



PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

Philadelphia Indemnity Insurance Company

Administrative Office
One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
Tel: 800-873-4552

POLICYHOLDER: Distributive Education Clubs of America

GROUP POLICY NUMBER: PHPA085069

POLICY EFFECTIVE DATE: 7/1/2021

POLICY ISSUE DATE: 6/29/2021

POLICY TERM 7/1/2021 to 7/1/2022

STATE OF ISSUE: Virginia

This Certificate of Insurance is issued under the terms of the Blanket Accident Policy issued to the Policyholder. Coverage is only described in the Certificate of Insurance. It is not the insurance contract. The Policy is the only contract under which benefits are paid. The Policy may be examined, upon request, at the office of the Policyholder.

The Policy sets forth the terms and conditions of insurance. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address. It will remain in effect for the duration of the Policy Term shown above if premium is paid according to agreed terms.

The Policy terminates at 12:01 AM on the last day of the Policy Term unless the Policyholder and We have agreed to continue this Policy for an additional Policy Term. The laws of the State of Issue shown above govern this Policy.

We and the Policyholder agree to all of the terms of the Policy.

IN WITNESS WHEREOF Philadelphia Indemnity Insurance Company has caused this Certificate to be executed on its Issue Date, to take effect on the Effective Date.

President & CEO
Philadelphia Indemnity Insurance Company

Secretary
Philadelphia Indemnity Insurance Company

• BLANKET ACCIDENT CERTIFICATE •
• NON-PARTICIPATING •

**THE POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY. IT
DOES NOT PAY BENEFITS FOR SICKNESS**

SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.

Eligible Persons: All registered participants of the policyholder

CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages.

Policyholder Coverage

Personal Deviations covered

no

Covered activities

Participation in and attendance at the following Policyholder Supervised and Sponsored activities: Standard conference activities as well as other related activities which present no greater risk than the aforementioned activities. This policy is subject to quarterly audits