CHUBB®

PLEASE RETAIN THIS POLICY IN YOUR PERMANENT RECORDS

Business Travel Accident
INSURANCE PROGRAM
Issued by
FEDERAL INSURANCE COMPANY

FOR

ENGINEERS WITHOUT BORDERS USA INC

Chubb Underwriting Office: FEDERAL INSURANCE COMPANY
202B Hall's Mill Road
P.O. Box 1650
Whitehouse Station, New Jersey 08889-1650

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*Words and phrases that appear in **bold** print have special meaning and are defined in the Definitions section(s) of this policy. Defined terms include the plural.*

*Throughout this policy the words **"We", "Us" and "Our"** refer to the **Company** providing this insurance.*

THIS IS A SUPPLEMENTAL POLICY THAT IS NOT INTENDED TO PROVIDE THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA). UNLESS YOU HAVE ANOTHER PLAN (SUCH AS MAJOR MEDICAL COVERAGE) THAT PROVIDES MINIMUM ESSENTIAL COVERAGE IN ACCORDANCE WITH THE ACA, YOU MAY BE SUBJECT TO A FEDERAL TAX PENALTY. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

Please Read This Policy Carefully

BTA5000CO

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BTA5001

Insuring Agreement

Section I

Chubb
202B Hall's Mill Road, P.O. Box 1650
Whitehouse Station, New Jersey 08889-1650

Policyholder's Name and Address:
ENGINEERS WITHOUT BORDERS USA INC
1031 33rd St, #210
Denver, CO 80205
Policy Number: 9907-90-99
Effective Date: 12/01/2019
Anniversary Date: December 1, 2022

Issued by the stock insurance company indicated below:
FEDERAL INSURANCE COMPANY
Incorporated under the laws of
INDIANA

BTA5002

Section II Policy Period and Company

Policy Period

From: 12/01/2019 To: 12/01/2022
12:01 A.M. standard time at the **Policyholder's** address shown in Section I of the Insuring Agreement.

This insurance is provided by the **Company** in consideration of payment of the required premium.

The insurance under this policy begins on the Effective Date shown in Section I of the Insuring Agreement. The insurance under this policy ends on the last day of the Policy Period shown in Section II of the Insuring Agreement.

The **Policyholder's** acceptance of this policy terminates any prior policy of the same policy number, effective with the inception of this policy.

Company

The **Company** issuing this policy has caused this policy to be signed by it's authorized officers, but this policy shall not be valid unless also signed by a duly authorized representative of the **Company**.

FEDERAL INSURANCE COMPANY (Incorporated under the laws of INDIANA)



President



Secretary



Authorized Representative

BTA5004

Premium Summary

Section I - Premium Due Date

12/01/2019

Section II - Premium Payment

The **Policyholder** shown in Section I of the Insuring Agreement is responsible for the collection and remittance of all required premiums. Premiums are calculated and payable as follows:

Business Travel Accident
Amount Due: [redacted]

War risk premium is included in the policy premium and is not subject to audit.
Any premiums shown as subject to adjustment will be adjusted as stated in the Premium Provisions under Section VIII - General Provisions of the Contract.

BTA5006

Schedule of Benefits

Chubb Group of Insurance Companies
202B Hall's Mill Road, P.O. Box 1650
Whitehouse Station, New Jersey 08889-1650

Policyholder's Name:
ENGINEERS WITHOUT BORDERS USA INC

Issued by the stock insurance company indicated below:
FEDERAL INSURANCE COMPANY
Incorporated under the laws of
INDIANA

BTA6000

Section I - Insured Persons

The following are the **Insured Persons** under this policy:

Class	Description
1	All employees who are on business travel outside their jurisdiction of permanent residence.
2	All volunteers who are on business travel outside their jurisdiction of permanent residence.
3	All expatriates who are on assignment outside their jurisdiction of permanent residence.
4	The spouse or domestic partner of an expatriate and their dependent children, who are accompanying an expatriate on assignment outside their jurisdiction of permanent residence.
5	The spouse or domestic partner of an employee and their dependent children, who are accompanying an employee on business travel outside their jurisdiction of permanent residence.

BTA6002

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple **Classes** of **Insured Persons** described above, then such person will only be insured under the **Class** which provides the **Insured Person** the largest **Benefit Amount** for the loss that has occurred.

BTA6004

Section II - Qualification Period

For **Insured Persons** in an eligible **Class** on the Effective Date: none
For **Insured Persons** entering an eligible **Class** after the Effective Date: none

BTA6008

Section III - Hazards

The following are the **Hazards** for which insurance applies:

Class	Hazard(s)
1	**24 Hour Business Travel**
2	**24 Hour Business Travel**
3	**24 Hour Business and Pleasure**
4	**24 Hour Business and Pleasure**
5	**Business Travel Family**

If, subject to all the terms and conditions of this policy an **Insured Person** has insurance for covered loss on the date of an **Accident**, covered under multiple **Hazards** described above, then only one **Benefit Amount** will be paid. This **Benefit Amount** shall be the largest **Benefit Amount** applicable under all such **Hazards**.

BTA6010 (Ed. 7/06)

Section IV - Benefits

A) Principal Sum

The following are **Principal Sums** for each **Class:**

Class	Hazard	Principal Sum
1	24 Hour Business Travel	$50,000
2	24 Hour Business Travel	$50,000
3	24 Hour Business and Pleasure	$50,000
4	24 Hour Business and Pleasure	$25,000
5	Business Travel Family	$25,000

BTA6012

B) Accidental Death and Dismemberment Benefits:

This benefit applies to all **Classes** of **Insured Persons**. The following are **Losses** insured and the corresponding **Benefit Amount** expressed as a percentage of the **Principal Sum**:

Class(es)
All

Accidental:	**Benefit Amounts (Percentage of Principal Sum)**
Loss of Life	100%
Loss of Speech and **Loss of Hearing**	100%
Loss of Speech and one of **Loss of Hand, Loss of Foot** or **Loss of Sight of One Eye**	100%
Loss of Hearing and one of **Loss of Hand, Loss of Foot** or **Loss of Sight of One Eye**	100%
Loss of Hands (Both), **Loss of Feet** (Both), **Loss of Sight** or a combination of any two of **Loss of Hand, Loss of Foot** or **Loss of Sight of One Eye**	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	75%
Loss of Hand, **Loss of Foot** or **Loss of Sight of One Eye** (Any one of each)	50%
Loss of Speech or **Loss of Hearing**	50%
Uniplegia	75%
Loss of Thumb and Index Finger of the same hand	25%

This **Benefit Amount** is subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
BTA6016

If an **Insured Person** has multiple **Losses** as the result of one **Accident**, then **We** will pay only the single largest **Benefit Amount** applicable to the **Losses** suffered, as described in Section IV - Maximum Payment For Multiple Losses and Multiple Benefits of the Contract.

BTA6018

C) Additional Benefits

The following are **Benefit Amounts** for all other benefits provided under this policy:

Carjacking
Class 1
Benefit Amount 10% of the **Principal Sum** up to a maximum of $25,000
Class 2
Benefit Amount 10% of the **Principal Sum** up to a maximum of $25,000
Class 3
Benefit Amount 10% of the **Principal Sum** up to a maximum of $25,000
Class 4
Benefit Amount 10% of the **Principal Sum** up to a maximum of $25,000
Class 5
Benefit Amount 10% of the **Principal Sum** up to a maximum of $25,000
This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6024

Coma

Class 1
Benefit Amount 1% per month of the **Principal Sum**
Maximum **Benefit Amount** 100% of the **Principal Sum**

Class 2
Benefit Amount 1% per month of the **Principal Sum**
Maximum **Benefit Amount** 100% of the **Principal Sum**

Class 3
Benefit Amount 1% per month of the **Principal Sum**
Maximum **Benefit Amount** 100% of the **Principal Sum**

Class 4
Benefit Amount 1% per month of the **Principal Sum**
Maximum **Benefit Amount** 100% of the **Principal Sum**

Class 5
Benefit Amount 1% per month of the **Principal Sum**
Maximum **Benefit Amount** 100% of the **Principal Sum**

This **Benefit Amount** is subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6032

Home Alteration or Vehicle Modification

Class 1
Benefit Amount for **Home Alteration** 10% of the **Principal Sum**
Benefit Amount for **Vehicle Modification** 10% of the **Principal Sum**
Maximum **Benefit Amount** 20% of the **Principal Sum** to a maximum of $50,000

Class 2
Benefit Amount for **Home Alteration** 10% of the **Principal Sum**
Benefit Amount for **Vehicle Modification** 10% of the **Principal Sum**
Maximum **Benefit Amount** 20% of the **Principal Sum** to a maximum of $50,000

Class 3
Benefit Amount for **Home Alteration** 10% of the **Principal Sum**
Benefit Amount for **Vehicle Modification** 10% of the **Principal Sum**
Maximum **Benefit Amount** 20% of the **Principal Sum** to a maximum of $50,000

Class 4
Benefit Amount for **Home Alteration** 10% of the **Principal Sum**
Benefit Amount for **Vehicle Modification** 10% of the **Principal Sum**
Maximum **Benefit Amount** 20% of the **Principal Sum** to a maximum of $50,000

Class 5
Benefit Amount for **Home Alteration** 10% of the **Principal Sum**
Benefit Amount for **Vehicle Modification** 10% of the **Principal Sum**
Maximum **Benefit Amount** 20% of the **Principal Sum** to a maximum of $50,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6050

Medical Evacuation and Repatriation

Class 1

Maximum Benefit Amount Unlimited
Benefit Amount(Hospital Admission Guaranty) $10,000
Benefit Amount(Medical Expenses) $500,000
Family Travel Expense
(Maximum Per Day) $100
(Maximum Number of Days) 5
Benefit Amount (Evacuation Expenses) $100,000

Class 2

Maximum Benefit Amount Unlimited
Benefit Amount(Hospital Admission Guaranty) $10,000
Benefit Amount(Medical Expenses) $500,000
Family Travel Expense
(Maximum Per Day) $100
(Maximum Number of Days) 5
Benefit Amount (Evacuation Expenses) $100,000

Class 3

Maximum Benefit Amount Unlimited
Benefit Amount(Hospital Admission Guaranty) $10,000
Family Travel Expense
(Maximum Per Day) $100
(Maximum Number of Days) 5
Benefit Amount (Evacuation Expenses) $100,000

Class 4

Maximum Benefit Amount Unlimited
Benefit Amount(Hospital Admission Guaranty) $10,000
Family Travel Expense
(Maximum Per Day) $100
(Maximum Number of Days) 5
Benefit Amount (Evacuation Expenses) $100,000

Class 5

Maximum Benefit Amount Unlimited
Benefit Amount(Hospital Admission Guaranty) $10,000
Benefit Amount(Medical Expenses) $500,000
Family Travel Expense
(Maximum Per Day) $100
(Maximum Number of Days) 5
Benefit Amount (Evacuation Expenses) $100,000

The **Benefit Amounts** shown above for Hospital Admission Guaranty, Medical Expenses, Evacuation Expenses and Family Travel Expense, are part of, and not in addition to, the **Maximum Benefit Amount** for **Medical Evacuation and Repatriation**. This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6056 (Ed. 7/06)

Psychological Therapy

Class 1

Benefit Amount 5% of the **Principal Sum** up to a maximum of $25,000

Class 2

Benefit Amount 5% of the **Principal Sum** up to a maximum of $25,000

Class 3

Benefit Amount 5% of the **Principal Sum** up to a maximum of $25,000

Class 4
Benefit Amount 5% of the **Principal Sum** up to a maximum of $25,000
Class 5
Benefit Amount 5% of the **Principal Sum** up to a maximum of $25,000
This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6072

Rehabilitation Expense
Class 1
Benefit Amount 5% of the **Principal Sum** up to a maximum of $25,000
Class 2
Benefit Amount 5% of the **Principal Sum** up to a maximum of $25,000
Class 3
Benefit Amount 5% of the **Principal Sum** up to a maximum of $25,000
Class 4
Benefit Amount 5% of the **Principal Sum** up to a maximum of $25,000
Class 5
Benefit Amount 5% of the **Principal Sum** up to a maximum of $25,000
This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6074

Seat Belt and **Occupant Protection Device**
Class 1
Benefit Amount for **Seat Belt** 10% of the **Principal Sum**
Alternate **Benefit Amount** $2,000
Benefit Amount for **Occupant Protection Device** 10% of the **Principal Sum**
Maximum **Benefit Amount** for **Seat Belt** and **Occupant Protection Device** 20% of the **Principal Sum** to a maximum of $50,000
Class 2
Benefit Amount for **Seat Belt** 10% of the **Principal Sum**
Alternate **Benefit Amount** $2,000
Benefit Amount for **Occupant Protection Device** 10% of the **Principal Sum**
Maximum **Benefit Amount** for **SeatBelt** and **Occupant Protection Device** 20% of the **Principal Sum** to a maximum of $50,000
Class 3
Benefit Amount for **Seat Belt** 10% of the **Principal Sum**
Alternate **Benefit Amount** $2,000
Benefit Amount for **Occupant Protection Device** 10% of the **Principal Sum**
Maximum **Benefit Amount** for **SeatBelt** and **Occupant Protection Device** 20% of the **Principal Sum** to a maximum of $50,000
Class 4
Benefit Amount for **Seat Belt** 10% of the **Principal Sum**
Alternate **Benefit Amount** $2,000
Benefit Amount for **Occupant Protection Device** 10% of the **Principal Sum**
Maximum **Benefit Amount** for **SeatBelt** and **Occupant Protection Device** 20% of the **Principal Sum** to a maximum of $50,000

Class 5

Benefit Amount for **Seat Belt** 10% of the **Principal Sum**
Alternate **Benefit Amount** $2,000
Benefit Amount for **Occupant Protection Device** 10% of the **Principal Sum**
Maximum **Benefit Amount** for **SeatBelt** and **Occupant Protection Device** 20% of the **Principal Sum** to a maximum of $50,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6080

Section V - Aggregate Limit of Insurance

$1,000,000 per **Accident**

If more than one (1) **Insured Person** suffers a **Loss** in the same **Accident**, then **We** will not pay more than the Aggregate Limit of Insurance shown above. If an **Accident** results in **Benefit Amounts** becoming payable, which when totaled, exceed the applicable Aggregate Limit of Insurance shown above, then the Aggregate Limit of Insurance will be divided proportionally among the **Insured Persons**, based on each applicable **Benefit Amount**.

BTA6088

Insurance only applies for the **Classes, Hazards, Benefits** and **Losses** that are specifically indicated as insured.

BTA6090

Hazards

24 Hour Business and Pleasure Hazard

24 Hour Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of this policy, to which an **Insured Person** may be exposed.
BTA5513

Business Travel Family Hazard

Business Travel Family Hazard means all circumstances, subject to the terms and conditions of this policy, to which a **Dependent** of a **Primary Insured Person** may be exposed while traveling in connection with the **Primary Insured Person's Business Travel** or **Relocation Travel**, provided that all such travel is authorized by, and at the expense of, the **Policyholder**.

The insurance under this **Business Travel Family Hazard** begins at the actual start of **Business Travel** or **Relocation Travel** whether the point of origin is from the **Dependent's** residence or regular place of employment, whichever occurs last. This **Business Travel Family Hazard** ends immediately upon return to a **Dependent's** residence or regular place of employment, whichever occurs first.

This **Business Travel Family Hazard** includes **Personal Excursion**.

Limitation on Business Travel Family Hazard

With respect to this **Business Travel Family Hazard:**

1) no person insured as a **Primary Insured Person** can be insured as a **Dependent;** and
2) no person shall be insured as a **Dependent** of more than one **Primary Insured Person.**

BTA5514

24 Hour Business Travel Hazard

24 Hour Business Travel Hazard means all circumstances, subject to the terms and conditions of this policy, arising from and occurring while the **Primary Insured Person** is on **Business Travel** or **Relocation Travel**.

Insurance under this **24 Hour Business Travel Hazard** begins at the actual start of **Business Travel** or **Relocation Travel** whether the point of origin is from the **Primary Insured Person's** residence or regular place of employment, whichever occurs last. Insurance under this **24 Hour Business Travel Hazard** ends immediately upon return to the **Primary Insured Person's** residence or regular place of employment, whichever occurs first.

24 Hour Business Travel Hazard does not include **Commutation**. **24 Hour Business Travel Hazard** includes **Personal Excursion**.
BTA5528

Section I - Insurance

Subject to all the terms and conditions of this policy and the payment of required premium, We will provide the following insurance:

Accidental Death and Dismemberment

We will pay the applicable **Benefit Amount**, shown in Section IV-B of the Schedule of Benefits, if an **Accident** results in a covered **Loss** not otherwise excluded. The **Accident** must result from an insured **Hazard** and occur while an **Insured Person** is insured under this policy, while it is in force. The covered **Loss** must occur within one (1) year after the **Accident**.
BTA5010

Carjacking

We will pay the **Benefit Amount** for **Carjacking**, shown in Section IV-C of the Schedule of Benefits, if an **Insured Person** suffers a covered **Loss** resulting from **Accidental Bodily Injury** due to **Carjacking**.

The **Benefit Amount** for **Carjacking** is payable in addition to any other applicable **Benefit Amounts** under this policy.

BTA5016

Coma

We will pay the **Benefit Amount** for **Coma**, shown in Section IV-C of the Schedule of Benefits, if **Accidental Bodily Injury** causes an **Insured Person** to:

1) lapse into a **Coma** within ninety (90) days after the **Accident**;
2) remain in a **Coma** for thirty (30) consecutive days; and
3) be confined to a **Hospital** or other licensed facility to receive **Medically Necessary** treatment for **Coma**, prescribed and supervised by a **Physician**, within the first ninety (90) days following the **Accident**.

The **Benefit Amount** for **Coma** will be the percentage of the **Insured Person's Principal Sum**, shown in Section IV-C of the Schedule of Benefits. The **Benefit Amount** for **Coma** is payable monthly subject to the Maximum **Benefit Amount** for **Coma** shown in Section IV-C of the Schedule of Benefits.

Brief lapses from **Coma** will not be considered an interruption of the consecutive thirty (30) day period, or cause a discontinuance in **Our** payment, if the lapses and subsequent **Coma** recurrences are due to the same **Accident**.

The **Coma** monthly payment will be made until the earliest of the date:

1) the **Insured Person** dies;
2) the **Insured Person** is no longer in a **Coma**; or
3) total payments equal the Maximum **Benefit Amount** for **Coma**, shown in Section IV-C of the Schedule of Benefits.

If an **Insured Person** dies within 365 days after the **Accident**, then **We** will pay a lump sum equal to the **Insured Person's Principal Sum**, less any **Benefit Amount** for **Coma** already paid.

BTA5024

Home Alteration or Vehicle Modification

We will reimburse charges up to the **Benefit Amount** for **Home Alteration** or the **Benefit Amount** for **Vehicle Modification** shown in Section IV-C of the Schedule of Benefits, if a covered **Loss** due to an **Accidental Bodily Injury** requires an **Insured Person** to incur expenses for **Home Alteration** or **Vehicle Modification**. The expenses for **Home Alteration** or **Vehicle Modification** must be incurred within eighteen (18) months after the **Accidental Bodily Injury**. The **Benefit Amount** for **Home Alteration** or **Vehicle Modification** is payable if:

1) a **Physician** certifies that the **Home Alteration** or **Vehicle Modification** is needed to accommodate a physical disability of an **Insured Person**;
2) the **Home Alteration** or **Vehicle Modification** is made by people experienced in such **Home Alteration** or **Vehicle Modification**;
3) the **Home Alteration** or **Vehicle Modification** is in compliance with any applicable laws or requirements for approval by the appropriate governmental authority in the jurisdiction where the services are rendered; and
4) the **Home Alteration** or **Vehicle Modification** expenses do not exceed the usual level of charges for similar alterations and modifications in the jurisdiction where the expenses are incurred.

The **Benefit Amount** for **Home Alteration** and **Vehicle Modification** is payable to the natural person who incurs the expense. The **Benefit Amount** for **Home Alteration** and **Vehicle Modification** is payable in addition to any other applicable **Benefit Amounts** under this policy. In no event will **Our** total payments for **Home Alteration** and **Vehicle Modification** exceed the **Maximum Benefit Amount** for **Home Alteration** and **Vehicle Modification** shown in Section IV-C of the Schedule of Benefits.
BTA5040

Medical Evacuation and Repatriation

If an **Insured Person's Accidental Bodily Injury**, disease or illness occurs while insured under a **Hazard** and requires the **Medical Evacuation** or **Repatriation** of the **Insured Person** while the **Insured Person** is on a covered trip, then **We** will pay the **Covered Expenses** for such **Medical Evacuation** or **Repatriation** up to the **Benefit Amount** for **Medical Evacuation and Repatriation**, shown in Section IV-C of the Schedule of Benefits. The **Benefit Amount** for **Medical Evacuation** or **Repatriation** is payable in addition to any other applicable **Benefit Amounts** under this policy.

This insurance applies only if the covered trip:

1) is more than 100 miles from the **Insured Person's** primary residence; and
2) lasts no more than 365 consecutive days.

The **Medical Evacuation** or **Repatriation** must be ordered by a **Physician**, who certifies that the **Medical Evacuation** or **Repatriation** is necessary to prevent death or serious deterioration of the **Insured Person's** medical condition. The **Medical Evacuation** or **Repatriation** must be approved and arranged by **Our Assistance Services Administrator**.

If an **Insured Person's Accidental Bodily Injury**, disease or illness occurs during an insured **Hazard** and requires **Emergency Medical Treatment** while the **Insured Person** is on a covered trip, then **We** will guarantee payment of the **Hospital Admission Guaranty** incurred for such **Emergency Medical Treatment** up to the **Benefit Amount** for **Hospital Admission Guaranty**, shown in Section IV-C of the Schedule of Benefits. The **Assistance Services Administrator** must approve the **Hospital Admission Guaranty**.

If an **Insured Person** who resides in the United States suffers **Accidental Bodily Injury**, disease or illness during an insured **Hazard** and results in medical expenses being paid while the **Insured Person** is on **Business Travel** outside of the United States, then **We** will reimburse medical expenses up to the **Benefit Amount** for medical expenses, shown in Section IV-C of the Schedule of Benefits . The medical expenses must be incurred outside the United States. The medical expenses must be ordered by a **Physician** who certifies that the expenses are necessary to prevent death or serious deterioration of the **Insured Person's**

medical condition. The **Benefit Amount** for the medical expense is payable on an excess basis. **We** will determine the **Reasonable and Customary Charge** for the covered medical expense. **We** will then reduce that amount by amounts already paid or payable by any **Other Plan**. **We** will pay the resulting amount but in no event will we pay more than the **Benefit Amount** for medical expenses, shown in Section IV-C of the Schedule of Benefits. The medical expenses must be the result of **Medical Services** that are coordinated or arranged by **Our Assistance Services Administrator**.

If an **Insured Person's Accidental Bodily Injury**, disease or illness occurs during an insured **Hazard** and requires a **Hospital** stay for more than five (5) day(s) while the **Insured Person** is on a covered trip, then **We** will pay the **Benefit Amount** for **Family Travel Expense**, if all the following conditions are met:

1) the **Insured Person** is confined to a **Hospital**; and
2) the **Hospital** is at least seventy-five (75) miles from the **Insured Person's** permanent residence; and
3) all transportation arrangements for an **Immediate Family Member** are made by **Our Assistance Services Administrator** and are by the most direct and economical route.

If an **Insured Person's Accidental Bodily Injury**, disease or illness occurs during an insured **Hazard** and requires a **Hospital** stay for more than five (5) day(s) while the **Insured Person** is on a covered trip, then **We** will pay for an accompanying **Dependent Child** to return to his or her primary residence. All transportation arrangements must be made by **Our Assistance Services Administrator** and shall be by the most direct and economical route.

The **Benefit Amount** for **Medical Evacuation** or **Repatriation** is payable on an excess basis. **We** will determine the charges for **Medical Evacuation** or **Repatriation**. **We** will then reduce that amount by amounts already paid or payable by any **Other Plan**. **We** will pay the resulting **Benefit Amount**. The **Benefit Amounts** for Hospital Admission Guaranty, Medical Expenses, Evacuation Expenses and Family Travel Expense, are part of, and not in addition to, the **Maximum Benefit Amount** for **Medical Evacuation** and **Repatriation**. In no event will **We** pay more than the Maximum **Benefit Amount** for **Medical Evacuation** or **Repatriation** shown in Section IV-C of the Schedule of Benefits.

With respect to **Medical Evacuation and Repatriation** only, the Disease or Illness Exclusion in Section VI - General Exclusions of the Contract does not apply.

Political Evacuation
If an **Insured Person**, who resides in the United States, is on a covered trip; while insured under a **Hazard**; and the United States Department of State issues a **Travel Warning**, for the country where the **Insured Person** is traveling, then **We** will reimburse **Evacuation Expenses** up to the **Benefit Amount** for **Evacuation Expenses**, shown in Section IV-C of the Schedule of Benefits. All arrangements must be approved and arranged by **Our Assistance Services Administrator** and shall be by the most direct and economical route. This benefit does not apply to an **Insured Person** traveling to Iraq, Afghanistan or Somalia.
BTA5046 (Ed. 7/06)

Psychological Therapy Expense

We will reimburse **Psychological Therapy Expense** up to the **Benefit Amount** for **Psychological Therapy Expense**, shown in Section IV-C of the Schedule of Benefits, if an **Accidental Bodily Injury** causes an **Insured Person** to suffer a covered **Loss** resulting in a **Physician's** determination that **Psychological Therapy** is required for:

1) such **Insured Person**; or
2) a **Dependent** .

The **Benefit Amount** for **Psychological Therapy Expense** is payable on an excess basis. **We** will determine the charge for the **Psychological Therapy Expense**. **We** will then reduce that amount by amounts already paid or payable by any **Other Plan**. **We** will pay the resulting **Benefit Amount**, but in no event will **We**

pay more than the **Benefit Amount** for **Psychological Therapy Expense** shown in Section IV-C of the Schedule of Benefits.

The **Benefit Amount** for **Psychological Therapy Expense** will be paid:

1) to the natural person who incurs the expense; and
2) in addition to any other applicable **Benefit Amounts** under this policy.

The **Benefit Amount** for **Psychological Therapy Expense** will be paid until the earlier of the date on which:

1) the total **Benefit Amount** for **Psychological Therapy Expense**, shown in Section IV-C of the Schedule of Benefits, has been paid; or
2) two (2) years have elapsed from the date of a covered **Loss**.

BTA5062

Rehabilitation Expense

We will reimburse **Rehabilitation Expense** up to the **Benefit Amount** for **Rehabilitation Expense**, shown in Section IV-C of the Schedule of Benefits, if **Accidental Bodily Injury** causes an **Insured Person** to suffer a covered **Loss** which:

1) prevents an **Insured Person** from performing all the duties of such **Insured Person's** regular occupation; and
2) requires such **Insured Person** to obtain **Rehabilitation**, as determined by a **Physician** approved by **Us**.

The **Benefit Amount** for **Rehabilitation Expense** is payable on an excess basis. **We** will determine the charge for the **Rehabilitation Expense**. **We** will then reduce that amount by amounts already paid or payable by any **Other Plan**. **We** will pay the resulting **Benefit Amount**, but in no event will **We** pay more than the **Benefit Amount** for **Rehabilitation Expense** shown in Section IV-C of the Schedule of Benefits.

The **Benefit Amount** for **Rehabilitation Expense** is payable in addition to any other applicable **Benefit Amounts** under this policy. **We** will pay the **Benefit Amount** for **Rehabilitation Expense** to the natural person who incurs the expense.

We will pay the **Benefit Amount** for **Rehabilitation Expense** until the earlier of the date on which:

1) the total **Rehabilitation Expense Benefit Amount**, shown in Section IV-C of the Schedule of Benefits, has been paid; or
2) two (2) years have elapsed from the date of the **Accidental Bodily Injury**.

BTA5066

Seat Belt and **Occupant Protection Device**

We will pay the **Benefit Amount** for **Seat Belt** shown in Section IV-C of the Schedule of Benefits if an **Insured Person** suffers an **Accidental Bodily Injury** resulting in a covered **Loss** while such **Insured Person** is operating or riding in a **Private Passenger Automobile**, and using a **Seat Belt**.

The **Seat Belt** must have been properly secured, and used in accordance with the recommendations of its manufacturer. If it cannot be determined whether an **Insured Person** was using a **Seat Belt**, then the **Alternate Benefit Amount** for **Seat Belt**, shown in Section IV-C of the Schedule of Benefits will be paid.

We will also pay the **Benefit Amount** for an **Occupant Protection Device**, shown in Section IV-C of the Schedule of Benefits, if an **Insured Person** suffers an **Accidental Bodily Injury** as set forth above and such **Insured Person** is positioned in a seat protected by a properly deployed **Occupant Protection Device**. The **Benefit Amount** for an **Occupant Protection Device** will only be paid if **We** pay a **Benefit Amount** for **Seat Belt** other than an Alternate **Benefit Amount** .

Verification of the actual use of the **Seat Belt** and proper operation of the **Occupant Protection Device** at the time of an **Accident** must be part of an official report of such **Accident** or be certified, in writing, by an investigating police officer.

In no event will a **Benefit Amount** for **Seat Belt** be paid if an **Insured Person** is operating or riding as a passenger in any vehicle used for a race or contest of any type.

The **Benefit Amount** for **Seat Belt** and **Benefit Amount** for **Occupant Protection Device** are payable in addition to any other applicable **Benefit Amounts** under this policy.

In no event will **Our** total payments of a **Benefit Amount** for **Seat Belt** and a **Benefit Amount** for **Occupant Protection Device** exceed the Maximum **Benefit Amount**, shown in Section IV-C of the Schedule of Benefits.
BTA5070

Section II - Eligibility, Effective Date and Termination

Eligibility

A person becomes insured under this policy if:

1) such person is a member of an eligible **Class** of **Insured Persons** as shown in Section I of the Schedule of Benefits;
2) such person has completed any required Qualification Period as shown in Section II of the Schedule of Benefits; and
3) the required premium for such person has been paid.

BTA5080

Effective Date of Insurance for an Insured Person

Insurance for an **Insured Person** becomes effective on the latest of:

1) the effective date of this policy;
2) the date on which such person first meets the eligibility criteria as an **Insured Person**; or
3) the beginning of the period for which required premium is paid for such **Insured Person**.

BTA5082

Termination of Insurance for an Insured Person

Insurance for an **Insured Person** automatically terminates on the earliest of:

1) the termination date of this policy;
2) the expiration of the period for which required premium has been paid for such **Insured Person**;
3) the date on which a person no longer meets the eligibility criteria as an **Insured Person**.

BTA5084

Section III - Extensions Of Insurance

Extensions of Insurance are subject to the provisions of Section I-Insurance of the Contract, and all other policy terms and conditions.

Disappearance

If an **Insured Person** has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any **Conveyance** in which an **Insured Person** was an occupant at the time of the **Accident**, then it will be assumed, subject to all other terms and conditions of this Policy, that an **Insured Person** has suffered **Loss of Life** insured under this policy.
BTA5088

Exposure

If an **Accident** resulting from an insured **Hazard** causes an **Insured Person** to be unavoidably exposed to the elements and as a result of such exposure an **Insured Person** has a **Loss**, then such **Loss** will be insured under this policy.
BTA5090

Section IV - Maximum Payment for Multiple Losses and Multiple Benefits

For any **Benefit Amount** identified as subject to this provision in the Schedule of Benefits, payment of such **Benefit Amount** will reduce the **Principal Sum**. If, subject to all the terms and conditions of this policy, an **Insured Person** is entitled to receive payment of multiple **Benefit Amounts** as the result of one (1) **Accident**, then the maximum **We** will pay for all benefits shall not exceed the **Principal Sum**.

For any **Benefit Amount** identified as not subject to this provision in the Schedule of Benefits, payment of such **Benefit Amount** will be in addition to any **Principal Sum** payable under this policy.

If, subject to all the terms and conditions of this policy, an **Insured Person** suffers multiple covered **Losses** as the result of one (1) **Accident**, then **We** will only pay the single largest **Benefit Amount** applicable to all such covered **Losses**.

For the purposes of this provision the definition of **Loss** includes **Coma**.
BTA5092

Section V - Territory

This insurance applies worldwide.

BTA5094

Section VI - General Exclusions

The following exclusions apply to all benefits or Hazards under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits or Hazards. Please read this entire policy carefully.

Aircraft Pilot or Crew

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** caused by or resulting from, directly or indirectly, an **Insured Person** being in, entering, or exiting any aircraft while acting or training as a pilot or crew member.

This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.

BTA5098 (Ed. 7/06)

Disease or Illness

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** caused by or resulting from, directly or indirectly, an **Insured Person's** emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof.

This exclusion does not apply to an **Insured Person's** bacterial infection caused by an **Accident** or by **Accidental** consumption of a substance contaminated by bacteria.
BTA5102 (Ed. 7/06)

Incarceration

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** caused by or resulting from, directly or indirectly any occurrence while an **Insured Person** is incarcerated after conviction.

BTA5106

Service in the Armed Forces

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** caused by or resulting from, directly or indirectly, an **Insured Person** participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.

BTA5116

Specialized Aviation

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** caused by or resulting from, directly or indirectly, an **Insured Person** traveling or flying on any aircraft engaged in **Specialized Aviation Activities**.

BTA5118

Suicide or Intentional Injury

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** caused by or resulting from, directly or indirectly, an **Insured Person's** suicide, or attempted suicide while sane or intentionally self-inflicted injury.

BTA5120CO

Trade Sanctions

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** when:

1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any **Accident, Accidental Bodily Injury** or **Loss**; or
2) there is any other legal prohibition against providing insurance of any **Accident, Accidental Bodily Injury** or **Loss**.

BTA5122

War

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** caused by or resulting from, directly or indirectly, a declared or undeclared **War**.
BTA5126

Section VII - Definitions

For the purpose of these definitions, the singular includes the plural and the plural includes the singular, unless otherwise noted.

Accident or Accidental

Accident or **Accidental** means a sudden, unforeseen, and unexpected event which:

1) happens by chance;
2) arises from a source external to an **Insured Person**;
3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof;
4) occurs while the **Insured Person** is insured under this policy which is in force; and
5) is the direct cause of loss.

BTA5600

Accidental Bodily Injury

Accidental Bodily Injury means bodily injury, which:

1) is **Accidental**;
2) is the direct cause of a loss; and
3) occurs while an **Insured Person** is insured under this policy, which is in force.

Accidental Bodily Injury does not mean a **Repetitive Motion Injury**.
BTA5602 (Ed. 7/06)

Actively at Work or Active Work

Actively at Work, or **Active Work** means a person is performing the material and substantial duties of his or her regular occupation for compensation.
BTA5606

Assistance Services Administrator

Assistance Services Administrator means the organization that contracts with the **Company** to provide **Medical Evacuation** and **Repatriation** services to an **Insured Person**.
BTA5610

Benefit Amount

Benefit Amount means the amount stated in the Schedule of Benefits for this policy which applies:

1) at the time of an **Accident**;
2) to an **Insured Person**; and
3) for the applicable **Hazard**.

BTA5612

Business Travel

Business Travel means travel by a **Primary Insured Person** that is :

1) away from such **Primary Insured Person's** regular place of employment;
2) at the authorization, direction of the **Policyholder**;
3) on the **Policyholder's** business; and
4) for periods of 365 days or less.

Business Travel does not include **Commutation**. **Business Travel** includes **Personal Excursion**.
BTA5622 (Ed. 7/06)

Carjacking

Carjacking means the unlawful forced removal or detention of an **Insured Person** while operating or riding as a passenger in, boarding or alighting from, a **Private Passenger Automobile** during the theft or attempted theft of such **Private Passenger Automobile**. The **Carjacking** must be confirmed in writing by a police report in the jurisdiction where the **Loss** occurs.
BTA5626

Class

Class means the categories of **Insured Persons** described in Section I of the Schedule of Benefits.
BTA5628

Coma

Coma means a profound state of unconsciousness, as determined by a **Physician** according to the Glasgow Coma Scale, from which an **Insured Person** cannot be aroused to consciousness even by powerful stimulation.
BTA5632

Commutation

Commutation means travel between a **Primary Insured Person's** residence and regular place of employment.
BTA5646

Company

Company means FEDERAL INSURANCE COMPANY.
BTA5648

Conveyance

Conveyance means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.
BTA5650

Covered Expenses

1) With respect to **Medical Evacuation, Covered Expenses** means the cost for:
    1) a land, water or air **Conveyance**, required to transport an **Insured Person** during a **Medical Evacuation**. Special transportation by, but not limited to, air ambulances, land ambulances and private motor vehicles must:
        a) be recommended by an attending **Physician**; and
        b) comply with the standard regulations of the **Conveyance** transporting an **Insured Person**.

        The means of transportation that is best suited to accommodate an **Insured Person**, based on the seriousness of an **Insured Person's** condition, will be used.
    2) medical supplies and services which are:
        a) ordered or prescribed by an attending **Physician**; and
        b) are, in the opinion of an attending **Physician**, necessarily incurred in connection with the **Medical Evacuation** of an **Insured Person**.

2) With respect to **Repatriation, Covered Expenses** means the cost for:
    1) **Repatriation** of an **Insured Person**; and
    2) medical supplies and services which:
        a) are ordered or prescribed by an attending **Physician**;
        b) are, in the opinion of an attending **Physician**, necessarily incurred in connection with **Repatriation** of an **Insured Person**; and
        c) are the necessary expenses for embalming, cremation, transportation and purchase of a shipping container as required by applicable law or regulation.

With respect to **Medical Evacuation** and **Repatriation**, all transportation arrangements made for an **Insured Person** will be by the most direct and economical route. All **Covered Expenses** must be arranged and receive the prior approval of **Our Assistance Service Administrator**.

Covered Expenses do not include those expenses incurred by an **Insured Person** for **Accidental Bodily Injury**, illness or disease, which occurs while an **Insured Person** is:
    1) traveling against the advice of a **Physician**; or
    2) traveling for the purpose of obtaining medical treatment.

BTA5654

Dependent

Dependent means a **Dependent Child**, **Spouse or Domestic Partner** of a **Primary Insured Person**.

BTA5660

Dependent Child

Dependent Child means a **Primary Insured Person's** unmarried child from the moment of birth, including a natural child, grandchild, stepchild or adopted child from the date of placement with a **Primary Insured Person**. The **Dependent Child** must be primarily dependent upon such **Primary Insured Person** for maintenance and support, and must be:

1) under the age of nineteen (19);
2) under the age of twenty-five (25) if enrolled as a full-time student at an **Institution of Higher Learning**; or
3) classified as an **Incapacitated Dependent Child**.

BTA5662

Domestic Partner

Domestic Partner means a person designated by a **Primary Insured Person** who is registered as a Domestic Partner or legal equivalent under laws of the governing jurisdiction or who:

1) is at least 18 years of age and competent to enter into a contract;
2) is not related to the **Primary Insured Person** by blood;
3) has exclusively lived with the **Primary Insured Person** for at least twelve (12) months prior to the date of enrollment;
4) is not legally married or separated; and
5) as of the date of enrollment, has with the **Primary Insured Person** at least two (2) of the following financial arrangements:
   a) a joint mortgage or lease;
   b) a joint bank account;
   c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or
   d) a joint credit card account with a financial institution.

Neither the **Primary Insured Person** nor the **Domestic Partner** can be married to, nor be in a civil union with anyone else.
BTA5666 (Ed. 7/06)

Emergency Medical Treatment

Emergency Medical Treatment means **Hospital** treatment for a medical condition which:

1) arises suddenly and unexpectedly; and
2) if left untreated could result in **Loss of Life**, or in serious deterioration of an **Insured Person's** medical condition.

BTA5674

Evacuation Expenses

Evacuation Expenses means:

1) the cost for a land, water or air **Conveyance**, required to transport an **Insured Person** from the country about which the **Travel Warning** has been issued to the nearest place of safety and the **Insured Person's** domicile or permanent residence; and

2) where the **Insured Person** is unable to return to his domicile or permanent residence, the costs for temporary lodging in the nearest place of safety for up to fourteen (14) days.

All transportation arrangements made for an **Insured Person** will be by the most direct and economical route. All **Evacuation Expenses** must be arranged by and receive the prior approval of **Our Assistance Services Administrator**.
BTA5677

Family Travel Expense

Family Travel Expense means actual costs incurred by an **Immediate Family Member** for temporary lodging, transportation and meals while traveling to and from visits with an **Insured Person**.
BTA5678

Full-time Employee

Full-time Employee means an employee who works at least 30 hours per week.

BTA5684

Gainful Occupation

Gainful Occupation means an occupation, including self employment, that is or can be expected to provide an **Insured Person** with an income equal to at least 60% of the **Insured Person's** monthly earnings within twelve (12) months after the **Insured Person's** return to work.

BTA5688

Hazard

Hazard means the circumstances for which this insurance is provided as stated in Section III of the Schedule of Benefits and described in the **Hazard** Section of this policy.

BTA5696

Hemiplegia

Hemiplegia means complete and irreversible loss of all motion and all practical use of one arm and one leg on the same side of the body that lasts longer than 365 days as determined by a **Physician** approved by **Us**.
BTA5702

Home Alteration

Home Alteration means changes to an **Insured Person's** primary residence that are necessary to make the residence accessible and habitable for such **Insured Person**.
BTA5706

Hospital

Hospital means a public or private institution which:

1) is licensed in accordance with the laws of the jurisdiction where it is located;
2) is accredited by the Joint Commission on Accreditation of Hospitals;
3) operates for the reception, care and treatment of sick, ailing or injured persons as in-patients;
4) provides organized facilities for diagnosis and medical or surgical treatment;
5) provides twenty-four (24) hour nursing care;
6) has a **Physician** or staff of **Physicians**; and
7) is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

BTA5712

Hospital Admission Guaranty

Hospital Admission Guaranty means any charge or expense made by a **Hospital** prior to and as a condition of an **Insured Person's** admission.
BTA5714

Immediate Family Member

Immediate Family Member means an **Insured Person's**:

1) **Spouse** or **Domestic Partner**;
2) children including adopted children and stepchildren;
3) legal guardians or wards;
4) siblings or siblings-in-law;
5) parents or parents-in-law;
6) grandparents or grandchildren;
7) aunts or uncles;
8) nieces and nephews.

Immediate Family Member also means a **Spouse's** or **Domestic Partner's** children, including adopted children and stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.
BTA5716

Incapacitated Dependent Child

Incapacitated Dependent Child means a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently dependent on a **Primary Insured Person** for support and maintenance. The incapacity must have occurred while the child was:

1) under the age of nineteen (19); or
2) under the age of twenty-five (25) if enrolled as a full-time student at an **Institution of Higher Learning.**

BTA5718

Institution of Higher Learning

Institution of Higher Learning means any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade.
BTA5724

Insured Person

Insured Person means a person, qualifying as a **Class** member under Section I of the Schedule of Benefits:

1) who elects insurance; or
2) for whom insurance is elected,
3) and on whose behalf premium is paid.

BTA5728

Leased Aircraft

Leased Aircraft means an aircraft not owned by the **Policyholder**, which is subject to a written lease agreement between the **Policyholder** and the lessor. The **Policyholder** uses the aircraft as it wishes for the term of the written lease agreement. The **Policyholder** cannot alter or sell the aircraft without the consent of the lessor. **Leased Aircraft** does not include aircraft which are chartered for single trips.
BTA5730 (Ed. 7/06)

Loss

Loss means **Accidental**:

Loss of Foot
Loss of Hand
Loss of Hearing
Loss of Life
Loss of Sight
Loss of Sight of One Eye
Quadriplegia
Paraplegia
Hemiplegia
Loss of Speech
Uniplegia
Loss of Thumb and Index Finger

Loss must occur within one (1) year after the **Accident**.
BTA5732

Loss of Foot

Loss of Foot means the complete severance of a foot through or above the ankle joint. **We** will consider such severance a **Loss of Foot** even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.
BTA5734

Loss of Hand

Loss of Hand means complete severance, as determined by a **Physician**, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. **We** will consider such severance a **Loss of Hand** even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.
BTA5736

Loss of Hearing

Loss of Hearing means permanent, irrecoverable and total deafness, as determined by a **Physician**, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a **Physician**.
BTA5738

Loss of Life

Loss of Life means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an **Accident**.
BTA5740

Loss of Sight

Loss of Sight means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a **Physician**.
BTA5742

Loss of Sight of One Eye

Loss of Sight of One Eye means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a **Physician**.
BTA5744

Loss of Speech

Loss of Speech means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a **Physician**.
BTA5748

Loss of Thumb and Index Finger

Loss of Thumb and Index Finger means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a **Physician**. **We** will consider such severance a **Loss of Thumb and Index Finger** even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.
BTA5750

Medical Evacuation

Medical Evacuation means the emergency transportation of an **Insured Person** from the location where such **Insured Person** is injured or becomes ill to the nearest **Hospital** where appropriate medical care and treatment can be provided.
BTA5756

Medically Necessary

Medically Necessary means a medical or dental service, supply or course of treatment which:

1) is ordered or prescribed by a **Physician**;
2) is appropriate and consistent with the patient's diagnosis;
3) is in accord with current accepted medical or dental practice; and
4) could not be eliminated without adversely affecting the patient's condition.

BTA5758

Medical Services

Medical Services means **Medically Necessary** services, including but not limited to:

1) medical care and treatment by a **Physician**;
2) **Hospital** room and board and **Hospital** care, both inpatient and outpatient;
3) drugs and medicines required and prescribed by a **Physician**;
4) diagnostic tests and x-rays prescribed by a **Physician**;
5) transportation of an **Insured Person** in an emergency transportation vehicle from the location where such **Insured Person** becomes injured to the nearest **Hospital** where appropriate medical treatment can be obtained;
6) dental care and treatment due to **Accidental Bodily Injury**;
7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy;
8) treatment performed by a licensed medical professional when prescribed by a **Physician**, if hospitalization would have been otherwise required;
9) rental of durable medical equipment;
10) artificial limbs and other prosthetic devices;
11) orthopedic appliances or braces.

BTA5760 (Ed. 7/06)

Occupant Protection Device

Occupant Protection Device means either an air bag, which inflates for added protection to the head and chest areas, or any other personal safety restraint system other than a **Seat Belt** recognized by the U.S. National Highway Transportation Safety Board.
BTA5764

Operated Aircraft

Operated Aircraft means any aircraft not owned by the **Policyholder** but over which the **Policyholder** exercises control. **Operated Aircraft** includes an aircraft for which the **Policyholder** pays operating expenses.
BTA5768

Other Plan

Other Plan means any other insurance or payment source for **Medical Services** or disability, including but not limited to health coverage, disability insurance, worker's compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance "fault" or "no-fault", employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.
BTA5770

Owned Aircraft

Owned Aircraft means any aircraft to which the **Policyholder** holds legal or equitable title.
BTA5772

Paraplegia

Paraplegia means complete and irreversible loss of all motion and all practical use of both legs that lasts longer than 365 days, as determined by a **Physician** approved by **Us**.
BTA5774

Personal Excursion

Personal Excursion means travel or activities that are unrelated to the **Policyholder's** business and which take place away from a **Primary Insured Person's** residence or regular place of employment. Such travel or activities must coincide with the **Primary Insured Person's Business Travel** or **Relocation Travel**. **Personal Excursion** is limited to any consecutive 14 day period immediately prior to, during or immediately following such **Business Travel** or **Relocation Travel**.
BTA5780

Physician

Physician means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. **Physician** does not include:

1) an **Insured Person**;
2) an **Immediate Family Member.**

BTA5782

Policyholder

Policyholder means the entity identified in the Insuring Agreement.
BTA5786

Primary Insured Person

Primary Insured Person means an **Insured Person** who:

1) has a direct relationship with the **Policyholder**; and
2) where applicable, elects insurance under this policy.

BTA5790

Principal Sum

Principal Sum means the amount of insurance appearing in Section IV-A of the Schedule of Benefits applicable to each **Class**.
BTA5792

Private Passenger Automobile

Private Passenger Automobile means a four-wheeled motor vehicle with a maximum seating capacity of nine (9) people, manufactured, designed and registered as a private passenger vehicle for travel on public roads.
BTA5793

Proof of Loss

Proof of Loss means written evidence acceptable to **Us** that an **Accident, Accidental Bodily Injury** or **Loss** has occurred.
BTA5794

Psychological Therapy

Psychological Therapy means **Medically Necessary** counseling for a mental or nervous disorder by a **Physician**, whether on an out-patient basis, in a **Hospital** or any other medical facility licensed to provide such treatment.
BTA5796

Psychological Therapy Expense

Psychological Therapy Expense means **Reasonable and Customary Charges** for **Psychological Therapy**.
BTA5797

Quadriplegia

Quadriplegia means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a **Physician** approved by **Us**.
BTA5798

Reasonable and Customary Charge

Reasonable and Customary Charge means the lesser of:

1) the usual charge made by **Physicians** or other health care providers for a given service or supply; or
2) the charge **We** reasonably determine to be the prevailing charge made by **Physicians** or other health care providers for a given service or supply in the geographical area where it is furnished.

BTA5804

Rehabilitation

Rehabilitation means treatment other than **Psychological Therapy** intended to prepare an **Insured Person** for work in any **Gainful Occupation**, including an **Insured Person's** regular occupation that is:

1) provided by a therapist licensed, registered, or certified to perform such treatment; or
2) provided in a **Hospital** or other facility, which is licensed to provide such treatment.

The **Rehabilitation** must take place under the direction of a **Physician**.
BTA5800

Rehabilitation Expense

Rehabilitation Expense means **Reasonable and Customary Charges** for **Rehabilitation**.
BTA5802

Relocation Travel

Relocation Travel means travel by a **Primary Insured Person**:

1) between such **Primary Insured Person's** old and new regular places of employment or residence as part of a **Relocation**; and
2) at the **Policyholder's** authorization, direction and expense.

BTA5806

Relocation

Relocation means the transfer of a **Primary Insured Person** by the **Policyholder** from the **Primary Insured Person's** current regular place of employment with the **Policyholder** to a new regular place of employment with the **Policyholder** that is more than fifty (50) miles from such current place of employment.
BTA5808

Repatriation

Repatriation means:

1) the transfer of an **Insured Person**, from the local **Hospital** where **Emergency Medical Treatment** is initially given to another **Hospital** or to an **Insured Person's** domicile or permanent residence; and

2) the necessary arrangements for the return of an **Insured Person's** remains to an **Insured Person's** domicile or permanent residence in the event of an **Insured Person's Loss of Life**.

BTA5810

Repetitive Motion Injury

Repetitive Motion Injury means bursitis, stress fracture, strain, shin splints, Osgood Schlatter Disease, Chondromalacia, stress fractures, tendinitis and Carpal Tunnel Syndrome.
BTA5609

Seat Belt

Seat Belt means a lap or lap and shoulder restraint device or a child restraint device, which meets the published standards of the U. S. National Highway Transportation Safety Board and has been installed in accordance with the manufacturer's instructions.
BTA5820

Specialized Aviation Activity

Specialized Aviation Activity means use of a properly certified aircraft for the following:

any flight on a rocket propelled or rocket launched aircraft

BTA5826 (Ed. 7/06)

Spouse

Spouse means an **Insured Person's** husband or wife or who is recognized as such by the laws of the jurisdiction in which the **Primary Insured Person** resides.
BTA5828

Subsidiary

Subsidiary means any organization in which:

1) more than 50% of the outstanding securities or voting rights representing the present right to vote for election of directors is owned or controlled, directly or indirectly, in any combination by the **Policyholder**; or

2) the **Policyholder** exercises management control.

BTA5832

Travel Warning

Travel Warning means the United States Department of State advises U.S. citizens to depart the country while the **Insured Person** is traveling in that country.
BTA5853

Uniplegia

Uniplegia means complete and irreversible loss of all motion and all practical use of one arm or one leg that lasts more than 365 days, as determined by a **Physician** approved by **Us**.
BTA5854

Vehicle Modification

Vehicle Modification means changes, including but not limited to installation of equipment, to a **Private Passenger Automobile** that are necessary to make such **Private Passenger Automobile** accessible to or driveable by an **Insured Person**.
BTA5856

War

War means:

1) hostilities following a formal declaration of **War** by a governmental authority;
2) in the absence of a formal declaration of **War** by a governmental authority armed, open and continuous hostilities between two countries; or
3) armed, open and continuous hostilities between two factions, each in control of territory, or claiming jurisdiction over the geographic area of hostility.

BTA5858

We, Us and Our

We, Us and Our means FEDERAL INSURANCE COMPANY.
BTA5860

Section VIII - General Provisions

Addition of New Insured Persons

Any new person who meets the eligibility criteria for the **Class(es)** described in Section I of the Schedule of Benefits, **Insured Persons**, will automatically be an **Insured Person** under this policy.
BTA5150

Benefit Assignment

An **Insured Person** may assign **Benefit Amounts** other than those for **Loss of Life**. Such assignment must be in writing, signed by the **Insured Person** and filed with the **Policyholder**. The assignment shall be provided to **Us** at the time of claim or at such other time as **We** may require. **We** do not assume the responsibility for the validity of any assignment.
BTA5154

Arbitration

In the event of a dispute under this policy, either **We**, an **Insured Person**, or in the event of **Loss of Life**, an **Insured Person's** beneficiary, may make a written demand for arbitration. In that case, **We** and an **Insured Person**, or in the event of **Loss of Life**, an **Insured Person's** beneficiary, will each select an arbitrator. The two arbitrators will select a third. If they cannot agree within fifteen (15) days, then either **We**, an **Insured Person**, or in the event of **Loss of Life**, an **Insured Person's** beneficiary, may request that the choice of arbitrator be submitted to the American Arbitration Association. The arbitration will be held in the State of an **Insured Person's** principal residence.

Each participant shall bear the cost for arbitration and shall share equally in the cost of the umpire and the proceedings.
BTA5156

Beneficiary

A) Designation

An **Insured Person** has the right to designate a beneficiary. The **Primary Insured Person** shall have the sole right to designate a beneficiary for any **Dependent Child** who is a minor. All beneficiary designations must be:

1) in writing;
2) filed with the **Policyholder**; and
3) provided to **Us** at the time of claim; or
4) at such other time as **We** may require

B) Change

The **Insured Person**, and no one else, unless there is an irrevocable assignment, has the right to change the beneficiary except as set forth above. The **Insured Person** does not need the consent of anyone to do so. All beneficiary changes must be:

1) in writing;
2) filed with the **Policyholder**; and
3) provided to **Us** at the time of claim or at such other time as **We** may require.

We do not assume any responsibility for the validity of these changes.

C) Payment

The **Benefit Amount** for covered **Loss of Life** will be paid to the beneficiary designated by an **Insured Person**. Any **Benefit Amount** payable due to the **Loss of Life** of a **Dependent Child** will be paid to the **Primary Insured Person**, absent any beneficiary designation by the **Dependent Child**.

If an **Insured Person** has not chosen a beneficiary or if there is no beneficiary alive when the **Insured Person** dies, then **We** will pay the **Benefit Amount** for **Loss of Life** to the first surviving party in the following order:

1) the **Insured Person's Spouse** or **Domestic Partner**;
2) in equal shares to the **Insured Person's** surviving children;
3) in equal shares to the **Insured Person's** surviving parents;
4) in equal shares to the **Insured Person's** surviving brothers and sisters;
5) the **Insured Person's** estate.

All other **Benefit Amounts** are paid to the **Insured Person**, unless otherwise directed by an **Insured Person** or an **Insured Person's** designee, or unless otherwise noted in this policy.

If any beneficiary has not reached the legal age of majority, then **We** will pay such beneficiary's legal guardian.
BTA5158

Cancellation, Nonrenewal and Grace Period

A) Grace Period

The **Policyholder** is entitled to a grace period of thirty-one (31) days from the premium due date for the payment of premium due. This policy will continue in force during the grace period. The grace period does not apply to the first premium payable during this policy term. Failure to pay the first premium on or before the due date will immediately terminate this policy as of inception. **We** are not required to provide notification of such termination.
BTA5160

B) Cancellation, Nonrenewal

The **Policyholder** may cancel this policy, or any of its individual insurance benefits, by sending **Us** written notice stating when cancellation is to take effect. The effective date of cancellation may not be earlier than the date notice is postmarked or transmitted.

We may cancel this policy, or any of its individual insurance benefits, if the **Policyholder** fails to pay the premium within the grace period of thirty-one (31) days after the premium due date, except for the first premium due during the Policy Period. **We** will send written notice stating the effective date of cancellation, which will be no earlier than thirty-one (31) days after the premium due date.

We may cancel this policy, or any of its individual insurance benefits, for reasons other than nonpayment of premium by sending written notice stating when thereafter such cancellation shall take effect. If this is a multi-year policy, then **We** may cancel the policy, or any of its individual insurance benefits, by sending written notice at least forty-five (45) days prior to the Anniversary Date shown in the Insuring Agreement.

We may nonrenew this policy by sending written notice at least forty-five (45) days before the expiration date of the Policy Period shown in the Insuring Agreement.

We will send notice of cancellation or nonrenewal to the **Policyholder** at its last known address. If the notice is mailed, proof of mailing will be considered proof of cancellation or nonrenewal.

The **Policyholder** is required to immediately provide notice of cancellation or nonrenewal to all **Insured Persons**.

The earned premium will be computed on a pro-rata basis. Any unearned premium will be returned to the **Policyholder** as soon as practicable.
BTA5162

Certificate

When required by law, **We** will issue to the **Policyholder** for delivery to the **Primary Insured Person** a Certificate of Insurance. The Certificate of Insurance will describe the benefits, exclusions, limitations, and conditions of this policy and state to whom benefits are payable. Any subsequent changes to this policy will also apply to the existing Certificates of Insurance.
BTA5164

Changes

This policy can only be changed by a written endorsement that becomes a part of this policy. The endorsement must be approved by one of **Our** officers and signed by one of **Our** authorized representatives. No agent has the authority to change this policy or waive any of its provisions.
BTA5166

Concealment or Fraud

Insurance under this policy is void if:

1) the **Policyholder** or any **Insured Person** has intentionally concealed or misrepresented any material fact relating to this policy before or after a **Loss**; or
2) the **Policyholder** or any **Insured Person** files a false report of a **Loss.**

BTA5165

Compliance by Policyholder and Insured Person

We have no duty to provide insurance under this policy unless the **Policyholder**, the **Insured Person** and the beneficiary, if applicable, have fully complied with all the terms and conditions of this policy.
BTA5168

Claim Notice

Written Claim Notice must be given to **Us** or any of **Our** brokers or appointed agents within twenty (20) days after the occurrence or commencement of any **Loss** covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the **Insured Person** and **Policyholder**. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.
BTA5170

Claim Forms

When **We** receive notice of a claim, **We** will send the **Insured Person** or the **Insured Person's** designee, within fifteen (15) days, forms for giving **Proof of Loss** to **Us**. If the **Insured Person** or the **Insured Person's** designee does not receive the forms, then the **Insured Person** or an **Insured Person's** designee should send **Us** a written description of the **Loss**. This written description should include information detailing the occurrence, type and extent of the **Loss** for which the claim is made.
BTA5172

Claim Proof of Loss

For claims involving disability, complete **Proof of Loss** must be given to **Us** within thirty (30) days after commencement of the period for which **We** are liable. Subsequent written proof of the continuance of such disability must be given to **Us** at such intervals as **We** may reasonably require.

Failure to give complete **Proof of Loss** within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete **Proof of Loss**, except in cases where the claimant lacks legal capacity.

For all claims except those involving disability, complete **Proof of Loss** must be given to **Us** within ninety (90) days after the date of **Loss**, or as soon as reasonably possible.
BTA5174

Claim Payment

For benefits payable involving disability, **We** will pay the **Insured Person** the applicable **Benefit Amount** no less frequently than monthly during the period for which **We** are liable. All payments by **Us** are subject to receipt of complete **Proof of Loss**.

For all benefits payable under this policy except those for disability, **We** will pay the **Insured Person** or beneficiary the applicable **Benefit Amount** within sixty (60) days after **We** receive complete **Proof of Loss** if the **Insured Person**, the **Policyholder** and beneficiary, where applicable, have complied with all the terms of this policy.
BTA5176

Claim and Suit Cooperation

In the event of a claim under this policy, the **Policyholder**, the **Insured Person** or the beneficiary, if applicable, must fully cooperate with **Us** in **Our** handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that **We** may require. If **We** are sued in connection with a claim under this policy, then the **Policyholder**, the **Insured Person** or the beneficiary must fully cooperate with **Us** in the handling of such suit. The **Policyholder**, the **Insured Person** or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without **Our** prior written consent.
BTA5178

Entire Contract and Application

This policy, the **Policyholder's** application and the **Primary Insured Person's** application, if any, together with the endorsements attached to this policy, constitute the entire contract of insurance. If an application is completed by the **Policyholder** or **Primary Insured Person** in connection with this policy, then **We** will attach the application to the policy when the policy is issued.
BTA5182

Examination Under Oath

We have a right to examine under oath, as often as **We** may reasonably require, an **Insured Person**, the **Policyholder** or the beneficiary. **We** may also require the **Insured Person**, the **Policyholder** or the beneficiary to provide a signed description of the circumstances surrounding the **Loss** and their interest in the **Loss**. An **Insured Person**, the **Policyholder** and the beneficiary will also produce all records and documents requested by **Us** and will permit **Us** to make copies of such records or documents.
BTA5183

Governing Jurisdiction and Conformance With Statutes

This policy is governed by the laws of the jurisdiction in which it is delivered to the **Policyholder**. Any terms of this policy which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which this policy is delivered are amended to conform to such statutes, laws or regulations. Any terms of a certificate which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which the certificate is delivered are amended to conform to the statutes, laws or regulations of the jurisdiction.
BTA5184 (Ed. 7/06)

Inadvertent Error

The insurance provided under this policy will not be prejudiced by the failure on the part of the **Policyholder** to transmit reports, collect and remit premium or comply with any of the terms and conditions of this policy when such failure is due to an inadvertent error or clerical mistake, provided that such inadvertent error or clerical mistake is corrected promptly upon discovery.

An inadvertent error or clerical mistake by **Us** or by the **Policyholder** may be corrected upon discovery with notice by the **Policyholder** to **Us** or by **Us** to the **Policyholder**.
BTA5186

Informational and Advertising Material

The **Policyholder** and its representatives must gain **Our** prior written approval of all material used for advertising and solicitation relating to this policy, regardless of the medium in which such material appears. **We** will not be responsible for any increase in payment or any changes in insurance resulting from such materials that have not been approved by **Us**.
BTA5188

Legal Action Against Us

No legal action may be brought to recover on this policy until sixty (60) days after **We** have been given complete **Proof of Loss**. No such action may be brought after three (3) years from the time complete **Proof of Loss** is required to be given. No such action may be brought unless there has been full compliance with all of the terms of this policy.

In no case will **We** be liable for benefits that are not payable under the terms of this policy or that exceed the applicable **Benefit Amounts** or limits of insurance of this policy.
BTA5190

Liberalization

If **We** adopt any changes:

1) within forty-five (45) days prior to the policy effective date shown in the Insuring Agreement; or
2) during the Policy Period,

which broaden this insurance without an additional premium charge, then the **Insured Person** will automatically receive the benefit of the broadened insurance.
BTA5192

Newly Acquired or Newly Formed Organizations

If the **Policyholder** acquires or forms another entity that becomes a **Subsidiary**, then at the **Policyholder's** request, **We** will enroll all eligible employees of such **Subsidiary** as soon as possible subject to the following requirements:

1) all eligible employees of such **Subsidiary** fit the **Class** Description shown in Section I of the Schedule of Benefits;
2) the **Subsidiary** is acquired or formed during the Policy Period;
3) the **Policyholder** reports the name of the **Subsidiary** by the later of 180 days or the following Anniversary Date after its acquisition or formation together with such information that **We** at our sole discretion may require to determine the additional premium; and
4) the **Policyholder** pays the additional required premium.

This insurance does not apply if the **Policyholder** advises **Us** in writing that it does not seek insurance under this policy for such newly acquired or formed **Subsidiary**.
BTA5194

Physical Examination and Autopsy

We have the right to have an **Insured Person** examined by a **Physician** approved by **Us**, as often as reasonably necessary while a claim is open. **We** may also have an autopsy done by a **Physician**, unless prohibited by law. Any examinations or autopsies that **We** require will be done at **Our** expense.
BTA5193

Premium Payment

The **Policyholder** will collect and remit to **Us** all premium due under this policy, subject to the grace period.

Premium is adjustable. The earned premium is calculated for each reporting period based on the applicable rates and exposures. The **Policyholder** must keep records of the information **We** need to calculate the premium and send **Us** copies of these records for each reporting period.

The earned premium will be computed on a pro-rata basis. Any unearned premium will be remitted to the **Policyholder** as soon as practicable.
BTA5196

Premium Provisions

The **Policyholder** will pay all required premium due under this policy, subject to the grace period. Annual Premiums and Deposit Premiums are due at the beginning of the Policy Period and each future Anniversary Date unless otherwise indicated on the Premium Summary.

If premiums are adjustable, then **We** will compute the earned premium for each audit reporting period based on the applicable rates and exposures. The **Policyholder** must keep records of the information **We** need to perform the adjustment and send **Us** copies at **Our** request.

If the policy is written subject to adjustment shown in the Premium Schedule, then the **Policyholder** must report to **Us** the complete information for the reporting period shown in the Premium Summary. The **Policyholder** must submit the reports within the specified number of days after the end of each Reporting Period.

At the earlier of the end of the Policy Period or the policy termination, earned premium will be determined based on the reported values or exposures. If the resulting earned premium is less than the Deposit Premium, if any, then **We** will return the excess to the **Policyholder**. If the resulting earned premium is greater than the Deposit Premium, if any, then **We** will bill the **Policyholder** for the additional premium. The **Policyholder** will pay **Us**, within thirty (30) days, any additional premium generated from the premium adjustment.
BTA5197

Premium Rate Change

We may change the premium rates for this policy on the Anniversary Date. **We** will give the **Policyholder** at least forty-five (45) days prior written notice of such change.
BTA5198

Records and Audit

We may examine the **Policyholder's** books and records relating to this policy at any reasonable time during the policy term and up to three (3) years after expiration of this policy or until final adjustment and settlement of all claims under this policy, whichever is later.

The **Policyholder** must maintain information pertaining to **Insured Persons** including but not limited to each **Insured Person's Benefit Amount**, **Class**, **Salary**, enrollment form, if any, and beneficiary designations or assignments.
BTA5204

Statements by Policyholder or Insured Person and Incontestability

We will not use any statements, except fraudulent misstatements, made by the **Policyholder** or the **Insured Person** to void the insurance or reduce benefits payable under this policy, or to otherwise contest the validity of this policy, unless such statements are contained in a written document signed by the **Policyholder** or the **Insured Person**. If **We** rely on such statements for this purpose, then **We** will provide a copy of the written document to the **Policyholder**, the **Insured Person** or the **Insured Person's** designee or beneficiary, as appropriate.

We will consider all statements made by the **Policyholder** and the **Insured Person** to be representations and not warranties.

Except for nonpayment of premium, **We** will not use statements made by the **Policyholder** or the **Insured Person** regarding insurability to contest the validity of this policy when the statements are made more than two (2) years after this policy has been in force during the **Insured Person's** lifetime.

Nothing in this section will preclude **Us** from asserting at any time defenses based upon a claimant's ineligibility for insurance under this policy, or upon any other policy provision or condition.
BTA5206

Titles of Paragraphs

The titles of the various paragraphs of this policy and any endorsements attached to this policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate.
BTA5208

Workers' Compensation

The benefits payable under this policy are not in lieu of and do not affect any requirement for workers' compensation insurance.
BTA5210

CHUBB®

Endorsement **War Risk**

Effective Date :	12/01/2019
Policy Number :	9907-90-99
Policyholder :	ENGINEERS WITHOUT BORDERS USA INC
Policy Period	12/01/2019 to 12/01/2022
Name of Company :	**FEDERAL INSURANCE COMPANY**
Issue Date :	12/09/2019

It is agreed that the Policy is amended as follows:

A) **Solely for the Classes and Hazards identified in the Schedule of Benefits, Section VI-Exclusions of the Contract, the War exclusion is deleted in its entirety and replaced by the following:**

This insurance does not apply to any **Accident, Accidental Bodily Injury** or **Loss** that is caused by or resulting from, directly or indirectly, any declared or undeclared **War** in the following jurisdictions:

1) The **Insured Person's** jurisdiction of permanent residence; and
2) Iraq and Afghanistan

We may change the jurisdiction in (2) above at any time upon thirty (30) days prior written notice to the **Policyholder**.

This Exclusion applies during the period described below:

From: 12/01/2019 To: 12/01/2022

B) **Solely with respect to the insurance provided by this War Risk Endorsement, the Schedule of Benefits is amended as follows:**

War Risk Insurance

1) The **Principal Sum** is amended for the following **Class(es)** and **Hazard(s)**:

Class	Hazard	Principal Sum
1	24 Hour Business Travel	$50,000
2	24 Hour Business Travel	$50,000
3	24 Hour Business and Pleasure	$50,000
4	24 Hour Business and Pleasure	$25,000
5	Business Travel Family	$25,000

This **War** Risk Insurance applies only to the **Class(es)** listed above.

2) Section V Aggregate Limit of Insurance is amended to include the following:

The following are the maximum amounts **We** will pay:

War Risk Aggregate Limit of Insurance
$1,000,000 per **War Risk Accident**

If more than one(1) **Insured Person** suffers a **Loss** in the same **Accident**, then **We** will not pay more than the Aggregate Limit of Insurance shown above. If an **Accident** results in **Benefit Amounts** becoming payable, which when totaled, exceed the applicable Aggregate Limit of Insurance shown above, then the Aggregate Limit of Insurance will be divided proportionally among the **Insured Persons**, based on each **Insured Person's** applicable **Benefit Amount**.

C) **Solely with respect to the insurance provided by this Endorsement, the Cancellation and Nonrenewal provision of Section VIII-General Provisions of the Contract is amended to include the following:**

The **Policyholder** may cancel this **War** Risk insurance at any time by sending **Us** written notice. The effective date of the cancellation may not be earlier than the date **We** receive the notice.

We may cancel the **War** Risk insurance by sending the **Policyholder** at its last known address at least thirty (30) days prior written notice.

BT 1000

All other terms and conditions of the policy remain unchanged.

[redacted]

Authorized Representative

CHUBB®

Endorsement **Out of Country Medical Expense**

Effective Date:	12/01/2019
Policy Number:	9907-90-99
Policyholder:	ENGINEERS WITHOUT BORDERS USA INC
Policy Period:	12/01/2019 to 12/01/2022
Name of Company:	**FEDERAL INSURANCE COMPANY**
Issue Date:	12/09/2019

It is agreed that the Policy is amended as follows:

A) **The following is added to the Medical Evacuation and Repatriation benefit:**

If an **Insured Person** who resides outside of the United States suffers **Accidental Bodily Injury**, disease or illness during an insured **Hazard** that results in medical expenses being paid while the **Insured Person** is on **Business Travel** outside of his or her country of residence, then **We** will reimburse medical expenses up to $500,000. The medical expenses must be:

1) incurred outside of the **Insured Person`s** country of residence;
2) ordered by a **Physician** who certifies that the expenses are necessary to prevent death or serious deterioration of the **Insured Person`s** medical condition; and
3) the result of **Medical Services** that are coordinated or arranged by **Our Assistance Services Administrator**.

For the purposes of this Out of Country Medical Expense benefit only, the Disease or Illness Exclusion, found in Section VI, General Exclusions, does not apply.

All other terms and conditions of the policy remain unchanged.

[redacted]

Authorized Representative

BT1012 (Ed. 3/2011)

CHUBB

Endorsement **Beneficiary (Group Term Life)**

Effective Date :	12/01/2019
Policy Number :	9907-90-99
Policyholder :	ENGINEERS WITHOUT BORDERS USA INC
Policy Period :	12/01/2019 to 12/01/2022
Name of Company :	**FEDERAL INSURANCE COMPANY**
Issue Date :	12/9/2019

It is agreed that the Policy is amended as follows:

Section C Payment of the Beneficiary Provision in the General Provisions is deleted and replaced with the following:

The **Benefit Amount** for **Loss of Life** will be paid to the beneficiary designated by the **Insured Person**. This choice must be in writing and filed with the **Policyholder**. Any **Benefit Amount** payable due to the **Loss of Life** of a **Dependent Child** will be paid to the **Primary Insured Person**, absent any beneficiary designation by the **Dependent Child**. All other **Benefit Amounts** are paid to the **Insured Person**, unless otherwise directed by the **Insured Person**, or the **Insured Person's** designee.

If the **Insured Person** has not chosen a beneficiary under **Our Policy**, **We** will pay the **Loss of Life Benefit Amount** to the beneficiary named by the **Insured Person** on the Group Life Policy issued to the **Policyholder** and in effect on the date of the **Insured Person's Loss of Life**. If the **Insured Person** has not chosen a beneficiary under the Group Life Policy or is not insured under the Group Life Policy; or if the beneficiary is not alive when the **Insured Person** dies, **We** will pay to the first surviving party in the following order:

a) the **Insured Person's** spouse or **Domestic Partner**;
b) in equal shares to the **Insured Person's** surviving children;
c) in equal shares to the **Insured Person's** surviving parents;
d) in equal shares to the **Insured Person's** surviving brothers and sisters;
e) the **Insured Person's** estate.

If the **Insured Person** has named multiple beneficiaries and one or more dies before the **Insured Person** has, their share of the payment will be redistributed proportionately among the surviving beneficiaries.

All other terms and conditions of the policy remain unchanged.

[redacted]

Authorized Representative

BT 1005

CHUBB®

Endorsement **Foreign National Facility of Payment**

Effective Date :	12/01/2019
Policy Number :	9907-90-99
Policyholder :	ENGINEERS WITHOUT BORDERS USA INC
Policy Period	12/01/2019 to 12/01/2022
Name of Company :	**FEDERAL INSURANCE COMPANY**
Issue Date :	12/09/2019

It is agreed that the Policy is amended as follows:

A) **The following is added to the Beneficiary provision appearing in Section VIII- General Provisions of the Contract:**

A) If an **Insured Person** entitled to receive a **Benefit Amount** for covered **Loss**, or a designated beneficiary or other person entitled to receive a **Benefit Amount** for **Loss of Life**, is a **Foreign National**, and **We** are unable to make payment directly to such **Foreign National** as a matter of law in the jurisdiction where such **Foreign National** is located, then:

i) **We** will pay an account of such **Foreign National** in the United States of America; or

ii) if **We** are unable to make payment as per (i) above because such **Foreign National** is unable or unwilling to identify an account in the United States of America, then **We** will pay the **Policyholder** on behalf of such **Foreign National**. It shall then be the responsibility of the **Policyholder** to remit payment of the **Benefit Amount** for **Loss of Life** or other **Benefit Amount** to such **Foreign National**.

Nothing herein shall be construed as a designation of the **Policyholder** as the **Insured Person's** beneficiary.

B) If an **Insured Person** entitled to receive a **Benefit Amount** for covered **Loss**, or a designated beneficiary or other person entitled to receive a **Benefit Amount** for **Loss of Life**, is a United States citizen resident in a jurisdiction other than the United States of America, and **We** are unable to make payment directly to such **Insured Person**, designated beneficiary or other person as a matter of law in the jurisdiction where such person is located, then **We** will pay an account of such **Insured Person**, designated beneficiary or other person located in the United States of America.

C) Payment to the **Policyholder** of a **Benefit Amount** for **Loss of Life** or other **Benefit Amount** for covered **Loss** under this Policy, pursuant to the procedures set forth above, shall fully release **Us** from any and all liability to the **Policyholder** for such covered **Loss**. If the **Policyholder** fails to timely remit **Our** payment for covered **Loss** to any **Insured Person**, designated beneficiary or other person per the procedures set forth above, then the **Policyholder** shall indemnify **Us** and hold **Us** harmless against any and all liability incurred by **Us**, including but not limited to interest, penalties and attorneys' fees, resulting from such failure to remit payment. If **We** must make a second payment for such covered **Loss** to an **Insured Person**, designated beneficiary or other person (whether in the United States of America or otherwise), then **We** shall be fully released

from any and all liability for such covered **Loss** to such **Insured Person**, designated beneficiary or other person to the extent of **Our** second payment and the **Policyholder** shall repay to **Us** any amounts received from **Us** for such covered **Loss**.

B) **Section VII-Definitions of the Contract is amended to add the following definition:**

Foreign National means an **Insured Person**, designated beneficiary of an **Insured Person** or other person entitled to receive a **Benefit Amount** for **Loss of Life** or other **Benefit Amount** for covered **Loss** under this Policy, who is:

i) a citizen of a jurisdiction other than the United States of America; and

ii) resident in a jurisdiction other than the United States of America.

All other terms and conditions of the policy remain unchanged.



Authorized Representative

BT 1002A

CHUBB®

Endorsement — Out of Country Political Evacuation Expense

Effective Date:	12/01/2019
Policy Number:	9907-90-99
Policyholder:	ENGINEERS WITHOUT BORDERS USA INC
Policy Period:	12/01/2019 to 12/01/2022
Name of Company:	**FEDERAL INSURANCE COMPANY**
Issue Date:	12/09/2019

It is agreed that the Policy is amended as follows:

A) **Section I, Insurance, of the Contract is amended to include the following:**

Political Evacuation Expense

We will reimburse **Evacuation Expenses** up to the **Benefit Amount** for Political **Evacuation Expense**, shown in Section IV-C of the Schedule of Benefits, if the **Insured Person,** who resides outside the United States, is on a covered trip while insured under a **Hazard** and such **Insured Person** or the **Policyholder** seeks assistance from **Our Assistance Services Administrator** when one of the following conditions is met:

1) the United States Department of State or a governmental authority similar to the United States Department of State issues a **Travel Warning,** for the country where the **Insured Person** is traveling; or

2) **Our Assistance Services Administrator** recommends an evacuation due to political or civil unrest. All arrangements must be approved and arranged by **Our Assistance Services Administrator** and shall be by the most direct and economical route.

This benefit does not apply to an **Insured Person** traveling to Iraq, Afghanistan or Somalia.

All other terms and conditions of the policy remain unchanged.



Authorized Representative

CHUBB

Endorsement **Assistance Services Administrator Change**

Effective Date : 12/01/2019
Policy Number : 9907-90-99
Policyholder : ENGINEERS WITHOUT BORDERS USA INC

Policy Period : 12/01/2019 to 12/01/2022
Name of Company : **FEDERAL INSURANCE COMPANY**
Issue Date : 12/19/2019

It is agreed that the Policy is amended as follows:

In consideration of the **Policyholder's** contract with International SOS ("ISOS") whereby ISOS arranges **Medical Evacuations, Natural Disaster Evacuations,** Political **Evacuations,** and **Repatriations** for the **Policyholder,** it is hereby agreed that the **Policyholder** or **Insured Person** is not required to use the **Assistance Services Administrator** contracted by **Us**.

Our payment of any **Medical Evacuation, Natural Disaster Evacuation,** Political **Evacuation** or **Repatriation** claim is subject to receipt of an itemized billing for such **Medical Evacuation, Natural Disaster Evacuation,** Political **Evacuation** or **Repatriation,** and any other **Proof of Loss** that we may require**.**

This endorsement will remain in effect only if the **Policyholder's** agreement with ISOS remains in effect.

All other terms and conditions of the policy remain unchanged.



Authorized Representative

NOTICE OF
PROTECTION PROVIDED BY
LIFE AND HEALTH INSURANCE PROTECTION ASSOCIATION

This notice provides a **brief summary** of the Life and Health Insurance Protection Association ("the Association") and the protection it provides for policyholders. This safety net was created under Colorado 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 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 Colorado law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

Life Insurance

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

Health Insurance

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

Annuities

- $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. Special rules may apply with regard to hospital, medical, and surgical insurance benefits.

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 various residency requirements and other limitations under Colorado 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 http://colorado.lhiga.com , email jkelldorf@gmail.com or contact:

Colorado Life and Health
Insurance Protection Association
P.O. Box 36009
Denver CO, 80236
(303) 292-5022

Colorado Division of Insurance
1650 Broadway, Suite 850
Denver, CO 80202

(303) 894-7499

Insurance companies and agents are not allowed by Colorado 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 Colorado law, then Colorado law will control.

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CHUBB

CHUBB GROUP
U.S. PRIVACY NOTICE

FACTS	**WHAT DOES THE CHUBB GROUP DO WITH YOUR PERSONAL INFORMATION?**
Why?	Insurance companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Social Security number and payment history • insurance claim history and medical information • account transactions and credit scores When you are no longer our customer, we continue to share information about you as described in this notice.
How?	All insurance companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers' personal information; the reasons the Chubb Group chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	**Does Chubb share?**	**Can you limit this sharing?**
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or 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	Yes	No
For our affiliates' everyday business purposes - information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes - information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?	**Call 1-800-258-2930 or go to** https://www2.Chubb.com/us-en/privacy.aspx

Who is providing this notice?	The Chubb Group. A list of these companies is located at the end of this document.
What we do	
How does Chubb Group protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations.
How does Chubb Group collect my personal information?	We collect your personal information, for example, when you • apply for insurance or pay insurance premiums • file an insurance claim or provide account information • give us your contact information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only: • sharing for affiliates' everyday business purposes - information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • Our affiliates include those with a Chubb name and other companies, such as Westchester Fire Insurance Company and Great Northern Insurance Company.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. • Chubb does not share with nonaffiliates so they can market to you.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. • Our joint marketing partners include categories of companies such as banks.

Other important information

For Insurance Customers in AZ, CA, CT, GA, IL, MA, ME, MN, MT, NV, NC, NJ, OH, OR, and VA only: Under state law, under certain circumstances, you have the right see the personal information about you that we have on file. To see your information, write Chubb Group Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. Chubb may charge a reasonable fee to cover the costs of providing this information. If you think any of the information is not accurate, you may write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement. If you want a full description of privacy rights that we will protect in accordance with the law in your home state, please contact us and we will provide it. We may disclose information to certain third parties, such as law enforcement officers, without your permission.

For Nevada residents only: We may contact our existing customers by telephone to offer additional insurance products that we believe may be of interest to you. Under state law, you have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department. You can reach us by calling 1-800-258-2930, emailing us at privacyinquiries@Chubb.com, or writing to Chubb Group, Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. You are being provided this notice under Nevada state law. In addition to contacting Chubb, Nevada residents can contact the Nevada Attorney General for more information about your opt out rights by calling 775-684-1100, emailing bcpinfo@ag.state.nv.us, or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection: 100 North Carson Street, Carson City, NV 89701.

For Vermont residents only: Under state law, we will not share information about your creditworthiness within our corporate family except with your authorization or consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.

Chubb Group Companies Providing This Notice

This notice is being provided by the following Chubb Group companies to their customers located in the United States: ACE American Insurance Company, ACE Capital Title Reinsurance Company, ACE Fire Underwriters Insurance Company, ACE Insurance Company of the Midwest, ACE Life Insurance Company, ACE Property and Casualty Insurance Company, Agri General Insurance Company, Atlantic Employers Insurance Company, Bankers Standard Fire and Marine Company, Bankers Standard Insurance Company, Century Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc., Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Illinois Union Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company, Pacific Indemnity Company, Penn Millers Insurance Company, Texas Pacific Indemnity Company, Vigilant Insurance Company, Westchester Fire Insurance Company and Westchester Surplus Lines Insurance Company.

Chubb Group

Notice of HIPAA Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is effective as of June 15, 2018.

The Chubb Group of Companies, as affiliated covered and hybrid entities, (the "Company") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information, and to inform you about:

- The Company's uses and disclosures of Protected Health Information ("PHI")
- Your privacy rights with respect to your PHI;
- The Company's duties with respect to your PHI;
- Your right to file a complaint with the Company and to the Secretary of the U.S. Department of Health and Human Services ("HHS"); and
- The person or office to contact for further information regarding the Company's privacy practices.

PHI includes all individually identifiable health information transmitted or maintained by the Company, regardless of form (e.g. oral, written, electronic).

A federal law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), regulates PHI use and disclosure by the Company. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.

I. Notice of PHI Uses and Disclosures

A. Required Uses and Disclosures

Upon your request, the Company is required to give you access to certain PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of Health and Human Services to investigate or determine the Company's compliance with the privacy regulations.

B. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations

The Company and its business associates will use PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and health care operations. The Company also may also disclose PHI to a plan sponsor for purposes related to treatment, payment and health care operations and as otherwise permitted under HIPAA to the extent the plan documents restrict the use and disclosure of PHI as required by HIPAA.

Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers. For example, the Company may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

Payment includes, but is not limited to, actions to make coverage determinations and payment (including establishing employee contributions, claims management, obtaining payment under a contract of reinsurance, utilization review and pre-authorizations). For example, the Company may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Company.

Health care operations include, but are not limited to, underwriting, premium rating and other insurance activities relating to creating or reviewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Company may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions. The Company will not use or disclose PHI that is genetic information for underwriting purposes.

The Company also may contact you to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.

C. Uses and Disclosures that Require Your Written Authorization

The Company will not use or disclose your PHI for the following purposes without your specific, written authorization:

- Use and disclosure of psychotherapy notes, except for your treatment, Company training programs, or to defend Company against litigation filed by you.
- Use and disclosure for marketing purposes, except for face to face communications with you.
- Use and disclosure that constitute the sale of your PHI. The Company does not sell the PHI of its customers.

Except as otherwise indicated in this notice, uses and disclosures of PHI will be made only with your written authorization subject to your right to revoke such authorization. You may revoke an authorization by submitting a written revocation to the Company at any time. If you revoke your authorization, the Company will no longer use or disclose your PHI under the authorization. However, any use or disclosure made in reliance of your authorization before its revocation will not be affected.

D. Uses and Disclosures Requiring Authorizations or Opportunity to Agree or Disagree Prior to the Use or Release

If you authorize in writing the Company to use or disclose your own PHI, the Company may proceed with such use or disclosure without meeting any other requirements and the use or disclosure shall be consistent with the authorization.

Disclosure of your PHI to family members, other relatives or your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

E. Uses and Disclosures for which Consent, Authorization or Opportunity to Object is Not Required

Use and disclosure of your PHI is allowed without your authorization or request under the following circumstances:

(1) When required by law.

(2) When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls and to conduct post-market surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

(3) When authorized by law to report information about abuse, neglect or domestic violence. In such case, the Company will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law where the parents or other representatives may not be given access to the minor's PHI.

(4) The Company may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

(5) The Company may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Company that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.

(6) When required for law enforcement purposes (for example, to report certain types of wounds).

(7) For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Company's best judgment.

(8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent The Company may also disclose your PHI to organ procurement organizations.

(9) The Company may use or disclose PHI for government-approved research, subject to conditions.

(10) When consistent with applicable law and standards of ethical conduct if the Company, in good faith, believes the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

(11) For certain government functions such as related to military service or national security.

(12) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

(13) That is "incident to" an otherwise permitted use or disclosure of PHI by the Company.

II. Rights of Individuals

A. Right to Request Restrictions on Use and Disclosure of PHI

You may request the Company to restrict its use and disclosure of your PHI to carry out treatment, payment or health care operations, or to restrict its use and disclosure to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Company may not be required to agree to your request, unless you have paid out of pocket in full for services, depending on the specific facts.

The Company will accommodate reasonable requests to receive communications of PHI by alternative means or alternative locations, such as a location other than your home. The Company will accommodate this request if you state in writing that you would be in danger from receiving communications through the normal means.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

Such requests should be made to: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802-4822.

B. Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Company maintains the PHI.

"Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Company, regardless of form.

"Designated Record Set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Company is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802-4822.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of Health and Human Services.

C. Right to Amend PHI

You have the right to request the Company to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

The Company has 60 days after the request to act on the request. A single 30-day extension is allowed if the Company is unable to comply with the deadline. If the request is denied in whole or part, the Company must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802-4822.

You or your personal representative(s) will be required to complete a form to request amendment of the PHI in your designated record set.

D. Right to Receive an Accounting of PHI Uses and Disclosures

Upon your request, the Company will provide you with an accounting of disclosures by the Company of your PHI during the six (6) years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) prior to the compliance date; or (4) based upon your own written authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Company will charge a reasonable, cost-based fee for each subsequent accounting.

E. Right to Obtain a Paper Copy of This Notice Upon Request (Even if you have consented to receive this notice electronically)

To obtain a paper copy of this notice contact: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802-4822.

F. Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

The Company retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

III. The Company's Duties

The Company is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices and to notify affected individuals of a breach of unsecured PHI. The Company is required to abide by the terms of this notice.

The Company reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Company prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to all past and present participants and beneficiaries for whom the Company still maintains PHI. This notice and any revised version of this notice will be posted on the Company's internal website or mailed.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Company or other privacy practices stated in this notice.

A."Minimum Necessary" Standard

When using or disclosing PHI, or when requesting PHI from another covered entity, the Company will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual;
- Disclosures made to the Secretary of HHS;
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for the Company's compliance with legal regulations.

This notice does not apply to information that has been "de-identified." De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

In addition, the Company may use or disclose "summary health information" to a plan sponsor for obtaining premium bids or modifying, amending or terminating the Company, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Company Sponsor has provided health benefits under the Company; and from which identifying information has been deleted in accordance with HIPAA.

IV. Your Right to File a Complaint with the Company or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Company in care of: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802-4822.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.

Your complaint must be submitted within 180 days of when you believe the violation occurred. The Company will not retaliate against you for filing a complaint.

V. Contact Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802-4822.

VI. Chubb Group Legal Entities

This following is a list of the Chubb Group companies located in the United States: ACE American Insurance Company, ACE Fire Underwriters Insurance Company, ACE Insurance Company of the Midwest, ACE Life Insurance Company, ACE Property and Casualty Insurance Company, Agri General Insurance Company, Atlantic Employers Insurance Company, Bankers Standard Insurance Company, Century Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc. Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Illinois Union Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company, Pacific Indemnity Company, Penn Millers Insurance Company, Vigilant Insurance Company, Westchester Fire Insurance Company, Westchester Surplus Lines Insurance Company, Combined Insurance Company of America, and Combined Life Insurance Company of New York. These companies have designated themselves as hybrid entities and only those designated health care components identified by such companies are subject to HIPAA. In addition, these companies are legally separate affiliated companies under common ownership and have designated themselves as a single covered entity for purposes of HIPAA compliance.

CHUBB

Federal Insurance Company

Business Travel Accident Insurance Application

Section I Policyholder Information

Name of Policyholder: ENGINEERS WITHOUT BORDERS USA INC

Address 1031 33rd St, #210

City Denver **State** CO **Zip Code** 80205

Phone Number:

Contact Name:

Effective Date: 12/01/2019

Policy Number: 9907-90-99

INSURANCE REQUESTED

A) CLASS OF INSURED PERSONS

1	All employees who are on business travel outside their jurisdiction of permanent residence.
2	All volunteers who are on business travel outside their jurisdiction of permanent residence.
3	All expatriates who are on assignment outside their jurisdiction of permanent residence.
4	The spouse or domestic partner of an expatriate and their dependent children, who are accompanying an expatriate on assignment outside their jurisdiction of permanent residence.
5	The spouse or domestic partner of an employee and their dependent children, who are accompanying an employee on business travel outside their jurisdiction of permanent residence.

B) PRINCIPAL SUM

1	$50,000
2	$50,000
3	$50,000
4	$25,000
5	$25,000

C) HAZARD

1	24 Hour Business Travel
2	24 Hour Business Travel
3	24 Hour Business and Pleasure
4	24 Hour Business and Pleasure
5	Business Travel Family

D) ACCIDENTAL DEATH AND DISMEMBERMENT

Class
All

Accidental:	**Benefit Amounts (Percentage of Principal Sum)**
Loss of Life	100%
Loss of Speech and **Loss of Hearing**	100%
Loss of Speech and one of **Loss of Hand, Loss of Foot or Loss of Sight of One Eye**	100%
Loss of Hearing and one of **Loss of Hand, Loss of Foot or Loss of Sight of One Eye**	100%

Loss of Hands(Both), **Loss of Feet**(Both), **Loss of Sight** or a combination of any two of **Loss of Hand, Loss of Foot or Loss of Sight of One Eye**	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	75%
Loss of Hand, **Loss of Foot** or **Loss of Sight of one Eye** (Any one of each)	50%
Loss of Speech or **Loss of Hearing**	50%
Uniplegia	75%
Loss of Thumb and Index Finger of the same Hand	25%

E) ADDITIONAL BENEFITS

CLASS	BENEFIT	BENEFIT AMOUNT
1	**Carjacking**	**10% of Principal Sum** **Maximum Benefit Amount $25,000**
1	**Coma**	**1% of Principal Sum** **Maximum Benefit Amount 100% of Principal Sum**
1	**Home Alteration or Vehicle Modification**	**Benefit Amount for Home Alteration 10% of Principal Sum** **Benefit Amount for Vehicle Modification 10% of Principal Sum** **Maximum Benefit Amount 20% of the Principal Sum to a maximum of $50,000**
1	**Medical Evacuation And Repatriation**	**Maximum Benefit Amount Unlimited** **Medical Expense Amount $500,000** **Benefit Amount for Hospital Admission Guaranty $10,000** **Family Travel Expense** **Maximum per Day $100** **Maximum Number of Days 5** **Evacuation Expense Amount $100,000**
1	**Psychological Therapy**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
1	**Rehabilitation Expense**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
1	**Seatbelt Occupant Protection Device**	**10% of Principal Sum** **Alternate Benefit Amount $2,000** **Occupant Protection Device Benefit Amount 10% of Principal Sum** **Maximum Benefit Amount 20% of Principal Sum up to $50,000**
2	**Carjacking**	**10% of Principal Sum** **Maximum Benefit Amount $25,000**
2	**Coma**	**1% of Principal Sum** **Maximum Benefit Amount 100% of Principal Sum**
2	**Home Alteration or Vehicle Modification**	**Benefit Amount for Home Alteration 10% of Principal Sum** **Benefit Amount for Vehicle Modification 10% of Principal Sum** **Maximum Benefit Amount 20% of the Principal Sum to a maximum of $50,000**

2	**Medical Evacuation And Repatriation**	**Maximum Benefit Amount Unlimited** **Medical Expense Amount $500,000** **Benefit Amount for Hospital Admission Guaranty $10,000** **Family Travel Expense** **Maximum per Day $100** **Maximum Number of Days 5** **Evacuation Expense Amount $100,000**
2	**Psychological Therapy**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
2	**Rehabilitation Expense**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
2	**Seatbelt Occupant Protection Device**	**10% of Principal Sum** **Alternate Benefit Amount $2,000** **Occupant Protection Device Benefit Amount 10% of Principal Sum** **Maximum Benefit Amount 20% of Principal Sum up to $50,000**
3	**Carjacking**	**10% of Principal Sum** **Maximum Benefit Amount $25,000**
3	**Coma**	**1% of Principal Sum** **Maximum Benefit Amount 100% of Principal Sum**
3	**Home Alteration or Vehicle Modification**	**Benefit Amount for Home Alteration 10% of Principal Sum** **Benefit Amount for Vehicle Modification 10% of Principal Sum** **Maximum Benefit Amount 20% of the Principal Sum to a maximum of $50,000**
3	**Medical Evacuation And Repatriation**	**Maximum Benefit Amount Unlimited** **Benefit Amount for Hospital Admission Guaranty $10,000** **Family Travel Expense** **Maximum per Day $100** **Maximum Number of Days 5** **Evacuation Expense Amount $100,000**
3	**Psychological Therapy**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
3	**Rehabilitation Expense**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
3	**Seatbelt Occupant Protection Device**	**10% of Principal Sum** **Alternate Benefit Amount $2,000** **Occupant Protection Device Benefit Amount 10% of Principal Sum** **Maximum Benefit Amount 20% of Principal Sum up to $50,000**
4	**Carjacking**	**10% of Principal Sum** **Maximum Benefit Amount $25,000**
4	**Coma**	**1% of Principal Sum** **Maximum Benefit Amount 100% of Principal Sum**

4	**Home Alteration or Vehicle Modification**	**Benefit Amount for Home Alteration 10% of Principal Sum** **Benefit Amount for Vehicle Modification 10% of Principal Sum** **Maximum Benefit Amount 20% of the Principal Sum to a maximum of $50,000**
4	**Medical Evacuation And Repatriation**	**Maximum Benefit Amount Unlimited** **Benefit Amount for Hospital Admission Guaranty $10,000** **Family Travel Expense** **Maximum per Day $100** **Maximum Number of Days 5** **Evacuation Expense Amount $100,000**
4	**Psychological Therapy**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
4	**Rehabilitation Expense**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
4	**Seatbelt Occupant Protection Device**	**10% of Principal Sum** **Alternate Benefit Amount $2,000** **Occupant Protection Device Benefit Amount 10% of Principal Sum** **Maximum Benefit Amount 20% of Principal Sum up to $50,000**
5	**Carjacking**	**10% of Principal Sum** **Maximum Benefit Amount $25,000**
5	**Coma**	**1% of Principal Sum** **Maximum Benefit Amount 100% of Principal Sum**
5	**Home Alteration or Vehicle Modification**	**Benefit Amount for Home Alteration 10% of Principal Sum** **Benefit Amount for Vehicle Modification 10% of Principal Sum** **Maximum Benefit Amount 20% of the Principal Sum to a maximum of $50,000**
5	**Medical Evacuation And Repatriation**	**Maximum Benefit Amount Unlimited** **Medical Expense Amount $500,000** **Benefit Amount for Hospital Admission Guaranty $10,000** **Family Travel Expense** **Maximum per Day $100** **Maximum Number of Days 5** **Evacuation Expense Amount $100,000**
5	**Psychological Therapy**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
5	**Rehabilitation Expense**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
5	**Seatbelt Occupant Protection Device**	**10% of Principal Sum** **Alternate Benefit Amount $2,000** **Occupant Protection Device Benefit Amount 10% of Principal Sum** **Maximum Benefit Amount 20% of Principal Sum up to $50,000**

Aggregate Limit of Insurance

The Aggregate Limit of Insurance applies:

$1,000,000 per **Accident**

Premium

Amount Due $185,322, payable in three annual installments of $61,774

War risk premium is included in the policy premium and is not subject to audit.

Due Date 12/01/2019

Employee Retirement Income Security Act

Is this plan subject to Employee Retirement Income Security Act (ERISA) regulations? (Y/N) _____

Policy Acceptance

The undersigned declares that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the **Company** in consideration of payment of the required premium. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy. The acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy.

Fraud Warning

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

Name of Policyholder:_____

_____	_____	_____
Date	Signature	Title

[redacted]

Company Authorized Representative

BT 3000 APP (Rev. 09/2006)

CHUBB

Endorsement **Changes**

Effective Date : 12/01/2019
Policy Number : 9907-90-99
Policyholder : ENGINEERS WITHOUT BORDERS USA INC

Policy Period : 12/01/2019 to 12/01/2022
Name of Company : **FEDERAL INSURANCE COMPANY**
Issue Date : 12/19/2019

It is agreed that the Policy is amended as follows:

Schedule of Benefits, Section IV- Benefits, Part C) Additional Benefits is amended adding Natural Disaster Evacuation Expense as follows:

Class 1
Benefit Amount $100,000
Class 2
Benefit Amount $100,000
Class 3
Benefit Amount $100,000
Class 4
Benefit Amount $100,000
Class 5
Benefit Amount $100,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6057

Contract, Section I- Insurance is amended adding Natural Disaster Evacuation Expense as follows:
Natural Disaster Evacuation Expense

We will reimburse **Natural Disaster Evacuation Expenses** up to the **Benefit Amount**, shown in Section IV-C of the Schedule of Benefits if a **Natural Disaster** occurs in the area of the country where the **Primary Insured Person** is traveling on a covered trip while insured under a covered **Hazard**.

This insurance applies only if the covered trip:

1) is outside the country of permanent residence
2) is more than 75 miles from the **Primary Insured Person's** primary residence; and
3) Lasts no more than 365 consecutive days.

With respect to **Natural Disaster Evacuation Expense**, all transportation arrangements made for a **Primary Insured Person** will be by the most direct and economical route. All arrangements must be approved and arranged by **Our Assistance Services Administrator**.

BTA5047

Contract, Section I- Definitions is amended adding Natural Disaster Evacuation Expenses as follows:

Natural Disaster Evacuation Expenses

Natural Disaster Evacuation Expenses means the actual costs incurred:

1) for a land, water or air **Conveyance**, required to transport the **Primary Insured Person** from the area of the country where the **Primary Insured Person** was traveling and where the **Natural Disaster** has occurred to the nearest place of safety;
2) for temporary lodging at the nearest place of safety for up to fourteen (14) days; and
3) within fourteen (14) days of the initial **Natural Disaster** evacuation for a land, water or air **Conveyance** required to transport the **Primary Insured Person** from the nearest place of safety to one of the following locations:
    1) The **Primary Insured Person's** domicile or permanent residence;
    2) the country in which **Primary Insured Person** is traveling, if return is safe and permitted; or
    3) the location of permanent assignment.

BTA5763

Contract, Section I- Definitions is amended deleting Evacuation Expenses and restating it as follows:

Evacuation Expenses

Evacuation Expenses means:

1) the cost for a land, water or air **Conveyance**, required to transport the **Primary Insured Person** from the country to the nearest place of safety;
2) the costs for temporary lodging in the nearest place of safety for up to 14, 14 days; and
3) the cost for a land, water or air **Conveyance**, required to transport the **Primary Insured Person** from the nearest place of safety within fourteen (14) days to one of the following locations
    1) **Primary Insured Person's** domicile or permanent residence;
    2) the country in which the **Primary Insured Person** was traveling if return is safe, or
    3) place of permanent assignment.

All transportation arrangements made for a **Primary Insured Person** will be by the most direct and economical route. All **Evacuation Expenses** must be arranged by and receive the prior approval of **Our Assistance Services Administrator**.

BTA5677 (Ed. 6/2013)

All other terms and conditions of the policy remain unchanged.



Authorized Representative