

Accident, Sickness and Personal Liability Plan of Insurance



for participants of

Rotary International Youth Exchange

All plans described therein meet or exceed all of the current Rotary International Board recommendations.

Policy Number: N0106096A

Coverage is underwritten by
ACE American Insurance Company.

CISI BOLDUC

Claim Submission Instructions

1. Insured participants are required to submit a completed medical claim form to CISI for each accident or sickness. Claim forms may be downloaded from our website, **www.cisi-bolduc.com**, by going to the Medical Benefit Info tab and selecting "Medical Claim Form." Be sure that all questions are answered and all blank spaces are filled with an appropriate statement such as "Not Applicable." Claim forms can be mailed or faxed to CISI at the contact address or number below:

Send All Completed Claim Forms To:

Cultural Insurance Services International
River Plaza
9 West Broad Street
Stamford, CT 06902

If you have questions regarding benefits,
or claim submission, contact Cultural

Insurance Services International

Telephone: (800) 303-8120

Outside USA: (203) 399-5130

Fax: (203) 399-5596

Email: cisiwebadmin@culturalinsurance.com

2. For 24-7-365 pre-departure, medical, legal, and travel assistance, and to help facilitate billing directly with a foreign provider, please contact Team Assist at the numbers below:

Telephone: (800) 243-6124

Outside USA: (202) 659-7803

(Call Collect)

Underwritten by ACE American Insurance Company.

It is understood and agreed that all coverages under the Policy and any replacement Policy are subject to a combined lifetime maximum payment of \$500,000 under both PLAN A and PLAN B.

Eligibility:

All persons who participate in the Rotary International Youth Exchange Program, in either a long-term or short-term program, are eligible for coverage under the policy. This includes coverage for any non-U.S. student exchanging anywhere in the world.

Term of Coverage:

Coverage with respect to any Insured under either the annual or the summer program shall commence, while the policy is in force, upon the Insured's departure from his or her country of permanent residence directly to participate in the Rotary International Youth Exchange Program sponsored by the Policyholder and, if the program is voluntary, after the Company has received the Insured's application and premium payment. If the application and payment are received by

the Company more than 31 days after departure, satisfactory evidence of insurability must also be submitted and approved by the Company before coverage takes effect.

Coverage shall terminate upon the Insured's direct return to his or her country of permanent residence if the Insured is no longer a participant in the program, or upon completion of the sponsored program in the event the Insured does not return directly to his or her country of permanent residence. In no event, however, shall coverage under the policy continue for more than 12 months with respect to long-term program nor for more than 3 months with respect to a short-term program, except for delay in travel beyond the control of the Insured for a period not to exceed one additional month.

An Insured who returns home at any time during the program due to a family illness or death will not be covered while residing in his/her home country. Coverage will resume upon the Insured's return to the Host country, and will continue until the earlier of the completion of the exchange or termination date of the policy.

Insurance terminates at 12:01 A.M. Standard Time, at the address of the Policyholder. Termination of the Insured's coverage shall be without prejudice to any claim originating prior to the date of such termination.

Team Assist:

One of the most important features of this plan is a worldwide assistance program. Upon enrollment in the Plan, you are eligible to use any of the assistance services that make up this comprehensive program. An outline of the assistance services appears below; additional information is contained in the Plan Summary.

Pre-Departure Assistance:

- Advice on required and recommended immunizations.
- Passport and visa information.
- Health information and precautions for medically remote or underserved areas.
- Information for handicapped or disabled travelers.
- Help in arranging special medical services needed while traveling.

Telephone: (800) 243-6124

Outside USA: (202) 659-7803

(Call Collect)

E-mail: ops@europassistance-use.com

Medical Assistance

- Worldwide, 24-hour medical care locating service.
- Medical case monitoring, arranging communication between patient, family, physicians, consulate, etc.
- Medical transportation arrangements.
- Emergency message service for medical situations.

Legal Assistance

- Worldwide, 24-hour contact for legal emergencies.
- Legal referral, to help you locate a consular official or attorney.

Travel Assistance

- Worldwide, 24-hour telephone contact for advice on handling losses and delays.
- Help with lost passports, tickets and documents.
- Advice on filing insurance claims.
- Arranging shipments of forgotten, lost or stolen items.
- Relaying emergency messages.

Claim Procedures:

If any covered loss occurs or begins, the Insured must send us written notice within 30 days or as soon after that as is reasonably possible. This notice should include written proof of the occurrence, type and amount of loss, and should state the Insured's name and policy number. This notice should be sent to the address shown on Page 1 of this booklet. Claim forms must be sent to the Cultural Insurance Services International no more than 90 days after a covered loss occurs or ends, or as soon after that as is reasonably possible.

Payment Of Claims: When Paid

Claims will be processed as soon as due proof of loss is received. If a claim covers benefits for more than a month, all amounts due at the end of each month will be paid. If there are any benefits due at the end of the period claimed, they will be paid when due proof of loss is received.

Payment Of Claims To Whom Paid

Death benefits, if any, will be paid to the beneficiary chosen by the Insured. This choice must be in writing and filed with us. If the Insured has not chosen a beneficiary, or if there is no beneficiary alive when the Insured dies, we will pay:

- (a) Parents or legal guardian, if the Insured is a minor.
- (b) Otherwise, we will pay the Insured's estate.

Any other benefits will be paid to the Insured, if he is living. If not, we will pay the estate of the Insured. All claims for medical expense benefits submitted for payment by an Insured will be paid directly to the provider of medical services.

If an Insured has already paid a provider for medical services, a written request must be submitted to Cultural Insurance Services International, accompanied by a copy of the paid bill and a completed claim form indicating that payment should be made to the Insured or the individual or organization who paid the bill. Change of Beneficiary - The Insured has the right to select or change the beneficiary without the beneficiary's consent. Any such selection or change must be in writing. We will not be bound until we have received a signed copy of it. We are not responsible for its validity or sufficiency.



ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106

Blanket Accident and Sickness Policy

POLICYHOLDER: Trustee of the ACE USA Accident & Health Insurance Trust

POLICY NUMBER: GLM N0106096A

POLICY EFFECTIVE DATE: January 1, 2010

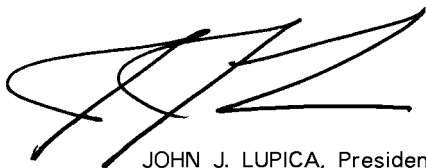
POLICY TERM: January 1, 2010 to January 1, 2011

STATE OF DELIVERY: District of Columbia

This Policy takes effect at 12:00 a.m. (midnight) at the Policyholder's address on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 12:00 a.m. (midnight) at the Policyholder's address, on the last day of the Policy Term unless the Policyholder and We agree to continue coverage under this Policy for an additional Policy Term. If coverage is continued for an additional Policy Term and the required premiums are paid on or before the Premium Due Date, We will issue an amendment to identify the new Policy Term.

This Policy is governed by the laws of the state in which it is delivered.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania



JOHN J. LUPICA, President



GEORGE D. MULLIGAN, Secretary

**THIS IS A BLANKET LIMITED MEDICAL INSURANCE POLICY. IT PAYS
OUT-OF-COUNTRY MEDICAL EXPENSE BENEFITS ONLY.
PLEASE READ THE POLICY CAREFULLY.**

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SCHEDULE OF BENEFITS

PREMIUM DUE DATE: Monthly, in arrears on the first of each month

CLASSES OF ELIGIBLE PERSONS:

Class 1 All persons who participate in the Rotary International Youth Exchange Program sponsored by the Policyholder.

COVERED ACTIVITIES:

We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while:

1. traveling or staying outside of the Covered Person’s Home Country or Country of Residence; and
2. participating in a program sponsored or coordinated by the Policyholder.

Coverage will begin upon the Covered Person’s departure from his or her Home Country or Country of Residence. It will end on the date the Insured returns to his or her Home Country or Country of Residence or make a Personal Deviation.

“Personal Deviation” means:

1. an activity that is not reasonably related to the Policyholder’s business activity; and
2. not incidental to the purpose of the Trip.

The following Covered Activity is included under Plan B, and is optional under Plan A.

Athletic Coverage: The Covered Accident must result from participation in interscholastic and community football, hockey, soccer, rugby and lacrosse while:

1. participating as a member of the team in a regularly scheduled game, competition or practice session; or
2. traveling directly to or from the game competition or practice session as a member of the team

All other team sports are covered the same as any other Covered Accident under the Policy.

BENEFITS

	Plan A	Plan B
Medical Expense Benefits		
Total Maximum for all Accident or Sickness Expense Benefits:	\$500,000	\$500,000
Maximum for Preexisting Conditions:	\$500	\$500

	Plan A (Continued)	Plan B (Continued)
Maximum for Emergency Sickness Dental Treatment: Deductible:	\$100 None	\$400 None
Maximum for Mental and Nervous Disorders: In-Patient Treatment: Out-Patient Treatment: Deductible:	\$25,000 \$1,000 None	\$25,000 \$1,000 None
Maximum for Chiropractic Care:	\$50 per visit, up to \$500 for 10 visits	\$50 per visit, up to \$500 for 10 visits
Maximum Benefit Period for Covered Accident:	12 months from the date of a Covered Accident	12 months from the date of a Covered Accident
Maximum Benefit Period for Covered Sickness:	The earlier of the date the Covered Person returns to his or her Home Country or Country of Residence, or 12 months from the date of a Covered Sickness	The earlier of the date the Covered Person returns to his or her Home Country or Country of Residence, or 12 months from the date of a Covered Sickness
Incurral Period for Covered Accident:	60 days after the date of Covered Accident	60 days after the date of Covered Accident
Deductible:	Covered Accident: \$100 per Policy term for Covered Expenses over \$5,000; Covered Sickness: \$100 per Policy term	Covered Accident: \$100 per Policy term for Covered Expenses over \$5,000; Covered Sickness: \$100 per Policy term
Co-insurance Rate for: Mental and Nervous Disorders:	100%	100%
All Other Covered Accident Expenses:	100% of first \$5,000 80% thereafter	100% of first \$5,000 80% of next \$2,500 100% thereafter
All Other Covered Sickness Expenses:	80%	80% of first \$2,500 100% thereafter
Emergency Medical Evacuation Benefit		
Benefit Maximum:	\$100,000	\$100,000
Repatriation of Remains Benefit		
Benefit Maximum:	\$50,000	\$50,000

	Plan A (Continued)	Plan B (Continued)
Personal Property and Financial Instrument Reimbursement Benefit		
Aggregate Benefit Maximum for: Cash, Currency, Bullion, Numismatic Property & Bank Notes:	\$100	\$100
Manuscripts, Securities, Bills, Deeds, Evidences of Debt, Letters of Credit, Notes Other Than Bank Notes, Passports, Railroad & Other Tickets or Stamps including Philatelic Property:	\$250	\$250
Theft of Jewelry, Watches, Furs, Fine Arts/Antiques, Golfers Equipment, Cameras & Computer Hardware:	\$1,000	\$1,000
Theft of Stereo Equipment (includes accessories, antennas, taps, wires, records, discs or other media for use with any electronic stereo equipment):	\$1,000	\$1,000
Deductible:	\$250 per claim	\$250 per claim
Transportation Expense Benefit Benefit Maximum:	\$5,000	\$5,000
Family Reunion Benefit Benefit Maximum:	\$5,000	\$5,000
Daily Benefit Maximum for Lodging Expenses (hotel & meals):	\$75	\$75
Trip Interruption Benefit Benefit Maximum:	\$3,000	\$3,000
Aggregate Benefit Maximum for Transportation Expense, Family Reunion, Trip Interruption Benefits	\$5,000	\$5,000
Accidental Death and Dismemberment Benefit Principal Sum:	\$10,000	\$20,000
Time Period for Loss:	365 days	365 days

	Plan A (Continued)	Plan B (Continued)
Athletic Coverage		
Total Benefit Maximum:		\$25,000
Deductible:		\$50 per Covered Accident
Co-insurance Rate:		100%
Optional Athletic Coverage		
Total Benefit Maximum:	\$25,000	
Deductible:	\$50 per Covered Accident	
Co-insurance Rate:	100%	

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the *Schedule of Benefits*.

“Country of Residence” means the country where a Covered Person has his or her true, fixed and primary permanent residence, and to which he or she has the intention of returning.

“Covered Accident” means an accident that occurs while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Activity” means any activity in which a Covered Person must be engaged when a Covered Accident occurs in order to be eligible for benefits under the Policy. These Covered Activities are listed in the *Schedule of Benefits* and described in the Hazards section of the Policy.

“Covered Expenses” means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Policyholder’s Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

“Covered Loss” or “Covered Losses” means an accidental death, dismemberment, or other Injury covered under the Policy.

“Covered Person” means any eligible person, including Dependents if eligible for coverage under the Policy, for whom the required premium is paid. If the cost for this insurance is paid for by the Policyholder, individual applications are not required for an eligible person to be a Covered Person.

“Deductible” means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Covered Accident or Sickness basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

“Doctor” means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person’s Immediate Family or household.

“Home Country” means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one Country, his or her Home Country will be the country that he or she has declared to Us in writing as his or her Home Country.

“Hospital” means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of inpatient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed

Doctors available at all times; 4) provides organized facilities for diagnosis, treatment, and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a prearranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing, or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

“Injury” means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent, and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Insured” means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

“Medically Necessary” means a treatment, service, or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person’s condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

“Preexisting Condition” means an illness, disease, or other condition of the Covered Person that in the six-month period before the Covered Person’s coverage became effective under the Policy:

1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

“Sickness” means an illness, disease, or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Trip” means Policyholder sponsored travel by air, land, or sea from the Covered Person’s Home Country or Country of Residence.

“Usual and Customary Charge” means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

“We,” “Our,” “Us” means the insurance company underwriting this insurance or its authorized agent.

ELIGIBILITY FOR INSURANCE

Each person in one of the Classes of Eligible Persons shown in the *Schedule of Benefits* 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 eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

EFFECTIVE DATE OF INSURANCE

Insurance for an Eligible Person who is not required to contribute to the cost of this insurance is effective on the latest of the following dates:

1. Policy Effective Date;
2. the date he or she is eligible; or
3. the date the Insured departs from his or her Home Country or Country of Residence.

Insurance for an Eligible Person who is required to contribute to the cost of this insurance is effective on the latest of the following dates:

1. the Policy Effective Date;
2. the date We receive the completed enrollment form and the required premium is paid.

TERMINATION DATE OF INSURANCE

An Insured's coverage will end on the earliest of the date:

1. the Policy terminates;
2. he or she is no longer eligible;
3. he or she returns to his or her Home Country or Country of Residence, if he or she no longer participates in the Policyholder's Covered Activity;
4. the period ends for which premium is paid.

In no event will coverage under the Policy exceed 12 months if the Insured participates in a long term Covered Activity or 3 months with respect to a short term Covered Activity. Coverage may be continued for an additional one-month period if there is a delay in travel that is beyond the Insured's control.

DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under the Policy. Please see the *Schedule of Benefits* for the applicability of these benefits on a class level.

Medical Expense Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the Policy and this Rider.

Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Covered Person incurs; and
3. for charges incurred for services rendered to the Covered Person while traveling outside of his or her Home Country or Country of Residence; and
4. for a Covered Accident, provided the first charge is incurred within the Incurral Period shown in the *Schedule of Benefits*.

Covered Medical Expenses

1. Hospital semi-private room and board (or room and board in an intensive care unit);
2. Hospital ancillary services (including, but not limited to, use of the operating room, emergency room radiological procedures and laboratory tests);
3. Services of a Doctor, surgeon or a registered nurse (R.N.);
4. Services of a specialist or consultant when requested and approved by the attending Doctor,
5. Ambulance service to or from a Hospital;
6. Outpatient laboratory tests;
7. Outpatient radiological procedures including X-rays for the diagnosis of impacted wisdom teeth;
8. Anesthetics and their administration;
9. Blood, blood products, artificial blood products, and the transfusion thereof;
10. Physiotherapy;
11. Chiropractic care, limited to one visit per day;
12. Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription;
13. Dental charges for Injury to sound, natural teeth, including replacement of teeth and root canal services;
14. Emergency Sickness Dental Care and Treatment. "Emergency Sickness Dental Care and Treatment" means services performed by a licensed dental practitioner acting within the scope of his or her license. Services include, but are not limited to, extractions, temporary or restored fillings and root canal;
15. Mental and Nervous Disorders while Hospital Confined or on an outpatient basis. Benefits are limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.

Emergency Medical Evacuation Benefit

We will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits*, if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling outside of his or her Home Country or Country of Residence.

Covered Expenses:

1. **Medical Transport:** expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. **Dispatch of a Doctor or Specialist:** the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Covered Person's location to make the assessment.
3. **Escort Services:** expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

"Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event the Covered Person refuses to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

Repatriation of Remains Benefit

We will pay Repatriation Benefits as shown in the *Schedule of Benefits* for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country or Country of Residence. Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Family Reunion Benefit

If, while the Covered Person is traveling, he or she suffers an Injury or Sickness and must be confined in a Hospital for at least 4 consecutive days or if the Covered Person is medically evacuated to another location, We will reimburse the expenses incurred for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by Our assistance provider.

“Family Member” means a parent, sister, brother, husband or wife, or children over 21 years of age.

Personal Property and Financial Instrument Reimbursement Benefit

If a Covered Person sustains loss or damage to Personal Property or a Financial Instrument that is caused directly by a Covered Peril during his or her trip, We will indemnify the Covered Person with respect to such loss or damage up to the maximum amount shown on the *Schedule of Benefits* after satisfaction of the Deductible. The Covered Person must take all reasonable precautions for the safety of any covered Personal Property and Financial Instruments. With respect to a covered loss, We will be entitled:

1. to take and keep possession of such property and to deal with salvage in a reasonable manner;
2. to repair or replace any property for which We have liability under this Benefit, at Our option. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period.

Definitions

“Covered Peril” means loss or damage caused by: fire, explosion, lightning, collision, theft (unless committed by the Covered Person), burglary or robbery.

“Personal Property” means personal goods belonging to the Covered Person or for which the Covered Person is responsible and are taken or acquired by the Covered Person during the trip and the personal effects owned by any the Covered Person for personal use, adornment, or amusement.

“Financial Instrument” means coins, banknote, postal and money orders, signed travelers and other checks, letters of credit, travel tickets and credit cards.

Exclusions

We will not pay for:

1. Vehicles (including aircraft and other conveyances) or their accessories or equipment.
2. Loss or damage due to:
 - a) Moth, vermin, insects or other animals;
 - b) wear and tear; atmospheric or climatic conditions or gradual deterioration or defective materials or craftsmanship;
 - c) Mechanical or electrical failure or inherent vice;
 - d) Breaking, marring, scratching, wet or dampness, spoilage, being discolored, mold mildew, rust, frost, steam, mishandling, improper packing, improper stowage or rough handling;
 - e) Any process of cleaning, restoring, repairing or alteration.
3. Any loss not reported to either the police or transport carrier within 24 hours of discovery.
4. Any loss due to confiscation or detention by customs or any other authority.
5. Loss or damage due to unexplained or mysterious disappearance.
6. Loss or damage due to theft unless reported to the police or competent authority.

In addition, We will not pay benefits for loss or damage caused by or resulting from loss or destruction of property resulting from any Covered Person voluntarily giving someone else possession of his or her property.

Additional exclusions that apply to this Benefit are shown in the Exclusions section of the Policy.

Transportation Expense Benefit

If, while the Covered Person is traveling alone, he or she suffers an Injury or Sickness and must return to his or her Home Country or Country of Residence, We will pay the difference between the group fare purchased prior to the Trip and the economy fare, subject to the lesser of the Benefit Maximum shown on the *Schedule of Benefits* for the Transportation Expense Benefit or the actual amount paid.

In addition, if the Covered Person requires a person to accompany him or her, We will pay transportation expenses for that person to join the Covered Person and to accompany him or her to his or her Home Country or Country of Residence. Transportation costs may not exceed the cost of a round trip economy airline ticket

Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by Our assistance provider.

Trip Interruption Benefit

We will reimburse the cost of a round trip economy air and/or ground transportation ticket for a Covered Person’s Trip, up to the Benefit Maximum shown in the *Schedule of Benefits*, if his or her Trip is interrupted as the result of:

1. the death of a Family Member; or
2. the unforeseen Injury or Sickness of the Covered Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted.

“Family Member” means a Covered Person’s parent, sister, brother, husband or wife, children, or grandparent.

Accidental Death and Dismemberment Benefits

If Injury to the Covered Person results, within the Time Period for Loss shown in the *Schedule of Benefits*, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Covered Loss	Schedule of Covered Losses	Benefit Amount
Life		100% of the Principal Sum
Two or more Members.....		100% of the Principal Sum
Quadriplegia.....		100% of the Principal Sum
One Member.....		50% of the Principal Sum
Hemiplegia		50% of the Principal Sum
Paraplegia.....		50% of the Principal Sum
Thumb and Index Finger of the Same Hand.....		25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide.
- war or any act of war, whether declared or not.
- flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline.
- commission of, or attempt to commit, a felony.
- the Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.

- practice or play in interscholastic or community football, hockey, soccer, rugby or lacrosse, except as specifically provided in the Policy.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to by:

- preventive medicines or vaccines.
- routine physicals and care of any kind.
- eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them.
- routine dental care and treatment, except as provided in the Policy.
- cosmetic or plastic surgery, except as a result of Injury.
- pregnancy, childbirth or miscarriage.
- treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person's household.
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy.
- any condition for which the Covered Person is entitled to benefits under any Workers' Compensation Act or similar law.
- expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, mountain climbing (where ropes or guides are used), scuba diving (except if the Covered Person is certified in accordance to the laws of the country in which he or she is diving), racing by horse, motor vehicle or motorcycle.
- Pre-existing Conditions, except as specifically providing in the Policy, and if: 1) the Covered Person has not received treatment, care or advice for six consecutive months after being covered by the Policy (taking medication prescribed by a Doctor is considered as continuous treatment for a Pre-existing Condition); or 2) the loss begins after the Covered Person has been treatment fee (including medication free) and after the Covered Person has been covered by the Policy for six months.
- surgical operations which were previously recommended by a Doctor or medical practitioner prior to the Covered Person's effective date of coverage.
- any treatment, services or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country, except as specifically provided in the Policy.
- medical expenses that are the result of injuries sustained while operating a motorized vehicle of any kind, including two, three and four wheeled vehicles. This includes. But is not limited to: automobiles, motorcycles and motorized dirt bikes of any kind, all-terrain vehicles, snowmobiles and watercraft. This exclusion shall be waived in relation to Amusement Park rides, lawn mowers or operating a golf cart while on a golf course. In addition, this exclusion shall be waived for students who are located in Bermuda with regard to travel on a small motorcycle or moped that is not more than 50cc in capacity. The student must have a valid license to ride the motorcycle or moped.
- emergency sickness dental expenses incurred for:
 - routine oral examinations;
 - fluoride applications;
 - prosthetics (new and repaired)
 - expenses for more than one dentist in excess of those that would have been incurred had all services been performed by one dentist;
 - expenses in excess of the lowest fee in cases where there are optional treatment techniques carrying different fees;

- services primarily for cosmetic or aesthetic purposes;
- orthodontics;
- treatment already in progress or recommended by a dentist within six months of the Covered Person's effective date of coverage;
- replacement of denture or orthodontic appliance due to loss or theft;
- denture or bridgework replacement of teeth extracted prior to the Covered Person's effective date of coverage.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

CLAIM PROVISIONS

Notice Of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number.

Claim Forms: Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment Of Claims: Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Insured dies, any death benefits or other benefits unpaid at the time of the Insured's death will be paid to the beneficiary Our records indicate the Insured designated for these plan benefits.

If there is no named beneficiary or surviving beneficiary on record with Us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following: 1) Spouse; 2) Children; 3) Parents; 4) Brothers and sisters. If there are no survivors in any of these classes, We will pay the Insured's estate.

All other benefits will be paid to the Insured. If the Insured is: (1) a minor; or (2) in Our opinion unable to give a valid release because of incompetence, We may pay any amount due to a

parent, guardian, or other person actually supporting him or her. Any payment made in good faith will end Our liability to the extent of the payment.

Beneficiary: The Insured may designate a beneficiary for Accidental Death Benefits, if any. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

Assignment: We may pay benefits directly to any Hospital or person rendering covered services, unless the Covered Person requests otherwise in writing no later than the time he or she submits written proof of loss. Any payment made in good faith will end our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on this Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

ADMINISTRATIVE PROVISIONS

Premiums: The premiums for this Policy will be based on the rates currently in force, the plan and amount of insurance in effect.

Changes In Premium Rates: We may change the premium rates from time to time with at least 31 days advanced written, or authorized electronic or telephonic notice. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization, or eligible class is added or deleted from the Policy.
3. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.
4. There is a change in the market factors or factors bearing on the risk assumed.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Payment of Premium: The first Premium is due on the Policy Effective Date. If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Policy Grace Period: A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last Premium Due Date on which required premiums were paid. The Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments), the signed application of the Policyholder, and any individual applications of Covered Persons, are the entire contract. Any statements made by the Policyholder or Covered Persons will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application.

To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communications). It must be signed by our president or secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Policy Effective Date And Termination Date: The Policy begins on the Policy Effective Date shown on page 1 of the Policy. We may terminate this Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Policyholder. The Policyholder may terminate this Policy on any Premium Due Date by giving 31 days advance written (or authorized electronic or telephonic) notice to Us. This Policy terminates automatically on the earlier of: 1) the last day of the Policy Term; or 2) the Premium Due Date if Premiums are not paid when due. Termination takes effect at 12:00 a.m. (midnight) at the Policyholder's address on the date of termination.

Clerical Error: If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the Policy terms.

Examination Of Records And Audit: We shall be permitted to examine and audit the Policyholder's books and records at any time during the term of the Policy and within 2 years after the final termination of the Policy as they relate to the premiums or subject matter of this insurance.

Certificates Of Insurance: Where it is required by law, or upon the request of the Policyholder, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

Conformity With State Laws: On the effective date of this Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers' Compensation: This Policy is not a workers' compensation policy. It does not provide workers' compensation benefits.



ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106

Personal Liability Benefit Rider

This Rider is made a part of the Policy to which it is attached. All other terms and conditions of the Policy remain unchanged.

The Policy is amended to include the following benefits, as follows:

I. The following is added to the *Schedule of Benefits*:

SCHEDULE OF BENEFITS

A. Personal Liability Insurance Coverage:	
Maximum Benefit per Claim:	\$100,000
Deductible per Claim:	\$250
B. Medical Payments Coverage:	
Limit per Coverage Period:	\$5,000
C. Additional Living Expense Coverage:	
Limit per Coverage Period:	\$5,000

II. The following is added to the *Description of Coverage*:

A. Personal Liability Insurance Coverage:

We will pay the benefit shown in the *Schedule of Benefits*, on behalf of the Insured all sums which the Insured shall become legally obligated to pay as Damages for personal liability claims first made against the Insured and reported to Us, during the Policy Term that the Personal Liability Insurance Coverage is in force, arising out of any Incident covered under this Rider, provided always that such Incident occurs:

- (a) on or after the Policy Effective Date on which this Rider becomes effective; or
- (b) on or after the effective date of the earliest claims-made policy covering the Insured.

We will have the right and duty to defend any suit against the Insured seeking Damages to which this coverage applies even if any of the allegations of the suit are groundless, false or fraudulent. We may make such investigation and settlement of any Claim, or suit as it deems expedient. In no event, shall We be obligated to pay Damages or Claim Expenses or to defend, or continue to defend, any suit after the applicable limit of the Company's liability has been exhausted by payment of Damages.

Other Insurance:

If other valid and collectible insurance is available to the Insured for a covered loss, Our obligations are limited as follows:

- (a) **Primary Insurance:** This insurance is primary over the Participating Organization's

liability insurance. If this insurance is primary, Our obligations are not affected unless any insurance other than the Participating Organization's insurance is also primary. Then we will share with all that other insurance by the Method of Sharing described in (b) below.

- (b) **Method of Sharing:** If the other insurance permits the contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

B. Medical Payments Coverage

We will pay benefits up to the Limit per Coverage Period shown in the *Schedule of Benefits*, on behalf of the Insured for Medical Expenses that are incurred or medically ascertained within 52 weeks after the date of the Incident and which result from an Incident causing Bodily Injury to:

- (a) a person who is on the Insured Location with the permission of the Host Family; or
(b) a person not on the Insured Location.

Medical Expenses are defined as those expenses recommended and approved by a Doctor for hospital room and board, use of an operating room, emergency room, ambulatory medical center, fees of physicians and nurses, laboratory tests, prescription medicines or drugs, anesthetics, transfusions, diagnostic testing, and therapeutics. We will pay the benefit pursuant to this provision only after the Insured has submitted to Us, due proof of the Medical Expenses incurred. This coverage does not apply to the Insured.

C. Additional Living Expenses Coverage

If an Incident results in the Insured Location becoming unfit to live in, We will pay for any necessary increase in living expenses incurred by the Host Family so that the household can maintain its normal standard of living. Payment will be for the shortest time required to repair or replace the damage to the Insured Location or, if the Host Family permanently relocates, the shortest time required for the Host Family to settle elsewhere. We will pay the Host Family benefits, up to the Limit per Coverage Period shown in the *Schedule of Benefits*, on behalf of the Insured per Policy Term for Additional Living Expenses.

We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the Additional Living Expenses incurred.

Exclusions and Limitations

No Benefit will be payable as the result of:

1. Bodily Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading or unloading of any Automobile, watercraft, Mobile Equipment or aircraft owned or operated by or rented or loaned to any Insured;
2. Based on or arising out of liability assumed by the Insured under any contract or agreement, except liability arising out of the performance of written duties required by the Participating Organization as part of the Covered Trip/Program;
3. Arising out of discrimination on the basis of age, sex, race, religion, marital status, national origin or sexual preference by any Insured, including Personal Injury resulting

- there from;
4. Arising from the transmission of or infection by, or the testing or the failure to test for the presence of Acquired Immune Deficiency Syndrome (AIDS), any AIDS related virus or any other disease transmitted through sexual contact or another person's body fluids;
 5. Dishonest, fraudulent, criminal or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of any Insured;
 6. Arising from acts by any Insured expected or intended to cause Bodily Injury or Property Damage sustained (This exclusion does not apply to Bodily Injury resulting from the use of reasonable force to protect person or property.);
 7. Arising from any obligation for which the Insured or any carrier as their insurer may be held liable under any worker's compensation, unemployment compensation or disability benefits law, or under any similar law;
 8. Property Damage to property:
 - a) owned or being transported by the Insured, or
 - b) rented to, occupied by or in the care of the Insured;
 9. Brought against any Insured alleging, in whole or part sexual assault, abuse, molestation or habitual neglect, or licentious, immoral, amoral other behavior that was threatened, committed, or alleged to have been committed, by any Insured or by any person for whom the Insured is legally responsible; however, notwithstanding the foregoing, the Insured shall be protected under the terms of this policy as to any claim and/or allegation which may be covered by the policy upon which suit may be brought against him, for any such alleged behavior by an Insured unless a judgment or a final adjudication adverse to the Insured shall establish that such behavior occurred as an essential element of the cause of action so adjudicated;
 10. Injuries caused by or contributed to by the use of controlled substances not administered by Doctor;
 11. Bodily Injury or Property Damage arising from the use of alcohol, intoxicants or any drug unless prescribed by a Doctor;
 12. Bodily Injury or Property Damage due to war, whether or not declared, civil insurrection, rebellion or revolution or to any act or condition incidental to any of the foregoing;
 13. Personal Injury to the Insured;
 14. Brought against any Insured arising out of the Insured's business pursuits, investments, or other for profit activities;
 15. Injuries caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused; or
 16. Injuries caused directly or indirectly by pollution or asbestos, regardless of how it was caused.

Definitions

Automobile means: a land motor vehicle, trailer or semi-trailer designed for travel on public roads, including any machinery or apparatus attached thereto.

Bodily Injury means: bodily injury, sickness or disease sustained by any person, including death.

Claim(s) means: a demand for money or the service of a suit naming an Insured and alleging

an Incident. Claim(s) does not include proceedings seeking injunctive or other non-pecuniary relief. Punitive damages will not be covered.

Claim(s) Expenses means:

- (a) Fees charged by an attorney or attorneys designated by Us and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a Claim, suit or proceeding arising in connection therewith, if incurred by Us, or incurred by the Insured with Our written consent, but does not include salary charges or expenses of regular Our employees or officials, or fees and expenses of independent adjusters;
- (b) All costs against the Insured in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before We has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the Our limit liability thereon;
- (c) Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy. We will have no obligation to pay for or furnish any bond;
- (d) Up to \$250 for loss of earnings to each Insured for each day or part of a day of their attendance at Our request at a trial, hearing or arbitration proceeding involving a civil suit against such Insured for covered Damages, but the amount so payable for any one or series of trials, hearings or arbitration proceedings arising out of the same Incidents will in no event exceed \$5,000.

Damages mean: compensatory judgments, settlement or awards, but does not include punitive or exemplary damages, fines or penalties, the return of fees or other consideration paid to the Insured, or that portion of any award or judgment caused by the trebling or multiplication of actual damages under federal or state law.

Host Family means: the person(s) responsible for providing the Insured's room, board, general welfare, and care while on a Covered Trip/Program.

Incident means: any act or omission committed by the Insured during the Policy Term which results in Bodily Injury, Property Damage or Personal Injury, provided the act or omission committed by the Insured was during the Policy Term.

Insured Location means: (1) the Host Family residence premises and the part of any other premises, structures and grounds used by the Insured; or (2) any part of a premises where an Insured is temporarily staying.

Mobile Equipment means: a land vehicle (including any machine or apparatus attached thereto, whether or not self-propelled), (1) not subject to motor vehicle registration, or (2) maintained for use exclusively on premises owned by or rented to any Insured, including the ways immediately adjoining, or (3) designed for use principally off public roads, or (4) designed or maintained for the sole purpose of affording mobility to equipment of the following types forming an integral part of or permanently attached to such vehicle: power cranes, shovels, loaders, diggers and drills; concrete mixers (other than the mix-in-transit type); graders, scrapers, rollers and other construction or repair equipment; air compressors, pumps and generators, including spraying, welding and building cleaning equipment; and geophysical

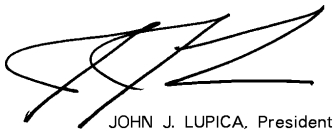
exploration and well servicing equipment, or (5) anything with a motor that rolls, flies or dives, such as snowmobiles, mopeds, motorbikes, dirt bikes or (6) anything that flies such as parasails, parachutes and hang gliders.

Personal Injury means: (a) false arrest, detention or imprisonment, wrongful entry or eviction, other invasion of private occupancy, or malicious prosecution; (b) the publication or utterance of a libel, slander or other defamatory or disparaging material; or (c) a publication or an utterance in violation of an individual's right of privacy.

Property Damage means: (a) physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting there from; or (b) loss of use, or loss of the value of tangible property which has not been physically injured or destroyed.

This Amendatory Rider ends at the same time as the Policy.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania



JOHN J. LUPICA, President



GEORGE D. MULLIGAN, Secretary