



500 W. Madison
 Suite 3000
 Chicago, IL 60661

AIG Accident & Health

Blanket Special Risk Insurance

Insuring Company:

National Union Fire Insurance Company of Pittsburgh, PA
 175 Water Street, 15th Floor, New York, NY 10038

April 20, 2018

Thank you for binding coverage with us. National Union Fire Insurance Company of Pittsburgh, PA is pleased to present the following Blanket Special Risk New Business Binder Letter for **University of Chicago**.

Policy Number: SRG 0009154503

Risk Address: 5801 S. Ellis Ave
 Chicago, IL 60637

Insureds:

Description of Class

All Participants of the Policyholder's Summer Program Activities between the following dates May 1, 2018 to September 30, 2018.

Description of Activity:

While participating in the scheduled, sponsored and approved activities of the Policyholder.

Benefits:	Limits:
Accidental Death:	\$5,000
Incurral Period:	365 Days
Accidental Dismemberment:	\$5,000
Incurral Period:	365 Days
Accidental Death & Dismemberment Aggregate Limit:	\$250,000 Per Accident
Accident Medical Expense (Primary):	\$25,000
Deductible (Integrated):	\$0
Benefit Period:	52 Weeks
Incurral Period:	30 Days
Dental Maximum:	\$250 per tooth
Emergency Sickness Medical Expense (Primary):	\$25,000
Paralysis:	\$5,000
Incurral Period:	365 Days
Quadriplegia:	100%
Paraplegia:	75%
Hemiplegia:	50%
Uniplegia:	25%
Emergency Evacuation:	\$25,000
Repatriation of Remains:	\$25,000

Policy Effective Dates: May 01, 2018 to May 01, 2019

Policy Forms	
Blanket Accident Insurance Policy	C11695DBG-IL
Master Application	C11696DBG (Rev. 01/16)-IL
Accident Medical Expense Benefit Rider	S30549DBG-IL
Coma Benefit Rider	C11701DBG
Emergency Evacuation with Family Travel Benefit Rider	C11702DBG(Rev. 03/17)
Repatriation of Remains Benefit Rider	C11714DBG (Rev. 08/03)
Subrogation and Right of Recovery Endorsement	C11716DBG
Injury Definition and Exclusions Amendatory Rider	S30399DBG-IL (Rev 03/17)
Emergency Sickness Medical Expense Benefit Rider	S30557DBG-IL
Paralysis Benefit Rider	S30566DBG
Payment of Claims Amendatory Endorsement	S30567DBG
Modified Payment of Claims Amendatory Endorsement	S30840DBG
Civil Union/State Registered Domestic Partnership Endorsement	U40016 (Rev. 8/13)-IL
Economic Sanctions Endorsement	89644(6-13-1)
Illinois Complaint Notice	
Illinois Life and Health Insurance Guaranty Association Notice	
Policy Amendment*	C11698DBG

***PLEASE NOTE THIS WILL NOT BE A PART OF THE INITIAL POLICY. THIS IS ONLY AN ENDORSEMENT**

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

AGE ON DATE OF ACCIDENT	PERCENTAGE OF UNDER-AGE-70 MAXIMUM AMOUNT
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Premium for an Insured age 70 or older is based on 100% of the coverage that would be in effect if the Insured were under age 70.

“Age” as used above refers to the age of the Insured on the Insured’s most recent birthday, regardless of the actual time of birth.

Amended Policy Exclusions:

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. the Insured’s commission of or attempt to commit a crime.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent 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 this Policy.
6. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured’s employer.

9. the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law.
14. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
15. any loss incurred while outside the United States, its Territories or Canada.

Accident Medical Expense Benefit Exclusions:

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 expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an Immediate Family Member;
8. routine physical exam and related medical services;
9. personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital or for items taken away or home from the Hospital, except Durable Medical Equipment.
10. elective treatment or surgery;
11. Experimental or Investigative treatment or procedures;
12. treatment for temporomandibular dysfunction;
13. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
14. educational or vocational testing or training;
15. treatment of Osgood-Schlatter's disease;
16. detached retina unless due to an Injury;
17. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food;
18. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body;
19. charges that are payable under motor vehicle medical benefits;
20. hernia;

This letter provides a summary of the policy features only. The policy will contain the actual terms, conditions, limitations and exclusions of the coverage to be provided. If there is any conflict between this letter and the policy, the policy will govern in all cases. Please contact your program administrator for copy of the full policy.