

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: City of Hialeah

Policy Number: SRG 0009060298

BLANKET ACCIDENT INSURANCE

Description of Coverage

This Description of Coverage describes blanket accident insurance coverage provided to eligible persons of the policyholder named above (herein called the Policyholder) while those persons are participating in Covered Activities.

Who Is Eligible

The persons eligible for coverage under the above referenced blanket accident insurance policy (herein called the Policy) issued to the Policyholder are:

Class I: All Full-time Law Enforcement of the Policyholder.

Class II: All Full-time Firefighters of the Policyholder.

Covered Activities: The Company will pay the Accidental Death or Dismemberment Benefit to or on behalf of an Insured Person who is unlawfully and intentionally dismembered or killed by another or received bodily injury which is unlawfully and intentionally inflicted upon him by another and which results in the Insured Person's death or dismemberment.

PLEASE READ THIS DESCRIPTION OF COVERAGE CAREFULLY

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Schedule of Benefits

Class I:

Accidental Death	
Maximum Amount	\$182,469.37
Accidental Dismemberment	
Maximum Amount	\$182,469.37

Class II:

Accidental Death	
Maximum Amount	\$170,615.19
Accidental Dismemberment	
Maximum Amount	\$170,615.19

It is hereby understood and agreed that the company hereby agrees to honor the statutory amounts as published By the State and will automatically adjust the principal sum should the current principal sum be less than statutory amount to be in compliance in the event of a covered loss. If applicable, the cost of the increase in the principal sum will be calculated and forwarded to the insured within 30 days of receiving the notification of the discrepancy.

Definitions

Covered Activity(ies) – means those activities set out in the Covered Activities section of the Master Application with respect to which insureds are provided insurance under the Policy.

Injury – means bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Immediate Family Member – means a person who is related to You in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Physician – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) You; 2) an Immediate Family Member; or 3) retained by 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 You become eligible; (3) the date for which the first premium for Your coverage is paid.

A change in Your coverage under the Policy due to a change in Your eligible class or Covered Activity becomes effective on the later of (1) the date the change in Your eligible class or Covered Activity occurs; or (2) if the change requires a change in premium, the date the first changed premium is paid. However, a change in coverage applies only with respect to accidents that occur once the change is effective.

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 eligible.

Termination of coverage will not affect a claim for a covered loss that occurred while Your coverage was in force under the Policy.

Description of Benefits

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 Maximum 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 Maximum Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount
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

If you sustain more than one Loss as a result of the same accident, only one amount, the largest, will be paid.

DAY CARE BENEFIT

If an Insured suffers accidental death such that an Accidental Death Benefit is payable under the Policy, the Company will pay a benefit on behalf of any Child of the Insured on the date of the accident causing the Insured's death and on the date of the Insured's death who: (1) is enrolled in a Day Care Center on the date of the Insured's death; or (2) enrolls in a Day Care Center within 90 days after the date of the Insured's death. The benefit is payable for each year of the Child's enrollment in a Day Care Center. The total amount of the benefit each year is equal to the least of:

1. the actual cost of care for that Child charged by that Day Care Center for that year;
2. \$2,000. per year;

to or on behalf of any dependent child under 13 years of age, who is currently enrolled or subsequently is enrolled in an licensed day care center within 90 days of the date of death.

This benefit is payable annually for a maximum of two consecutive payments, but only if the dependent child remains under 13 years of age and continued enrollment in such day care center.

EDUCATIONAL BENEFITS AND SPOUSE RETRAINING

If indemnity becomes payable under the policy for the accidental loss of life of an insured due to an intentional act, who, at the date of the accident had a spouse and/or dependent child(ren), the Company will pay an amount equal to the lesser of the following amounts:

The actual annual tuition, exclusive of room and board, charged by such institution per school year, or \$ 2,000.00 per school year, to or on behalf of any dependent child who, at the date of the accident, was enrolled as a full-time student in an institution of higher learning beyond the 12th grade level, or was at the 12th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the accident.

This benefit is payable annually for a maximum of two consecutive annual payments, but only if the dependent child continues his or her education as a full-time student in an institution of higher learning.

The Company will also pay, in addition to all other benefits payable, the actual cost incurred within 30 months from the date of death (subject to a maximum of \$ 2,000.00) to or on behalf of the surviving spouse who has enrolled in any professional or trades training program for the purpose of obtaining an independent source of support and maintenance.

"Dependent Child", as it applies to this benefit provision only, means any unmarried child under 23 years of age who was dependent upon the Insured Employee for at least 50% of his maintenance and support.

"Institution of Higher Learning" as used herein, includes, but is not limited to, any state university, private college, or trade school.

Exposure and Disappearance. If by reason of an accident occurring while Your coverage is in force under the Policy, You are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy.

If Your body has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which You were an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that You have suffered accidental death within the meaning of the Policy.

Limitations

Limitation on Multiple Benefits. If You suffer one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

Aggregate Limit. The aggregate limit of indemnity for which the Company shall be liable with respect to Injuries sustained by more than one covered person under the Policy as a result of the same accident will not exceed the amount shown as the Aggregate Limit in the Schedule of Benefits. If the combined maximum amount otherwise payable for all covered persons under the Policy must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each covered person for all such losses under all those Benefits combined.

Exclusions

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

- (1) suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
- (2) sickness, disease, mental incapacity or bodily infirmity;
- (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.
- (5) declared or undeclared war, or any act of declared or undeclared war.
- (6) participating in any team sport or any other athletic activity, except participation of 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) You while under the influence of intoxicants.
- (9) You being under the influence of drugs unless taken under the advice of and as specified by a Physician.
- (10) the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
- (11) You 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.

Claims Procedures

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

CHARTIS

Accident & Health Claims Department
P.O. Box 25987
Shawnee Mission, KS 66225-5987
800-551-0824 / fax: 866-831-3636

Provide the policy number 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 (Also see "Payment of Medical Claims"), 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.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Medical Claims. Upon receipt of due written proof of loss, benefit payments for charges You incur for covered medical services will be made to the provider at the Company's option. If You paid any such charges, the benefit payment for those charges will be made to You upon written proof of payment.

In the event the charges have been paid by the Policyholder, the Company, at its option, may pay the benefits to the Policyholder upon receipt of documentation that the charges were paid by the Policyholder.

Relative to Insured Law Enforcement, correctional Officers or Firefighters, the following shall apply:

If a Law Enforcement or Correctional Officer or Firefighter is killed in the line of duty as a result of an act of violence inflicted by another person or under riot conditions, the sum of \$ 1,000 shall be paid toward funeral and burial expenses of such persons.

If a Law Enforcement or correctional Officer or Firefighter is killed in the line of duty as a result of an act of violence inflicted by another person or under riot conditions and his/her eligible family members are insured under the Policyholder's medical insurance plan at the date of loss, the Company will pay a benefit for the continuation of the covered person's eligible family member's medical coverage. The first payment will be made no sooner than 12 months following the date of death. The company will continue providing this benefit for the eligible family members for up to five years following the date of death.

Each benefit payment will be made in accordance with the following:

- I. Maximum number of years payable is five.
- II. Payment will cease if within the five year period the spouse is remarried.
- III. Payment will cease for a dependent child who within the five year period turns 25 years of age.
- IV. The company will pay the lesser of the actual cost of the medical insurance or \$5,000 per year.
- V. In order for payment to be made, annual proof that the payment will be used for continuation of the insured's eligible family member's medical coverage must be received.

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

IMPORTANT

If any conflict should arise between the contents of this Description of Coverage and the Master Policy SRG 0009060298, or if any point is not covered herein, the terms and conditions of the Master Policy will govern in all cases.