

## Certificate of Insurance

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Having issued Basic **Accident Policy** Number GTU 5464705 to cover the eligible individuals of:

### **Employer Resource Management**

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

### **IMPORTANT NOTICE**

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

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**SECTION I – ELIGIBILITY AND EFFECTIVE DATES**

**CERTIFICATEHOLDER:**

**Class I:** All **Active** Employees of the **Policyholder** placed with worksite clients.

**Class II:** If elected by the **Class I Insured**, the **Spouse** and **Dependent Child(ren)** of such **Class I Insured**.

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

**YOUR EFFECTIVE DATE OF INSURANCE:**

- A. For eligible individuals hired prior to January 1, 2012:  
The **Policy** effective date.
- B. For eligible individuals hired on or after January 1, 2012:  
The first day of **Active** work.

**SECTION II – SCHEDULE**

<b>COVERAGE(S):</b>	<b>Classes Covered</b>	
24 Hour <b>Accident</b> Protection, Business and Pleasure, Excluding Corporate Owned or Leased Aircraft, H-1	All	
Exposure and Disappearance Coverage	All	
<b>BENEFITS:</b>	<b>Classes Covered</b>	
<b>Accidental Death Benefit</b>	All	
<b>Principal Sum:</b>		
<b>Class I:</b> \$1,000		
<b>Class II:</b> \$1,000		
<b>Accidental Dismemberment and Covered Loss of Use Benefit</b>	All	
<b>Principal Sum:</b>		
Same as above.		
<b>ADDITIONAL BENEFITS:</b>	<b>Classes Covered</b>	
Accident Medical Expense Benefit	All	
<b>ADDITIONAL ENDORSEMENTS</b>	<b>Form Number</b>	<b>Classes Covered</b>
Amendment to General Exclusions	U-TA-104-A (ID) (5/07)	All

### SECTION III – 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.

**Active** and **Actively at Work** describes **You** if **You** are able and available for active performance of all of **Your** regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered **Actively at Work** provided **You** are able and available for active performance of all of **Your** regular duties and were working the day immediately prior to the date of **Your** absence.

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

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

**Chartered Aircraft** means an aircraft operated by a company with an air carrier or commercial operating certificate issued by the Federal Aviation Administration or the equivalent certificate issued by a foreign government, which the **Policyholder** has the right to use for no more than ten (10) consecutive days and/or for no more than fifteen (15) days in a one (1) year period.

**Controlled** by, as used in the **Coverages** Section, means the **Policyholder** has the right to use a block of aircraft flight time for 25 or more hours in a one (1) year period or for 100 hours or more without a specified term, from a company which is in the business of providing aircraft for private use. A **Chartered Aircraft** will not be considered **Controlled** by the **Policyholder**.

**Coverage(s)** means the event or events described in the **Hazards** of the **Policy** to which benefits and additional benefits apply. The **Hazards** are listed in the **Coverages** Section on the Schedule.

**Covered Accident** means an **Accident** that results in a **Covered Loss**.

**Covered Injury** means an **Injury** directly caused by accidental means, which is independent of all other causes, results from a **Covered Accident**, occurs while **You** are insured under the **Policy**, and results in a **Covered Loss**.

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

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

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

**Dependent Child(ren)**, if used in this **Policy**, means **Your** unmarried **Child(ren)**, newborn children, stepchildren, adopted children, or children placed for adoption. Newborn and adopted newborn children placed within sixty (60) days of birth will be insured from and after the moment of birth for sixty (60) days. Adopted children placed after sixty (60) days of birth will be insured from and after the moment of placement for sixty (60) days and has not attained age eighteen (18), and those unmarried **Child(ren)** as defined in the **Policyholder's** medical plan as on file and approved by **Us** who rely on **You** for their support, and are either: 1) less than 19 (nineteen) years of age; 2) less than 26 (twenty-six) years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental retardation or physical handicap.

**Injury** means a bodily **Injury**.

**Insured** means an individual who is eligible for **Coverage** under the **Policy** as provided in the Certificateholder part of the **Eligibility and Classification of Insureds** Section, and who completes the enrollment material, if required.

**Owned Aircraft** means an aircraft in which the **Policyholder** or a related company has legal or equitable title. Fractional ownership in a company which is in the business of providing aircraft for private use will be deemed to be equitable title in the aircraft used by the **Policyholder**.

**Plan** means the **Plan** design as described on the **Schedule**.

**Policy** means the **Basic Accident Insurance Policy**.

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

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

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

**Spouse**, if used in this **Policy**, means **Your** legally married **Spouse**.

**Under lease**, as used in the **Coverages** Section, means an aircraft which the **Policyholder** does not own but has the right to use, under a written agreement, for more than ten (10) consecutive days and/or for more than fifteen (15) days in a one (1) year period. A **Chartered Aircraft** will not be considered **Under lease**.

**We, Us, and Our** refers to Zurich American Insurance Company.

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

## SECTION IV – COVERAGES

### 24 HOUR ACCIDENT PROTECTION, BUSINESS AND PLEASURE EXCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, H-1

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

A **Covered Injury** sustained by **You** anywhere in the world, subject to the terms, conditions, exclusions and limitations under this **Policy**.

#### **Hazard Limitations:**

Air travel **Coverage** is limited to a loss sustained during a trip, while **You** are a passenger, riding in or on, boarding or getting off:

- A.** any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
  - 1.** medical certificate; and
  - 2.** pilot certificate with a proper rating to pilot such aircraft.
- B.** any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

#### **Hazard Exclusions:**

**Coverage** is not provided:

- A.** If **You** are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B.** Unless **We** have previously consented in writing to the use, **Coverage** is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
  - 1.** any aircraft other than those expressly stated in this **Coverage**;
  - 2.** any aircraft **Owned** or **Controlled** by, or **Under lease** to the **Policyholder**;
  - 3.** any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured** or a member of an **Insured's** family or household;

4. any aircraft operated by the **Policyholder** or one of the **Policyholder's** employees including members of an employee's family or household;
5. any aircraft engaged in a **Specialized Aviation Activity**;
6. any conveyance except aircraft used for tests or experimental purposes, or in a race or speed test.

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

## **EXPOSURE AND DISAPPEARANCE COVERAGE**

If **You** are exposed to weather because of an **Accident** and this results in a **Covered Loss**, **We** will pay the applicable **Principal Sum**, subject to all **Policy** terms.

If the conveyance in which **You** are riding disappears, is wrecked, or sinks, and **You** are not found within 365 days of the event, **We** will presume that **You** lost **Your** life as a result of **Injury**. If travel in such conveyance was covered under the terms of the **Policy**, **We** will pay the applicable **Principal Sum**, subject to all **Policy** terms. **We** have the right to recover the benefit if **We** find that **You** survived the event.

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

## **SECTION V – BENEFITS**

### **ACCIDENTAL DEATH BENEFIT**

If **You** suffer a loss of life as a result of a **Covered Injury**, **We** will pay the applicable **Principal Sum**. The death must occur within 365 days of the **Covered Injury**.

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

### **ACCIDENTAL DISMEMBERMENT AND COVERED LOSS OF USE BENEFIT**

If an **Injury** to **You** results in any of the following **Covered Losses**, **We** will pay the benefit amount shown. The **Covered Loss** must occur within 365 days of the **Accident**.

The benefit amounts are based on **Your Principal Sum**.

<b>Covered Loss of</b>	<b>Benefit</b>
1. Both Hands or Both Feet	<b>Principal Sum</b>
2. One Hand and One Foot	<b>Principal Sum</b>
3. One Hand or One Foot plus the loss of Sight of One Eye	<b>Principal Sum</b>
4. Sight of Both Eyes	<b>Principal Sum</b>
5. Speech and Hearing	<b>Principal Sum</b>
6. Speech or Hearing	50% of <b>Principal Sum</b>
7. One Hand; One Foot; or Sight of One Eye	50% of <b>Principal Sum</b>
8. Thumb and Index Finger of the same Hand	25% of <b>Principal Sum</b>
<b>Covered Loss of Use of</b>	<b>Benefit</b>
1. Four <b>Limbs</b>	<b>Principal Sum</b>
2. Three <b>Limbs</b>	75% of <b>Principal Sum</b>
3. Two <b>Limbs</b>	66 2/3% of <b>Principal Sum</b>
4. One <b>Limb</b>	50% of <b>Principal Sum</b>

For purposes of this benefit:

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

2. **Covered Loss of Use** means total paralysis of a **Limb** or **Limbs**, which is determined by **Our** competent medical authority to be permanent, complete and irreversible. **Limb** means an arm or a leg.

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

## SECTION VI – ADDITIONAL BENEFITS

### ACCIDENT MEDICAL EXPENSE BENEFIT

If **You** suffer a **Covered Injury** which causes **You** to incur medical expenses **We** will pay an **Accident Medical Expense Benefit** for the **Reasonable and Customary** expenses incurred by **You**, in excess of the deductible of \$100, provided that:

1. the first treatment or service occurs within thirty (30) days of the **Covered Injury**;
2. the medical expenses are incurred within fifty-two (52) weeks of the **Covered Injury**; and
3. **You** are under the care and treatment of a licensed medical provider other than **Your** spouse, children or any other person who is related to **You**.

The maximum benefit payable under this benefit is \$1,000 for any one **Covered Accident**.

**We** will not cover expenses under this additional benefit for:

1. any **Pre-existing Condition**, until **You** have been continuously covered under the **Policy** for twelve (12) consecutive months;
2. any expenses which are covered by Workers' Compensation;
3. any expenses covered by Medicare;
4. any services of a Federal, Veteran's, State or Municipal hospital for which **You** are not liable for payment;
5. expenses which are more than the **Reasonable and Customary**;
6. cosmetic, plastic or restorative surgery unless **Medically Necessary** for the treatment of the **Covered Injury**;
7. expenses which **You** recover in a settlement or court judgment;
8. expenses which are covered under any other insurance of any kind;
9. expenses which **You** are not legally obligated to pay;
10. **Custodial Services**;
11. expenses which are not **Medically Necessary** for the treatment of the **Covered Injury**.

**Custodial Services** means any services which are not intended primarily to treat a specific **Injury**. **Custodial Services** include, but will not be limited to services:

1. related to watching or protecting **You**;
2. related to performing, or assisting **You** in performing, any activities of daily living such as: walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, preparing foods, or taking medications that can usually be self-administered; and
3. that are not required to be performed by trained or skilled medical personnel.

**Medically Necessary** means that the medical service or treatment:

1. is essential for the 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 licensed medical provider within the scope of his or her practice.

**Pre-existing Condition** means a condition for which **You** have sought or received medical advice or treatment during the twelve (12) months immediately preceding **Your** effective date of **Coverage** under the **Policy**.

**Reasonable and Customary** expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, **We** will determine the amount based upon:

1. the complexity involved;
2. the degree of professional skill required; and
3. any other pertinent factors.

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

## SECTION VII – GENERAL EXCLUSIONS

A loss will not be a **Covered Loss** if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted **Injury** or any attempt at intentionally self-inflicted **Injury**;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for **Accidental** ingestion of contaminated foods;
5. participation in the commission or attempted commission of a crime, any felony, an assault, insurrection or riot;
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity;
7. being intoxicated.
  - a. **You** 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 **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 **Your** intoxication.
8. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
9. travel or flight in any aircraft except to the extent stated in the **Coverage** Section.

## SECTION VIII – GENERAL LIMITATIONS

**Limitation on Multiple Covered Losses.** If **You** suffer more than one loss as a result of the same **Accident**, **We** will pay only one benefit, the largest benefit.

**Limitation on Multiple Benefits.** If **You** can recover benefits under more than one of the following benefits: **Accidental Death Benefit**, **Accidental Dismemberment and Covered Loss of Use Benefit**, as a result of the same **Accident**, the most **We** will pay for these benefits in total is **Your Principal Sum**.

**Limitation on Multiple Hazards.** If **You** suffer a **Covered Loss** that is covered under more than one **Hazard**, **We** will pay only one benefit, the largest benefit.

## SECTION IX - TERMINATION OF INSURANCE

**Your** insurance automatically terminates on the earliest of:

1. the date the **Policy** is terminated;
2. the date **You** cease to be eligible for insurance;
3. the expiration date of the period for which required premium has been paid for **You**;
4. the date **You** fail to pay the required premium, if **You** are so required;
5. the date **You** reach age 70;
6. the date **You** retire.

## SECTION X - HOW TO FILE A CLAIM

**A. Notice.** **You** or **Your** beneficiary, or someone on **Your** behalf, must give **Us** written notice of the **Covered Loss** within ninety (90) days of such **Covered Loss**. The notice must name **You** and the **Policy** Number. To request a claim form, **You** or **Your** beneficiary, or someone on **Your** behalf may contact **Us** at 1-866-841-4771. The notice must be sent to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041, or any of **Our** agents. Notice to **Our** agents is considered notice to **Us**.

**B. Claim Forms.** **We** will send the claimant proof of **Covered Loss** forms within fifteen (15) days after **We** receive notice. If the claimant does not receive the proof of **Covered Loss** form in fifteen (15) days after submitting notice, he or she can send **Us** a detailed written report of the claim and extent of **Covered Loss**. **We** will accept this report as a proof of **Covered Loss** if sent within the time fixed below for filing a proof of **Covered Loss**.



- C. **Proof of Covered Loss.** Written proof of **Covered Loss**, acceptable to **Us**, must be sent within ninety (90) days of the **Covered Loss**. Failure to furnish proof of **Covered Loss** acceptable to **Us** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the proof of **Covered Loss** and the proof was provided as soon as reasonably possible.

## SECTION XI - PAYMENT OF CLAIMS

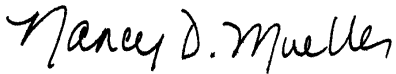
- A. **Time of Payment.** We will pay claims for all **Covered Losses**, other than **Covered Losses** for which the **Policy** provides any periodic payment, immediately upon receipt of written proof of loss that is acceptable to **Us**. Unless an optional periodic payment is stated or chosen, any **Covered Loss** to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance, which remains when **Our** liability ends, will then be paid when **We** receive the proof of **Covered Loss** that is acceptable to **Us**.
- B. **Who We Will Pay.**
1. **Your Loss of Life.** **Covered Losses** resulting from **Your** death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as **You**, **We** will pay the benefit to the beneficiary named by **You** for the **Policyholder's** Group Life Insurance policy. If there is no beneficiary named by **You** for the **Policyholder's** Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as **You**, **We** will pay the benefit to **Your** survivors in the following order:
    - a. **Your** legally married **Spouse**;
    - b. **Your** Child(ren);
    - c. **Your** parents;
    - d. **Your** brothers and sisters;
    - e. Your estate.
  2. All Other Claims. Benefits are to be paid to **You**. **You** may direct in writing that all, or part of the **Accident Medical Expense Benefit**, if applicable, will be paid directly to the party who furnished the service. **You** may change the direction at any time up to the filing of the proof of **Covered Loss**.
- C. **Physical Examination and Autopsy.** We have the right to examine **You** when and as often as **We** may reasonably request while the claim is pending. Such examination will be at **Our** expense. **We** can have an autopsy performed unless forbidden by law.
- D. **Choice of Service Provider.** **You** have the sole right to choose **Your** duly licensed physician and hospital.

## SECTION XII - GENERAL POLICY CONDITIONS

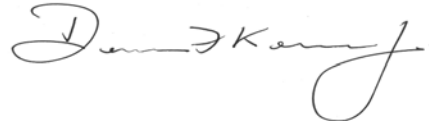
- A. **Beneficiaries.** **You** have the sole right to name a beneficiary. The beneficiary has no interest in the **Policy** other than to receive certain payments. **You** may change the beneficiary at any time unless **You** have assigned the interest in the **Policy**. In such case, the person to whom **You** have assigned the interest in the **Policy** may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed unless the previous beneficiary was designated as irrevocable. Any beneficiary designation must be in writing on a form acceptable to **Us**.
- B. **Change or Waiver.** A change or waiver of any terms or conditions of the **Policy** must be issued by **Us** in writing and signed by one of **Our** executive officers. No agent has authority to change or waive **Policy** terms or conditions. A failure to exercise any of **Our** rights under the **Policy** will not be deemed as a waiver of such rights in the same or future situations.
- C. **Clerical Error.** A clerical error or omission will not increase or continue **Your Coverage** which otherwise would not be in force. If **You** apply for insurance for which **You** are not eligible, **We** will only be liable for any premiums paid to **Us**.
- D. **Conformity with Statute.** Terms of the **Policy** that conflict with the laws of the state where it is delivered are amended to conform to such laws.
- E. **Suit Against Us.** No action on the **Policy** may be brought until sixty (60) days after written proof of **Covered Loss** has been sent to **Us**. Any action must commence within three (3) years, (five (5) years in Kansas and Tennessee; and six (6) years in South Carolina and Wisconsin) of the date the written proof of **Covered Loss** was required to be submitted. If the law of the state where **You** live makes such limit void, then the action must begin within the shortest time period permitted by law. In those states where binding arbitration is allowed, binding arbitration will supersede this provision.
- F. **Assignment of Interest.** A transfer of interest is binding when **We** receive written notice on a form acceptable to **Us**. **We** have no duty to confirm that a transfer is valid.

**G. Arbitration.** Any contest to a claim denial under the **Policy** will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The arbitration will occur at the offices of the American Arbitration Association nearest to **You**. The arbitrator(s) will not award consequential or punitive damages in any arbitration under this section. This provision does not apply if **You** are a resident of a state where the law does not allow binding arbitration in an insurance policy, but only if the **Policy** is subject to its laws. In such a case, binding arbitration does not apply. This provision bars **You** from instituting a lawsuit.

In Witness Whereof, **We** have caused the **Policy** to be executed and attested, and, if required by state law, the **Policy** will not be valid unless countersigned by **Our** authorized representative.



Nancy D. Mueller  
President  
Zurich American Insurance Company



Dennis F. Kerrigan, Jr.  
Corporate Secretary  
Zurich American Insurance Company

**NON-PARTICIPATING**

**Employer Resource Management**  
**GTU 5464705**  
**Effective: January 1, 2012**

Version: January 2012

## Advisory notice to policyholders regarding the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") regulations

No coverage is provided by this policyholder notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided.

This notice provides information concerning possible impact on your insurance coverage due to directives issued by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

### **Please read this Notice carefully.**

OFAC administers and enforces sanctions policy based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons." This list can be located on the United States Treasury's web site – <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC restrictions. When an insurance policy is considered to be such a blocked or frozen contract, no payments or premium refunds may be made without authorization from OFAC. Other limitations on premiums and payments also apply.