



ACCIDENT INSURANCE PROGRAM FOR CHARITY FIRST

IMPORTANT: This brochure provides only a brief summary of the Program available for sale under policy series C11695DBG. The Program provides insurance for covered accidents incurred while Insureds are participating in Covered Activities.

Insurance underwritten by:
National Union Fire Insurance Company of Pittsburgh, Pa.
with its principal place of business in New York, NY ("the Company")

State Availability for Trust:
Civic Organizations: Alaska, California, Georgia, Louisiana, Pennsylvania, South Carolina, Texas
Educational Organizations: Participating Organizations in Arizona, California, Connecticut, District of Columbia, Kansas, Mississippi, Montana, New Mexico, Tennessee and Texas
Charitable Organizations: Alaska, Arizona, California, groups more than 51 eligible persons in Florida, Iowa, Kansas, Louisiana, Missouri, Nebraska, Pennsylvania, Texas and Vermont
Recreational Organizations: Arizona, California, Delaware, Louisiana and Texas





Accident Insurance Coverage for Volunteers and Participants

Why Accident Insurance?

People volunteer and participate at a wide variety of organizations every single day. As part of their volunteer and participant duties they may be involved in a diverse range of activities where an injury can occur. Organizations have a responsibility to care for the well-being of their volunteers and participants. Accident insurance offered by AIG's Accident and Health business can help cover volunteers and participants against some of the inherent risks they may face.

What Can Accident Insurance Offer?

- Volunteers and participants can be covered while engaging in specified covered activities that are sponsored or supervised by a covered organization ("Participating Organization"). Benefits are available for Injury(ies) sustained as a result of a covered Loss.
- Accident insurance can complement an organization's general liability policy by filling in gaps that may exist or by offering broader limits.
- Volunteers may not be covered by Workers' Compensation (this varies by state). Accident insurance can offer an alternative to volunteers going without sufficient coverage during volunteer activities.
- Multiple plan options are available to meet each organization's specific needs.

Eligibility

Description of Class

Class 1: All participants of the Participating Organization.

Class 2: All volunteers of the Participating Organization.

Covered Activities

All eligible volunteers and participants registered with a Participating Organization will be covered under the accident insurance policy on file with Charity First. Coverage will apply while participating in scheduled, supervised and sponsored activities of the Participating Organization, excluding sports.

Benefits

Accidental Death Benefit

If Injury results in the death of the Insured within 365 days of the date of the accident causing the Injury, the Company will pay the Accidental Death Benefit.

Accidental Dismemberment Benefit

If Injury to an Insured results in any one of the losses specified below, directly and independently of all other causes, within 365 days of the date of the accident causing the Injury, the Company will pay the percentage of the Accidental Dismemberment Maximum Amount specified for that loss.

For Loss Of	Percentage
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot	50%
One Hand and Sight in One Eye	100%
One Foot and Sight in One Eye	100%
Sight in Both Eyes	100%
Sight in One Eye	50%
Speech and Hearing in Both Ears	100%
Speech or Hearing in Both Ears	50%
Thumb and Index Finger of Same Hand	25%

Reduction Schedule

The Maximum Amount used to determine the amount payable for a loss will be reduced if an Insured is age 70 or older on the date of the accident causing the loss with respect to any of the following Benefits provided by this Policy: Accidental Death Benefit, Accidental Dismemberment Benefit, Coma Benefit. The Maximum Amount is reduced to a percentage of the Maximum Amount that would be used if the Insured were under age 70 on the date of the accident, according to the following schedule:

Age on Date of Accident	Percentage of Under-Age-70 Maximum Amount
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Accident Medical Expense Benefit

If the Insured suffers an Injury that requires treatment by a Physician within 90 days of the date of the accident causing the Injury, the Company will pay the usual and customary charges incurred for medically necessary Covered Accident Medical Services, up to the Accident Medical Expense Maximum Amount for all Injuries caused by the same accident. Benefits are payable for covered charges incurred within 52 weeks of the date of the accident causing the Injury.

Accident Medical Expense Benefits are provided on an excess basis. Excess coverage means that covered Accident Medical Expense benefits under the Policy are paid only after benefit payments for such expenses are exhausted under the Insured's other valid and collectible insurance. If the Insured has no other insurance in place, then covered Accident Medical Expense benefits are paid on a primary basis.

Bereavement and Trauma Counseling Benefit

If an Insured suffers an accidental death or an accidental dismemberment for which an Accidental Death or Accidental Dismemberment benefit is payable under the Policy, or if he or she goes into a coma for which a Coma benefit is payable under the Policy, the Company will pay Covered Bereavement and Trauma Counseling Expenses that are due to his or her death or dismemberment or coma. The Covered Bereavement and Trauma Counseling Expenses must be incurred within one year after the date of the accident causing such loss(es), and the benefit will be paid up to the Maximum Amount shown in the Benefit Schedule per Session, subject to the Maximum Number of Sessions shown in the Benefit Schedule, for the Insured and all of his or her Immediate Family Members combined with respect to all such losses caused by the same accident.

Coma Benefit

If Injury renders an Insured Comatose within 90 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit equal to 1% of the Maximum Amount. No benefit is provided for the first 30 days of the Coma. The benefit is payable monthly as long as the Insured remains Comatose due to that Injury, but ceases on the earliest of: 1) the date the Insured ceases to be Comatose due to that Injury; 2) the date the Insured dies; or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the

same accident equals the Maximum Amount. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Home Alteration and Vehicle Modification Benefit

If an Insured:

1. suffers an accidental dismemberment for which an Accidental Dismemberment Benefit is payable under the Policy;
2. did not, prior to the date of the accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

the Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the accident causing such loss(es), up to the Maximum Amount, for all such losses caused by the same accident.

Rehabilitation Benefit

If an Insured suffers an accidental dismemberment for which an Accidental Dismemberment benefit is payable under the Policy, the Company will reimburse the Insured for Covered Rehabilitative Expenses that are due to the Injury causing the dismemberment up to the Maximum Amount for all Injuries caused by the same accident. The Covered Rehabilitative Expenses must be incurred within two years after the date of the accident causing that Injury.



Exclusions

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks.

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or auto-eroticism;
2. Sickness, disease, mental incapacity, or bodily infirmity whether the loss results directly or indirectly from any of these;
3. The Insured committing or attempting to commit a crime;
4. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning, or an accidental cut or wound independent of and in the absence of any underlying sickness, disease or condition, including but not limited to diabetes;
5. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy;
6. Participation in any team sport or any other athletic activity, except participation in a Covered Activity;
7. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
8. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is (a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or (b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or (c) riding as a passenger in an aircraft owned, leased or operated by the Participating Organization;
9. The Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance;
10. The Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician;
11. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
12. Stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, or aneurysm;
13. Any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law;
14. The Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.

In addition to the above Exclusions, Accidental Medical Expense benefits are not payable for, and usual customary charges for Covered Accident Medical Services do not include, any expense resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless due to a covered Injury;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule;
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight;
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing;

5. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a usual and customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an Immediate Family Member;
8. routine physical exam and related medical services;
9. personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital or for items taken away or home from the Hospital, except durable medical equipment.

Definitions

Injury means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

Loss means: with reference to hand or foot, complete severance through or above the wrist or ankle joint; with reference to sight in an eye, total and irrecoverable loss of the entire sight in that eye; with reference to hearing in an ear, total and irrevocable loss of the entire ability to hear in that ear; with reference to speech, total and irrevocable loss of the entire ability to speak; with reference to thumb and index finger, complete severance through or above the metacarpophalangeal joint of both digits. In the event an insured person suffers more than one Loss as a result of the same accident, only one amount, the largest, shall be paid, subject to the Maximum Amount under the Plan you select.

Covered Accident Medical Service(s) means any of the following services:

(a) Hospital most common charge for semiprivate room and board (or room and board charge in an intensive care unit), hospital ancillary services (including but not limited to use of the operating room or emergency room) or use of an ambulatory medical center; (b) services of a Physician or private duty nursing by a registered nurse (RN); (c) ambulance service to or from a Hospital; (d) laboratory tests; (e) radiological procedures; (f) anesthetics and the administration of anesthetics; (g) blood, blood products and artificial blood products, and the transfusion thereof; (h) physical therapy and occupational therapy; (i) rental of durable medical equipment; (j) artificial limbs, artificial eyes or other prosthetic appliances; or (k) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Coma means: a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Physician means: a licensed practitioner of the healing arts acting within the scope of his or her license who is not (1) the Insured, (2) an Immediate Family Member or (3) retained by the Policyholder.

Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under the Accidental Death Benefit and Accidental Dismemberment Benefit and Coma Benefit, the maximum amount payable under all these Benefits combined will not exceed the amount payable for the largest of these losses.

Benefit Schedule

Benefits	Limits – Plan 1	Limits – Plan 2
Accidental Death	\$10,000	\$25,000
Incurral Period	365 Days	365 Days
Accidental Dismemberment	\$10,000	\$25,000
Incurral Period	365 Days	365 Days
Accidental Death & Dismemberment Aggregate Limit	\$250,000 Per Accident	\$250,000 Per Accident
Accident Medical Expense (Excess)	\$25,000	\$50,000
Deductible(Corridor)	\$25	\$100
Benefit Period	52 Weeks	52 Weeks
Incurral Period	90 Days	90 Days
Dental Maximum	\$250 per tooth, per accident	\$250 per tooth, per accident
*Coma	\$10,000	\$10,000
**Bereavement & Trauma Counseling		
Maximum Amount per Session	\$150	\$150
Maximum Number of Sessions	10	10
***Home Alteration & Vehicle Modification	\$5,000	\$5,000
****Rehabilitation	\$5,000	\$5,000

Civic Organizations

** Bereavement & Trauma Counseling is not available in South Carolina.

*** Home Alteration & Vehicle Modification Benefit is not available in South Carolina and Texas.

**** Rehabilitation is not available in South Carolina.

Recreational Organizations

*** Home Alteration & Vehicle Modification Benefit is not available in Texas.

Charitable Organizations

*** Home Alteration & Vehicle Modification Benefit is not available in Texas.

Educational Organizations

* Coma is not available in Connecticut.

*** Home Alteration & Vehicle Modification Benefit is not available in Texas.

The actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

Charitable, Civic and Recreational Groups

Premium Rates Per Person Per Year

	Plan 1	Plan 2
Volunteers	\$2.95	\$4.85
Participants	\$3.90	\$5.90

Educational Daycare Groups

Premium Rates Per Person Per Year

	Plan 1	Plan 2
Volunteers	\$2.80	\$4.30
Participants	\$2.80	\$4.30

Technical/ Vocational/ Business Schools

Premium Rates Per Person Per Year

	Plan 1	Plan 2
Volunteers	\$3.20	\$4.90
Participants	\$4.90	\$6.00

Minimum Premium for all Participating Organizations: \$300 per year.

Accident Insurance Program for Charity First

After completing this questionnaire, please email it to CFsubmissions@charityfirst.com.

PROPOSED PARTICIPATING ORGANIZATION INFORMATION

Proposed Participating Organization Legal Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FEIN Number: _____

Website Address: _____

TYPE OF ORGANIZATION

☐ Charitable ☐ Civic ☐ Technical/Vocational/ Business Schools ☐ Educational Day Care ☐ Recreational

Description of Covered Activities: _____

CHOICE OF COVERAGE

The premium rates shown below are per person per year.

Charitable, Civic and Recreational Groups

Premium Rates Per Person Per Year

	Plan 1	Plan 2
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Participants	\$3.90	\$5.90

Educational Daycare Groups

Premium Rates Per Person Per Year

	Plan 1	Plan 2
Volunteers	\$2.80	\$4.30
Participants	\$2.80	\$4.30

Technical/ Vocational/ Business Schools

Premium Rates Per Person Per Year

	Plan 1	Plan 2
Volunteers	\$3.20	\$4.90
Participants	\$4.90	\$6.00

Plan Option Selected: ☐ Plan 1 or ☐ Plan 2

PREMIUM CALCULATION

	Volunteers	Participants
Numbers utilized per year		
X rate per person per year	\$	\$
Total premium	\$	\$

The minimum non-refundable premium is \$300 per policy per year. Coverage is mandatory for all volunteers and/or participants of the group.

[Continued >](#)

PROPOSED COVERAGE EFFECTIVE DATE

Coverage becomes effective on the proposed date only if the insurance company has received the completed questionnaire and approved the risk on or before the proposed effective date. If the completed questionnaire is received after the proposed effective date, coverage will not take effect until the insurance company receives and accepts the questionnaire and approves the risk. Please enter the proposed effective date in the spaces below. The coverage period is one (1) year from the volunteer organization's effective date of coverage.

____/____/____

APPROVAL

We will review the completed questionnaire promptly and notify you if coverage will be provided, or if there are any problems, miscalculations or omissions that would prevent us from issuing coverage.

PREVIOUS INSURANCE *(rates may vary from this brochure based on prior claim history)*

If an accident insurance program has been in force for your organization's volunteers, please give full details for the past three (3) years:

Policy year: _____

Total premium: \$ _____ \$ _____ \$ _____

Total paid claims: \$ _____ \$ _____ \$ _____

Number of claims: _____

Name(s) of previous carrier(s): _____

☐ Check here if no prior coverage (Upon review, more detail may be requested.)

SIGNED STATEMENT

All information on the questionnaire is correct to the best of my knowledge. I understand that the insurance company must accept and approve this questionnaire before coverage is effective. I agree that the insurance company may audit my records to verify proper payment. By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as presented in this brochure.

Officer's name (print) _____

Signature _____

Title (print) _____

Date _____

After completing this questionnaire, please email it to CFsubmissions@charityfirst.com.



For more information, contact your AIG Accident and Health representative or please visit our website at www.aig.com/specialty.

Terms capitalized in this document are defined terms in this brochure or in the Policy.

IMPORTANT: This program provides accident insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the “minimum essential coverage” requirements of the Patient Protection and Affordable Care Act.

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG. The issued Policy will contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage will be contained in the issued Policy. If there are any conflicts between this brochure and the issued Policy, the Policy shall govern in all cases. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Certain coverages may not be available in some states.

