

CHUBB®

Catastrophic Accident
Insurance Policy

Issued by
Federal Insurance Company

FOR

Parkers Chapel School District

Chubb Underwriting Office: Federal Insurance Company
202B Hall's Mill Road
P.O. Box 1650
Whitehouse Station, New Jersey 08889-1650

*Words and phrases that appear in **bold** print have special meanings 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.*

Please Read This Policy Carefully

CA5000

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:
SDA-N1079898A-001

*Issued by the stock insurance company
indicated below:*

FEDERAL INSURANCE COMPANY
Incorporated under the laws of
INDIANA

Section I – Insured Persons

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

<u>Class</u>	<u>Description</u>
1	All registered students of the Policyholder

Section II - Hazards

The following is the **Hazard** for which insurance applies: **Covered Activity Hazard**

Section III – Benefits

The following are **Benefit Amounts** provided under this policy:

Accidental Loss of Life and Dismemberment

Class 1
Benefit Amount: \$10,000

The following are **Accidental Loss of Life** and **Dismemberment** losses insured and the corresponding percentage of the **Benefit Amount**:

Accidental:	Percent of Benefit Amount:
Loss of Life	100%
Loss of Life due to Heart or Circulatory Malfunction	100%
Loss of Speech and Loss of Hearing	200%
Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	200%
Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	200%
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	200%
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (Any one of each)	100%
Loss of Speech or Loss of Hearing	100%
Loss of Thumb and Index Finger of the same hand	50%

If an **Insured Person** has multiple **Accidental** Death & Dismemberment losses as the result of one **Accident**, then **We** will pay only the single largest **Benefit Amount** applicable to the losses suffered.

Catastrophic Accident Cash

Class 1

Initial Benefit Amount:	\$100,000
Monthly Benefit Amount:	\$3,333.33
Elimination Period:	6 months
Maximum Number of Monthly Payments:	120

Catastrophic Accident Medical Expense

Class 1

Maximum Benefit Amount:	\$7,500,000
Deductible:	\$25,000

Section IV – Aggregate Limit of Insurance

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

If more than one (1) **Insured Person** suffers a **Loss of Life** or **Dismemberment** 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**.

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

HAZARD

Covered Activity Hazard

Covered Activity Hazard means all circumstances, subject to the terms and conditions of this policy, arising from and occurring while a **Primary Insured Person** is participating in a **Covered Activity** that takes place in the United States, Canada or Mexico.

Covered Activity means all those activities set forth below for which a **Primary Insured Person** is insured under this policy.

School Coverage (Excluding Sports)

While participating in school sponsored activities:

1. on school premises during normal school hours;
2. on school premises after normal school hours; or
3. at another school or site where the **Covered Activity** is scheduled.

The **Covered Activity** includes travel without deviation or interruption:

1. between home and school; or
2. between the site of the **Covered Activity** and home or school when the **Insured Person** is scheduled to attend the **Covered Activity**.

Benefits are paid as described in this Policy if the **Accident** occurs while the **Insured Person** is in a vehicle:

1. operated by a properly licensed driver over the age of 25 who is under the direct supervision of the school; and
2. when travel time does not exceed 8 hours each way.

Travel time includes the time:

1. to or from home or school and the **Covered Activity**;
2. before the required attendance time; and
3. after dismissal and after completing any extra duties assigned by the school.