



500 W. Madison Street
Suite 3000
Chicago, IL 60661

AIG Personal Accident

New Business Base ICS Quote Letter - Blanket Special Risk Insurance

Insurance Underwritten By:

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

July 27, 2017

Lander University
204 W Henrietta Ave
Greenwood, SC 29649

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 **Lander University ICS**.

Policy Number: SRG 9153559

Policy Effective Date **Policy Expiration Date**

August 11, 2017 to August 11, 2018

Risk Address: 204 W. Henrietta Ave
Greenwood, SC 29649

Insureds:

Class I: All intercollegiate student athletes, student managers, student trainers, student coaches of the Policyholder.

Description of Activity:

Class I:

While participating in sponsored, scheduled and supervised intercollegiate games, practice, conditioning, and authorized team travel to and from events for the following sports:

Men: Baseball, Basketball, Golf, Soccer, Tennis, Cross Country

Women: Basketball, Golf, Soccer, Tennis, Cheerleaders, Softball, Volleyball, Cross Country

Benefits:	Limits:
Accidental Death:	10,000
Incurral Period:	365 Days
Heart and/or Circulatory	Included
Accidental Dismemberment:	10,000
Incurral Period:	365 Days
Accident Medical Expense (Full Excess)	\$90,000
Deductible (Integrated)	\$0
Benefit Period:	52 Weeks
Incurral Period:	90 Days
Coinsurance:	100%

Dental Maximum	included
Expanded Sports Medical Benefit:	Included
Heart Malfunctions	Included

Policy Forms:	
Blanket Accident Insurance Policy	C11695DBG
Master Application	C11696DBG (Rev.01/15)SC
Accident Medical Expense Benefit Rider	S30549DBG-SC
Excess Benefits with Integrated Deductible Rider	C11704DBG (Rev. 10/08)
Subrogation and Right of Recovery Endorsement	C11716DBG-SC
Injury Definition and Exclusions Amendatory Endorsement	S30399DBG-SC
Payment of Claims Amendatory Endorsement	S30433DBG-SC
Amendatory Endorsement (Penalty for Non-Compliance)	S30443DBG
Heart and/or Circulatory Benefit Rider	S30559DBG
Economic Sanctions Endorsement	89644 6-13

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 OVER-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.

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, or 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.
- 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) any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law.
- 13) 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.
- 14) any loss incurred while outside the United States, its Territories or Canada.

Expanded Sports Medical Benefit. Accident Medical Expense benefits are payable for the Usual and Customary Charges for Covered Accident Medical Services including any expense for or resulting from malfunctions of the heart, embolism, heat related problems including but not limited to heat exhaustion, heat prostration, and heat stroke, overuse or repetitive motion injuries/symptoms including but not limited to bursitis, tendonitis, shin splints, stress fractures, strains, and twists, while participating in a Covered Activity.

The benefits payable under this Benefit are also subject to the Accident Medical Maximum Amount. No expenses paid under this Benefit will be payable under any other Benefit in the Policy.

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 or loss 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 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;
- 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;
- 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) Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;
- 15) educational or vocational testing or training;
- 16) treatment of Osgood-Schlatter's disease;
- 17) detached retina unless due to an Injury;
- 18) plastic or cosmetic surgery, except due to a covered Injury;
- 19) charges that are payable under motor vehicle medical benefits;
- 20) hernia, except as a result of participation in a Covered Activity;
- 21) any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

Claims Administered by: *AIG Claims*

Premium: \$71,856.28

Producer of Record: David Turley

Producer Company Name: First Agency, Inc

Street Address: 5071 West H Avenue, Kalamazoo, MI 49009

{Only appropriately licensed Producers can sell, solicit and negotiate insurance products with prospective customers.}

Thank you for allowing National Union Fire Insurance Company of Pittsburgh, Pa. to quote this risk. If you would like to discuss the quote or have any questions, please feel free to call me at (269) 381-6630.

Sincerely,

David L. Turley

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. Acceptance of this quote is contingent upon and subject to the actual terms of the policy as issued.

Please note that this letter is valid for 90 days.

Signature

Date