Atlantic Specialty Insurance Company
Canton, Massachusetts

BLANKET ACCIDENT INSURANCE POLICY
FOR
Distributive Education Clubs of America

IMPORTANT NOTICE

THIS BLANKET POLICY PROVIDES COVERAGE FOR LOSSES DUE TO ACCIDENTS ONLY
IT DOES NOT PROVIDE COVERAGE FOR SICKNESS OR LOSSES DUE TO SICKNESS.

This Policy is a Legal Contract between the Policyholder and the Insurer.
Please read this Policy carefully.

IMPORTANT INFORMATION REGARDING YOUR INSURANCE
In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions, you may contact the insurance company issuing this insurance at the following address and telephone number: Atlantic Specialty Insurance Company, 44 Whippany Road, Morristown, NJ 07960 - telephone: 1-877-955-1212. If you have been unable to contact or obtain satisfaction from the agent or the insurance company, you may contact the Virginia State Corporation Commission’s Bureau of Insurance at: P.O. Box 1157 Richmond, Virginia 23218 – National Toll Free Phone: 1-877-310-6560 Local Phone: 1-804-371-9741. Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, insurance company or the Bureau of Insurance, have your policy number available.
POLICYHOLDER: Distributive Education Clubs of America  
1908 Association Drive  
Reston, VA 20191

POLICY NUMBER: 219900050

POLICY EFFECTIVE DATE: March 8, 2016

POLICY TERMINATION DATE: March 8, 2017

This Policy is a legal contract between the Policyholder and the Insurer. The Insurer agrees to insure Eligible Persons of the Policyholder, for whom premium is paid, against loss covered by this Policy, subject to its provisions, limitations and exclusions.

This Policy takes effect on the Policy Effective Date. All periods of insurance begin and end when 12:01 AM, Standard Time occurs at the Policyholder’s address. This Policy remains in force for the period for which premium has been paid.

This Policy is governed by the laws of the state in which the Policyholder is located.

In Witness Whereof, We have caused this Policy to be executed and attested.

Christopher V. Jerry, Secretary  
Atlantic Specialty Insurance Company

Michael Miller, President & CEO  
Atlantic Specialty Insurance Company

READ THIS POLICY CAREFULLY
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SECTION I – SCHEDULE OF BENEFITS

ELIGIBLE PERSONS:

The following individuals who are authorized by the Policyholder to actively participate in the Covered Activities indicated below:

COVERAGE: as described in SECTION V – HAZARDS INSURED AGAINST

COVERED ACTIVITIES: The following Activities subject to and as described in the above Coverage, provided such Activities are organized, supervised and sponsored by the Policyholder:

Standard Conference Activities As Specified on the Audit Forms as well as other related Activities which present no greater risk than the aforementioned Activities.

SCOPE OF COVERAGE: Excess Benefits

BLANKET ACCIDENT BENEFITS:

Accidental Death Benefit:

<table>
<thead>
<tr>
<th>Principal Sum</th>
<th>Accident Commencement Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500,000</td>
<td>180 days</td>
</tr>
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Accidental Dismemberment Benefit:

<table>
<thead>
<tr>
<th>Principal Sum</th>
<th>Accident Commencement Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25,000</td>
<td>180 days</td>
</tr>
</tbody>
</table>

Accident Medical and Dental Expense Benefit:

<table>
<thead>
<tr>
<th>Medical Commencement Period</th>
<th>Deductible Amount</th>
<th>Maximum Benefit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 days</td>
<td>$25</td>
<td>52 weeks</td>
</tr>
</tbody>
</table>

Dental Maximum included in Maximum below

<table>
<thead>
<tr>
<th>Maximum Benefit Amount per Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,500</td>
</tr>
</tbody>
</table>

BLANKET ACCIDENT LIMITS OF LIABILITY

- Aggregate Limit of Liability: $500,000
SECTION II – ELIGIBILITY, EFFECTIVE AND TERMINATION DATES

ELIGIBILITY FOR INSURANCE
Each person in one of the eligible Classes shown on the Schedule is eligible to be insured on the Policy Effective Date, or the day he or she becomes eligible, if later. We maintain the right to investigate and determine if coverage applies. If We discover coverage eligibility requirements are not met, We shall offer to refund any premium paid for that person.

EFFECTIVE DATE OF INSURANCE
An Eligible Person will be insured on the later of the Policy Effective Date or the date he or she is eligible, if not required to contribute to the cost of this insurance.

TERMINATION DATE OF INSURANCE
An Insured Person’s coverage will end on the earlier of the date:
1. the Policy terminates;
2. the Insured Person is no longer eligible; or
3. the period ends for which premium is paid.
SECTION III – PREMIUM

**Premium Due Date:** March 8, 2016  
**Premium Amount:** Annual Premium of $625.00

**Grace Period:** A Grace Period of thirty-one (31) days will be provided for the payment of any premium due after the first premium. This Policy will not be terminated for nonpayment of premium during the Grace Period unless the Policyholder gives Us written notice to terminate this Policy within the Grace Period and prior to the requested date of termination. This Policy will terminate on the last day of the Grace Period if all premiums due are not paid by the last day of the Policy Grace Period. The Policyholder is responsible for payment of the premium due for the time the Policy remained in force during the Grace Period.

If We expressly agree to accept late payment of a premium without terminating this Policy, We do so in accordance with the Noncompliance With Policy Requirements provision on the GENERAL PROVISIONS Section of this Policy. In such case, the Policyholder will be liable to Us for any unpaid premiums for the time this Policy is in force, plus all costs and expenses (including, but not limited to, reasonable attorney fees, collection fees and court costs) incurred by Us in the collection of all overdue amounts.

No Grace Period will be provided if We receive notice to terminate this Policy prior to a premium due date.
SECTION IV – DESCRIPTION OF BENEFITS

ACCIDENTAL DEATH BENEFIT

If an Insured Person sustains a Covered Injury while participating in a Covered Activity, resulting in death within the Accident Commencement Period shown on the Schedule, We will pay the Principal Sum also shown on the Schedule, subject to the terms, conditions, limitations and exclusions of this Policy. The Accident Commencement Period starts on the date of the Accident that caused such Injury. If the Insured Person suffers an Accidental Death such that an Accidental Death Benefit is payable under this Policy, We will pay the beneficiary in accordance with the Payment of Claims provision.

Exposure and Disappearance

If an Insured Person is exposed to weather because of an Accident while participating in a Covered Activity, and this results in a Covered Loss, We will pay the applicable Principal Sum shown on the Schedule, subject to the terms, conditions, limitations and exclusions of this Policy.

If the body of an Insured Person has not been found within 180 days after the disappearance, stranding, sinking or wrecking of a vehicle in which that person was an occupant, while participating in a Covered Activity, then it will be presumed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered Accidental Death within the meaning of this Policy. If the Insured Person is subsequently found alive and identified, We have the right to recover any benefits paid.

ACCIDENTAL DISMEMBERMENT BENEFIT

If an Insured Person sustains a Covered Injury while participating in a Covered Activity, resulting in any one of the Covered Losses specified below, within the Accident Commencement Period shown on the Schedule, We will pay the Percentage of the Principal Sum indicated below, subject to the terms, conditions, limitations and exclusions of this Policy.

For Covered Loss of:  
Percentage of the Principal Sum

Any combination of two:

- Hands, Feet, Sight, Speech and Hearing .................................................. 100%
- One Hand or One Foot ........................................................................ 50%
- Sight of One Eye .................................................................................. 50%
- Speech or Hearing (in both ears) ............................................................. 50%
- Thumb and Index Finger of Same Hand ................................................. 25%

For purposes of this benefit:

Covered Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Covered Loss of sight of an eye means total and irrecoverable loss of the entire sight in that eye. Covered Loss of speech means total and irrecoverable loss of the entire ability to speak. Covered Loss of hearing in an ear means total and irrecoverable loss of the entire hearing in that ear. Covered Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Covered Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid.

ACCIDENT MEDICAL EXPENSE BENEFIT

If an Insured Person sustains a Covered Injury while participating in a Covered Activity, that requires him or her to obtain Covered Accident Medical Services, within the Medical Commencement Period shown on the Schedule, We will pay the Usual and Customary Charges incurred for the Covered Accident Medical Services received due to that Covered Injury, up to the Maximum Benefit Amount and Maximum Benefit Period shown on the Schedule, per Insured Person, for all Covered Injuries caused by a single Covered Accident, subject to any applicable Deductible Amount, the Accident Medical Expense Benefit limitations indicated on the Schedule and the LIMITATIONS section of this Policy, and the terms, conditions, limitations and exclusions of this Policy.

The Medical Commencement Period starts on the date of the Accident that caused such Covered Injury. The Deductible Amount for the Accident Medical Expense Benefit is the Deductible Amount shown on the Schedule, if any, which must be met from Usual and Customary Charges for Medically Necessary Covered Accident Medical Services incurred due to Covered Injuries sustained by the Insured Person in that Covered Accident.
SECTION V – HAZARDS INSURED AGAINST

We will pay benefits described in this Policy when an Insured Person suffers a Covered Loss as a result of a Covered Accident during one of the Covered Activities listed on the Schedule. We will only pay benefits if the Insured Person is engaged in one of the hazards described below when the Covered Accident occurs. Unless otherwise specified, We pay benefits only once for any one Covered Accident, even if it is covered by more than one hazard.

POLICYHOLDER SPONSORED ACTIVITIES ACCIDENT COVERAGE

The Covered Accident must occur either:

1. on the premises of the Policyholder during normal hours of operation; or
2. on the premises of the Policyholder during other periods of time if attending or participating in a Policyholder organized, supervised and sponsored Covered Activity; or
3. away from the premises of the Policyholder while attending or participating in a Policyholder organized, supervised and sponsored Covered Activity at such activity’s scheduled site.

The Covered Activity includes travel* without deviation or interruption between the premises of the Policyholder or other meeting place it designates, and the site of such Covered Activity.

* Benefits for a Covered Accident that occurs while traveling are paid as described in this Policy, provided the Insured Person is in a vehicle operated by a properly licensed driver age 21 or over who is under the direct supervision of the Policyholder.

We will not pay a benefit if the driver of the above referenced vehicle, at the time of the Covered Accident is either:

1. under the influence of alcohol;
   a. He or she will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Covered Accident occurred, to be intoxicated, if operating a motor vehicle.
   b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication. Or,
2. under the influence of a poison, fume, noxious chemical substance that was deliberately ingested; or a prescription drug unless taken as prescribed by a Physician; or a non-prescription drug, unless taken in accordance with its directions.

Aircraft Restrictions

If the Covered Accident occurs while the Insured Person is riding in, or getting on or off of, an aircraft, We will pay benefits, but only if:

1. he or she is riding as a passenger only, and not as a pilot or member of the crew; and
2. the aircraft has a valid certificate of airworthiness; and
3. the aircraft is flown by a pilot with a valid license; and
4. the aircraft is not being used for: (i) crop dusting, spraying, or seeding; fire fighting; sky writing; sky diving or hang gliding; pipeline or power line inspection; aerial photography or exploration; racing, endurance tests, stunt or acrobatic flying; or (ii) any operation which requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).
5. the aircraft is a military transport aircraft flown by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Owned Aircraft Not Covered – Benefits will not be paid if the aircraft is owned, leased or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.
SECTION VI – LIMITATIONS

Aggregate Limit of Liability.

We will not pay more than the Aggregate Limit of Liability stated on the Schedule.

Accidental Death and Accidental Dismemberment Benefits Limitations.

The most We will pay for the following benefits, in total, is the Insured Person's Principal Sum, if the Insured Person can recover benefits under the Accidental Death Benefit and the Accidental Dismemberment Benefit as a result of the same Covered Accident.

Accident Medical Expense Benefit Limitations

1. The Maximum Benefit Amount for the Accident Medical Expense Benefit shall apply to all Covered Injuries sustained by an Insured Person as a result of a single Covered Accident.
2. Covered Accident Medical Services shall only apply to services that are Medically Necessary.
3. The Accident Medical Expense Benefit shall only apply for charges incurred before the expiration of the Maximum Benefit Period.
4. Benefits pursuant to the Accident Medical Expense Benefit are payable in excess of any expenses payable by Other Valid and Collectible Insurance, subject to this Policy Deductible Amount as indicated on the Schedule being met. In absence of Other Valid and Collectible Insurance, payments under this Accident Medical Expense Benefit shall be payable, subject to the terms, conditions, limitations and exclusions of this Policy.
SECTION VII – GENERAL EXCLUSIONS

This Policy does not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following:

- suicide or any attempt at suicide; intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury, including, but not limited to, any attempt to restrict the flow of oxygen to the brain for purposes of autoeroticism or auto-erotic asphyxiation;
- illness, disease, or infections of any kind, regardless of how contracted; medical or surgical treatment of illness, disease or infections; or complications following the surgical treatment of illness, disease or infection; except for Accidental ingestion of contaminated foods;
- cosmetic surgery, except for reconstructive surgery that is Medically Necessary due to a Covered Injury;
- hernia of any kind; hemorrhoids of any kind; Osgood-Schlatter’s Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by a Covered Injury; or mental disorder or psychological or psychiatric care or treatment whether or not caused by a Covered Accident;
- war, or any act of war, whether declared or undeclared;
- involvement in any type of active military service;
- treatment provided in a governmental Hospital unless the Insured Person is legally obligated to pay such damages;
- any Injury for which the Insured Person is entitled to benefits pursuant to any Workers' Compensation Law or other similar legislation;
- the Insured Person being under the influence of intoxicants or drugs, unless taken under the advice and in accordance with the directions of a Physician operating within the scope of his or her authority. The Insured Person is conclusively deemed to be under the influence of intoxicants if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he or she is in fact operating a motor vehicle when the Injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Insured Person’s intoxication.;
- participation in the commission or attempted commission of a crime, any felony, an assault, insurrection or riot; or any Injury resulting from a provoked attack;
- a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident;
- air travel, except as a fare paying passenger on a scheduled commercial flight;
- participation in any of the following activities:
  - skydiving
  - hang gliding
  - parachuting
  - parasailing
  - automobile racing or stunts
  - bungee-jumping
  - scuba diving
  - heli-skiing
  - motorcycle racing or stunts
  - endurance tests
  - fire fighting
  - racing
  - acrobatic or stunt flying
  - extreme sport stunts
  - hunting
  - flight on a rocket-propelled or rocket launched aircraft;
- riding in or on, entering into or alighting from, or being struck by a two (2) or three (3)-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.
SECTION VIII – TERMINATION OF POLICY

This Policy will terminate at 12:01 A.M. Local Time at the Policyholder’s address on the earliest of:

1. the premium due date if premiums are not paid when due subject to the Grace Period, except for the initial premium due which is not subject to the Grace Period;

2. the Policy Termination Date shown on page 2 of this Policy;

3. the date We discover that the Policyholder provided material fraudulent information in obtaining the Policy; or

4. the date specified on the written notice of the Policyholder’s intent to terminate this Policy, which will be at least thirty (30) days after the date the Policyholder sends such notice to Us.

If We terminate this Policy, any unearned premium will be returned on a pro-rata basis. If the Policyholder requests termination, We will return any unearned premium paid on a pro-rata basis.

Termination will not affect any claim for a Covered Loss occurring prior to the effective date of termination.
SECTION IX – CLAIMS PROVISIONS

Notice. The Insured Person or the beneficiary, or someone on their behalf, must give Us written notice of the loss within twenty (20) days of such loss. The notice must name the Insured Person and the Policy Number. To request a claim form, the Insured Person or the beneficiary, or someone on their behalf may contact Us at 866-568-2233. The notice must be sent to the Claims Department at Atlantic Specialty Insurance Company, or any of Our agents. Notice to Our agents is considered notice to Us.

Claim Forms. We will send the claimant Proof of Loss (claim) forms within fifteen (15) days after We receive notice. If the claimant does not receive the forms in fifteen (15) days after submitting notice, he or she can send Us a detailed written report of the claim and the extent of the loss. We will accept this report as a Proof of Loss if sent within the time fixed below for filing a Proof of Loss. The notice should include the Insured Person's name, the Policyholder’s name and the Policy number.

Proof of Loss. Written Proof of Loss, acceptable to Us, must be sent within ninety (90) days of the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as We may reasonably require. Failure to furnish Proof of Loss, acceptable to Us, within such time, will neither invalidate nor reduce any claim if it is not reasonably possible to furnish the Proof of Loss, and the proof is provided as soon as reasonably possible. and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required. We have a right to investigate the Proof of Loss and any relevant documents which the Insured Person or the beneficiary, or someone on their behalf, will make available to Us upon request.

Time of Payment. We will pay claims for all Covered Losses, other than Covered Losses for which this Policy provides any periodic payment, within thirty (30) days of written Proof of Loss that is acceptable to Us.

Recipient of Payment.
1. Loss of Life. Covered Losses resulting from the Insured Person’s death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as the Insured Person, We will pay the benefit to the Insured Person's survivors in the following order:
   a. the Insured Person's legally married spouse;
   b. the Insured Person's child(ren);
   c. the Insured Person's parents;
   d. the Insured Person's brothers and sisters;
   e. the Insured Person's estate.
2. All Other Claims. Benefits are paid to the Insured Person unless a minor or not able to give a valid release. The Insured Person or his or her legal representative may direct in writing that all or part of an Accident Medical Expense Benefit be paid directly to the party who furnished the service. The direction may be changed by the Insured Person or his or her legal representative at any time up to the filing of the Proof of Loss. If the Insured Person dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary, or if there is no beneficiary designated, as set forth above, then to his or her estate.

Physical Examination and Autopsy. We have the right to examine an Insured Person, whose Injury is the basis of a claim, when and as often as We may reasonably request while the claim is pending. Such examination will be at Our expense. We may also require an autopsy be performed, unless forbidden by law.

Suit Against Us. No action on this Policy may be brought until sixty (60) days after written Proof of Loss has been sent to Us. Any action must commence within three (3) years, (five (5) years in Kansas and Tennessee; and six (6) years in South Carolina, Wisconsin and Alabama) of the date the written Proof of Loss was required to be submitted. If the law of the state where the Insured Person lives makes such limit void, then the action must begin within the shortest time period permitted by law.
SECTION X – GENERAL PROVISIONS

**Beneficiaries.** The Insured Person or his or her legal representative has the sole right to name a beneficiary. The beneficiary has no interest in the Policy other than to receive certain payments. The Insured Person or his or her legal representative may change the beneficiary at any time. Consent to a change by a prior beneficiary is not needed unless the previous beneficiary was designated as irrevocable. Any beneficiary designation must be in writing on a form acceptable to Us.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding $1,000 may be made, at Our option, to any relative by blood or connection by marriage of the payee, who, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

**Change or Waiver.** A change or waiver of any terms or conditions of this Policy must be issued by Us in writing and signed by one of Our executive officers. No agent has authority to change or waive Policy terms or conditions. A failure to exercise any of Our rights under this Policy will not be deemed as a waiver of such rights in the same or future situations.

**Certificates.** We will give to the Policyholder a Certificate, in either paper or electronic format, for their Insured Persons where required by state law. The Policyholder will either give or make these Certificates available to the Insured Persons or their legal representatives. Such Certificate will contain a summary of terms that affect benefits.

**Clerical Error.** A clerical error or omission, whether by the Policyholder, the Producer, or Us, will not increase or continue Blanket Accident coverage, which otherwise would not be in force. If an Insured Person or his or her legal representative applies for insurance for which he or she is not eligible, We will only be liable for any premiums paid to Us.

**Conformity With Statute.** Terms of this Policy that conflict with the laws of the state of Policyholder’s address on the Policy are amended to conform to such laws.

**Entire Contract.** This Policy, together with any riders, endorsements, amendments, applications, completed enrollment materials and attached papers, if any, make up the entire contract between the Policyholder and Us. The application of the Policyholder will be attached to the Policy when issued. In the absence of fraud, all statements made by the Policyholder or any Insured Person or his or her personal representative will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or his or her beneficiary or personal representative.

**Policyholder Records/Audit.** The Policyholder will keep a record of the coverage, premium and other pertinent administrative information for each Insured Person. We may examine these records at reasonable times while the Policy is in force and for six (6) years after the termination of the Policy. We reserve the right to charge or refund premium, as applicable. The Policyholder will report to Us, within a reasonable time, all changes in information regarding an Insured Person. The Policyholder will indemnify Us for any benefits or other payments that are caused in whole or in part by the Policyholder’s negligence or error in performing the record keeping function. In addition, the Policyholder will be liable for any retroactive premium.

**Data Required.** The Policyholder and the Producer must maintain adequate records acceptable to Us and provide any information required by Us relating to this insurance.

**Assignment of Interest.** This Policy is non-assignable.

**Incontestability.** The validity of this Policy will not be contested, except as to nonpayment of premiums, after it has been in force for two (2) years from its date of issue. No statement made by any Insured Person relating to his or her insurability will be used in contesting the validity of the insurance with respect to which such statement was made: 1) after the insurance has been in force prior to the contest for a period of two (2) years during the lifetime of the person about whom the statement was made; and 2) unless the statement is contained in a written instrument signed by him or her.

**Noncompliance With Policy Requirements.** Any express waiver by Us of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.
SECTION XI – GENERAL DEFINITIONS

- **Accident** or **Accidental** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the **Policy** term.

- **Accident Commencement Period** means the time period, shown on the **Schedule**, between the date of the **Accident** which caused the **Injury** and the date the **Loss** must occur for death or dismemberment benefits to be payable under this **Policy**.

- **Aggregate Limit of Liability** means the total benefits We will pay for a **Covered Accident** or **Covered Accidents** set forth in this **Policy**. For purposes of the Aggregate Limit of Liability provision, **Covered Accident** or **Covered Accidents** will include a **Covered Loss** or **Covered Losses** arising out of a single event or related events or originating cause and includes a resulting **Covered Loss** or **Covered Losses**. If the total benefits under the Aggregate Limit of Liability is not enough to pay full benefits to each **Insured Person**, We will pay each one a reduced benefit based upon the proportion that the Aggregate Limit of Liability bears to the total benefits which would otherwise be paid.

- **Ambulatory Medical Center** means a facility that meets all of the following requirements:
  1. operates under the laws of the state that it is situated in;
  2. has a staff of **Physicians** and permanent facilities that are equipped and operated primarily for the purpose of providing medical services or performing subject procedures; and
  3. provides continuous **Physician** and Graduate Registered Nurse (RN) services whenever a patient is in the facility. An **Ambulatory Medical Center** does not include a **Hospital** or a **Physician's** office or a clinic.

- **Covered Accident** means an **Accident** that occurs while the **Insured Person** is participating in a **Covered Activity** and results in a **Covered Loss**.

- **Covered Accident Medical Services** means the following services, provided that they are **Medically Necessary**:
  1. treatment by a **Physician**, or a licensed practical nurse or RN;
  2. treatment in a **Hospital** semi-private room and board (or room and board in an intensive care unit), including **Hospital** ancillary services (including but not limited to, use of the operating room or emergency room), or use of an **Ambulatory Medical Center**;
  3. services for **Home Health Care**;
  4. ambulance, including air ambulance, service to or from a Hospital for one (1) round trip;
  5. laboratory tests;
  6. radiological procedures;
  7. anesthetics and the administration of anesthetics;
  8. medicines or drugs administered by a **Physician** or that can be obtained only with a **Physician's** written prescription;
  9. repair or replacement of **Sound Natural Teeth** damaged or lost as a result of a **Covered Injury**, up to the **Dental Maximum**, if any shown on the **Schedule**.

Payment for the purchase or maintenance of eyeglasses, contact lenses or hearing aids or the examination for the prescription or fitting thereof shall not be considered a Covered Accidental Medical Expense.

- **Covered Activity(ies)** means the activity(ies) listed on the **Schedule**.

- **Covered Injury** means bodily harm or bodily damage that results from a **Covered Accident**, is independent of all other causes, occurs while the **Insured Person** is insured under this **Policy**, and results in a **Covered Loss**.

- **Covered Loss** means a loss which meets the requisites of one or more benefits, results from a **Covered Injury**, and for which benefits are payable under this **Policy**.

- **Deductible Amount** means the portion of the **Usual and Customary Charges** for **Medically Necessary Covered Accident Medical Services**, incurred due to **Covered Injuries** sustained by an **Insured Person** in a **Covered Accident**, which must be met before the **Accident Medical Expense Benefit** will be paid. The **Deductible Amount** is
• **Eligible Person** means a person who is described on the ELIGIBLE PERSONS section of the Schedule.

• **Home Health Care** means nursing care and treatment of an Insured Person in his or her home as part of an overall extended treatment plan. To qualify, the extended treatment plan must:
  1. be approved in writing by the attending Physician;
  2. be provided by a Hospital certified to provide Home Health services or by a certified Home Health Care agency;
  3. begin within ten (10) days after discharge from a Hospital; and
  4. follow a Hospital confinement of three (3) days or more.

No benefits are payable for Home Health Care services provided by:
  1. a member of an Insured Person's immediate family; or
  2. a person residing in the Insured Person's home.

• **Hospital** means a facility that: (1) operates under the law of the state that it is situated in; (2) is approved by the Department of Health and Human Services or its successor; (3) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (4) has 24-hour nursing service by graduate registered nurses (RN), on duty or on call; and (5) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing or other section of the Hospital that is used for such purposes; or (3) any military or veterans Hospital or soldiers home or any Hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

• **Immediate Family Member** means a person who is related to the Insured Person in any of the following ways: Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or placed for adoption, or stepchild) or any person residing in the Insured Person's home.

• **Insured Person** means a person who is an Eligible Person for whom premium has been paid.

• **Maximum Benefit Period** means, with respect to the Accident Medical Expense Benefit, the maximum period for which benefits will be payable for Covered Accident Medical Services for or in connection with a single Covered Accident Medical Expense Covered Loss. The Maximum Benefit Period for the Accident Medical Expense Benefit commences on the first date of treatment or service and continues for the period of time shown on the Schedule.

• **Medical Commencement Period** means the time period shown on the Schedule between the date of the Accident that caused the Covered Injury and the date that the first Covered Accident Medical Service must be incurred for Accident Medical Expense benefits to be payable under this Policy.

• **Medically Necessary** means that a Covered Accident Medical Service: (1) is essential for diagnosis, treatment or care of the Covered Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care supervision or order. Medically Necessary will not include personal comfort or convenience items.

• **Other Valid and Collectible Insurance** means any plan providing medical expense benefits for or by reason of dental, physician, nurse, hospital care, treatment or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by: (1) any type of service plan contracts, any health maintenance organization or subscriber contracts, any group or blanket insurance, employee benefit plan or plans arranged through an employer, trustee, union, employee benefit association or professional association; (2) any plan or program created or administered by the national or a state government or agencies thereof; or (3) any individual insurance plan unless such individual insurance plan is an individually underwritten and issued policy providing exclusively for accident and sickness benefits and for which the total premium has been paid by the Insured Person, a member of his or her family or his or her guardian or conservator.

• **Physician** means a practitioner of the healing arts acting within the scope of his or her license who is not: (1) the Insured Person; (2) an Immediate Family Member; or (3) a practitioner retained by the Policyholder.
• **Policy** means this **Blanket Accident Insurance Policy**.

• **Policyholder** is the group named on the front page of this **Policy**.

• **Principal Sum** means the amount of insurance listed on the **Schedule**. The **Accidental Death and Accidental Dismemberment** benefits are based upon this amount.

• **Schedule** is SECTION I of this **Policy**.

• **Sound Natural Teeth** means natural teeth that are either unaltered or fully restored to their normal function and are disease free, have no decay, and are not more susceptible to injury than unaltered natural teeth.

• **Usual and Customary Charge(s)** means a charge that is made for a **Covered Accident Medical Expense Benefit** that: (1) does not include charges that would not have been made if no insurance existed; (2) is the lesser of the: (a) usual charges for similar services, treatment, supplies, or **Hospital** room and board in the locality where the expense is incurred. (For a **Hospital** stay, the **Usual and Customary Charge** is based upon the expense for a semi-private room and board charge, unless the stay is a **Medically Necessary** stay in an intensive care unit.) or (b) the allowable charge as calculated by any **Other Valid and Collectible Insurance** provider; and (3) with respect to drugs, 125% of the Average Wholesale Price (AWP) will be considered Usual and Customary.

• **We, Us, and Our** refers to Atlantic Specialty Insurance Company.

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Policyholder: Distributive Education Clubs of America  
Policy Number: 219900050  
Policy Effective Date: March 8, 2016

Underwritten by: Atlantic Specialty Insurance Company