

Accident Insurance Program for Volunteers and Participants

IMPORTANT: This brochure provides only a brief summary of the accident insurance available for Charity First participating organizations under policy AHP1207636-261 or its equivalent (policy number may vary depending on jurisdiction) underwritten by Everest Reinsurance Company or its affiliates. The Program provides insurance for covered accidents incurred while Insureds are participating in Covered Activities.



Accident Insurance for Organizations that Serve Communities

Organizations of all kinds from charitable groups, civic and recreational associations, educational daycare programs, and technical, vocational, to business schools play a vital role in strengthening communities. Every day, volunteers, participants, and students dedicate their time and energy to these missions, often engaging in a wide variety of activities where the risk of injury is real. Safeguarding the well-being of those who give their time is not only a responsibility but also a reflection of an organization's commitment to care.

Accident insurance offered through Charity First, in partnership with Everest's Accident & Health business, helps protect volunteers, participants, and students against the inherent risks they may face while serving, learning, or participating.

What can Accident Insurance offer?

Accident Insurance offers practical, flexible protection designed to meet the diverse needs of community-focused organizations, ensuring peace of mind for their volunteers, participants, and members.

- **Comprehensive Coverage:** Applies during supervised and sponsored activities, protecting against injuries from covered accidents.
- **Liability Gap Coverage:** Complements General Liability policies by closing coverage gaps or extending limits.
- **Alternative solution to Workers' Compensation:** Provides protection where volunteers may not be eligible for Workers' Compensation benefits.
- **Confidence and Trust:** Demonstrates an organization's commitment to safety and well-being, strengthening relationships with volunteers and participants.

Eligibility

Description of Class

Class 1:

All registered participants of the Participating Organization.

Class 2:

All registered 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 an 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 |
|-------------------------------------|------------|
| Loss of Life | 100% |
| 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% |
| Hearing in One Ear | 25% |
| Coma Benefit | 100% |

Accidental Medical Expense Benefit

Maximum Amount

If an 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.

We will pay the Covered Expenses incurred, subject to the Deductible Amount (if any), that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.



Bereavement and Trauma Counseling Benefit

If an Insured Person suffers a Covered Loss, we will reimburse the Insured Person or their Immediate Family Member(s) for expenses incurred within one year after the date of the Covered Accident causing such loss for any individual or family counseling sessions up to a maximum shown in the Schedule of Benefits.

The Bereavement and Trauma Counseling sessions must:

1. Assist the Insured Person and/or their Immediate Family Member(s) in coping with such loss.
2. Be ordered and performed by a Physician.
3. Meet generally accepted standards of medical practice.

Only one Bereavement and Trauma Counseling Expense Benefit will be paid regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

The Company will not reimburse expenses:

1. For which no charge would have been made if no insurance existed.
2. In excess of the Usual and Customary charges for similar counseling sessions in the locality where the sessions are received or,
3. Incurred as the result of a Covered Loss caused by a Covered Accident for which the Insured Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

Coma Benefit

If a Covered Person suffers an Injury caused by an Accident which results in such person being in a Coma and if the Coma continues for at least 30 consecutive days, We will pay a benefit equal to 100%.

No benefit is provided for the first 30 days of Coma. The benefit is paid monthly, on a monthly basis. When paid on a monthly basis, payments shall begin on the 31st day of the Coma and ends on the earliest of:

1. The date the Coma ends, whether by death, recovery, or any other change of condition; or
2. After 12 continuous months of benefit payments by Us; or
3. The date the total amount of monthly Coma Benefits paid for all Injuries caused by the same Accident equals 100% of the Covered Person's Principal Sum.

If the Covered Person suffers loss of life for which Accidental Death Benefits are payable under this Policy as a result of the same Accident which caused the Coma, or They remain in a Coma at the end of 12 continuous months, an additional benefit will be paid equal to the Covered Person's amount of insurance less any Coma Benefits paid if less than 100% of the Principal Sum or other benefits payable under this Policy for any other losses incurred as a result of the same Accident.

Under no circumstances will We pay more than the Covered Person's Principal Sum for all Covered Losses combined, including this Coma Benefit, which are incurred as the result of the same Accident.

The Covered Person's designated beneficiary is responsible for providing Us proof of continuing Coma. We reserve 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 Covered Person is in a Coma, including, but not limited to, requiring an independent medical examination provided at our expense.



Home Alteration Benefit

We will pay the additional benefit shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when a Covered Person suffers a Covered Loss, other than loss of life, resulting directly and independently of all other causes from a Covered Accident. We will reimburse the Covered Person for expenses incurred within one year after the date of such Covered Accident up to a maximum shown in the Schedule of Benefits, which is charged for:

1. Alterations to the Covered Person's residence that are necessary to make the residence accessible and habitable; or
2. Modifications to a motor vehicle owned or leased by the Covered Person or modifications to a motor vehicle newly purchased for the Covered Person that are necessary to make the vehicle accessible to and/or drivable by the Covered Person.

This benefit will be payable if all the following conditions are met.

1. Prior to the date of the Covered Accident causing such a Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle; and
2. As a direct result of such Covered Loss the Covered Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle; and
3. The Covered Person requires home alteration or vehicle modification within one year of the date of the Covered Accident.

The alterations to the Covered Person's residence and the modifications to the Covered Person's motor vehicle must be:

1. Made on behalf of the Covered Person;
2. Recommended by the Physical or Occupational Therapist treating the Covered Person;
3. Carried out by individuals experienced in such alterations and modifications; and
4. In compliance with any applicable laws or requirements requiring approval by the appropriate government authorities.



Rehabilitation Benefit

If a Covered Person suffers a Covered Loss, we will reimburse the Covered Person for expenses incurred within one year after the date of the Covered Accident causing such loss, per Covered Accident, which are charged for:

1. Physical, occupational, speech or hearing therapy, or other rehabilitation training for which measurable improvement is expected within a reasonable time.
2. Medically necessary services or supplies related to rehabilitation therapy.

The therapy, training, services, or supplies must:

1. Meet generally accepted standards of medical practice.
2. Be provided with a duly licensed Rehabilitation Facility and;
3. Be provided by or under the supervision of a Physician.

Only one Rehabilitation Expense Benefit will be paid regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

We will not reimburse expenses:

1. For which no charge would have been made if no insurance existed.
2. In excess of the Usual and Customary charges for similar services in the locality where the services are received; or
3. As the result of a Covered Injury caused by a Covered Accident for which the Covered Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

Crisis Death Benefit

We will pay the benefit shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, if one or more Covered Person's death results, directly and independently of all other causes, from another person's use of a gun, a knife or other deadly weapon to commit an Act of Violence while insurance under this Policy is in effect. Such an Act of Violence must occur:

1. On School premises during Normal School Hours; or
2. During a Covered Activity

The Maximum shown in the Schedule of Benefits will be divided equally among all Covered Persons killed if the benefit payable for each person multiplied by the number of benefits payables for any one Covered Accident would exceed that Maximum.

Definitions:

For the purpose of this benefit:

Act of Violence means an action resulting in a fatal injury inflicted by a person with malicious intent to cause bodily harm.

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.

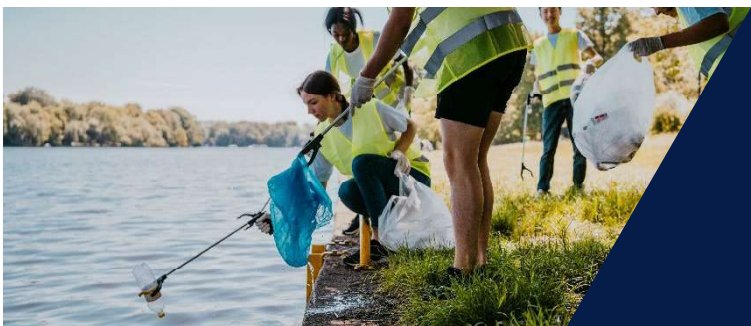
General Exclusions

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro-rata premium upon request.
5. Participation in a riot or insurrection. Riot means a public disturbance involving an assemblage of 5 or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or injury to property or persons. An exclusion for riots shall apply only when a person willfully engages in a riot or willfully incites or urges other persons to engage in a riot.
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or Nervous disorders, except as specifically provided in the Policy.
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while intoxicated. Intoxication will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs
16. Violation or in violation or attempt to violate any duly enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.

In addition to the Exclusions, Accidental Medical Expense (AME) 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:

Accidental Medical Expense (AME) Exclusions

1. Any service, treatment or supply that is not considered appropriate treatment as defined in this Policy.
2. Expenses Incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a Covered Injury.
3. Whole blood concentrated red blood cells or blood storage except expenses by a hospital for processing or administration of blood.
4. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
 - A cosmetic surgery resulting from a Covered Accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Covered Accident.
 - Reconstruction incidental to or following surgery resulting from a Covered Accident.
 - Any unplanned and unintended adverse consequences that may result during the treatment of a Covered Accident.
 - Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
 - Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
 - Rest cures or custodial care.
 - Personal services such as television and telephone.
 - Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an accidental external bodily injury or accidental food poisoning.
 - Routine dental care and treatment.
 - Routine nursery care.



Definitions

Covered Injury

Covered Injury means any bodily harm that results, directly and independently of all other causes, from a Covered Accident. All injuries to the same Covered Person sustained in one Covered Accident, including all related conditions and recurring symptoms of the injuries, will be considered one Covered Injury.

Covered Loss

Covered Loss means a loss:

1. Which is the result of a Covered Injury to a Covered Person.
2. For which benefits are payable under this Policy; and
3. Which is not otherwise excluded under the terms of this Policy.

Covered Accident

Covered Accident means a sudden, unforeseeable external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all the following conditions:

1. Occurs while the Covered Person is insured under this Policy.
2. Is not contributed to by disease, sickness, or mental or bodily infirmity;
3. Is not otherwise excluded under the term of this Policy.

Coma

Coma means total loss of use of the body or being in a state of profound unconsciousness which resulted directly and independently from all other causes from an Accident, and from which the Covered Person is not likely to be aroused through powerful stimulation.

Physician

Physician means a person who is a qualified practitioner of medicine. As such, they must be acting within the scope of their license and under the laws in the state in which they practice and provide only those medical services which are within the scope of their license or certificate. It does not include a Covered Person, a Covered Person's Spouse, Son, Daughter, Father, Mother, Brother, or Sister or other relative.



Limitation on Multiple Covered Losses:

If a Covered Person suffers more than one Covered Loss as a result of the same Covered Accident, we will pay only one benefit, the largest benefit.

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 |
| Usual and Customary/Co-Insurance | 100% | 100% |
| Coma | \$10,000 | \$10,000 |
| Bereavement & Trauma Counseling | | |
| Maximum Amount per Session | \$250 | \$250 |
| Maximum Number of Sessions | 10 | 10 |
| Home Alteration & Vehicle Modification | \$5,000 | \$5,000 |
| Rehabilitation | \$5,000 | \$5,000 |
| Crisis Death | \$10,000 | \$10,000 |

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

State Availability for Trust: CA, D.C., FL, MA, MI, NE, NJ



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.

Everest Insurance® markets property, casualty, specialty and other lines of admitted and non-admitted direct insurance on behalf of Everest Group, Ltd., and its affiliated companies. Additional information about Everest, our people, and our products can be found on our website at www.everestglobal.com. This accident product is underwritten by Everest Reinsurance Company (or Everest Denali Insurance Company), depending on jurisdiction. All issuing companies may not do business in all jurisdictions. This literature is descriptive only. All coverage is subject to the language of the policy as issued. Not all products and product features may be available in all jurisdictions and availability may be subject to business and regulatory approval in each jurisdiction.

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Everest Insurance® Accident and Health Accident Insurance Program:

Questionnaire

After completing this questionnaire, please email it to _____

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 |
|-----------------------------------|--------|--------|
| Volunteers | \$2.70 | \$4.60 |
| Participants | \$3.80 | \$5.60 |

Educational Daycare Groups

| Premium Rates Per Person Per Year | Plan 1 | Plan 2 |
|-----------------------------------|--------|--------|
| Volunteers | \$2.60 | \$4.00 |
| Participants | \$2.60 | \$4.00 |

Technical/ Vocational/ Business Schools

| Premium Rates Per Person Per Year | Plan 1 | Plan 2 |
|-----------------------------------|--------|--------|
| Volunteers | \$3.00 | \$4.70 |
| Participants | \$4.60 | \$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.

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 _____