

Certificate of Insurance



ZURICH AMERICAN INSURANCE COMPANY
Schaumburg, Illinois

Having issued Basic **Accident Policy** Number GTU 0553313 to cover the eligible individuals of:

Follett Corporation and its Affiliates

The insurance evidenced by this **Certificate** provides Basic **ACCIDENT** insurance only. It does not provide **Coverage** for sickness. This **Certificate** describes the main features of the **Policy**, but the **Policy** is the only contract under which benefit payments are made. If there is an inconsistency between the **Certificate** and the **Policy**, the **Policy** will govern.

IMPORTANT NOTICE

THIS INSURANCE PROVIDES BASIC ACCIDENT COVERAGE ONLY
THIS INSURANCE DOES NOT PROVIDE BENEFITS FOR SICKNESS

In Witness Whereof, **We** have caused the **Policy** to be executed and attested, and, if required by state law, the **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

CERTIFICATEHOLDER:

Class I: All **Active** Executives and Officers of the **Policyholder**.

Class II: All Non-Employee Directors of the **Policyholder**.

Class III: All other **Active** Employees of the **Policyholder**.

Class IV: All **Active** Employee Drivers of the **Policyholder**.

Class V: The **Spouse/Domestic Partner** of a primary **Insured** person.

Class VI: The **Dependent Child(ren)** of a primary **Insured** person.

Note: If **You** suffer an **Injury** resulting in a **Covered Loss** and **You** are covered under more than one class, **We** will pay only one benefit, the largest benefit.

YOUR EFFECTIVE DATE OF INSURANCE:

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, While on Business Trip,
Excluding Corporate Owned or Leased Aircraft,
Passenger Only, H-2

Class I, II & III

24 Hour **Accident** Protection, While on a Specified Trip,
Excluding Corporate Owned or Leased Aircraft,
Passenger Only, H-3

Class V & VI

Full Occupational Coverage,
Excluding Corporate Owned or Leased Aircraft,
Passenger Only, H-4

Class IV

Exposure and Disappearance Coverage

All

Extra-Ordinary Commutation Coverage

Class I, III & IV

Felonious Assault Coverage

Class I, III & IV

War Risk Coverage

All

BENEFITS:

Classes Covered

ACCIDENTAL DEATH BENEFIT

All

Principal Sum:

Class I: Five (5) times **Your Base Annual Earnings*** subject to a minimum of \$100,000 and a maximum of \$1,500,000.

Class II: \$250,000

Class III: Five (5) times **Your Base Annual Earnings*** subject to a minimum of \$100,000 and a maximum of \$1,500,000.

Class IV: Five (5) times **Your Base Annual Earnings*** subject to a minimum of \$100,000 and a maximum of \$1,500,000.

Class V: \$50,000

Class VI: \$25,000

* **Base Annual Earnings** means **Your** base annual pay excluding overtime, bonuses, commissions and special compensation.

Aggregate Limit of Liability per air travel **Covered Accident:** \$7,500,000

Classes Covered

**ACCIDENTAL DISMEMBERMENT
AND PLEGIA BENEFIT**

All

Principal Sum:

Same as above.

Coma Benefit

All

Permanent and Total Disability Benefit

Class I, II, III & IV

ADDITIONAL BENEFITS:

Classes Covered

Carjacking Benefit

All

Day Care Benefit

Class I, II, III, IV & V

Hearing Aid or Prosthetic Appliance Benefit

All

Higher Education Benefit

Class I, II, III, IV & V

Home Alteration and Vehicle Modification Benefit

All

Rehabilitation Benefit

All

Seat Belt/Air Bag Benefit

All

Therapeutic Counseling Benefit

All

ADDITIONAL ENDORSEMENTS

Form Number

Classes Covered

Out of Country Travel
Medical Insurance Benefit

U-TA-124-A IL (04/13)

All

Enhanced Travel Assistance Coverage

U-TA-125-A IL (04/13)

All

Group Parent Protection

U-TA-200-A IL (04/13)

All

EEA Foreign National Loss Payee

U-TA-127-A CW (11/16)

All

SECTION III – DEFINITIONS

Accident or **Accidental** means an unintended or unforeseeable event or occurrence that occurs during the **Policy** term.

Active and **Actively at Work** describes **You** if **You** are able and available for active performance of all of **Your** 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 **You** are able and available for active performance of all of **Your** regular duties and were working the day immediately prior to the date of **Your** absence.

Aggregate Limit of Liability means the total benefits **We** will pay for a **Covered Accident** or **Covered Accidents** set forth in the Schedule or **Coverages** Section. 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.

Certificate means this **Certificate** for the Basic **Accident Insurance Policy**.

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.

Civil Union means a legal relationship between two (2) persons, of either the same or opposite sex, established pursuant to Illinois law.

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 the **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 results from a **Covered Accident**, occurs while **You** are insured under the **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 the **Policy**.

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

Dependent means **Your Spouse/Domestic Partner** and **Dependent Child(ren)**, as defined in this section.

Dependent Child(ren), if used in the **Policy**, means **Your** unmarried **Child(ren)** and, those unmarried **Child(ren)** of **Your** legally married **Spouse/Domestic Partner** who are either: 1) twenty-six (26) years of age; or 2) less than thirty (30) years of age, a resident of Illinois and served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States and has received a release or discharge other than a dishonorable discharge; 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 incapacity or physical handicap.

A child of an **Insured** born while this **Policy** is in force is covered from the moment of birth for a period of 31 days. After this time, the child will remain covered only if the **Insured** has provided written notice of birth to the **Policyholder** and pays the required premium due, if any.

A newly adopted child of an **Insured** is covered from the moment of adoption or placement for adoption, for a period of 31 days. After this time, the child will remain covered only if the **Insured** has provided written notice to the **Policyholder** of the adoption or placement for adoption, and pays the required premium due, if any. A child residing with the **Insured** pursuant to an interim court order of adoption is considered an adopted child.

The **Dependent Child(ren)** will only be covered **Dependent Child(ren)** if a **Plan** covering **Dependent Child(ren)** is selected.

Domestic Partner means a same or opposite sex person who qualifies as a **Domestic Partner** under the **Policyholder's** written procedures as on file and approved by **Us**.

Injury means a bodily **Injury**.

Insured means an individual who is eligible for **Coverage** under the **Policy** as provided in the Certificateholder part of the **Eligibility and Classification of Insureds** Section, 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 the Basic **Accident Insurance Policy**.

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

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

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

Spouse, if used in this **Policy**, means **Your** legally married **Spouse**. **Spouse** includes a party to a **Civil Union**.

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.

You, Your refers to the **Insured**.

SECTION IV – COVERAGES

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

Class I, II and III:

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

A **Covered Injury** sustained by **You** 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 **You** leave the place where **You** normally work or live; and
- B. the earlier of the time **You** return to the place where **You** normally work or live.

Hazard Limitations:

Air travel **Coverage** is limited to a loss sustained during a trip, while **You** are 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 **You** are 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 sixty-five (365) days in duration. Note: If an assignment exceeds three hundred sixty-five (365) days in duration, the location of the assignment will be considered the place of permanent assignment, and **You** 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 or 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**;
 3. any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured** or a member of an **Insured's** family or household;
 4. any aircraft operated by the **Policyholder** or one of the **Policyholder's** employees including members of an employee's family or household;
 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 (14 days).

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, EXCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, PASSENGER ONLY, H-3

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

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

While traveling on a business trip or relocation trip* with a primary **Insured** person.

* The trip must be approved by and at the expense of the **Policyholder**.

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

- A. the later of the time **You** leave the place where **You** normally work or live; and
- B. the earlier of the time **You** return to the place where **You** normally work or live.

Hazard Limitations:

Air travel **Coverage** is limited to a loss sustained during the trip, while **You** are 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 **You** are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B.** For travel or activities by **You**, 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 or, 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**;
 3. any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured** or a member of an **Insured's** family or household;
 4. any aircraft operated by the **Policyholder** or one of the **Policyholder's** employees including members of an employee's family or household;
 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 (14 days).

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

FULL OCCUPATIONAL COVERAGE, EXCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, PASSENGER ONLY, H-4

Class IV:

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

A **Covered Injury** sustained by **You** anywhere in the world while on or off the premises of the **Policyholder** performing the usual and customary duties of **Your** regular occupation, or while on the **Business of the Policyholder** during a **Bona Fide Trip**, subject to the terms, conditions, limitations and exclusions under this **Policy**.

Hazard Limitations:

Air travel **Coverage** is limited to a loss sustained during a **Bona Fide Trip**, while **You** are 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. The 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 American or the Armed Forces of any foreign government.

Hazard Exclusions:

Coverage is not provided:

- A. If **You** are 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 or, 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**;
 - 3. any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured**;
 - 4. any aircraft operated by the **Policyholder** 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:

- **Bona Fide Trip** means a trip that begins when **You** leave the place where **You** normally work or live (whichever last occurs) to go on the trip. It ends when **You** return from the trip to the place where **You** normally work or live (whichever occurs first).
- **Business of the Policyholder** means while on assignment by or at the direction of the **Policyholder** to further the **Business of the Policyholder**. It does not include an **Injury** sustained during:
 - 1. usual travel to and from work;
 - 2. leaves of absence or vacations.

It does include a **Personal Deviation** and **Side Trips** of a personal nature.

- **Personal Deviation** means non-business activities undertaken while on the **Bona Fide Trip**, but unrelated to the **Bona Fide Trip**.
- **Side Trip** means non-business travel of a personal nature that: 1) is incidental to the **Bona Fide Trip**; 2) would not have been taken if not for the **Bona Fide Trip**; 3) is taken during the course of the **Bona Fide Trip**; and 4) is limited to 336 hours (14 days).

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

EXPOSURE AND DISAPPEARANCE COVERAGE

If the conveyance in which **You** are riding disappears, is wrecked, or sinks, and **You** are not found within 365 days of the event, **We** will presume that **You** lost **Your** life as a result of **Injury**. If travel in such conveyance was covered under the terms of the **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 **You** 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

Coverage is extended to include a **Covered Injury** that **You** suffer while commuting directly between **Your** 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 that **You** regularly use.

This **Coverage** begins when **You** leave **Your** home or place of work. This **Coverage** ends when **You** arrive at **Your** home or place of work. Except for events beyond **Your** control, no losses will be covered if **You** deviate from **Your** normal route.

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

FELONIOUS ASSAULT COVERAGE

Your Coverage is extended if **You** suffer a **Covered Injury** as defined under the **Accidental Death** or **Accidental Dismemberment and Plegia Benefit**, as a direct result of a criminal act committed by someone other than **You**.

This **Coverage** applies only to the crimes or attempted crimes considered to be a felony by the local jurisdiction.

For purposes of this **Felonious Assault Coverage**, the **Aggregate Limit of Liability** per **Covered Accident** is \$7,500,000.

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

WAR RISK COVERAGE

The exclusion for war or any acts of war, whether declared or undeclared, as found in Section VII General Exclusions of this **Policy** is modified, and **Covered Injuries** directly resulting from war or any acts of war, whether declared or undeclared, are covered under this **Policy** provided:

- A.** the war or act of war causing the **Injury** does not occur within any of the states of the United States of America (including the District of Columbia), Afghanistan, Belarus, Iraq, Russia, Ukraine or **Your** country of residence.

This **War Risk Coverage** is subject to an **Aggregate Limit of Liability** of \$7,500,000 per **Covered Accident**.

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 **You** suffer 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 **You** 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 **Your Principal Sum**.

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. Triplegia (total paralysis of three Limbs)	75% of Principal Sum
3. Paraplegia (total paralysis of both lower Limbs)	75% of Principal Sum
4. Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)	50% of Principal Sum
5. Uniplegia (total paralysis of one Limb)	25% of Principal Sum

For purposes of this benefit:

1. Covered Loss means:

- a. For a foot or hand, actual severance through or above an ankle or wrist joint;
- b. Actual severance through or above the metacarpophalangeal joint of a thumb or index finger;
- c. Total and permanent loss of sight;
- d. Total and permanent loss of speech;
- e. Total and permanent loss of hearing.

2. Plegia must continue for 12 consecutive months and be determined by **Our** 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 **You** suffer an **Injury** resulting in a **Covered Loss** within 365 days of a **Covered Accident**, and such **Injury** causes **You** to be in a **Coma** for at least thirty (30) consecutive days, **We** will pay a **Coma Benefit**.

The **Coma Benefit** will be equal to 1% of **Your Principal Sum** and will be paid each month **You** remain in a **Coma** following the initial thirty (30) day period. The **Coma Benefit** will end on the earliest of the following:

1. **You** are no longer in a **Coma** which directly resulted from the **Injury**;
2. **You** have received a **Coma Benefit** for 100 months.

Coma will be determined by **Our** duly licensed physician.

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

PERMANENT AND TOTAL DISABILITY BENEFIT

If **You** become **Permanently and Totally Disabled** as a result of a **Covered Injury**, **We** will pay a **Permanent and Total Disability Benefit** provided that **You** become **Permanently and Totally Disabled** within 365 days of the **Injury**; and the **Permanent and Total Disability** continues for twelve (12) months.

The monthly amount payable under this benefit will be equal to 1% of **Your Principal Sum**. These payments will cease at the earlier of the time that:

- a. **We** make 100 payments under this provision;
- b. **You** are no longer **Permanently and Totally Disabled**;
- c. **You** die.

For purposes of this benefit, **Permanently and Totally Disabled** means that **You** are totally and continually disabled and cannot work, for any income, at any job that **You** are reasonably suited by education, training or experience to do. **Permanent and Total Disability** must be verified by a competent medical authority, and must be expected to continue for the rest of **Your** life.

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

SECTION VI – ADDITIONAL BENEFITS

CARJACKING BENEFIT

If **You** suffer 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 **You** were operating, getting into or out of, or riding in as a passenger, **We** will pay an additional benefit equal to 10% of **Your Principal Sum** to a maximum of \$50,000.

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 **You** taking unlawful possession of a private passenger automobile by means of force or threats against the person(s) then rightfully occupying it.

DAY CARE BENEFIT

If **You** suffer 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 to the individual who incurs the expense 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 **Your Principal Sum**; 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.

HEARING AID OR PROSTHETIC APPLIANCE BENEFIT

If **You** suffer 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. **You** are 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 **You** 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** that **You** actually paid.

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 **Your** 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 **Your Principal Sum** or \$10,000.

HIGHER EDUCATION BENEFIT

If **You** suffer 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 was 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** will be equal to 10% of **Your Principal Sum**, to a maximum of \$25,000. This amount will be paid annually for up to four (4) consecutive years if **Your Dependent Child** continues his or her education. Before this benefit is paid each year, **Your 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** 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 **You** suffer 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. **You** are 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 **You** to need the wheelchair.

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

1. the one-time cost of alterations to **Your** primary residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to **Your** 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 **Your Principal Sum** or \$50,000.

REHABILITATION BENEFIT

If **You** suffer 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. \$50,000; or
3. 10% of **Your 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 that is approved by **Us** prior to the provision of services;
2. is required due to **Your Injury**; and
3. prepares **You** for an occupation which **You** 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.

We reserve the right to make the final determination of what is **Reasonable and Customary**.

SEAT BELT/AIR BAG BENEFIT

If **You** suffer 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 to the beneficiary an additional benefit, which equals 10% of **Your Principal Sum** up to a maximum of \$25,000, provided that **You** were:

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 **Your** 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.

An additional benefit equal to 10% of **Your Principal Sum** to a maximum of \$25,000, will be paid if **You** were 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 **Your** 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.

THERAPEUTIC COUNSELING BENEFIT

If **You** suffer an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Dismemberment and Plegia Benefit**, and **You** require **Therapeutic Counseling**, **We** will reimburse the charges for such counseling 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 incurred within one (1) year from the date of the **Covered Loss**.

Therapeutic Counseling means treatment received 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 \$25,000 for any one **Covered Accident**.

SECTION VII – GENERAL EXCLUSIONS

A loss will not be a **Covered Loss** if it is the direct result of:

1. suicide or any attempt at suicide or intentionally self-inflicted **Injury** or any attempt at intentionally self-inflicted **Injury**;
2. war or any act of war, whether declared or undeclared or the release of radiation which is the result of war
3. involvement in any type of active military service;
4. 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;
5. 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 **You** suffer 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 **You** can recover benefits under more than one of the following benefits: **Accidental Death Benefit**, **Accidental Dismemberment and Plegia Benefit**, **Coma Benefit**, **Permanent and Total Disability Benefit**, as a result of the same **Accident**, the most **We** will pay for these benefits in total is **Your Principal Sum**.

Limitation on Multiple Hazards. If **You** suffer 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 or a specific **Hazard(s)**.

SECTION IX - TERMINATION OF INSURANCE

Your insurance automatically terminates on the earliest of:

1. the date the **Policy** is terminated;
2. the date **You** cease to be eligible for insurance;
3. the expiration date of the period for which required premium has been paid for **You**;
4. the date **You** fail to pay the required premium, if **You** are so required;
5. the date **You** retire.

SECTION X - HOW TO FILE A CLAIM

- A. Notice.** **You** or **Your** beneficiary, or someone on **Your** behalf, must give **Us** written notice of the **Covered Loss** within ninety (90) days of such **Covered Loss**. The notice must name **You** and the **Policy** Number. To request a claim form, **You** or **Your** beneficiary, or someone on **Your** behalf may contact **Us** at 1-866-841-4771. The notice must be sent to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041, 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 extent of **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 the **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**. If **We** do not pay the claim within thirty (30) days after receiving proof of loss, **We** will pay **You** interest at the rate of 9% per annum from the 30th day after receipt of proof of loss to the date of late payment provided that interest amounting to less than one dollar need not be paid.

Failure to pay a claim within 30 days following **Our** receipt of due proof of loss shall entitle the **You** to interest at a rate of 9 (nine) percent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. **We** will notify **You** or his or her assignee of any known failure to provide sufficient documentation for a due proof of loss within 30 days after receipt of the claim. Any required interest payments will be made within 30 days after the payment.

B. Who We Will Pay.

1. **Your Loss of Life.** **Covered Losses** resulting from **Your** 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 **You**, **We** will pay the benefit to **Your** estate.
2. **All Other Claims.** Benefits are to be paid to **You**.
3. If **You** are a **Foreign National** who is entitled to benefits for a **Covered Loss** and **We** are unable to make payment directly to **You** because of legal restrictions in the country or jurisdiction where **You** are located, **We** will either (1) pay the benefits to a bank account owned by **You** in the United States of America or (2) if no such bank account is established or maintained, **We** will pay the benefits to the **Policyholder** on **Your** behalf. It will then be the responsibility of the **Policyholder** to remit the benefit to **You**. Payment of the benefit to the **Policyholder** will release **Us** from any further liability to **You**. If the **Policyholder** does not remit the payment to **You**, the **Policyholder** will indemnify **Us** and hold **Us** harmless against any and all liability incurred by **Us** including, but not limited to, interest, penalties and attorneys' fees in connection with, arising or resulting from such failure to remit payment. The **Policyholder** will not be considered the beneficiary under the **Policy** if payment is made to the **Policyholder** in accordance with this provision.

- C. **Physical Examination and Autopsy.** We have the right to examine **You** 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.** **You** have the sole right to choose **Your** duly licensed physician and hospital.

SECTION XII - GENERAL POLICY CONDITIONS

- A. **Beneficiaries.** **You** have the sole right to name a beneficiary. The beneficiary has no interest in the **Policy** other than to receive certain payments. **You** may change the beneficiary at any time unless **You** have assigned the interest in the **Policy**. In such case, the person to whom **You** have assigned the interest in the **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 the **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 the **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 **Your Coverage** which otherwise would not be in force. If **You** apply for insurance for which **You** are not eligible, **We** will only be liable for any premiums paid to **Us**.
- D. **Conformity with Statute.** Terms of the **Policy** that conflict with the laws of the state where it is delivered are amended to conform to such laws.
- E. **Suit Against Us.** No action on the **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 **You** live 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.
- F. **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.
- G. **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 two (2) years from the date coverage starts no such statement (except age) will cause this **Policy** to be contested.

Follett Corporation and its Affiliates
GTU 0553313
Effective: January 1, 2023

Version: January 2023

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. GTU 0553313**, issued to **Follett Corporation and its Affiliates**.

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

This endorsement modifies insurance provided under the Basic Accident Policy.

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

This Out-of-Country Travel Medical Insurance Benefit will apply to the following **Covered Persons**: 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**.

Out of Country Travel Medical Insurance Schedule			
Benefit	Maximum Benefit Amount per Covered Person per Covered Accident or Illness	Deductible per Covered Person per Covered Accident or Illness	Co-Insurance Rate(s) per Covered Person per Covered Accident or 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	\$3,000 maximum	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 will pay the **Reasonable and Customary** expenses incurred by the **Covered Person** for **Medically Necessary** medical services or treatments resulting from a **Covered Accident** or an **Illness** 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** will pay the **Co-Insurance Rate** up to the Maximum Benefit Amount for the Medical Expense Benefit, and subject to any Medical Expense Sublimits as shown in the Out of Country Travel Medical Insurance Schedule. The Medical Expense Benefit Sublimits are included within, and not in addition to, the Maximum Benefit Amount for the Medical Expense Benefit.

Coverage under this benefit is conditional upon notification as soon as reasonably possible by the **Covered Person** or **Policyholder** to **Us** or **Our Assistance Provider** at 1-800-263-0261 from the U.S. or Canada; and collect from anywhere else in the world at +1-416-977-0277, 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 Zurich Travel Assist.

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 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 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)** apply.

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; 3) is taken during the course of the business trip; and 4) lasts for no more than fourteen (14) day(s) (three hundred thirty-six (336) hour(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** in advance of the planned admission and allowed them to coordinate care or, in the case of an emergency admission, notified **Us**, or as soon as reasonably possible, of said admission;
2. non-emergency medical expenses;
3. any medical expenses incurred by the **Covered Person** after the date that **We**, 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. an injury or sickness for which the **Covered Person** is entitled to benefits under Workers Compensation, Employer Liability, or similar law;
8. expenses which are more than **Reasonable and Customary**;
9. expenses for travel against the advice of a **Physician**;
10. medical expenses incurred within the **Covered Person's** country of **Principal Residence**;
11. medical expenses incurred for which the **Covered Person** is not legally obligated to pay;
12. medical expenses incurred for treatment by a member of the **Covered Person's** family or household;
13. artificial limbs, eyes, teeth or prosthetic devices of any kind;
14. 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;
15. routine physical examinations;
16. cosmetic surgery, other than reconstructive surgery when necessary due to an **Injury** as a result of a **Covered Accident** while coverage is in effect;
17. 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. 1

Effective Date: January 1, 2023

Attached to and forming a part of **Policy** No. GTU 0553313

Signed for by Zurich American Insurance Company:



January 1, 2023

Date

AMENDATORY ENDORSEMENT
Enhanced Travel Assistance Plan



ZURICH AMERICAN INSURANCE COMPANY
1299 Zurich Way
Schaumburg, Illinois 60196

This endorsement, effective **January 1, 2023**, forms a part of **Policy No. GTU 0553313**, issued to **Follett Corporation and its Affiliates**.

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

This endorsement modifies insurance provided under the Basic 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 recommendation 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 seven (7) 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) of the person 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.

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.

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.

Escort Services Benefit

If a **Covered Person** is traveling with a companion while on a **Covered Trip**, and due to **Illness** or **Injury** the **Covered Person** qualifies for medical evacuation, medical repatriation, non-medical repatriation or return of remains transportation and/or services, **We** or **Our Assistance Provider** will arrange for, and cover the cost for, the companion to join the **Covered Person** during the **Covered Person's** transport. **We** or **Our Assistance Provider** must pre-authorize such costs for this Escort Services Benefit to be payable.

Based on all the circumstances, for the limited purpose of determining **Our** liability, **We** or **Our Assistance Provider** will determine the appropriateness of the companion joining the **Covered Person** during the **Covered Person's** transport.

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.

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** determine 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**;
13. with respect to the Security Evacuation Benefit, the conditions leading to the **Covered Person's** departure were in existence prior to the **Covered Person** entering the location in which he or she was traveling while on a **Covered Trip** or such conditions were reasonably foreseeable prior to the **Covered Person** entering the location in which he or she was 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 Zurich Travel Assist.

Covered Trip means travel more than 100 miles 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 fourteen (14) 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.

Coverage Territory

We will not provide this Enhanced Travel Assistance Plan if any local, state, country or international law prohibits the provision of the transportation or services provided for under this Enhanced Travel Assistance Plan. **We** will be fully and completely excused from performance and discharged from any contractual obligation under this Enhanced Travel Assistance Plan.

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; collect from anywhere else in the world at +1-416-977-0277.

Reservation of Rights

We may suspend, curtail or limit coverage under this Enhanced Travel Assistance Plan in any area in the event of rebellion, riot, military uprising, war, labor disturbance, strike, 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 are assigned the right to recover from the negligent third party, or his or her insurer, to the extent of the benefits we paid for that sickness or injury. **You** are required to furnish any information or assistance, or provide any documents that we may reasonably require in order to exercise **Our** rights under this provision. This provision applies whether or not the third party admits liability. 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. 2

Effective Date: January 1, 2023

Attached to and forming a part of **Policy** No. GTU 0553313

Signed for by Zurich American Insurance Company:



January 1, 2023

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Basic 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 – 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** but for the fact that it is located in a **Prohibited Jurisdiction**. 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**. The **Group Person Relevant Loss** amount will not exceed the amount of the **Principal Sum** amounts that would have been paid to the **Group Person** had the **Group Person** been a **Covered Person** under this **Policy**.

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

Master Policy means this **Policy** no.: GTU 0553313.

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. 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**, 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 purposes of this endorsement only, **SECTION VIII – GENERAL LIMITATIONS** is amended to include the following:

The **Group Person Relevant Loss** amount 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** under this **Policy**.

Local Compulsory Insurance. This **Master Policy** is not a substitute for any **Local Compulsory Insurance**. If **Local Compulsory Insurance** is not arranged, this **Master Policy** will respond as if the **Local Compulsory Insurance** has been obtained.

Exchange Rate. Should **We** and/or **Our** cooperative partners provide benefits in a foreign currency, the "daily exchange rate" (Source: Bloomberg®) of the day on which the booking is made by **Us** will apply for the currency conversion.

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. GTU 0553313

Signed for by Zurich American Insurance Company:



President

January 1, 2023

Date

AMENDATORY ENDORSEMENT
EEA Foreign National Loss Payee



Zurich American Insurance Company
1299 Zurich Way
Schaumburg, Illinois 60196

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

This endorsement modifies insurance provided under the Basic Accident Policy.

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

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

Loss payee means a person who is employed by the **Policyholder**, is domiciled in the European Economic Area (EEA), and would qualify as a **Covered Person** under this **Policy** but for the fact that the Loss Payee is located in the EEA.

Loss Payees are neither a party to nor **Covered Persons** under this **Policy**; a **Loss Payee's** only right under this **Policy** is to receive such benefit in the capacity of a **Loss Payee** as described below.

For purposes of this endorsement only, Paragraph 3. of **SECTION XI.B. Who We Will Pay** shall not apply to **Foreign Nationals** domiciled in the EEA. Where an amount is paid directly to an **Insured** who is a **Foreign National** residing in the EEA, the **Insured** receives such benefit in the capacity of a **Loss Payee** only.

For purposes of this endorsement only, the following is added to **SECTION XII.I. Suit Against Us**:

A **Loss Payee** may only bring an action under this policy in the state found in the Contract Situs section of the first page of this **Policy**.

This endorsement shall prevail in the event of conflict with any other provisions of the **Policy** or endorsements thereto.

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. GTU 0553313

Signed for by Zurich American Insurance Company:

A handwritten signature in black ink, appearing to be 'Guy W. F.', written over a horizontal line.

President

January 1, 2023

Date

Illinois Civil Marriage Endorsement



ZURICH AMERICAN INSURANCE COMPANY

1299 Zurich Way
Schaumburg, Illinois 60196

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

This endorsement modifies insurance provided under the Follett Corporation and its Affiliates Policy/Certificate.

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

DEFINITIONS, TERMS, CONDITIONS AND PROVISIONS:

The definitions, terms, conditions and any other applicable provisions of the policy, contract, certificate and/or riders and endorsements to which this mandatory endorsement is attached are hereby amended and superseded as follows:

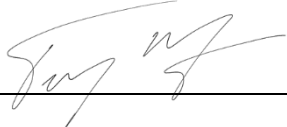
Civil Marriage means a legal union between two individuals of the same or opposite sex as established pursuant to the Religious Freedom and Civil Marriage Fairness Act of 2013. **Civil Marriage** also includes a legal marriage between two individuals of the same or opposite sex established in another jurisdiction.

Terms that mean or refer to a party to a **Civil Marriage** or that may be construed to mean or refer to a party to a **Civil Marriage** are "spouse", "family", "immediate family", "dependent", "next of kin", "husband", "wife", "bride", "groom", "wedlock" and any other such terms that denote a spousal relationship according to the laws and regulations of the State of Illinois.

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.

Effective Date: January 1, 2023

Attached to and forming a part of Policy/Certificate No. GTU 0553313

Signed for Zurich American Insurance Company by: _____

Date: January 1, 2023

**NOTICE OF
PROTECTION PROVIDED BY
ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

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

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

The basic protections provided by the Association per insolvency are:

- Life Insurance

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

- Health Insurance

- o \$500,000 in hospital, medical and surgical insurance benefits *
- o \$300,000 in disability insurance benefits
- o \$300,000 in long-term care insurance benefits
- o \$100,000 in other types of health insurance benefits

- Annuities

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

* The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except special rules apply with regard to hospital, medical and surgical insurance benefits for which the maximum amount of protection is \$500,000.

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

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.ilhiga.org or contact:

Illinois Life and Health
Insurance Guaranty Association
1520 Kensington Road, Suite 112
Oak Brook, Illinois 60523-2140
(773) 714-8050

Illinois Department of Insurance
4th Floor
320 West Washington Street
Springfield, Illinois 62767
(217) 782-4515

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

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?	<p>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.</p> <p>These affiliates and nonaffiliated third parties include:</p> <ul style="list-style-type: none">• 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. <p>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).</p>

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	The actions necessary for financial companies like the Company to conduct business and manage customer accounts, such as: <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. <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>

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.