

Summary of Coverage

National Union Fire Insurance Company of Pittsburgh, PA.
Executive Offices: 175 Water Street, New York, NY 10038
(A capital stock company, herein referred to as the Company)

Policyholder: Florida College System Risk Management Consortium
Policy Effective Date: August 26, 2011
Policy Number: SRG 000 9125112
Policy Expiration Date: August 26, 2012

This document provides only a brief description of coverage provided to eligible persons of the Policyholder while participating in Covered Activities. A Certificate of Coverage is on file and available for your review with the Policyholder and provides full details of the plan's terms, conditions, limitations and exclusions.

INSURED PERSON: You are covered under the policy during the policy dates if you are an active registered student, whose name is on file with the policyholder.

Your Effective and Termination Dates

Effective Date. Your coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for your coverage is paid; or (3) the date you become a member of an eligible class of persons of the policyholder.

Termination Date. Your coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated; (2) the end of the period for which premiums have been paid; or (3) the date you cease to be a member of an eligible class of persons of the policyholder.

COVERED ACTIVITY(ies): You are covered under the policy while you are participating in scheduled, sponsored and supervised on campus College courses, labs or clinical training or held at policyholder approved off-site premises; and while traveling under the supervision of the policyholder as a group directly to or from such activities. A Covered Activity does not include Dorm Room or participating in any team sport or any other athletic activity, except participation in a Covered Activity.

BENEFIT SCHEDULE

Accidental Death Benefit: Principal Sum amount: \$25,000.00 \*
Accidental Dismemberment Benefit: Principal Sum amount: \$25,000.00 \*

\* Subject to the Policy Reduction Schedule on file with the Policyholder

Accidental Death Benefit. If you suffer an Injury that results in death within 365 days of the date of the accident that caused the Injury, the Company will pay you 100% of the Principal Sum amount.

Accidental Dismemberment Benefit. If you suffer an Injury that results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum amount shown below for that Loss:

Table with 2 columns: For Loss of, Percentage of Principal Sum amount. Rows include: Both Hands or Both Feet (100%), Sight of Both Eyes (100%), One Hand and One Foot (100%), One Hand and the Sight of One Eye (100%), One Foot and the Sight of One Eye (100%), Speech and Hearing in Both Ears (100%), One Hand or One Foot (50%), The Sight of One Eye (50%), Speech or Hearing in Both Ears (50%), Thumb and Index Finger of Same Hand (25%).

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If you sustain more than one Loss as a result of the same accident, only one amount, the largest, will be paid.

Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident 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.

Excess Only - Accident Medical Expense Benefit: Maximum amount: \$15,000.00 \*
Deductible amount: None
Dental: Included in the Accident Medical Expense Benefit

\* Subject to the Excess Benefits Rider and Subrogation And Right of Recovery Endorsement on file with the policyholder

Accident Medical Expense benefits are payable only in excess of expenses payable under any other valid and collectible insurance.

Accident Medical Expense Benefit. If you suffer an Injury that, within 180 days of the date of the accident that caused the Injury, requires you to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services

received due to that Injury, up to the Maximum Amount per person for all injuries caused by the same accident. This benefit is payable only for such charges incurred within 104 weeks after the date of the accident causing the Injury.

**Covered Accident Medical Services(s)** – means any of the following services: (1) Hospital semi-private room and board (or room and board in an intensive care unit; Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); use of an Ambulatory Medical Center; (2) services of a Physician or a registered nurse (R.N.); (3) ambulance service to or from a Hospital; (4) laboratory tests; (5) radiological procedures; (6) anesthetics and the administration of anesthetics; (7) blood, blood products and artificial blood products, and the transfusion thereof; (8) physical therapy and occupational therapy; (9) rental of Durable Medical Equipment; (10) artificial limbs, artificial eyes or other prosthetic appliances; or (11) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

In addition to the general exclusions, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or 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 for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition; (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 as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense); (6) personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals; (7) any condition for which you are paid benefits under any Workers' Compensation Act or similar law.

**Medically Necessary** – means that a Covered Accident Medical Service is: (1) essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

**Usual and Customary Charge(s)** – means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

#### **GENERAL 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 even if the proximate or precipitating cause of the loss is an accidental bodily Injury: (1) suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism; (2) sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these; (3) your commission of or attempt to commit a felony; (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 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 you are not covered due to your 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 you are: (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 policyholder or your employer; (9) being under the influence of intoxicants; (10) 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; aneurysm; (13) any condition for which you are paid benefits under any Workers' Compensation Act or similar law; (14) 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; or (15) any loss incurred while outside the United States, its Territories or Canada.

#### **CLAIMS PROCEDURES.**

All claims should be reported to the Company as soon as possible at the following phone number or be in writing to the following address:

Fringe Benefit Coordinators, Inc.  
1239 NW 10th Avenue; Gainesville, FL 32601  
Toll Free: 1-800-654-1452; Telephone: (352) 377-1239; Fax: (352) 372-9805

Provide the policy number (SRG 0009125112) and any applicable documentation and details describing the nature of the loss. Upon receipt of this information, the Company will provide you with the necessary claim forms for completion. Claim payments will be made immediately upon receipt of written proof of loss, except with regard to periodic claim payments. Claim payments will be made to you, except death claims which will be made, in equal shares, to the survivors in the first surviving class of those that follow: your (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is your estate. Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

**IMPORTANT:** If any conflict should arise between the contents of this Summary of Coverage and the Master Policy, (SRG 000 9125112), or if any point is not covered herein, the terms and conditions of the Master Policy will govern in all cases.