

Special Risk Blanket Accident Insurance Policy

<p>Underwritten by: Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies 202B Hall's Mill Road, PO Box 1650 Whitehouse Station, NJ 08889</p>	<p>Worcester Diocese Schools</p>
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Important Notice - Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, 9908-5614, which can be obtained from the Policy Administrator.

POLICYHOLDER: WORCESTER DIOCESE SCHOOLS

GROUP POLICY NUMBER: 9908-5614

CLASS DESCRIPTION: All registered students of the Policyholder (Grades: Pre-K to 12).

ELIGIBILITY: This insurance plan is provided to all registered students of the Policyholder, once any required Qualification Period has been met.

EFFECTIVE DATE OF INSURANCE: Insurance becomes effective on the latest of: (1) the effective date of the policy; (2) the date on which you first meets the eligibility criteria; or (3) the beginning of the period for which required premium is paid.

DATE INSURANCE ENDS: Insurance will end on the earliest of: (1) the date the group policy ends; (2) the end of the period for which required premium has been paid for your insurance; or (3) the date on which you cease to meet the eligibility criteria.

WHEN COVERAGE APPLIES: While You are participating in a Covered Activity.

While on the Policyholder's premises during the hours and on the days when the Policyholder is in session (including interscholastic football and interscholastic sports), including one hour before and after; or while participating in or attending an authorized and sponsored activity of the Policyholder away from Policyholder's premises. This includes direct and uninterrupted travel to and from such activities in a vehicle designated by the Policyholder and to or from the student's residence to attend regular Policyholder sessions.

BENEFITS

Accidental Death and Dismemberment:

Principal Sum: **\$15,000**

Accidental Death and Dismemberment Benefit: Provides a benefit if an **Accident** results in a covered **Loss**. The covered **Loss** must occur within one year of the **Accident**. **We** will pay a percentage of the **Principal Sum** for the following benefits: **Accidental: Loss of Life** 100%; **Loss of Speech** and **Loss of Hearing** 200%; **Loss of Speech** and either **Loss of Hand, Loss of Foot or Loss of Sight of One Eye** 200%; **Loss of Hearing** and either **Loss of Hand, Loss of Foot or Loss of Sight of One Eye** 200%; **Loss**

of both **Hands**, **Loss of both Feet**, **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 you have multiple **Losses** as the result of one **Accident** then **We** will pay only the single largest benefit amount applicable to the **Losses** suffered.

AGGREGATE LIMIT OF INSURANCE: If more than one (1) **Insured Person** suffers a **Loss** in the same **Accident**, then we will not pay more than \$500,000. If an **Accident** results in **Benefit Amounts** becoming payable, which when totaled, exceed \$500,000, then the Aggregate Limit of Insurance will be divided proportionally among all **Insured Persons**, based on each applicable **Benefit Amount**.

Accident Medical Expense

Maximum Benefit Amount: \$1,000,000

Deductible: \$0

Accident Medical Expense: **We** will reimburse up to Maximum Benefit Amount for **Accident Medical Expenses** if **Accidental Bodily Injury** causes an **Insured Person** to first incur **Medical Expenses** for care and treatment of the **Accidental Bodily Injury** within 90 days after an **Accident**. The **Benefit Amount** for **Accident Medical Expense** is payable only for **Medical Expenses** incurred within 104 weeks after the date of the **Accident** causing the **Accidental Bodily Injury**. The **Benefit Amount** is subject to the Maximum **Benefit Amount**. The **Benefit Amount** for **Accident Medical Expense** is payable in addition to any other applicable **Benefit Amounts** under the policy.

Excess Provision: The Maximum **Benefit Amount** for **Accident Medical Expense** is payable on an excess basis. **We** will determine the **Reasonable and Customary Charge** for the covered **Medical Expense**. **We** will then reduce that amount by amounts already paid or payable by any **Other Plan**. **We** will pay the resulting. In no event will **We** pay more than the Maximum **Benefit Amount** for **Accident Medical Expenses**.

Limitation on Accident Medical Expense: The **Benefit Amount** for **Accidental Medical Expense** does not apply to charges and services: 1) for which an **Insured Person** has no obligation to pay; 2) for any injury where worker's compensation benefits or occupational injury benefits are payable; 3) for any injury occurring while fighting, except in self-defense; 4) for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice; 5) for treatment by a person employed or retained by the **Policyholder**; 6) personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, internet access, barber services or guests meals while confined in a **Hospital**; 7) routine physical exams that are not the result of an **Accidental Bodily Injury**. This insurance applies only to **Medically Necessary** charges and services.

Loss of Life – Heart or Circulatory Malfunction

Benefit Amount: \$15,000

We will pay the **Benefit Amount** of \$15,000 if the **Insured Person** suffers death as a result of a **Heart or Circulatory Malfunction**. Death must occur within 52 weeks after participating in the **Covered Activity** and be a consequence of the **Insured Person's** participation in a **Covered Activity**

DEFINITIONS

Accident or Accidental means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) arises from a source external to an Insured Person; 3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 4) occurs while the Insured Person is insured under this policy which is in force; and 5) is the direct cause of loss.

Accidental Bodily Injury means bodily injury, which: 1) is Accidental; 2) is the direct cause of a loss; and 3) occurs while an Insured Person is insured under the policy, which is in force. It also means a Repetitive Motion Injury.

Benefit Amount means the amount stated in the Schedule of Benefits for this policy, which applies: 1) at the time of an Accident; 2) to an Insured Person; and 3) for the applicable Hazard.

Class means the categories of Insured Persons described in the Schedule of Benefits.

Company means Federal Insurance Company.

Conveyance means any motorized craft, vehicle or mode of transportation licensed or registered by a government authority with competent jurisdiction.

Covered Activity means those activities set forth in the Covered Activity Hazard, and for which an Insured Person is insured under this policy.

Dependent means a Dependent Child or Spouse of a Primary Insured Person.

Dependent Child means a Primary Insured Person's unmarried child from the moment of birth, including a natural child, grandchild, stepchild or adopted child from the date of placement with a Primary Insured Person. The Dependent Child must be primarily dependent upon such Primary Insured Person for maintenance and support, and must be: 1) under the age of; 2) under the age of if enrolled as a full-time student at an Institution of Higher Learning; or 3) classified as an Incapacitated Dependent Child.

Durable Medical Equipment means the Reasonable and Customary Charges for Medically Necessary equipment that is prescribed by a Physician, for the rental or purchase whichever is less of Durable Medical Equipment which are used primarily for medical purposes and are appropriate for use in the home. Durable Medical Equipment includes, but is not limited to, manual and electric wheelchairs, hospital beds, canes, crutches, walkers, kidney machines, ventilators, oxygen, monitors, pressure mattresses, lifts, and nebulizers.

Emergency Transportation Vehicle means a special equipped vehicle that provides transportation for the sick or injured to or from places of treatment due to an illness or injury.

Hazard - means the circumstances for which this insurance is provided as stated in Section III of the Schedule of Benefits and described in the Hazard Section of this policy.

Heart or Circulatory Malfunction means a myocardial infarction, angina pectoris, coronary thrombosis or cerebral vascular accident but only if all of the following conditions are met: 1. The Heart or Circulatory Malfunction of a Primary Insured Person occurs within 24 hours after participating in a Covered Activity; 2. an Insured Person is under sixty five (65) years of age on the date of the Heart or Circulatory Malfunction; 3. the first symptom of Heart or Circulatory Malfunction is medically diagnosed within twenty-four (24) hours after a Primary Insured Person's participating in a Covered Activity; and 4. Within two (2) years prior to the date a Primary Insured Person participates in a Covered Activity, such Primary Insured Person: a. has not been medically diagnosed with any disease, illness or condition of the heart or circulatory system; or b. has not received any medication or treatment for any disease, illness or condition of the heart or circulatory system.

Hospital means a public or private institution which: 1) is licensed in accordance with the laws of the jurisdiction where it is located; 2) is accredited by the Joint Commission (not applicable to Hospitals located outside the United States); 3) operates for the reception, care and treatment of sick, ailing or injured persons as in-patients; 4) provides organized facilities for diagnosis and medical or surgical treatment; 5) provides twenty-four (24) hour nursing care; 6) has a Physician or staff of Physicians; and 7) is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

Immediate Family Member means an individual with any of the following relationships to the Insured Person: Spouse, and parents thereof; sons and daughters, including adopted children and stepchildren, and spouses thereof; parents, including stepparents, and spouses thereof; brothers and sisters, and spouses thereof; grandparents and grandchildren, and spouses thereof; aunts or uncles, and spouses thereof; nieces or nephews, and spouses thereof. Immediate Family Member also includes legal guardians or wards.

Institution of Higher Learning means any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade.

Insured Person means a person, qualifying as a Class member under Section I of the Schedule of Benefits: 1) for whom insurance is elected, 2) and on whose behalf premium is paid.

Leased Aircraft means an aircraft not owned by the Policyholder, which is subject to a written lease agreement between the Policyholder and the lessor. The Policyholder uses the aircraft as it wishes for the term of the written lease agreement. The Policyholder cannot alter or sell the aircraft without the consent of the lessor. Leased Aircraft does not include aircraft which are chartered for single trips.

Loss means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident.

Loss of Foot means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

Loss of Hand means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint, proximal to the torso, on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

Loss of Hearing means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician.

Loss of Life means death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident.

Loss of Sight means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

Loss of Sight of One Eye means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

Loss of Speech means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician.

Loss of Thumb and Index Finger means complete severance, through the metacarpal phalangeal joints, proximal to the torso, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

Medical Release means written permission by a Physician for an Insured Person to participate in the Covered Activity.

Medical Expense means the Reasonable and Customary Charges for Medical Services for the care and treatment of Accidental Bodily Injuries sustained in an Accident.

Medically Necessary means a medical or dental service, supply or course of treatment which: 1) is ordered or prescribed by a Physician; 2) is appropriate and consistent with the patient's diagnosis; 3) is in accord with current accepted medical or dental practice; and 4) could not be eliminated without adversely affecting the patient's condition.

Medical Services - means Medically Necessary services, including but not limited to: 1) medical care and treatment by a Physician; 2) Hospital room and board and Hospital care, both inpatient and outpatient; 3) drugs and medicines required and prescribed by a Physician; 4) diagnostic tests and x-rays prescribed by a Physician; 5) transportation of an Insured Person in an Emergency Transportation Vehicle from the location where such Insured Person becomes injured to the nearest Hospital where appropriate medical treatment can be obtained; 6) dental care and treatment due to Accidental Bodily Injury; 7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy; 8) treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required; 9) rental or purchase, whichever is less of Durable Medical Equipment; 10) artificial limbs and other prosthetic devices; 11) orthopedic appliances or braces; 12) eyeglasses, contact lenses and other vision or hearing aids.

Operated Aircraft means any aircraft not owned by the Policyholder but over which the Policyholder exercises control. Operated Aircraft includes an aircraft for which the Policyholder pays operating expenses.

Other Plan means any other insurance or payment source for Medical Services or disability, including but not limited to health coverage, disability insurance, worker's compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance "fault" or "no-fault", employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.

Owned Aircraft means any aircraft to which the Policyholder holds legal or equitable title.

Physician means a licensed practitioner of the healing arts acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member; 3) the Insured Person's employer or business partner; or 4) the Policyholder.

Policyholder means the entity identified in the Insuring Agreement.

Primary Insured Person means an Insured Person who has a direct relationship with the Policyholder.

Principal Sum means the amount of insurance appearing in Section IV - A of the Schedule of Benefits applicable to each Class.

Proof of Loss means written evidence acceptable to Us that an Accident, Accidental Bodily Injury or Loss has occurred.

Reasonable and Customary means the lesser of: 1) the usual charge made by Physicians or other health care providers for a given service or supply; or 2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

Repetitive Motion Injury means bursitis, stress fracture, strain, shin splints, Osgood Schlatter Disease, Chondromalacia; stress fractures; tendinitis; and Carpal Tunnel Syndrome. Treatment by a Physician for a Repetitive Motion Injury must occur within 30 days of participation in a Covered Activity. We must have satisfactory proof that the Repetitive Motion Injury resulted from the participation in the Covered Activity.

Specialized Aviation means use of an aircraft requiring a Restricted, Multiple, Limited, Light Sport, Experimental, Special Flight Permit or Provisional Special Airworthiness Certificate as defined by the Federal Aviation Administration. Specialized Aviation shall include any, flight that requires a special permit, or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted.

Spouse means an Insured Person's husband or wife or civil union partner who is recognized as such by the laws of the jurisdiction in which the Primary Insured Person resides.

Subsidiary means any organization in which: 1) more than 50% of the outstanding securities or voting rights representing the present right to vote for election of directors is owned or controlled, directly or indirectly, in any combination by the Policyholder; or 2) the Policyholder exercises management control.

We, Us, or Our means Federal Insurance Company

EXCLUSIONS

The policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing the insurance. In addition, no benefits will be paid for any loss caused by or resulting from any of the following: 1) the Insured Person being in, entering, or exiting any aircraft: i) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or ii) operated by an employee of the Policyholder on the Policyholder's behalf. 2) the Insured Person being in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency. 3) the Insured Person's cosmetic surgery unless such cosmetic surgery is required as a result of a covered Loss. 4) the Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical, diagnostic or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria. 5) the Insured Person's commission of any felony, or assault, or participation in an illegal occupation, riot, insurrection or civil commotion. 6) any Loss or occurrence while the Insured Person is incarcerated after conviction. 7) the Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. 8) an Insured Person's participating in a Covered Activity without a Medical Release if a Medical Release is required for such Covered Activity. 9) the Insured Person being under the influence of any narcotic or other controlled substance or intentionally ingesting or inhaling any poison gas or fumes at the time of an Accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician. 10) an Insured Person operating a motor vehicle without the required license, permit restriction or in violation of a license restriction to operate such motor vehicle in the jurisdiction where the Accident occurred. 11) the Insured Person being engaged in or participating in a motorized vehicular race or speed contest or a practice for a race or speed contest. 12) the Insured Person traveling or flying on any rocket propelled or rocket launched conveyance. 13) the Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority. 14) an Insured Person's Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, participation in Specialized Aviation activities. 15) the Insured Person's suicide, attempted suicide or intentionally self-inflicted injury. 16) war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these, the destruction or seizure of property for a military purpose, or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

BENEFICIARY

The Loss of Life benefit will be paid to the beneficiary designated by the Insured Person. If no such designation has been made or if there is no beneficiary alive when the Insured Person dies, the benefit will be paid to the first surviving party in the following order: a) the Insured Person's Spouse, b) in equal shares to the Insured Person's children, c) in equal shares to the Insured Person's parents, d) in equal shares to the Insured Person's brothers and sisters, e) the Insured Person's estate. All other benefits will be paid to the Insured Person or the Insured Person's designee.

CLAIM PROVISIONS

Claim Notice: Written Claim Notice must be given to Us or any of Our brokers or appointed agents within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **Claim Forms:** When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within fifteen (15) days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or an Insured Person's designee should send Us a written description of the loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made. **Claim Proof of Loss:** For claims involving disability, complete Proof of Loss must be given to

Us within thirty (30) days after commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be given to Us at such intervals as We may reasonably require. Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity. For all claims except those involving disability, complete Proof of Loss must be given to Us within ninety (90) days after the date of loss, or as soon as reasonably possible. **Claim Payment:** For benefits payable involving disability, We will pay the Insured Person the applicable Benefit Amount no less frequently than monthly during the period for which We are liable. All payments by Us are subject to receipt of complete Proof of Loss. For all benefits payable under this policy except those for disability, We will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after We receive complete Proof of Loss if the Insured Person, the Policyholder and beneficiary, where applicable, have complied with all the terms of this policy.

HOW TO FILE A CLAIM

To obtain a claim form contact the Policy Administrator or go to Our website (www.chubb.com), click on "Report a Loss", click on "Accident and Health".

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES

Any terms of this Description of Coverage, which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which this Description of Coverage is delivered are amended to conform to such statutes, laws or regulations of the jurisdiction.