

***InsuraGuest Risk Purchasing Group, LLC***  
***Summary of Coverages***  
***Blanket Accident Only Insurance***

**Master Policyholder:** InsuraGuest Risk Purchasing Group, LLC  
**Master Policy Number:** US1394412  
**Underwritten by:** United States Fire Insurance Company  
**Name of Member :**  
**Address:**

**Coverage Effective Date:**

**Coverage Termination Date:**

**Program(s) Covered:** Accidental Death and Dismemberment Benefit  
 Accident Medical Expense Benefit

THIS IS ACCIDENT ONLY COVERAGE. BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS.  
 THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

**Covered Persons** are eligible for coverage under this accident plan, if they are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and the **Covered Person** must be engaging in the **Scope of Coverage** specified below.

**Class of Eligible Persons:** All registered guests of the Member Hotel, for whom premium has been paid.

**Term of Coverage:** The later of the Coverage Effective Date shown above or the date the **Covered Person** becomes eligible. Coverage will end on the earliest of the date: 1) the Coverage Termination date shown above; 2) **Covered Person** is no longer eligible; or 3) the period ends for which the required premium is paid.

**Scope of Coverage:** We will pay the benefits described in this Policy, for a covered loss by a Covered Person while on the premises of the member hotel, inclusive of indoor/outdoor pools, gyms and parking lots. Benefits will not be payable for any loss or injury that is caused by or results from any extra-curricular or off premises activities.

<b>Description of Benefits: Accidental Death and Dismemberment and Accident Medical Expense</b>
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**Accidental Death and Dismemberment Benefits**

If your **Injury** results in any one of the **losses** specified below as a result of an **Accident**, **We** will pay the percentage of the principal sum shown below for that **loss**. The principal sum for **Accidental Death and Dismemberment** is \$5,000. If more than one **loss** occurs as a result of the same **Accident**, only one amount, the largest, will be paid. Incurral period for accidental dismemberment is 365 days from the **Accident**.

<u>Loss</u>	<u>Percentage of Principal Sum</u>
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing (both ears)	100%
Loss of One Hand and Entire Sight of One Eye	50%
Loss of One Foot and Entire Sight of One Eye	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing (both ears)	50%
Loss of Thumb and Index Finger of the Same Hand	25%

**Loss of a hand or foot** means complete Severance through or above the wrist or ankle joint. **Loss of sight** means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. **Loss of speech** means total, permanent and irrecoverable loss of audible communication. **Loss of hearing** means total and permanent loss of hearing in both ears which cannot be corrected by any means. **Loss of a thumb and index finger** means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). **Severance** means the complete separation and dismemberment of the part from the body.

**Aggregate Limit:** The maximum amount payable for Accidental Death and Dismemberment Benefits per **Accident** will not exceed \$50,000.

#### **Accident Medical Expense Benefit**

We will pay Accident Medical Expense Benefits for covered expenses that result directly, and from no other cause, from a **covered Accident**, up to \$25,000 Maximum Benefit per **Covered Person**. These benefits are only payable: (1) for usual and customary charges incurred; (2) for medically necessary covered expenses that the **Covered Person** incurs; (3) for charges incurred within 52 weeks after the date of the **Accident** and provided the first covered expense is incurred within 90 days after the date of the **Accident**. No benefits will be paid for any expenses incurred that are in excess of usual and customary charges.

**Coverage for Accident Medical Expense Benefits:** Primary Coverage

**Definitions:** **Accident** means a sudden, unforeseeable external event which causes Injury to the Covered Person while coverage is in force, and results in a **Loss** listed herein for which benefits are payable. **Covered Person** must be participating in a **Scope of Coverage** when the Accident occurs. **Covered Person** means any eligible person for whom the required premium is paid. **Injury** means bodily harm which results, directly and independently of disease or bodily infirmity, from an **Accident** sustained by you that results in a **loss**. All injuries sustained by you in any one **Accident**, including all related conditions and recurrent symptoms of the **Injuries** are considered a single **Injury**. For purposes of this Summary of Coverages, **We, Our, Us** means United States Fire Insurance Company, the insurance company underwriting this insurance, or its authorized agent.

#### **Exclusions & Limitations**

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request;
5. Voluntary participation in a riot or insurrection.
6. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental bodily injury or accidental food poisoning.
7. Disease or disorder of the body or mind.
8. Mental or nervous disorders.
9. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
10. Intoxication or being under the influence of any drug or narcotic. Intoxicated will have the same meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
11. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol (if over the legal limit, determined by the laws in the jurisdiction of the geographical area where the loss occurs), illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
13. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
14. Intentional violation or attempt to violate any duly-enacted law or regulation, or voluntary commission or attempt to commit an assault or felony, or that occurs while voluntarily engaged in an illegal occupation. The loss incurred must directly result from the Covered Person's voluntary participation.

15. Conditions that are not caused by a Covered Accident.
16. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
17. Any treatment, service or supply not specifically covered by this Policy.
18. Loss resulting from participation in any activity not specifically covered by this Policy.
19. Charges which Are in excess of Usual, Reasonable and Customary charges.
20. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
21. Regular health check ups.
22. Services or treatment rendered by an Immediate Family member of the Covered Person;
23. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
24. That part of the medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited).
25. Travel or activity outside the United States.
26. Participation in any motorized race or speed contest.
27. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is a Covered Accident.
28. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
29. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
30. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident..
31. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
32. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
33. Travel in or upon:
  - a. A snowmobile;
  - b. A water jet ski;
  - c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
  - d. Any off-road motorized vehicle not requiring licensing as a motor vehicle.
34. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
  - b. While being used for any test or experimental purpose; or
  - c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or
  - d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
  - e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
  - f. an ultralight hang-gliding, parachuting, or bungee-cord jumping;  
Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business purposes.
35. Treatment for an Injury that is caused by or results from a nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
  - a. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and
  - b. The Covered Person was within a 25-mile radius of the site of release either:
    - i. At the time of the release; or
    - ii. Within 24 hours of the start of the release
36. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devises.
37. Rest cures or custodial care.
38. Prescription medicines unless specifically provided for under this Policy.
39. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

## Claim Information

You must notify us within 30 days of an **Accident** or Covered **Loss**, as defined in the policy. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder, and the Policy Number:

**Claims Administered By:** Co-ordinated Benefit Plans, PO Box 21281, Tampa, FL 33622  
**Toll Free:** 1-877-477-4209  
**Fax:** 1-800-561-8084  
**Email:** GAICClaims@cbpinsure.com

This is a brief description of coverage provided under Blanket Accident Only form number BA-50000P-USF, and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may vary or may not be available in all states. Plans are underwritten by United States Fire Insurance Company, Eatontown, NJ.

This Summary of Benefits is a brief description of the important features of your insurance plan. It is not a contract of insurance. The complete terms and conditions of coverage are set forth in the policy. In the event of any conflict between the information contained herein and the actual policy, the policy will govern. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

This material is provided for information purposes only and is not intended to be a representation of coverage that may exist in any particular situation under a policy issued by one of the companies within Crum & Forster. All conditions of coverage, terms, and limitations are defined and provided for in the policy.

Crum & Forster, which is part of Fairfax Financial Holdings Limited, comprises leading and well-established property and casualty business units. The insurance companies, rated A (Excellent) by A.M. Best Company, are: United States Fire Insurance Company, The North River Insurance Company, Crum and Forster Insurance Company, Crum & Forster Indemnity Company, Crum & Forster Specialty Insurance Company, Seneca Insurance Company, Inc., Seneca Specialty Insurance Company, First Mercury Insurance Company, and American Underwriters Insurance Company.

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