceding the year in which the loss occurred;
- (2) the weekly average of wages earned in the 12 months preceding the loss;
- (3) the weekly average of the annualized weekly wage earned in the three months preceding the loss; or
- (4) for the self-employed, the weekly average of the amount taken from Schedule C, E, or F which is reported on 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.

Consumer Price Index – means the consumer price index published by the United States Department of Labor's Bureau of Labor Statistics for All Urban Consumers, All Items (CPI-U).

Covered Activity – means any activity, including travel directly to and from such activity, which is a normal duty of an **Insured Person**, including any:

- (1) emergency response for fire suppression and rescue or emergency medical activity;
- (2) training exercise which simulates an emergency and where active physical participation is required;
- (3) **Firematic Events or Contests**;
- (4) class room training;
- (5) fund-raising activities including athletic activities solely for the purpose of raising funds for the **Policyholder** and/or **Participating Organization** or other non-profit organization when such fund-raising is performed as an activity of the **Policyholder** and/or **Participating Organization**, except any form of football, hockey, lacrosse, soccer, boxing, rugby or martial arts;
- (6) official functions attended primarily by members of the **Policyholder** and/or **Participating Organization** for which the purpose is to further the business of the **Policyholder** and/or **Participating Organization** (i.e. installation dinners, banquets, etc.);
- (7) official conventions, conferences or meetings of emergency fire, rescue or medical personnel attended by the **Insured Person** on behalf of the **Policyholder** and/or **Participating Organization** including personal travel and activities related to attending such convention, conference or meeting;
- (8) participation in pre-approved covered athletic events or programs conducted on the premises of the **Policyholder** and/or **Participating Organization**;
- (9) authorized public safety education events; and
- (10) administrative or maintenance duties.

Under no circumstance is there coverage for participation in the athletic events listed in Exclusion number 9.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

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

SCHEDULE OF COVERAGE - VOLUNTEER

Policy Number: VFP-4347-4905E-0

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: APPALACHIAN SEARCH AND RESCUE CONFERENCE, INC
(Name and Address) PO BOX 400440
CHARLOTTESVILLE, VA 22904

Policy Effective Date: 2/1/2016 Term: 1 Year

Policy Termination Date: 2/1/2017 Premium: \$2,210

This Schedule of Coverage provides only those benefits that have a specified amount entered opposite the name of the benefit. Benefits that are followed by the word "none" are not provided under this policy.

PART COVERAGE

I. Loss of Life Benefits

A. Accidental Death Benefits

(1) Accidental Death Benefit Amount	\$10,000
(2) Seat Belt Benefit Amount	\$5,000
(3) Safety Vest Benefit Amount	\$5,000
(4) Military Death Benefit Amount	\$15,000

B. Illness Loss of Life Benefit Amount \$10,000

C. Dependent Child and Education Benefit Amount \$30,000

D. Spousal Support and Education Benefit Amount \$15,000

E. Memorial Benefit Amount \$5,000

F. Dependent Elder Benefit Amount \$5,000

G. Repatriation Benefit Amount \$2,500

II. Lump Sum Living Benefits

A. Accidental Dismemberment and Paralysis Benefit Principal Sum \$10,000

B. Vision Impairment Benefit Principal Sum \$10,000

C. Injury Permanent Impairment Benefit Principal Sum \$10,000

D. Heart Permanent Impairment Benefit Principal Sum \$10,000

E. Illness Permanent Impairment Benefit Principal Sum \$10,000

F. Cosmetic Disfigurement Resulting From Burns Benefit Principal Sum \$10,000

G. HIV Positive Lump Sum Living Benefit Principal Sum \$10,000

III. Weekly Income Benefits

- A. Total Disability Benefits
- (1) Total Disability Weekly Amount (first 28 days)\$100
 - (2) Total Disability Maximum Weekly Amount (after 28 days).....\$100
 - (3) Total Disability Minimum Weekly Amount.....\$25
- B. Partial Disability Benefits
- (1) Partial Disability Weekly Amount (first 28 days) \$50
 - (2) Partial Disability Maximum Weekly Amount (after 28 days)..... \$50
 - (3) Partial Disability Minimum Weekly Amount\$13
- C. Disability Benefits General

IV. Occupational Retraining Benefit Maximum Amount\$20,000

V. Weekly Injury Permanent Impairment Benefit ☒ Yes ☐ No

VI. Medical Expense Benefits

- A. Medical Expense Benefit Maximum Amount.....\$10,000
- Medical Expense Benefit Options
- (1) Excess of Workers' Compensation or No-Fault Auto Insurance Benefits ☐
 - (2) Primary Medical Expense Benefit..... ☒
- B. Cosmetic Plastic Surgery Maximum Amount.....\$25,000
- C. Post-Traumatic Stress Disorder Maximum Amount\$25,000
- D. Critical Incident Stress Management Maximum Amount\$25,000
- E. Family Expense Benefit Amount (per day).....\$100
- F. Family Bereavement and Trauma Counseling Benefit Amount (per person)\$1,000

VII. Transition Benefit ☒ Yes ☐ No

VIII. Felonious Assault Benefit Amount\$25,000

IX. Home Alteration and Vehicle Modification Benefit Maximum Amount\$50,000

X. Optional Benefits

- A. Weekly Hospital Benefit Amount..... NONE
- B. First Week Total Disability Benefit Amount NONE
- C. Coordinated 28 Day Total Disability Benefit Amount NONE
- D. Extended Total Disability Benefit ☐ Yes ☒ No
- E. Long-Term Total Disability Benefit ☐ Yes ☒ No
- F. Cost Of Living Adjustment (COLA) Benefits
- (1) Weekly Injury Permanent Impairment COLA..... ☐ Yes ☒ No
 - (2) Long-Term Total Disability COLA..... ☐ Yes ☒ No
- G. Extra Expense Benefit
- Extra Expense Benefit Monthly Amount.....\$500
 - Extra Expense Benefit Maximum Amount.....\$12,000
- H. 24-Hour Accident Benefit Amount..... NONE
- I. Off-Duty Accident Benefit Amount..... NONE