

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Hartford Plaza  
Hartford, Connecticut  
(A stock insurance company)



Will pay benefits according to  
the conditions of this  
policy.

Policyholder Name: Board of County Commissioners, Miami - Dade County

Policyholder Address: c/o GSA Risk Management Division  
111 NW 1st Street; Suite 2340  
Miami, FL 33128-1987

Policy Number: ETB-105355\*

Place of Delivery: Miami, Florida

Policy Effective Date: August 29, 2006

Policy Expiration Date: August 29, 2007

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\* THIS POLICY REPLACES THE PRIOR POLICY BEARING THE  
ABOVE NUMBER AS OF THE EFFECTIVE DATE OF THIS POLICY.

Signed for the Company

Richard G. Costello, Secretary

Thomas M. Marra, President

May 15, 2008

Lisa Snow  
Aon Consulting



Re: Board of County Commissioners, Miami – Dade County  
Policy Number: ETB-105355

Dear Producer,

Effective July 1, 2008, under HAZARDS, BENEFITS AND AMOUNTS of the above policy, the ADD and AD Benefit Amounts are increased by the Consumer Price Index set forth by the Bureau of Criminal Justice & The State Fire Marshall Office as defined by Statutes 112.19 & 112.191. The adjusted benefit amounts are as follows:

HAZARDS, BENEFITS AND AMOUNTS:

<u>Class</u>	<u>Hazard</u>	<u>Benefit</u>	<u>Amount</u>
1a	C-62	ADD	\$59,694.46 in the line of duty
	C-64	AD	\$59,694.46 fresh pursuit
	C-31 VL118	AD	\$179,083.29 unlawful & intentional death
		ATD	\$100.00*
		ED	\$2,000.00
		SPOED	\$2,000.00
		DC	\$2,000.00
1b	C-62	ADD	\$59,694.46 in the line of duty
	C-64	AD	\$59,694.46 fresh pursuit
1c	C-31 VL118	AD	\$179,083.29 unlawful & intentional death
		ATD	\$100.00*
		ED	\$2,000.00
		SPOED	\$2,000.00
		DC	\$2,000.00
2a	C-62	ADD	\$59,694.46 in the line of duty
	C-64	AD	\$59,694.46 fresh pursuit
	C-31 VL118	AD	\$179,083.29 unlawful & intentional death
		ATD	\$100.00*
		ED	\$2,000.00
		SPOED	\$2,000.00
		DC	\$2,000.00
2b	C-62	ADD	\$59,694.46 in the line of duty
	C-64	AD	\$59,694.46 fresh pursuit
3	C-62	ADD	\$25,000.00 in the line of duty



SCHEDULE  
RIDER #5

POLICY MODIFICATIONS: This policy as issued is amended as follows:

In consideration of a premium of \$365,934.44, it is agreed that coverage under this policy shall continue in force for a term of 24 months, commencing on the effective date of this rider. This premium is payable in two equal annual installments of \$182,967.22. Each installment is due and payable on August 29th of each year.

It is further understood and agreed that the section ELIGIBLE PERSONS is amended to read as follows:

<u>Class</u>	<u>Description</u>
1a	All Police Officers of the Policyholder in the following Municipalities: Miami-Dade County Bal Harbour Bay Harbor Biscayne Park El Portal Florida City Golden Beach Hialeah Gardens Homestead Indian Creek Miccosukee Indian Tribe North Miami Beach Opa-Locka Sweetwater Virginia Gardens West Miami
1b	All Police Officers of the Policyholder in the following Municipalities: Hialeah
1c	All Police Officers of the Policyholder in the following Municipalities: North Miami
2a	All Firefighters of the Policyholder in the following Municipalities: Miami-Dade County
2b	All Firefighters of the Policyholder in the following Municipalities: Hialeah
3	All Clerical, administrative, Managerial, and Supervisory Employees of the Policyholder in the following Municipalities: Miami-Dade County Bal Harbour Bay Harbor

Biscayne Park  
El Portal  
Florida City  
Golden Beach  
Hialeah Gardens  
Indian Creek  
Miccosukee Indian Tribe  
Opa-Locka  
Public Health Trust  
Sweetwater  
Virginia Gardens  
West Miami

4

All other employees of the Policyholder, including Board Members, in the following Municipalities:  
Miami-Dade County  
Bal Harbour  
Bay Harbor  
Biscayne Park  
Golden Beach  
Hialeah Gardens  
Indian Creek  
Miccosukee Indian Tribe  
Opa-Locka  
Public Health Trust  
Sweetwater  
Virginia Gardens

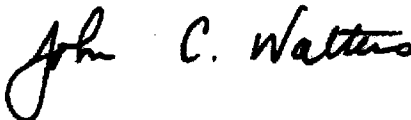
This page is a policy page issued and effective on the Policy Effective Date unless dates are shown below making this page a rider.

RIDER: This rider, issued August 18, 2009, forms a part of Policy No. ETB-105355 issued to Board of County Commissioners, Miami - Dade County.

It is effective August 29, 2009. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the policy, except as stated herein. Signed for the Hartford Life and Accident Insurance Company.



**Ricardo A. Anzaldúa, Secretary**



**John C. Walters, President**



**Privacy Policy and Practices of The Hartford Financial Services Group, Inc. and its Affiliates**  
(herein called "we, our, and us")

*This Privacy Policy applies to our United States Operations*

We value your trust. We are committed to the responsible:

- a) management;
  - b) use; and
  - c) protection;
- of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
- b) your address;
- c) your income;
- d) your payment; or
- e) your credit history;

may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
  - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
- b) brokerage firms;
- c) insurance companies;
- d) administrators; and
- e) service providers;

who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) "opt-out;" or
  - b) "opt-in;"
- as required by law.

We only disclose **Personal Health Information** with:

- a) your proper written authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
- b) the integrity of;

**Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data;
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

*As used in this Privacy Notice:*

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
  - b) applying for; or
  - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:

American Maturity Life Insurance Company; First State Insurance Company; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Casualty Insurance Company; Hartford Equity Sales Company, Inc.; Hartford Fire Insurance Company; Hartford Fire, General Agency, Inc.; Hartford HLS Series Fund II, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford International Life Reassurance Corporation; Hartford Investment Advisory Company, LLC; Hartford Investment Financial Services, LLC; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Life and Annuity Insurance Company; Hartford Life Insurance Company; Hartford Lloyd's Insurance Company; Hartford Mezzanine Investors I, LLC; Hartford Retirement Services, LLC; Hartford Securities Distribution Company, Inc.; Hartford Series Fund, Inc.; Hartford Specialty Company; Hartford Specialty Insurance Services of Texas, LLC; Hartford Underwriters Insurance Company; Hartford-Comprehensive Employee Benefit Service Company; HL Investment Advisors, LLC; Hartford Life Private Placement, LLC; M-CAP Insurance Agency, LLC; New England Insurance Company; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Planco, LLC; Planco Financial Services, LLC; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; Specialty Risk Services, LLC.; The Hartford Income Shares Fund, Inc.; The Hartford Mutual Funds II, Inc.; The Hartford Mutual Funds, Inc.; Trumbull Insurance Company; Trumbull Services, L.L.C.; Twin City Fire Insurance Company; Woodbury Financial Services, Inc.

Questions about this Privacy Policy may be directed to the following address: GBD Compliance, The Hartford, P.O. Box 2999, Hartford, CT 06104-2999.

Group Benefits from The Hartford

August 10, 2009

Kim J. Lowe  
AON Consulting



Re: Board of County Commissioners, Miami - Dade County  
Policy Number: ETB-105355

Dear Kim,

Effective July 1, 2009, under HAZARDS, BENEFITS AND AMOUNTS of the above policy, the ADD and AD Benefit Amounts are adjusted by the Consumer Price Index set forth by the Bureau of Criminal Justice & The State Fire Marshall Office as defined by Statutes 112.19 & 112.191. This year the benefit amounts were decreased based on the Consumer Price Index but The Hartford is holding your benefits as follows:

HAZARDS, BENEFITS AND AMOUNTS:

<u>Class</u>	<u>Hazard</u>	<u>Benefit</u>	<u>Amount</u>
1a	C-62 C-64 C-31 VL118	ADD AD AD	\$59,694.46 in the line of duty \$59,694.46 fresh pursuit \$179,083.29 unlawful & intentional death
1b	C-62 C-64	ADD AD	\$59,694.46 in the line of duty \$59,694.46 fresh pursuit
1c	C-31 VL118	AD	\$179,083.29 unlawful & intentional death
2a	C-62 C-64 C-31 VL118	ADD AD AD	\$59,694.46 in the line of duty \$59,694.46 fresh pursuit \$179,083.29 unlawful & intentional death
2b	C-62 C-64	ADD AD	\$59,694.46 in the line of duty \$59,694.46 fresh pursuit
3	C-62	ADD	\$25,000.00 in the line of duty
4	C-62	ADD	\$25,000.00 in the line of duty

Hartford Life Group Benefits Division  
Business Travel Accident Underwriting  
1125 Sanctuary Park, Suite 500  
Alpharetta, GA 30009  
Toll Free 888 560 9632  
Facsimile 866 954 3993  
Mailing Address: P.O. Box 2250  
Alpharetta, GA 30023

Expertise without equal.  
Benefits without burden.™

**This letter is to be attached to and made a part of the above policy.** Please send one copy to the Policyholder & keep one for your records.

Should you have any questions regarding this information, please feel free to contact us. We appreciate your continued business.

Sincerely,

Kathyann Noel & Rachel Popkowski  
Florida Statutory Underwriters  
Phone: 678-566-4323 or 678-566-4379

Group Benefits from The Hartford

August 7, 2009

Kim J. Lowe  
AON Consulting

Re: Board of County Commissioners, Miami - Dade County  
Policy Number: ETB-105355



Dear Kim,

Effective July 1, 2007, the definition of Injury of the above policy is expanded as defined by Statutes 112.18, 112.181 & 112.1815 and amended to include the following:

**Policy Modifications**

- a) Any occupational condition or impairment of health of a fireman or any law enforcement officer or correctional officer caused by tuberculosis, heart disease, or hypertension resulting in death shall be presumed to be accidental, suffered in the line of duty and to be a covered Injury. To be entitled to this presumption, the definitions and requirements of Section 112.18 must be met.
- b) Any firefighter, paramedic, emergency medical technician, law enforcement officer, or correctional officer who suffers an occupational condition or impairment of health that is caused by hepatitis, meningococcal meningitis, or tuberculosis, that requires medical treatment, and that results in death shall be presumed to have been accidental and to be a covered Injury. To be entitled to this presumption, the definitions and requirements of Section 112.181 must be met.
- c) Any covered firefighter, paramedic, emergency medical technician, law enforcement officer, or correctional officer who suffers an occupational condition or impairment of health that is caused by exposure to a toxic substance, adverse results or complications from a smallpox vaccination, or a mental or nervous Injury, that requires medical treatment, and that results in death shall be presumed to have been accidental and to be a covered Injury. To be entitled to this presumption, the definitions and requirements of Section 112.1815 must be met.

This policy provides accidental death coverage for police officers and firefighters which is no less restrictive than benefits specified by Florida statutes 112.19, paragraphs 2) a, b, c, f, and j and 112.191, paragraphs 2) a, b, c and i.

**This letter is to be attached to and made a part of the above policy.** Please send one copy to the Policyholder & keep one for your records.

Sincerely,

Kathyann Noel & Rachel Popkowski  
Florida Statutory Underwriters  
Phone: 678-566-4323 or 678-566-4379

Hartford Life Group Benefits Division  
Business Travel Accident Underwriting  
1125 Sanctuary Park, Suite 500  
Alpharetta, GA 30009  
Toll Free 888 560 9632  
Facsimile 866 954 3993  
Mailing Address: P.O. Box 2250  
Alpharetta, GA 30023

Expertise without equal.  
Benefits without burden.™



SCHEDULE  
RIDER #4

POLICY MODIFICATIONS: This policy as issued is amended as follows:

In consideration of the third annual installment premium of \$167,973.06, it is agreed that coverage under this policy shall continue in force for a period of 12 months commencing on the effective date of this rider.

This page is a policy page issued and effective on the Policy Effective Date unless dates are shown below making this page a rider.

RIDER: This rider, issued May 15, 2008, forms a part of Policy No. ETB-105355 issued to Board of County Commissioners, Miami - Dade County.

It is effective August 29, 2008. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the policy, except as stated herein. Signed for the Hartford Life and Accident Insurance Company.

Richard G. Costello, *Secretary*

Thomas M. Marra, *President*

May 15, 2008

Lisa Snow  
Aon Consulting



Re: Board of County Commissioners, Miami – Dade County  
Policy Number: ETB-105355

Dear Producer,

Effective July 1, 2008, under HAZARDS, BENEFITS AND AMOUNTS of the above policy, the ADD and AD Benefit Amounts are increased by the Consumer Price Index set forth by the Bureau of Criminal Justice & The State Fire Marshall Office as defined by Statutes 112.19 & 112.191. The adjusted benefit amounts are as follows:

HAZARDS, BENEFITS AND AMOUNTS:

<u>Class</u>	<u>Hazard</u>	<u>Benefit</u>	<u>Amount</u>
1a	C-62	ADD	\$59,694.46 in the line of duty
	C-64	AD	\$59,694.46 fresh pursuit
	C-31 VL118	AD	\$179,083.29 unlawful & intentional death
		ATD	\$100.00*
		ED	\$2,000.00
		SPOED	\$2,000.00
		DC	\$2,000.00
1b	C-62	ADD	\$59,694.46 in the line of duty
	C-64	AD	\$59,694.46 fresh pursuit
1c	C-31 VL118	AD	\$179,083.29 unlawful & intentional death
		ATD	\$100.00*
		ED	\$2,000.00
		SPOED	\$2,000.00
		DC	\$2,000.00
2a	C-62	ADD	\$59,694.46 in the line of duty
	C-64	AD	\$59,694.46 fresh pursuit
	C-31 VL118	AD	\$179,083.29 unlawful & intentional death
		ATD	\$100.00*
		ED	\$2,000.00
		SPOED	\$2,000.00
		DC	\$2,000.00
2b	C-62	ADD	\$59,694.46 in the line of duty
	C-64	AD	\$59,694.46 fresh pursuit
3	C-62	ADD	\$25,000.00 in the line of duty

4

C-62

ADD

\$25,000.00 in the line of duty

\*The ATD benefit amount combined with Workers' Compensation cannot exceed 100% of the insured's weekly salary.

**This letter is to be attached to and made a part of the above policy.** Please send one copy to the Policyholder & keep one for your records.

Should you have any questions regarding this information, please feel free to contact us. We appreciate your continued business.

Sincerely,

Jessica Cherry  
Underwriter II  
Ext. 64388

**Hartford Life Group Benefits Division  
Accident Underwriting  
Toll Free 888 560 9632  
Facsimile 678 762 0325  
Mailing Address: P.O. Box 2250  
Alpharetta, GA 30023**



**Privacy Policy and Practices of The Hartford Financial Services Group, Inc. and its Affiliates**  
(herein called "we, our, and us")

*This Privacy Policy applies to our United States Operations*

We value your trust. We are committed to the responsible:  
a) management;  
b) use; and  
c) protection;  
of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:  
a) service your **Transactions** with us; and  
b) support our business functions.

We may obtain **Personal Information** from:  
a) **You**;  
b) your **Transactions** with us; and  
c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:  
a) your name;  
b) your address;  
c) your income;  
d) your payment; or  
e) your credit history;  
may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:  
a) our insurance companies;  
b) our employee agents;  
c) our brokerage firms; and  
d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:  
a) market our products; or  
b) market our services;  
to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:  
a) independent agents;  
b) brokerage firms;  
c) insurance companies;  
d) administrators; and  
e) service providers;  
who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:  
a) taking surveys;  
b) marketing our products or services; or  
c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:  
a) "opt-out;" or  
b) "opt-in;"  
as required by law.

We only disclose **Personal Health Information** with:  
a) your proper written authorization; or  
b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:  
a) underwriting policies;  
b) paying claims;  
c) developing new products; or  
d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:  
a) the confidentiality; and  
b) the integrity of;  
**Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data;
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

*As used in this Privacy Notice:*

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
- b) applying for; or
- c) obtaining;

a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:

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Questions about this Privacy Policy may be directed to the following address: GBD Compliance, Hartford Life Insurance Company, P.O. Box 2999, Hartford, CT 06104-2999.

SCHEDULE  
RIDER #3

POLICY MODIFICATIONS: This policy as issued is amended as follows:

In consideration of the second annual installment premium of \$167,973.06, it is agreed that coverage under this policy shall continue in force for a period of 12 months commencing on the effective date of this rider.

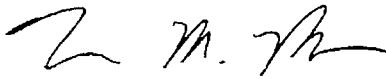
This page is a policy page issued and effective on the Policy Effective Date unless dates are shown below making this page a rider.

RIDER: This rider, issued June 12, 2007, forms a part of Policy No. ETB-105355 issued to Board of County Commissioners, Miami - Dade County.

It is effective August 29, 2007. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the policy, except as stated herein. Signed for the Hartford Life and Accident Insurance Company.



Richard G. Costello, *Secretary*



Thomas M. Marra, *President*



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(herein called "we, our, and us")

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We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
- b) your address;
- c) your income;
- d) your payment; or
- e) your credit history;

may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

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- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
- b) market our services;

to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

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- b) brokerage firms;
- c) insurance companies;
- d) administrators; and
- e) service providers;

who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) "opt-out;" or
  - b) "opt-in;"
- as required by law.

We only disclose **Personal Health Information** with:

- a) your proper written authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
- b) the integrity of;

**Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data;
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

*As used in this Privacy Notice:*

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
- b) applying for; or
- c) obtaining;

a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:

American Maturity Life Insurance Company; First State Insurance Company; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Casualty Insurance Company; Hartford Equity Sales Company, Inc.; Hartford Fire Insurance Company; Hartford Fire, General Agency, Inc.; Hartford HLS Series Fund II, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford International Life Reassurance Corporation; Hartford Investment Financial Services, LLC; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Life and Annuity Insurance Company; Hartford Life Insurance Company; Hartford Life Group Insurance Company, Hartford Lloyd's Insurance Company; Hartford Mezzanine Investors I, LLC; Hartford Securities Distribution Company, Inc.; Hartford Series Fund, Inc.; Hartford Specialty Company; Hartford Specialty Insurance Services of Texas, LLC; Hartford Underwriters Insurance Company; Hartford-Comprehensive Employee Benefit Service Company; HL Investment Advisors, LLC; Hartford Life Private Placement, LLC; M-CAP Insurance Agency, LLC; New England Insurance Company; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Nutmeg Life Insurance Company; Pacific Insurance Company, Limited; Planco, LLC; Planco Financial Services, LLC; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; Specialty Risk Services, LLC.; The Hartford Income Shares Fund, Inc.; The Hartford Mutual Funds II, Inc.; The Hartford Mutual Funds, Inc.; Trumbull Insurance Company; Trumbull Services, L.L.C.; Twin City Fire Insurance Company; Woodbury Financial Services, Inc.

Questions about this Privacy Policy may be directed to the following address: GBD Contracts and Compliance, Hartford Life Insurance Company, P.O. Box 2999, Hartford, CT 06104-2999.



Re: Board of County Commissioners, Miami – Dade County  
 Policy Number: ETB-105355

Dear Producer,

Effective July 1, 2007, under HAZARDS, BENEFITS AND AMOUNTS of the above policy, the ADD and AD Benefit Amounts are increased by the Consumer Price Index set forth by the Bureau of Criminal Justice & The State Fire Marshall Office as defined by Statutes 112.19 & 112.191. The adjusted benefit amounts are as follows:

HAZARDS, BENEFITS AND AMOUNTS:

<u>Class</u>	<u>Hazard</u>	<u>Benefit</u>	<u>Amount</u>
1a	C-62	ADD	\$57,398.52 in the line of duty
	C-64	AD	\$57,398.52 fresh pursuit
	C-31 VL118	AD	\$172,195.47 unlawful & intentional death
		ATD	\$100.00*
		ED	\$2,000.00
		SPOED	\$2,000.00
		DC	\$2,000.00
1b	C-62	ADD	\$57,398.52 in the line of duty
	C-64	AD	\$57,398.52 fresh pursuit
1c	C-31 VL118	AD	\$172,195.47 unlawful & intentional death
		ATD	\$100.00*
		ED	\$2,000.00
		SPOED	\$2,000.00
		DC	\$2,000.00
2a	C-62	ADD	\$57,398.52 in the line of duty
	C-64	AD	\$57,398.52 fresh pursuit
	C-31 VL118	AD	\$172,195.47 unlawful & intentional death
		ATD	\$100.00*
		ED	\$2,000.00
		SPOED	\$2,000.00
DC	\$2,000.00		
2b	C-62	ADD	\$57,398.52 in the line of duty
	C-64	AD	\$57,398.52 fresh pursuit
3	C-62	ADD	\$25,000.00 in the line of duty
4	C-62	ADD	\$25,000.00 in the line of duty

\*The ATD benefit amount combined with Workers' Compensation cannot exceed 100% of the insured's weekly salary.

**This letter is to be attached to and made a part of the above policy.** Please send one copy to the Policyholder & keep one for your records.

Should you have any questions regarding this information, please feel free to contact us. We appreciate your continued business.

Sincerely,

Jason Connor  
Underwriter I  
Ext. 64587

**Hartford Life Group Benefits Division  
Accident Underwriting  
Toll Free 888 560 9632  
Facsimile 678 762 0325  
Mailing Address: P.O. Box 2250  
Alpharetta, GA 30023**

SCHEDULE (Eligibility)  
SCHEDULE



ELIGIBLE PERSONS:

<u>Class</u>	<u>Description</u>
1a	All Police Officers of the Policyholder in the following Municipalities: Miami-Dade County ✓      Indian Creek Village ✓ Bal Harbour Village ✓      Miccosukee ✓ Bay Harbour Island ✓      North Miami Beach ✓ Biscayne Park ✓      Opa-Locka ✓ El Portal ✓      Sweetwater ✓ Florida City ✓      Virginia Gardens ✓ Golden Beach ✓      West Miami ✓ Homestead ✓      Hialeah Gardens ✓
1b	All Police Officers of the Policyholder in the following Municipalities: ✓ Hialeah
1c	All Police Officers of the Policyholder in the following Municipalities: North Miami
2a	All Firefighters of the Policyholder in the following Municipalities: ✓ Miami-Dade County
2b	All Firefighters of the Policyholder in the following Municipalities: ✓ Hialeah
3	All Clerical, Administrative, Managerial, and Supervisory Employees of the Policyholder in the following Municipalities: Miami-Dade County      Indian Creek Village Bal Harbour Village      Miccosukee Bay Harbour Island      Opa-Locka Biscayne Park      Public Health Trust El Portal      Sweetwater Florida City      Virginia Gardens Golden Beach      West Miami Hialeah Gardens      North Miami Beach

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*Richard G. Costello*  
Richard G. Costello, Secretary

*Thomas M. Marra*  
Thomas M. Marra, President

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All other employees of the Policyholder, including Board Members, in the following Municipalities:

Miami-Dade County ✓	Miccosukee ✓
Bal Harbour Village ✓	Opa-Locka ✓
Bay Harbour Island ✓	Public Health Trust ✓
Golden Beach ✓	Sweetwater ✓
Hialeah Gardens ✓	Biscayne Park ✓
<u>El Portal</u> ✓	Indian Creek Village ✓
Virginia Gardens ✓	West Miami ✓

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All Police Personnel of the Policyholder under contractual agreement with the City of North Miami Beach.



Richard G. Costello, Secretary



Thomas M. Marra, President

SCHEDULE  
Rider # 1



POLICY MODIFICATIONS: This policy as issued is amended as follows:

In consideration of a return premium of \$305.00, it is hereby understood and agreed that the section ELIGIBLE PERSONS is amended as follows:

<u>Class</u>	<u>Description</u>
5	All Police Personnel of the Policyholder under contractual agreement with the City of North Miami Beach. - deleted

This page is a policy page issued and effective on the Policy Effective Date unless dates are shown below making this page a rider.

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RIDER: This rider, issued August 25, 2006, forms a part of Policy No. ETB-105355 issued to Board of County Commissioners, Miami - Dade County.

It is effective August 29, 2006. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the policy, except as stated herein. Signed for the Hartford Life and Accident Insurance Company

Richard G. Costello, Secretary

Thomas M. Marra, President

SCHEDULE



BENEFIT DESCRIPTION:

ADD means Accidental Death and Dismemberment Benefit  
Dismemberment Loss Period: 365 days

AD means Accidental Death Benefit

ATD means Accident Total Disability

ED means Education Benefit

SPOED means Spouse Education Benefit

DC means Day Care Benefit

HAZARDS, BENEFITS AND AMOUNTS:

<u>Class</u>	<u>Hazard</u>	<u>Benefit</u>	<u>Amount</u>		
1a	C-62	ADD	\$55,835.12	in the line of duty	
	C-64	AD	\$55,835.12	fresh pursuit	
	C-31 VL118	AD	\$167,505.33	unlawful & intentional death	
		ATD	\$ 100.00*		
		ED	\$ 2,000.00		
		SPOED	\$ 2,000.00		
1b	C-62	ADD	\$55,835.12	in the line of duty	
	C-64	AD	\$55,835.12	fresh pursuit	
	1c	C-31 VL118	AD	\$167,505.33	unlawful & intentional death
			ATD	\$ 100.00*	
			ED	\$ 2,000.00	
			SPOED	\$ 2,000.00	
	DC	\$ 2,000.00			
2a	C-62	ADD	\$55,835.12	in the line of duty	
	C-64	AD	\$55,835.12	fresh pursuit	
	C-31 VL118	AD	\$167,505.33	unlawful & intentional death	
		ATD	\$ 100.00*		
		ED	\$ 2,000.00		
		SPOED	\$ 2,000.00		
2b	C-62	ADD	\$55,835.12	in the line of duty	
	C-64	AD	\$55,835.12	fresh pursuit	

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Richard G. Costello, Secretary

Thomas M. Marra, President




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3	C-62	ADD	\$25,000.00	in the line of duty
4	C-62	ADD	\$25,000.00	in the line of duty
5	C-62	ADD	\$30,000.00	in the line of duty

\*The ATD Benefit amount combined with Workers' Compensation cannot exceed 100% of the insured's weekly salary.

AGGREGATE LIMITATION: Not Applicable

  
Richard G. Costello, Secretary

  
Thomas M. Marra, President

SCHEDULE



POLICY PREMIUMS:

Premium Not Subject To Audit:	\$ 504,834.18
Premium Subject To Audit:	\$ <u>none</u>
Total Premium For Policy Period:	\$ 504,834.18

Premium payable in annual installments.

Three Year Premium of \$504,834.18 Payable in annual installments: \$168,278.06 payable on the Effective Date and the 29th day of each twelfth month thereafter, excluding the Expiration Date.

Richard G. Costello, *Secretary*

Thomas M. Marra, *President*

SCHEDULE



POLICY MODIFICATIONS: This policy as issued is amended as follows:

- 1) The definition of injury under this policy is amended to include the following:
  - a) Any occupational condition or impairment of health of a fireman or any law enforcement officer or correctional officer caused by tuberculosis, heart disease, or hypertension resulting in death shall be presumed to be accidental, suffered in the line of duty, and to be a covered injury. To be entitled to this presumption, the definitions and requirements of Section 112.18 must be met.
  - b) Any firefighter, paramedic, emergency medical technician, law enforcement officer, or correctional officer who suffers an occupational condition or impairment of health that is caused by hepatitis, meningococcal meningitis, or tuberculosis, that requires medical treatment, and that results in death shall be presumed to have been accidental and to be a covered injury. To be entitled to this presumption, the definitions and requirements of Section 112.181 must be met.
- 2) This policy provides accidental death coverage for police officers and firefighters which is no less restrictive than benefits specified by Florida statutes 112.19, paragraphs 2) a, b, c, f, and j and 112.191, paragraphs 2) a, b, c and i.

Richard G. Costello, *Secretary*

Thomas M. Marra, *President*

SCHEDULE



POLICY MODIFICATIONS: This policy as issued is amended as follows:

This policy provides a **Day Care Benefit** if: (a) We pay a death claim for the unlawful and intentional death of the Insured Person; (b) the Insured Person had a Dependent Child under age 11 at the time of death; and (c) proof of enrollment in a Day Care Program is provided as described below.

Payment will be made to the person who has legal physical custody of the dependent child and who has primary responsibility for the dependent child's expenses. Payment will be made in accordance with the Claims provision of the Policy.

Proof of enrollment for each child in a Day Care Program may be in the form of, but will not be limited to, the following: (a) a copy of the child's approved enrollment application in a Day Care Program; or (b) canceled check(s) evidencing payment to a Day Care facility or Day Care Provider; or (c) a letter from the Day Care facility or Day Care provider stating that the child is attending a Day Care Program or has been enrolled in a Day Care Program and will be attending within 365 days of the date of the Insured's death.

Proof of enrollment must be sent to us prior to the last day of the 12th month on or next following the date of the Insured's death.

One Day Care Benefit payment will be made each year, for a maximum of 2 Day Care Benefit payments, for each Dependent Child.

The Day Care Benefit is the lesser amount of: (a) \$2,000.00; or (b) the actual cost charged per year by the Day Care Program.

**Day Care Program** means a program of child care which: (a) is operated in a private home, school or other facility; and (b) provides, and makes a charge for, the care of children; and (c) is licensed as a Day Care center or is operated by a licensed Day Care provider, if such licensing is required by the state or jurisdiction in which it is located; or (d) if licensing is not required, provides child care on a daily basis for 12 months a year.

**Child or Children** means the Insured's unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is less than age 11 and primarily dependent on the Insured for support and maintenance.

Richard G. Costello, Secretary

Thomas M. Marra, President



SCHEDULE

POLICY MODIFICATIONS: This policy as issued is amended as follows:

This policy provides a **Spouse Education Benefit** to the Spouse if We pay a death claim for the Insured Person's unlawful and intentional death.

The Insured Person's Spouse, to qualify for this Education Benefit, must enroll in an Occupational Training program within one year of the date of the Insured Person's death for the purpose of obtaining an independent source of income.

The Education Benefit is an amount equal to the lesser of: (a) \$2,000.00; or (b) the Expense Incurred for Occupational Training.

The expense must be incurred within 3 years of the date of the Insured Person's death.

We will pay the Education Benefit due immediately after we receive proof that the Insured Person's Spouse has enrolled in an Occupational Training program.

**Occupational Training** means any educational, professional, or trade training program which prepares the Insured Person's Spouse for an occupation for which he or she otherwise would not have been qualified.

**Expense Incurred** means: (a) the actual tuition charged, exclusive of room and board; and (b) the actual cost of the materials needed; or the Occupational Training program.

**Spouse** means the Insured Person's wife or husband who was not legally separated or divorced from the Insured Person when he or she died.

Richard G. Costello, Secretary

Thomas M. Marra, President

CONTRACT PROVISIONS



Entire Contract: The entire contract between the Policyholder and us consists of this policy, and any papers made a part of this policy at issue.

Changes: No agent has authority to change or waive any part of this policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of this policy.

Time Periods: All periods begin and end at 12:01 A.M., Standard Time at the place where this policy is delivered.

Certificates: If required by the laws of the state where this policy is delivered, we will give certificates to:

- a) the Policyholder; or
  - b) any other person according to a mutual agreement among the other person, the Policyholder and us;
- for delivery to Insured Persons. The certificates will state the features of this policy which are important to Insured Persons.

Data Furnished by Policyholder: The Policyholder:

- a) with our approval, may keep the records which affect this policy;
  - b) will give us information from those records, when and in the manner we ask.
- Those records will be open for our inspection at any reasonable time.

Not in Lieu of Workers' Compensation: This policy does not satisfy any requirement for workers' compensation insurance.

Conformity with State Statutes: On the Policy Effective Date, any part of the policy which is in conflict with a statute of the state in which the policy is:

- a) delivered; or
  - b) issued for delivery;
- is hereby amended to agree with the statute's minimum requirements.

Cancellation: This policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

If we cancel, it becomes effective on the later of:

- a) the date stated in the notice; or
  - b) the 31st day after we mail or deliver the notice.
- If the Policyholder cancels, it becomes effective on the later of:

- a) the date we receive the notice; or
- b) the date stated in the notice.

In either event:

- a) we will promptly return any unearned premium paid; or
  - b) the Policyholder will promptly pay any earned premium which has not been paid.
- Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will not affect any claim for loss due to an accident which occurs before the effective date of the cancellation.

Richard G. Costello, Secretary

Thomas M. Marra, President

CONTRACT PROVISIONS (Continued)



Policy Period: This policy becomes effective on the Policy Effective Date and continues in force to the end of the period for which premium was paid unless cancelled at an earlier date. This policy terminates on the earlier of:

- a) the Policy Expiration Date unless continued in force in accordance with the Renewal Provision; or
- b) the last day of the period for which premium has been paid subject to the Grace Period.

The Policy Effective Date and Policy Expiration Date are shown:

- a) on page 1 for the original Policy Period; and
- b) in a Renewal Rider for any Renewal Policy Period.

Renewal: We will send the Policyholder a notice of policy renewal. The policy will be renewed if the Policyholder signs and returns the notice prior to the current Expiration Date. If the Policyholder does not receive the notice, the policy may be renewed if we receive a written request from the Policyholder and a deposit renewal premium of \$350 on or before the current Expiration Date. Once we have received the deposit renewal premium, we will request information from the Policyholder necessary to calculate the actual renewal premium and either return any excess premium or bill the Policyholder for the remaining unpaid renewal premium.

However, in no event will this policy be renewed if:

- a) we have refused to renew this policy on or before the current Expiration Date;
- b) this policy has been cancelled on or before the current Expiration Date; and
- c) the Policyholder does not give us, in advance of the current Expiration Date, the information we request.

Premium Due Dates: Each Premium is due in advance of the date the Schedule states that it is payable. If the Schedule shows an amount for Premium Subject To Audit, the earned premium will be calculated for each date on which the Policyholder is required to furnish data for determining Units of Exposure. If the earned Premium:

- a) is greater than the premium paid, the additional premium is payable on the date we notify the Policyholder of the amount;
- b) is less than the premium paid, we will promptly return the unearned portion of the premium paid.

Grace Period: A Grace Period of 31 days is allowed for payment of each premium due after the initial premium, unless this policy is cancelled on or before the due date. If the Policyholder has returned the notice of renewal prior to the Policy Expiration Date, a Grace Period of 31 days from the Policy Expiration Date is allowed for payment of the renewal premium. This policy will continue in force during the Grace Period. The Policyholder is liable to us for the payment of Premium accruing for the period this policy continues in force.

Payment: Premiums are to be paid to us by the Policyholder. However, they may be paid to us by any other person according to a mutual agreement among the other person, the Policyholder and us.

Change of Premiums: We have the right to change the rate at which Premiums will be calculated for each Policy Period.

Richard G. Costello, Secretary

Thomas M. Marra, President

DEFINITIONS

Each term listed, when used in this policy, has the following meaning:

We, us, or our means the insurance company named on page 1.

Insured Person means an Eligible Person while he or she is covered under this policy.

Injury means, and an Insured Person is covered for, bodily injury resulting directly and independently of all other causes from accident which occurs:

- a) while he or she is covered under; and
  - b) in the manner specified in;
- a Hazard applicable to his or her class.

Loss resulting from:

- a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
  - b) medical or surgical treatment of a sickness or disease
- is not considered as resulting from injury.

Business Trip means a bona fide trip:

- a) while on assignment or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder;
- b) which begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip;
- c) which ends when he or she returns to his or her residence or place of regular employment, whichever first occurs; and
- d) excluding travel to and from work, bona fide leaves of absence and vacations.

Trip means a trip which:

- a) begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and
- b) ends when he or she returns to his or her residence or place of regular employment, whichever first occurs.

Passenger means a person who is not:

- a) the operator or driver; or
  - b) the pilot, student pilot, or a crewmember;
- of a conveyance at the time of accident.

Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.



Richard G. Costello, Secretary



Thomas M. Marra, President

DEFINITIONS



Civil Aircraft means a civil or public aircraft which:

- a) has an Airworthiness Certificate;
- b) is piloted by a person who has:
  - 1) a current pilot certificate with the appropriate aircraft category rating for that aircraft; and
  - 2) a current medical certificate which is appropriate for the operation of that aircraft; and
- c) is not operated by the militia, or armed forces of any state, national government or international authority.

Scheduled Aircraft means a Civil Aircraft operated by a scheduled airline which:

- a) is licensed by the FAA for the transportation of passengers for hire; and
- b) publishes its flight schedules and fares for regular passenger service.

MAC Aircraft means a transport aircraft operated by:

- a) the Military Airlift Command (MAC) of the United States; or
- b) the similar air transport service of a country recognized by the United States.

Policyholder Aircraft means an aircraft which is owned, leased, or operated by or on behalf of the Policyholder.

Airworthiness Certificate means a valid and current "Standard Airworthiness Certificate" issued by the FAA.

FAA means:

- a) the Federal Aviation Administration of the United States; or
- b) the similar aviation authority for the country of the aircraft's registry, if the country is recognized by the United States.

Richard G. Costello, Secretary

Thomas M. Marra, President

DETERMINATION OF INDIVIDUAL COVERAGE



Effective Date: Each Eligible Person becomes an Insured Person on the later of:

- a) the Policy Effective Date; or
- b) the date he or she enters a Class of Eligible Persons.

Termination: Coverage of each Insured Person terminates on the earlier of:

- a) the date this policy terminates; or
- b) the date he or she does not qualify in any Class of Eligible Person.

Termination will not affect any claim for loss due to an accident which occurs before the effective date of the termination.

The Policyholder's failure to report that a person ceased to qualify in a Class of Eligible Persons will not continue coverage in that Class beyond the date he or she ceased to qualify.

Hazards and Benefits Determined By Class: Each Insured Person is covered under the Hazard and for the Benefits applicable to the Class in which he or she qualifies:

- a) beginning on the date he or she enters the Class; and
- b) ending on the date he or she leaves the Class.

If an Insured Person qualifies in more than one Class on the date of accident, he or she will be considered to qualify in the one Class with the largest Benefit Amount.

Richard G. Costello, Secretary

Thomas M. Marra, President

EXCLUSIONS AND AGGREGATE LIMITATION



Exclusions: This policy does not cover any loss resulting from:

1. intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane (in Missouri, while sane);
2. war or act of war, whether declared or undeclared;
3. injury sustained while in the armed forces of any country or international authority.

Aggregate Limitation: Not Applicable

A handwritten signature in cursive script, appearing to read "Richard G. Costello".

Richard G. Costello, *Secretary*

A handwritten signature in cursive script, appearing to read "Thomas M. Marra".

Thomas M. Marra, *President*



In the Line of Duty Coverage  
While On The Business Of The Policyholder

Coverage: This Hazard covers Injury resulting from:

- a) an accident; and
- b) an accident while the Insured Person is on, boarding or alighting from a Civil Aircraft or MAC Aircraft; or
- c) being struck by an aircraft;

which occurs anywhere in the world while On the Business of the Policyholder.

On the Business of the Policyholder means business while on assignment by or at the direction of the Policyholder whether on or off the premises of the Policyholder for the purpose of furthering the business of the Policyholder.

Refer to the Policy Modifications, Definitions, and Exclusions sections for modifications, limitations, and exclusions affecting this coverage.

Richard G. Costello, Secretary

Thomas M. Marra, President



Fresh Pursuit Coverage for  
Police Officers and Firefighters  
While On The Business Of The Policyholder

Coverage: This Hazard covers Injury which:

- a) for law enforcement, correctional, or correctional probation officers results in Accidental Death that occurs:
  - 1. as a result of the officer's response to fresh pursuit;
  - 2. as a result of the officer's response to what is reasonably believed to be an emergency;
  - 3. at the scene of a traffic accident to which the officer has responded; or
  - 4. while the officer is enforcing what is reasonably believed to be a traffic law or ordinance.
- b) for firefighters, results in Accidental Death as a result of the firefighter's response to what is reasonably believed to be an emergency involving the protection of life or property.

Fresh Pursuit means the pursuit of a person who has committed or is reasonably suspected of having committed a felony, misdemeanor, traffic infraction or violation of a county or municipal ordinance. Fresh Pursuit shall not necessarily imply instant pursuit, but pursuit without reasonable delay.

Refer to Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Richard G. Costello, Secretary

Thomas M. Marra, President



Unlawful and Intentional Death  
While On The Business Of The Policyholder

Coverage: This Hazard covers death resulting from the unlawful and intentional killing of the Insured Person which occurs anywhere in the world:

- a) in the performance of actual duties; and
- b) while on the business of the Policyholder.

The term "while on the business of the Policyholder" as used herein means while on assignment by or at the direction of the Policyholder whether on or off the premises of the Policyholder, for the purpose of furthering the business of the Policyholder.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Richard G. Costello, *Secretary*

Thomas M. Marra, *President*

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT



If an Insured Person's injury results in any of the following losses, except loss of Life, within the Loss Period after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for all losses due to the same accident.

The Principal Sum is shown in the Schedule.

For Loss of:

Life.....	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	The Principal Sum
One Hand and One Foot.....	The Principal Sum
Speech and Hearing.....	The Principal Sum
Either Hand or Foot and Sight of One Eye.....	The Principal Sum
Either Hand or Foot.....	One-Half The Principal Sum
Sight of One Eye.....	One-Half The Principal Sum
Speech or Hearing.....	One-Half The Principal Sum
Thumb and Index Finger of Either Hand.....	One-Quarter The Principal Sum

Loss means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) sight, speech or hearing, entire and irrecoverable loss thereof;
- c) thumb and index finger, actual severance through or above the metacarpophalangeal joints.

EXPOSURE

Exposure to the elements will be presumed to be injury if:

- a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which an Insured Person was an occupant at the time of the accident; and
- b) this policy would have covered injury resulting from the accident.

DISAPPEARANCE

An Insured Person will be presumed to have suffered loss of life if:

- a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- c) this policy would have covered injury resulting from the accident.

*Richard G. Costello*  
Richard G. Costello, Secretary

*Thomas M. Marra*  
Thomas M. Marra, President

ACCIDENTAL DEATH BENEFIT



If an Insured Person's injury results in loss of life, we will pay the Principal Sum shown in the Schedule.

DISAPPEARANCE

An Insured Person will be presumed to have suffered loss of life if:

- a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- c) this policy would have covered injury resulting from the accident.

Richard G. Costello, *Secretary*

Thomas M. Marra, *President*



ACCIDENT TOTAL DISABILITY BENEFIT

We will pay the Weekly Benefit for each week of an Insured Person's Total Disability. Payment will not exceed the Maximum Payment Period.

Total Disability must:

- a) result from injury intentionally or unlawfully inflicted upon the insured;
- b) begin within 30 days after the accident; and
- c) require the regular care of a legally qualified physician.

For Total Disability of less than one week, one-seventh of the Weekly Benefit will be paid per day.

The Weekly Benefit and Maximum Payment Period are shown in the Schedule.

Total Disability means the complete and continuous inability of the Insured Person to perform all the duties of his or her regular occupation.

Termination of this policy will not affect any benefits payable under this benefit for any accident that occurred while the Insured Person was covered under this Policy.

Richard G. Costello, Secretary

Thomas M. Marra, President



### EDUCATION BENEFIT

If a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of the Insured Person's death due to an unlawful and intentional act, We will pay an Education Benefit to each Student as follows:

A Student is a person for whom we receive proof that he or she:

- a) is the Insured Person's Dependent on the date of his or her death; and
- b) is a full-time post-high school Student in a school for higher learning on the date of the Insured Person's death; or
- c) became a full-time post-high school Student in a school for higher learning within 365 days after the Insured Person's death and was a Student in the 12th grade on the date of the Insured Person's death.

He or she is not considered to be a Student after the first to occur of:

- a) our payment of the 4th Education Benefit to or on behalf of that person; or
- b) the end of the 12th consecutive month during which We have not received proof that he or she is a Student.

The Education Benefit is an amount equal to the lesser of:

- a) \$2,000.00 per year; or
- b) the actual annual tuition, exclusive of room and board, charged by the institution of higher learning per school year.

We will not pay more than one Education Benefit to any one Student during any one school year.

The Education Benefit is payable to each Dependent:

- a) on the date; and
- b) for whom;

We receive proof that he or she is a Student.

**Child or Children** means the Eligible Person's unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child:

- a) who is less than age 19 and primarily dependent on the Eligible Person for support and maintenance; or
- b) who is at least age 19 but less than age 25 who:
  - 1) regularly attends an institution of learning; and
  - 2) is primarily dependent on the Eligible Person for support and maintenance.

Richard G. Costello, Secretary

Thomas M. Marra, President

CLAIMS



Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary, or his or her representative) must give us written notice of a claim within 20 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent.

Claim Forms: When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us.

Proof of Loss: Proof of loss must be sent to us in writing within 90 days after:

- a) the end of a period of our liability for periodic payment claims; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

Time of Claim Payment: We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately after we receive the proof of loss.

Payment of Claims: We will pay any benefit due for loss of the Insured Person's life:

- a) according to the beneficiary designation in effect at the time of his or her death; otherwise
- b) to the surviving child or children and spouse in equal shares; otherwise
- c) to the parents or parent.

If there is no survivor in these classes, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

Richard G. Costello, Secretary

Thomas M. Marra, President

CLAIMS (Continued)



If a benefit due is payable to:

- a) the Insured Person's estate; or
- b) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to \$1,000 (\$3,000 in Florida) of the benefit due to some other person.

The other person will be someone related to the Insured Person or the beneficiary by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

Physical Examinations and Autopsy: While a claim is pending we have the right at our expense:

- a) to have the Insured Person who has a loss examined by a physician when and as often as is reasonably necessary; and
- b) in case of death to make an autopsy, where it is not forbidden by law.

Legal Actions: No legal action may be taken against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 3 years following the date proof of loss is due.

Naming a Beneficiary: An Insured Person may name a beneficiary or change a revocably named beneficiary by giving his or her Written Request to the Policyholder. His or her request takes effect on the date he or she executes it, regardless of whether he or she is living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received his or her request.

Assignment: The insurance under this policy is not assignable, but benefits may be assigned in accordance with the Payment of Claims provision of the Claims section of this policy.

Richard G. Costello, Secretary

Thomas M. Marra, President