



Administrative Offices
301 East Fourth Street
Cincinnati, OH 45202
1-513-369-5000

GREAT AMERICAN INSURANCE COMPANY

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Great American Insurance Company's toll-free telephone number for information or to make a complaint at:

1-800-275-4691

You may also write to Great American Insurance Company at:

**300 E. Main Street, Suite 314
Charlottesville, VA 22902**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance
P. O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: <http://www.tdi.texas.gov/>
Email: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact Great American Insurance Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Great American Insurance Company para informacion o para someter una queja al:

1-800-275-4691

Usted también puede escribir a Great American Insurance Company:

**300 E. Main Street, Suite 314
Charlottesville, VA 22902**

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas
P. O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Sitio Web: <http://www.tdi.texas.gov/>
Email: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con Great American Insurance Company primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.



Privacy Notice and Notice of Insurance Information Practices

FACTS	WHAT DOES GREAT AMERICAN INSURANCE GROUP (“GREAT AMERICAN”) DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security Number, date of birth, income; • Policy coverage, premiums, account balances, payment and claim history; • Credit history, driving record, medical and employment information. <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
How?	All financial companies need to share customers’ personal information to operate their business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons Great American chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Great American share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates’ everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates’ everyday business purposes— information about your creditworthiness	No	We do not share
For our nonaffiliates to market to you	No	We do not share

Questions?	Call 1-800-545-4269 or go to http://www.greatamericaninsurancegroup.com .
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Who we are	
Who is providing this notice?	This notice is provided by certain companies that make up Great American. These companies are listed below.
What we do	
How does Great American protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We also limit access to your information to those who need it to do their jobs.
How does Great American collect my personal information?	<p>We collect personal information about you, for example, when you</p> <ul style="list-style-type: none"> • Apply for insurance • Give us your contact information • Pay your insurance premiums • File an insurance claim • Tell us who receives the money • Visit our website or email us. <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal laws give you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes—information about your creditworthiness • Affiliates from using your information to market to you • Sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include:</p> <ul style="list-style-type: none"> • Financial companies with a common Great American name; • Financial companies, such as MidContinent Casualty Company, Republic Indemnity Company of America, Summit Consulting LLC, National Interstate Insurance Company, or Premier Lease and Loan Services Insurance Agency, Inc. • Others, such as American Financial Group, Inc.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. Great American does not share with nonaffiliates so they can market to you.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. Our joint marketing partners include insurance agents or other insurance licensees.

Other important information

We do not disclose your health information with third parties, unless authorized by you or as allowed or required by law. We may disclose your information, as permitted by law, to underwrite or administer your policy, claim or account.

We may disclose your information to conduct research, so long as no individual data may be identified in the research study report.

You may review and correct information that we collect about you. To access your information please send a signed, written request to General Counsel at Great American Insurance Company, 301 East Fourth Street, Cincinnati, Ohio 45202-4269; or by email to clegal@gaig.com. Please include your full name, address, telephone number, and policy number in your letter. We may request other information to validate your identity, such as a copy of your driver's license or other valid photo identification. If you believe any of your information is incomplete or incorrect, please write to us and explain what data you believe needs correcting. We will review your information. If we agree, we will correct our records. If we do not agree, you may file a written statement of dispute with us. Upon your request, we also may provide you with more information regarding the disclosure of your information.

Great American Insurance Company
Great American Alliance Insurance Company
Great American Assurance Company
Great American Casualty Insurance Company
Great American Contemporary Insurance Company
Great American E & S Insurance Company
Great American Fidelity Insurance Company
Great American Insurance Company of New York
Great American Protection Insurance Company
Great American Security Insurance Company
Great American Spirit Insurance Company
Great American Underwriters Insurance Company

American Empire Insurance Company
American Empire Surplus Lines Insurance Company
GAI Warranty Company
GAI Warranty Company of Florida
Human and Social Services Risk Purchasing Group, LLC

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE
TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION
(For insurers declared insolvent or impaired on or after September 1, 2011)**

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association ("the Association") administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the *Texas Insurance Code*, Chapter 463.)

It is possible that the Association may not protect all or part of your policy because of statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, **ONLY** if the following conditions are met:
 1. The policyholder has a policy with a company domiciled in Texas;
 2. The policyholder's state of residence has a similar guaranty association; and
 3. The policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, or \$200,000 for other types of health insurance.

Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on a single life; or
- Death benefits up to a total of \$300,000 under one or more policies on a single life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

Group Annuities:

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

Aggregate Limit:

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.

Texas Life and Health Insurance
Guaranty Association
515 Congress Avenue, Suite 1875
Austin, Texas 78701
800-982-6362 or www.txlifega.org

Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104
800-252-3439 or www.tdi.texas.gov



Administrative Offices
301 E 4th Street
Cincinnati OH 45202-4201
513 369 5000 ph

BSR 5000 (Ed. 01/15)

GREAT AMERICAN INSURANCE COMPANY

MASTER APPLICATION FOR BLANKET ACCIDENT INSURANCE

Application is hereby made for a plan of blanket accident insurance based on the following statements and representations:

1. Identification of Policyholder

Name of Applicant (Full Legal Name): Rockdale ISD
Address of Applicant: P.O. Box 632
Rockdale, TX 76567

2. Classes of Eligible Persons

Class	Description of Class
1	All registered students, including band members, cheerleaders, majorettes, student coaches, student trainers and student managers of the Policyholder for whom premium has been paid.

3. Covered Activities

Class 1:

School Time and Sports Coverage – While participating in scheduled, sponsored, and supervised activities of the Policyholder, including gym classes, extracurricular school activities, intramural and interscholastic sports, band, cheerleading and majorettes, as well as supervised travel to and from such games and practice sessions. Sports coverage includes tackle football.

4. Benefits

Accidental Death and Dismemberment
Heart Failure Benefit
Additional Optional Benefits as listed below:
Catastrophic Accident Medical Expense Benefit
Catastrophic Injury Cash Benefit

5. Premiums

It is understood and agreed that the premium shall be \$1,560.00

Such premiums are due and payable in the following manner:

Yearly, on or before the Policy Effective Date, or on the date indicated on the bill provided by **Us** if applicable.

6. Policy Forms Attached at Issuance

The following riders are attached to and made part of the **policy's** coverage as of the Policy Effective Date. Each rider is subject to all provisions, limitations and exclusions of the **policy** that are not specifically modified by the rider.

<u>Form Number</u>	<u>Description</u>	<u>Applicability</u>
BSR 3009 (Ed. 01/15)	Exposure and Disappearance Hazard Rider	Class 1
BSR 3025 (Ed. 01/15)	School Coverage Hazard Rider	Class 1
BSR 3030 (Ed. 01/15)	Sports Coverage I Including Football Hazard Rider	Class 1
BSR 4041 (Ed. 01/15)	Catastrophic Accident Benefit Rider	Class 1

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless: a) this application is received and approved by us based on our current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The Applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance.

NOTICE: This is a limited benefit policy. It does not provide comprehensive health insurance coverage. It does not satisfy the requirements of minimum essential coverage under the Affordable Care Act.

For all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.

Signed for the Policyholder

Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)



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BSR 5001 (Ed. 01/15)

GREAT AMERICAN INSURANCE COMPANY

SCHEDULE OF BENEFITS

Policyholder: Rockdale ISD
Policy Number: CAT E224432 - 05
Policy Effective Date: 8/1/2023
Policy Termination Date: 8/1/2024

Classes of Eligible Persons

Class	Description of Class
1	All registered students, including band members, cheerleaders, majorettes, student coaches, student trainers and student managers of the Policyholder for whom premium has been paid.

Covered Activities

Class 1:

School Time and Sports Coverage – While participating in scheduled, sponsored, and supervised activities of the Policyholder, including gym classes, extracurricular school activities, intramural and interscholastic sports, band, cheerleading and majorettes, as well as supervised travel to and from such games and practice sessions. Sports coverage includes tackle football.

Schedule of Benefits: Coverage

Class 1:

Accidental Death and Dismemberment Benefits

Principal Sum:

Accidental Death:	\$10,000
Accidental Dismemberment:	\$20,000
Heart Failure:	\$10,000

Incurral Period:

Accidental Death:	365 Days
Accidental Dismemberment:	365 Days
Heart Failure:	365 Days

Covered Losses: Accidental Death, Accidental Dismemberment, Heart Failure

Optional Additional Benefits:

Optional Additional Benefits
Benefit

Benefit Amounts:

Catastrophic Accident Medical Expense Benefits:

Incurral Period:	180 Days
Benefit Maximum:	\$10,000,000
Deductible:	\$25,000
Deductible Incurral Period:	104 Weeks from the date of the covered accident
Maximum Benefit Period:	10 Years from the date of covered accident
Scope of Coverage:	Excess Coverage

Catastrophic Injury Cash Benefits

Benefit Maximum:	\$100,000
Initial Payment:	\$100,000
Monthly Payment:	NA
Maximum Number of Monthly Payments:	NA

Schedule of Affiliates

Eligible Persons associated with any affiliate or subsidiary corporation of the Policyholder as of the Policy Effective Date are covered under the **policy**. Their coverage will begin and end in accordance with the Effective Date of Insurance and Termination Date of Insurance provisions in the **policy**. A list of these affiliates and subsidiaries must be kept on file with the Company.

Newly Acquired Organizations

The premium shown on the **schedule of benefits** applies only to the Policyholder and any affiliates or subsidiary corporations covered on the Policy Effective Date. However, **eligible persons** associated with organizations acquired by the Policyholder during the Policy Term may be covered based on the following terms: The Policyholder must (1) report to Us within 30 days of the acquisition the name of the newly acquired organization and any underwriting information we may need to calculate the premium; and (2) pay the additional required premium, if applicable.

Schedule of Policy Riders

The following riders are attached to and made part of the **policy's** coverage as of the Policy Effective Date. Each rider is subject to all provisions, limitations and exclusions of the **policy** that are not specifically modified by the rider.

<u>Form Number</u>	<u>Description</u>	<u>Applicability</u>
BSR 5003 (Ed. 01/15)	Texas Important Notice	Class 1
SDM 526 (Ed. 11/22)	Privacy Notice and Notice of Insurance Information Practices	Class 1
SDM 906 (Ed. 08/14)	Texas LHIGA Disclaimer	Class 1
BSR 5000 (Ed. 01/15)	Master Application for Blanket Accident Insurance	Class 1
BSR 5001 (Ed. 01/15)	Schedule of Benefits	Class 1
BSR 7003 (Ed. 01/15)	Blanket Accident Policy	Class 1
BSR 1003 (Ed. 01/15)	Texas Amendatory Endorsement	Class 1
BSR 3009 (Ed. 01/15)	Exposure and Disappearance Hazard Rider	Class 1
BSR 3025 (Ed. 01/15)	School Coverage Hazard Rider	Class 1
BSR 3030 (Ed. 01/15)	Sports Coverage I Including Football Hazard Rider	Class 1
BSR 4041 (Ed. 01/15)	Catastrophic Accident Benefit Rider	Class 1
IL 72 68 (Ed. 09/09)	In Witness Clause	Class 1

Premiums:

It is understood and agreed that the premium shall be \$1,560.00

Such premiums are due and payable in the following manner:

Yearly, on or before the Policy Effective Date.



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513 369 5000 ph

BSR 7003 (Ed. 01/15)

GREAT AMERICAN INSURANCE COMPANY

BLANKET ACCIDENT POLICY

Policyholder:	Rockdale ISD
Type of Policy:	BLANKET ACCIDENT POLICY (EDUCATIONAL INSTITUTIONS)
Policy Number:	CAT E224432 - 05
Policy Effective Date:	8/1/2023
Policy Term:	8/1/2023 - 8/1/2024
State of Delivery:	Texas

This **policy** takes effect at 12:01 a.m. standard time on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This **policy** terminates at 11:59 p.m. standard time on the last day of the Policy Term, unless the Policyholder and Great American Insurance Company agree to continue coverage under this **policy** for an additional Policy Term.

The provisions and conditions set forth on the pages herein are a part of this **policy** as fully as if recited over the signatures below.

This **policy** is governed by the laws of the state in which it is delivered.

**THIS IS A LIMITED BENEFIT POLICY.
IT PROVIDES BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY.
BENEFITS ARE NOT PAID FOR LOSS DUE TO SICKNESS.
PLEASE READ THE POLICY CAREFULLY**

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SECTION I - DEFINITIONS

Throughout this **policy**, words and phrases that appear in **bold** have special meanings that can be found in the Definitions Section or in the specific Policy provision where those words appear.

Accident means a sudden, abrupt, and unexpected event.

Benefit Plan means a policy or other benefit or service arrangement for medical or dental care, or providing **accident** or health coverage, under any of the following: 1) individual, group or blanket coverage, whether on an insured or self-funded basis; 2) **hospital** or medical service organizations; 3) health maintenance organizations; 4) labor-management plans; 5) employee benefit organization plans; 6) association plans; or 7) any other "employee welfare benefit plan" as defined in the Employee Retirement Income Security Act of 1974, as amended.

Coinurance means the ratio by which **we** and the **covered person** share in the payment of **covered expenses** for **medically necessary** treatment. The percentage **we** pay is stated in the **schedule of benefits**.

Covered Accident means an **accident** that occurs directly and independently of all other causes while coverage is in effect for a **covered person** resulting in a **covered loss** or **injury** under the **policy** for which benefits are payable. The **covered person** must be participating in a **covered activity** or specified hazard, as identified in the **schedule of benefits**, when the **accident** occurs.

Covered Activity means those activities set out in the Covered Activities section of the **schedule of benefits**, with respect to which **covered persons** are provided accident insurance under the **policy**.

Covered Expenses mean expenses actually incurred by or on behalf of a **covered person** for treatment, services or supplies covered by the **policy**. Coverage under the **policy** must remain continuously in effect from the date of the **accident** until the date treatment, services or supplies are received for them to be a covered expense. A **covered expense** is deemed to be incurred on the date such treatment, service or supply that gave rise to the expense or the charge was rendered or obtained.

Covered Loss or **Covered Losses** means an accidental death, dismemberment or other **injury** covered under the **policy**.

Covered Person means an **eligible person**, who enrolls for coverage, if required, and for whom the required premium is paid.

Deductible means the dollar amount of a **covered expense** that must be incurred as an out-of-pocket expense by each **covered person** per **injury** before Accident Medical Expense Benefits and/or other optional benefits paid on an expense-incurred basis are payable under the **policy**. When a **deductible** applies, the amount will be shown in the **schedule of benefits**.

Eligible Person means a person in a Class of Eligible Persons, as shown in the **schedule of benefits**.

Free-Standing Ambulatory Surgical Center or **Free-Standing Ambulatory Medical Center** means a facility providing ambulatory surgical or medical treatment other than a **hospital**, clinic or **physician's** office. It must be qualified to provide the treatment under the standards set by the state in which it is located.

Hospital means an institution that:

1. Operates as a **hospital** pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons;
2. Provides 24-hour nursing service by registered nurses on duty or call;
3. Has a staff of one or more licensed **physicians** available at all times;
4. Provide organized facilities for diagnosis, treatment and surgery, either:
 - a. On its premises; or
 - b. In facilities available to it, on a pre-arranged basis;
5. Is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any

separate ward, wing or section of a hospital used as such; and
6. Is not primarily a facility for alcohol, drug or behavioral treatment.

Hospital Confined or Hospital Confinement means a stay of 24 or more consecutive hours as a registered resident bed-patient in a **hospital**.

Immediate Family Member means a person who is related to the **covered person** 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 and half-brother or half-sister), or child (includes a child legally adopted or a child placed for adoption but not yet adopted), or stepchild.

Incurral Period means the time period within which the **covered loss** or **covered expense** must be incurred. The length of the **incurral period** will be shown in the **schedule of benefits**. The **incurral period** begins on the date of the **covered accident** causing the **covered loss**.

Injury means bodily **injury** sustained by a **covered person** caused by a **covered accident** that:

1. Occurs while this **policy** is in effect as to the person whose **injury** is the basis of claim;
2. Occurs while the **covered person** is participating in a **covered activity**;
3. Occurs under the circumstances described in a hazard applicable to that person; and
4. Results directly and independently of all other causes in a **covered loss** under a benefit applicable to such hazard. See the **schedule of benefits** for applicability of hazards and benefits.

All injuries sustained by one **covered person** in any one **covered accident**, including all related conditions and recurrent symptoms of the **injuries** are considered a single **injury**.

Maximum Benefit Period means the period of time between the date of the **covered accident** causing the **injury** for which benefits are payable and the date after which no further expenses may be incurred for which Accident Medical Expense Benefits will be paid. The Maximum Benefit Period will be shown on the Schedule of Benefits.

Medically Necessary or Medical Necessity means a treatment, service or supply provided to treat an **injury** that is:

1. Appropriate and consistent with the diagnosis and does not exceed in scope, duration, or intensity the level of care needed to provide safe, adequate, and appropriate treatment of the **injury**;
2. Is commonly accepted as proper care or treatment of the **injury** in accordance with the medical practices of the United States and federal guidelines;
3. Can reasonably be expected to result in or contribute to the improvement of the **injury**; and
4. Is provided in the most conservative manner or in the least intensive setting without adversely affecting the condition of the **injury** or the quality of the medical care provided.

The fact that a **physician** may prescribe, order, recommend, or approve a treatment, service or supply does not, of itself, make the treatment, service, or supply medically necessary for the purpose of determining eligibility for coverage under this **policy**.

Pre-existing Condition means a health condition for which a **covered person** has sought or received medical advice or treatment at any time during the 12 months immediately preceding his or her Policy Effective Date of coverage under this **policy**.

Physician means a provider or practitioner who:

1. Is properly licensed or certified to provide care or treatment under the laws of the state where he or she practices;
2. Provides services that are within the scope of his or her license or certificate; and
3. Is neither the **covered person** nor a member of the **covered person's** household or an **immediate family member**.

Policy means the contract issued by **us** to the Policyholder for the benefit of a **covered person**.

Reasonable Charge means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

Schedule of Benefits means the benefits, benefit amounts, terms, limitations and provisions of coverage selected by the Policyholder which is attached to and made a part of this **policy**.

Spouse means an adult person with whom the **covered person** enters into a marriage, civil union, or comparable relationship in a state or nation in which the marriage, civil union or comparable relationship is sanctioned by law and legally valid at the time it is entered into by the parties.

Terrorism or Terrorist Acts means an activity that:

1. Involves any violent act or any act dangerous to human life and that threatens or causes Injury to persons; and
2. Appears in any way intended to: a) intimidate or coerce a civilian population; b) disrupt any segment of a nation's economy; c) influence the policy of a government by intimidation or coercion; or d) affect the conduct of a government by mass destruction, assassination, kidnapping, or hostage-taking; or e) respond to governmental action or policy. **Terrorism or Terrorist Acts** includes any incident declared to be an act of terrorism by an official, department, or agency that has been specifically authorized by federal statute to make such a determination. **Terrorism or Terrorists Acts** shall also include the use of any nuclear weapon or device or the emission, discharge, dispersal, release, or escape of any solid liquid or gaseous chemical or biological agent.

We, Our, Us means Great American Insurance Company or its authorized agent.

SECTION II - POLICY EFFECTIVE AND TERMINATION DATES

Policy Effective Date. The **policy** begins on the Policy Effective Date at 12:01 a.m. standard time at the address of the Policyholder where this **policy** is delivered.

Policy Termination Date. **We** may terminate this **policy** by giving 31 days advance notice in writing to the Policyholder. This **policy** may be terminated at any time by mutual written consent of the Policyholder and **us**. This **policy** terminates automatically on the earlier of: 1) the Policy Termination Date shown in the **schedule of benefits**; or 2) the premium due date if premiums are not paid when due. Termination takes effect at 11:59 p.m. standard time at the Policyholder's address on the Policy Termination Date shown in the **schedule of benefits**.

SECTION III - PREMIUM

Premiums. The premiums for this **policy** will be based on the rates currently in effect, the plan and amount of insurance in effect.

Changes in Premium Rates. **We** may change the premium rates from time to time with at least 60 days advanced written notice. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, **we** reserve the right to change rates at any time if any of the following events takes place:

1. The terms of the **policy** change.
2. A division, subsidiary, affiliated organization, or eligible class is added or deleted from the **policy**.
3. There is a change in the factors bearing on the risk assumed.
4. Any federal or state law or regulation is amended to the extent it affects **our** benefit obligation.

If an increase or decrease in rates takes place on a date that is not a premium due date, a pro rata adjustment will apply from the date of the change to the next premium due date.

Payment of Premium. The first premium is due on the Policy Effective Date. After that, premiums will be due at the rates and manner described in the **schedule of benefits** unless **we** agree with the Policyholder on some other method of premium payment.

If any premium is not paid when due, the **policy** will be canceled as of the premium due date, except as provided in the Grace Period provision.

Grace Period. Unless, not less than 10 days prior to the premium due date, **we** have delivered to the Policyholder or mailed to the last known address shown by **our** written records notice of **our** intention not to renew this **policy** beyond the period for which premium has been accepted, a grace period of 31 days will be granted for the payment of each premium falling due after the first premium, during which grace period this **policy** will continue in effect. The **policy** will remain in effect during the grace period. If the required premiums are not paid during the **policy** grace period, insurance will end on the last premium due date on which required premiums were paid. The Policyholder will be liable to **us** for any unpaid premium for the time the **policy** was in effect.

SECTION IV - ELIGIBILITY FOR INSURANCE

Each person in one of the Classes of Eligible Persons shown in the **schedule of benefits** is eligible to be insured on the Policy Effective Date. **We** maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If **we** discover the eligibility requirements are not met, **our** only obligation is to refund any premium paid for that person.

SECTION V - EFFECTIVE DATE OF INSURANCE

Covered Person's Effective Date. A **covered person's** coverage under this **policy** begins on the latest of:

1. The Policy Effective Date as shown in the **schedule of benefits**;
2. The date the person becomes a member of one of the Classes of Eligible Persons shown in the **schedule of benefits**;
3. If individual enrollment is required, the date written enrollment is received by **us**; or
4. The date on which the first premium payment is received by **us** on or before its due date.

SECTION VI - TERMINATION DATE OF INSURANCE

Covered Person's Termination Date. A **covered person's** coverage under this **policy** ends on the earliest of:

1. The date this **policy** terminates;
2. The premium due date if premiums are not paid when due;
3. The effective date on which the **covered person** requests, in writing, that his or her coverage be terminated;
4. The effective date of any written notice of termination by **us**; or
5. The date the **covered person** ceases to be a member of any eligible class(es) of persons as described in the Classes of Eligible Persons section of the **schedule of benefits**.

SECTION VII - DESCRIPTION OF BENEFITS

The following provisions explain the benefits available under the **policy**. Please see the **schedule of benefits** for the applicability of these benefits on a class level.

A. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If **injury** to the **covered person** results in any one of the **covered losses** specified below, within the **incurral period** shown in the **schedule of benefits**, we will pay the percentage of the principal sum shown below for that **covered loss**. The principal sum is shown in the **schedule of benefits**. If more than one **covered loss** is sustained by a **covered person** as a result of the same covered accident, only one amount, the largest, will be paid.

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

When used in this benefit, the following terms mean:

Member means **loss of hand or foot, loss of sight, loss of speech, and loss of hearing**.

Loss of hand or foot means complete **severance** through or above the wrist or ankle joint.

Loss of sight means the total, permanent **loss of sight** of one eye.

Loss of speech means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means.

Loss of hearing means total and permanent **loss of hearing** in both ears that is irrecoverable and cannot be corrected by any means.

Loss of a thumb and index finger of the same hand means complete **severance** through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Severance means the complete separation and dismemberment of the part from the body.

B. HEART FAILURE BENEFITS

If **injury** to the **covered person** results in any one of the **covered losses** specified below, within the **incurral period** shown in the **schedule of benefits**, **we** will pay the percentage of the principal sum shown below for that **covered loss**. The principal sum is shown in the **schedule of benefits**. If more than one **covered loss** is sustained by a **covered person** as a result of the same **covered accident**, only one amount, the largest, will be paid.

Covered Loss	Benefit Amount
Heart Benefit	100% of the Principal Sum

When used in this benefit, the following terms mean:

Heart Failure means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood provoked by participation in a Covered Activity.

SECTION VIII - SCOPE OF COVERAGE

Excess Benefits. This **policy** is secondary coverage to all other policies. **We** will pay **covered expenses** only after the **covered person** satisfies any **deductible** and only when the **covered expenses** are in excess of amounts paid or payable under any other **benefit plan**. **We** pay benefits without regard to any coordination of benefits provisions in any other **benefit plan**. The amount from other **benefit plans** includes any amount to which the **covered person** is entitled, whether or not a claim is made for the benefits.

Coordination with Medicare: Accident Medical Expense Benefits will be paid in compliance with the Medicare Secondary Payer Act (42 U.S.C. §1395y) and any other applicable law regulating the coordination of benefits of government health **plans**. **We** do not intend to shift to Medicare, Medicaid or any other governmental health **plan** with secondary payer status, the responsibility of primary coverage or payment for any **injury** for which benefits are payable under this **policy**.

SECTION IX – EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

We will not pay benefits for any loss or injury that is caused by, or results from:

1. Sickness, disease, mental infirmity, emotional or psychological trauma, or bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
2. Suicide, self-destruction, attempted suicide or self-destruction, or intentional self-inflicted **injury**, while sane or insane;
3. War or any act of war, whether declared or not;
4. Commission of, or attempt to commit, a felony, an assault, or other illegal activity;
5. Commission of or active participation in a riot, insurrection, or civil disturbance;
6. Medical or surgical treatment, diagnostic procedure, administration or anesthesia, or medical mishap or negligence, including malpractice;
7. The **covered person** being legally intoxicated as determined according to the laws of the jurisdiction in which the **injury** occurred;
8. The **covered person** being intoxicated or under the influence of any drugs or narcotics unless administered by or upon the advice of a **physician**;
9. Any poison, chemical compound, gas or fumes voluntarily taken, administered, absorbed, or inhaled by a **covered person**;
10. Any loss arising out of **terrorism or terrorist acts**;
11. **Injury** covered by workers' compensation, employer's liability laws, or similar occupational benefits, or while engaging in activity for monetary gain from sources other than the Policyholder;
12. A **covered accident** that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon **our** receipt of proof of service, **we** will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 days;
13. Travel in, flight in, boarding, or alighting from an aircraft or aerial device or any craft designed to fly above the Earth's surface, except as specifically provided in the **policy** and except as:
 - a. a fare-paying passenger on a regularly scheduled commercial airline;
 - b. a passenger in a military aircraft flown by the Air Mobility Command of the United States of America or its foreign equivalent;
14. Travel in any aircraft owned, leased, or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
15. Travel in or on any on-road and off-road two or three wheeled motorized vehicle not requiring licensing as a motor vehicle including snowmobiles;
16. Travel or activity outside the United States, Canada, or Mexico;
17. Practice or play in any sports activity, including travel to and from the activity and practice, except as specifically provided in the **policy**;
18. An **accident** that results in a cardiovascular **accident** or stroke caused solely and exclusively by exertion, as verified by a **physician**, while the **covered person** participates in a **covered activity**;
19. Aggravation, during a **covered activity**, of an **injury** the **covered person** suffered before participating in that **covered activity**, unless **we** receive a written medical release from the **covered person's physician**;
20. Participation in **covered activities** not sponsored by or under the supervision of the Policyholder, including skiing, ice hockey, or snowmobiling;
21. The **covered person** riding or driving in any kind of race; or
22. Specified extra-hazardous activities, including: parachuting, hang gliding, motorcycling, mountain biking, non-motorized bike racing (BMX), scuba diving, snow or water skiing, mountain climbing, sky diving, amateur racing of any motor vehicle by water or land, piloting any aircraft, bungee jumping, zip lining, base jumping, spelunking, whitewater rafting, surfing, and parasailing.

In addition to the exclusions above, **we** will not pay Accident Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to, by:

1. **Pre-existing conditions** occurring within the first 12 months of coverage (except as specifically provided by the **policy**);
2. Treatment by persons employed or retained by a Policyholder, or by any **immediate family member** or member of the **covered person's** household;
3. Pregnancy, childbirth, or miscarriage;
4. **Elective abortion**, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
5. **Mental and nervous disorders**;
6. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the **policy**);
7. Elective or cosmetic surgery, except for reconstructive surgery needed as the result of an **injury**;
8. Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices (except as specifically provided in the **policy**);
9. Orthopedic appliances used mainly to protect an **injury**, so the **covered person** can participate in a **covered activity**;
10. Expenses for which the **covered person** would not be responsible for in the absence of this **policy**;
11. Expenses paid or payable under any automobile insurance policy without regard to fault; (This exclusion does not apply in any state where prohibited.)
12. Blood, blood plasma, or blood storage, except expenses by a **hospital** for processing or administration of blood;
13. Treatment of **injuries** that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the **covered activity**;
14. Treatment or service provided by a private duty nurse (except as specifically provided in the **policy**);
15. Replacement of artificial limbs, eyes, or other prosthetic appliances;
16. Routine physicals, check-ups, routine ob-gyn visits, pap smears, or wellness visits;
17. Overuse symptoms including, but not limited to, bursitis, tendonitis, shin splints, stress fractures, heat exhaustion, heat stroke, heat prostration, malfunctions of the heart, embolism, reinjures or the aggravation thereof, sprains, hernia, strains, muscle tears, or repetitive motion injury, except as specifically provided in the **policy**;
18. Expenses due to an aggravation or re- **injury** of a **pre-existing condition** (except as specifically provided in the **policy**);
19. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration (except as specifically provided in the **policy**);
20. Repair, replacement, examinations for prescriptions, or the fitting of eyeglasses or contact lenses;
21. Medical expenses and disability for which the **covered person** is entitled to benefits under any Worker's Compensation Act;
22. Chiropractic care (except as specifically provided in the **policy**);
23. Expenses incurred that are in excess of **reasonable charges**, or expenses that are not **medically necessary**;
or
24. Dental treatment necessitated by sickness, deterioration or disease, for cosmetic, preventive, diagnostic or orthodontic purposes, or by any reason other than an **injury**.

LIMITATIONS

Limitation. **We** will not provide coverage or pay benefits under this **policy** to the extent, and only to the extent, that **we** are prohibited from providing coverage or making payment by any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the U.S. government.

This limitation will not apply if the **covered person** has received a license from the U.S. government to engage in the prohibited activity, provided **we** receive a copy of the license.

SECTION X - CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to **us** within 20 days after a **covered person's** loss, or as soon thereafter as reasonably possible. Notice must be given by or on behalf of the claimant to **us**, with information sufficient to identify the **covered person**.

Claim Forms. **We** 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 **covered person's** name, the Policyholder's name and the Policy Number.

Proof of Loss. Written proof of loss must be furnished to **us** 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 and of the loss must be furnished at such intervals as **we** may reasonably require. Failure to furnish such proofs 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 Claims. Upon receipt of due written proof of death, payment for loss of life of a **covered person** will be made to the **covered person's** beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section. If there is no named beneficiary or surviving beneficiary on record with Us, We will pay benefits in equal shares to the first surviving class of the following: (1) Spouse/Domestic Partner, (2) Children, (3) Parents, (4) Brothers and Sisters. If there are no survivors in any of these classes, We will pay the Covered Person's estate.

Upon receipt of due written proof of loss, payments for all other losses will be made to (or on behalf of, if applicable) the **covered person** suffering the loss. If a **covered person** dies before all payments required under this **policy** have been made, then any remaining amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at **our** option, to any relative by blood or connection by marriage of the payee, who, in **our** sole judgment, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

We may pay benefits directly to any **hospital** or person rendering covered services, unless the **covered person** requests otherwise in writing. Such request must be made no later than the time proof of loss is filed. Any payment **we** make in good faith fully discharges **our** liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this **policy**, other than for loss for which this **policy** provides for periodic payments, will be paid within 30 days after **our** receipt of due written proof of the loss. Subject to **our** receipt of due written proof of loss, all accrued benefits for loss for which this **policy** provides periodic payment will be paid at the expiration of each month during the continuance of the period for which **we** are liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

SECTION XI - GENERAL PROVISIONS

Entire Contract; Changes. This **policy**, together with any schedules, riders, endorsements, amendments, applications, and enrollment forms, if any, make up the entire contract between the Policyholder and **us**. In the absence of fraud, all statements made by the Policyholder or any **covered person** will be considered representations and not warranties. No written statement made by a **covered person** will be used in any contest, unless a copy of the statement is furnished to the **covered person** or his or her beneficiary or personal representative.

No change in this **policy** will be valid, until approved by an officer of Great American Insurance Company. Such approval must be noted on or attached to this **policy** in writing. No agent may change this **policy** or waive any of its provisions.

Incontestability. The validity of this **policy** will not be contested after it has been in effect for 2 years from the Policy Effective Date, except as to nonpayment of premiums.

Beneficiary Designation and Change. The **covered person's** designated beneficiary(ies) is (are) the person(s) so named by the **covered person** and on signed record with the Policyholder.

A legally competent **covered person** over the age of majority may change his or her beneficiary designation at any time, unless an irrevocable designation has been made. The change may be executed, without the consent of the designated beneficiary(ies), by providing **us** or, if agreed upon in advance by **us**, the Policyholder, with a written request for change. When the request is received by **us** or, if agreed upon in advance by **us**, the Policyholder, whether the **covered person** is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but will not apply to or prejudice **us** as respects any payment which may have been made prior to **our** receipt of the request.

Physical Examination and Autopsy. **We** have the right, at **our** own expense, to examine the **covered person**, when and as often as may be reasonably required during the pendency of a claim. **We** may also require an autopsy of the remains of any **covered person** where it is not prohibited by law.

Legal Actions. No legal action for a claim can be brought against **us** until 60 days after receipt of proof of loss. No legal action for a claim can be brought against **us** more than three years after the time for giving proof of loss.

Noncompliance With Policy Requirements. No express waiver by **us** of any requirement(s) of this **policy** will constitute a continuing waiver of such requirement(s). Any failure by **us** to insist upon compliance with any **policy** provision(s) will not operate as a waiver or amendment of that provision.

Conformity With Statutes. Any provision of this **policy** which, on its effective date, is in conflict with the law of the jurisdiction in which the **policy** was delivered, is hereby amended to conform to the minimum requirements of such law.

Clerical Error. Clerical error, whether by the Policyholder, the **covered person** or **us** in keeping records pertaining to this **policy**, will not:

1. Invalidate coverage otherwise validly in effect; or
2. Continue coverage otherwise validly terminated.

Data Required. The Policyholder must maintain adequate records acceptable to **us** and provide any information required by **us** relating to this insurance, its premium, and any benefits claimed or paid hereunder.

Audit. **We** will have the right to inspect and audit, at any reasonable time, all records and procedures of the Policyholder that may have a bearing on this insurance, its premium, and any benefits claimed or paid hereunder.

Non-Duplication of Workers' Compensation Benefits. No benefits will be payable under this **policy** for any loss for which the **covered person** claims coverage under any workers' compensation, employers' liability, occupational disease or similar law. In the event a claim is made under any workers' compensation, employers' liability, occupational disease or similar law arising out of the same or substantially same **accident** or **injury**, the **covered person** must immediately reimburse **us** for all benefits paid in conjunction with that **accident** or **injury**.

Right to Receive and Release Needed Information. **We** have the right to decide in **our** sole judgment what facts **we** need to administer this **policy**. **We** may get needed facts from, or give them to, any other organization or person. **We** need not tell, or get the consent of, any person to do this. Each person claiming benefits under this **policy** must give **us** any facts **we** need to determine coverage under this **policy** or determine the correct payment of a claim.

Facility of Payment and Right of Recovery. If a payment made under another **plan** includes an amount that should have been paid under this **policy**, **we** may pay that amount to the organization making that payment. That amount will then be treated as though it were a benefit paid under this **policy**, and **we** will not have to pay that amount again. If the amount of the payments made by **us** is more than it should have paid under this **policy**, **we** may recover the excess from any person(s) to or for whom **we** have overpaid, including insurance companies or other organizations.

Time Limit on Certain Defenses. After two years from the date of issue of this **policy** no misstatements, except fraudulent misstatements, made by an applicant in any application for this **policy** will be used to void this **policy** or to deny a claim for loss incurred or disability, as defined in this **policy**, commencing after the expiration of such two year period.

No claim for loss incurred or disability, as defined in this **policy**, commencing after two years from the date of issue of this **policy** will be reduced or denied on the ground that a condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of this **policy**.

Certificates Of Insurance. Where it is required by law, or upon the request of the Policyholder, **we** will make available certificates outlining the insurance coverage, and to whom benefits are payable under the **policy**.

Subrogation. To the extent **we** make a payment under this **policy** and the person to whom or for whose benefit payment has been made has any right to recover from anyone liable for the **covered loss**, **we** may assume the rights of the **covered person** and/or his or her designated beneficiary. **We** will be reimbursed for any payments made to or on behalf of the **covered person** and/or the designated beneficiary, regardless of whether or not the **covered person** or person to whom payment has been made has been made whole. The **covered person** and/or his or her designated beneficiary will do everything necessary to transfer those rights to **us**, will do nothing to prejudice those rights and agrees to assist **us** in preserving **our** subrogation and reimbursement rights.

The **covered person** or designated beneficiary must reimburse **us** for any payments **we** make under this **policy**, to the extent that **covered person** or designated beneficiary receives payment from any party for the same **covered loss**.

Assignment. This **policy** is non-assignable. A **covered person** may assign all of his or her rights, privileges and benefits under this **policy**. **We** are not bound by an assignment, until **we** receive a signed copy. **We** are not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this **policy**. Any payment made in good faith will relieve **us** or **our** liability under the **policy**.



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BSR 1003 (Ed. 01/15)

GREAT AMERICAN INSURANCE COMPANY

TEXAS AMENDATORY ENDORSEMENT

This endorsement is attached to and made part of the **policy** as of the Effective Date shown above. If no Effective Date is shown, this endorsement takes effect as of the Policy Effective Date shown on the **schedule of benefits**.

It is subject to all the provisions, limitations, and exclusions of the **policy**, except as they are otherwise specifically modified by this endorsement. It applies only with respect to a loss that occurs on or after the Policy Effective Date and prior to the termination of the **policy**. This endorsement terminates at the same time as the **policy**.

SECTION III – PREMIUM, is amended as follows:

1. The Changes in Premium Rates provision is hereby deleted and replaced with the following:

Changes in Premium Rates. We may change the premium rates from time to time with at least 60 days advanced written notice. No change in rates will be made until 12 months after the Policy Effective Date. However, **we** reserve the right to change rates at any time if any of the following events takes place:

1. The terms of the **policy** change.
2. A division, subsidiary, affiliated organization, or eligible class is added or deleted from the **policy**.
3. There is a change in the factors bearing on the risk assumed.
4. Any federal or state law or regulation is amended to the extent it affects **our** benefit obligation.

If an increase or decrease in rates takes place on a date that is not a premium due date, a pro rata adjustment will apply from the date of the change to the next premium due date.

SECTION IX – EXCLUSIONS AND LIMITATIONS is amended as follows:

1. The following exclusion 10. under the general Exclusions section is hereby deleted and replaced with the following:

10. Any loss arising out of the covered person's participation in terrorism or terrorist acts.

SECTION X - CLAIM PROVISIONS, is amended as follows:

1. The **Notice of Claim** provision is hereby deleted and replaced with the following:

Notice of Claim. Written notice of claim must be given to **us** within 20 days after a **covered person's** loss. Failure to give notice within such time will not invalidate or reduce any claim if it was not reasonably possible to give notice within such time, provided notice was given as soon as reasonably possible. Notice must be given by or on behalf of the claimant to **us**, with information sufficient to identify the **covered person**.

2. The **Payment of Claims** provision is hereby deleted and replaced with the following:

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of a **covered person** will be made to the **covered person's** beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section. If there is no named beneficiary or surviving beneficiary on record with **us**, **we** will pay benefits in equal shares to the first surviving class of the following: (1) Spouse/Domestic Partner, (2) Children, (3) Parents, (4) Brothers and Sisters. If there are no survivors in any of these classes,

we will pay the **covered person's** estate.

Upon receipt of due written proof of loss, payments for all other losses will be made to (or on behalf of, if applicable) the **covered person** suffering the loss. If a **covered person** dies before all payments required under this **policy** have been made, then any remaining amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to a parent, guardian, or other person actually supporting the payee.

We may pay benefits directly to any hospital or person rendering covered services, unless the **covered person** requests otherwise in writing. Such request must be made no later than the time proof of loss is filed. Any payment **we** make in good faith fully discharges **our** liability to the extent of the payment made.

We will pay benefits of a **dependent** child to a person who is not covered under the **policy** if the following conditions are met:

1. a certified copy of the court order providing for the managing or possessory conservator of the child issued by a court of competent jurisdiction in Texas or any other state is submitted to **us**; and
2. a written notice that the person is the managing or possessory conservator of the child is submitted to **us**.

SECTION XI - GENERAL PROVISIONS, is amended as follows:

1. The **Assignment** provision is hereby deleted and replaced with the following:

Assignment. This **policy** is nonassignable. A **covered person** may assign all of his or her rights, privileges and benefits under this **policy**. **We** will be bound by an assignment of the **covered person's** insurance under this **policy** only when the original assignment or a certified copy of the assignment, signed by the **covered person**, is filed with **us**. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this **policy**. Any payment made in good faith will relieve us or our liability under the **policy**.

This endorsement is made a part of the Policy to which it is attached. All other terms and conditions of the Policy remain unchanged.



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BSR 3009 (Ed. 01/15)

GREAT AMERICAN INSURANCE COMPANY

EXPOSURE AND DISAPPEARANCE HAZARD RIDER

This rider is attached to and made part of the **policy** as of the Effective Date shown above. If no Effective Date is shown, this rider takes effect as of the Effective Date shown on the **schedule of benefits**. It is subject to all the provisions, limitations, and exclusions of the **policy**, except as they are otherwise specifically modified by this rider. This rider is applicable only to a **covered person** in a class to which the specific hazard described herein applies, as set forth in the **schedule of benefits**, and only with respect to a **covered accident** that occurs during one of the **covered activities** listed in the **schedule of benefits** on or after the Effective Date and prior to the termination of the **policy**. This rider terminates at the same time as the Policy. Unless otherwise specified, benefits for the hazard described in this rider are paid only once for any one **covered accident**.

Exposure and Disappearance Hazard. We will pay an Accidental Death Benefit if a **covered person** is presumed dead as a result of exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle or vessel in which the **covered person** was traveling.

A **covered person** is presumed dead if:

1. He or she is in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by this rider; and
2. The body is not found within 1 year of the **covered accident**.



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BSR 3025 (Ed. 01/15)

GREAT AMERICAN INSURANCE COMPANY

SCHOOL COVERAGE HAZARD RIDER

This rider is attached to and made part of the **policy** as of the Effective Date shown above. If no Effective Date is shown, this rider takes effect as of the Effective Date shown on the **schedule of benefits**. It is subject to all the provisions, limitations, and exclusions of the **policy**, except as they are otherwise specifically modified by this rider.

This rider is applicable only to a **covered person** in a class to which the specific hazard described herein applies, as set forth in the **schedule of benefits**, and only with respect to a **covered accident** that occurs during one of the **covered activities** listed in the **schedule of benefits** on or after the Effective Date and prior to the termination of the **policy**. This rider terminates at the same time as the Policy. Unless otherwise specified, benefits for the hazard described in this rider are paid only once for any one **covered accident**.

School Coverage Hazard. We will pay benefits for the hazard described in this rider if the covered accident takes place:

1. On **school** premises during normal **school** hours (including recess and lunch period);
2. On **school** premises after normal **school** hours, if the **covered person** is involved in a **school-sponsored activity**; or
3. Off school premises and away from the **covered person's** home while participating in or attending a **school-sponsored activity** within 1 hour's drive of the **school**; or
4. Off school premises and away from the **covered person's** home while participating in or attending a **school-sponsored activity** that is in excess of 1 hour's drive of the school, if the **covered persons** are traveling as a group with adult supervision provided by the **school**; or
5. Traveling directly between the **covered person's** home and the **school**, when **school** is in session; or
6. At another **school** or site where the **covered activity** is scheduled. The **covered activity** includes travel without deviation or interruption between home and school or between the site of the **covered activity** and home or school when the **covered person** is scheduled to attend the **covered activity**.

Benefits Paid. Benefits for the hazard described in this **policy** are payable if the **covered accident** occurs while the **covered person** is traveling in a vehicle:

1. Operated by a properly licensed driver over the age of 19 who is under the direct supervision of the **school**, and
2. When **travel time** does not exceed 12 hours each way.

Definitions. When used in this rider, the following terms mean:

School means any duly accredited (state-certified or accredited) primary, elementary, or secondary school in which the covered person is enrolled or employed.

School-Sponsored Activity - all **school** functions scheduled and sponsored by the **school**, whether on or off **school** premises, that are under the direct supervision of adult personnel provided by the **school**. This includes classes (including summer and religious classes), class trips, recreational activities, and religious services.

Travel Time means the time to or from home or **school** and the **covered activity**, before the required attendance time, and after dismissal and completing any extra duties assigned by the **school**.



Administrative Offices
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BSR 3030 (Ed. 01/15)

GREAT AMERICAN INSURANCE COMPANY

SPORTS COVERAGE INCLUDING FOOTBALL HAZARD RIDER

This rider is attached to and made part of the **policy** as of the Effective Date shown above. If no Effective Date is shown, this rider takes effect as of the Policy Effective Date shown on the **schedule of benefits**. It is subject to all the provisions, limitations, and exclusions of the **policy**, except as they are otherwise specifically modified by this rider. This rider is applicable only to a **covered person** in a class to which the specific hazard described herein applies, as set forth in the **schedule of benefits**, and only with respect to a **covered accident** that occurs during one of the **covered activities** listed in the **schedule of benefits** on or after the Policy Effective Date and prior to the termination of the **policy**. This rider terminates at the same time as the Policy. Unless otherwise specified, benefits for the hazard described in this rider are paid only once for any one **covered accident**.

Sports Coverage I Including Football Hazard. We will pay benefits for the hazard described in this rider if the **covered accident** takes place while:

1. The **covered person** is participating as a member of a team sponsored and supervised by the Policyholder in a scheduled game, official tournament game, or practicing session; or
2. The **covered person** is serving as an: equipment manager, coach, scorekeeper, trainer, or volunteer worker for the team; or
3. The **covered person** is traveling in a vehicle operated by a properly licensed driver over the age of 25 who is under the direct supervision of the Policyholder and **travel time** does not exceed 1 hour each way.

Definitions. When used in this rider, the following terms mean:

Covered Activity - includes travel without **personal deviation** or interruption between home and practice sessions for the game or competition, between the site of the game or competition, and home, school or the site of the Policyholder's **covered activity** when the **covered person** is scheduled to attend the game or competition.

Personal Deviation - an activity that is not reasonably related to the Policyholder's activities and is not incidental to the purpose of the trip.

Travel Time - travel to or from home, school, or the site of the **covered activity** both before the required attendance time and after dismissal, including the completion of any extra duties assigned by the Policyholder or school.



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BSR 4041 (Ed. 01/15)

GREAT AMERICAN INSURANCE COMPANY

CATASTROPHIC ACCIDENT BENEFIT RIDER

This rider is attached to and made part of the **policy** as of the Effective Date shown above. If no Effective Date is shown, this rider takes effect as of the Policy Effective Date shown on the **schedule of benefits**. It is subject to all the provisions, limitations, and exclusions of the **policy**, except as they are otherwise specifically modified by this rider. It applies only with respect to a **covered accident** that occurs on or after the Policy Effective Date and prior to the termination of the **policy**. This rider terminates at the same time as the policy.

Catastrophic Accident Benefits. Subject to the following conditions, we will pay Catastrophic Accident Benefits for: Catastrophic Accident Medical Expenses, and Catastrophic Injury Cash Benefits.

Benefits are subject to the benefit maximums, **maximum any one loss limit**, **deductible**, incurral period, **deductible** incurral period, **aggregate limit of indemnity**, and **maximum benefit periods** shown in the **schedule of benefits**.

Definitions. When used in this rider, the following terms mean:

Deductible Incurral Period - the period of time shown in the **schedule of benefits** that a **covered person** has to satisfy the **deductible** before Catastrophic Accident Medical Expense Benefits are payable under this rider.

Maximum Any One Loss Limit - the total amount of benefits that are payable to a **covered person** under this **policy** or rider for or in connection with an **injury** sustained as the result of any one **covered accident**. When the **maximum any one loss limit** has been reached, no further benefits shall be payable under this **policy** with respect to that **covered person** for or in connection with an **injury** sustained as the result of any one **covered accident**. Benefits will not be duplicated if a **covered person** is insured under more than one blanket accident policy issued by **us** or under more than one plan of coverage provided in any one such **policy**.

Maximum Benefit Period means the period of time between the date of the **covered accident** causing the **injury** for which benefits are payable and the date after which no further expenses may be incurred for which Accident Medical Expense Benefits will be paid.

Catastrophic Accident Medical Expense Benefits. Subject to the following conditions, we will pay Catastrophic Accident Medical Expense Benefits for **covered expenses** that result directly, and from no other cause, from a **covered accident**.

Accident Medical Expense Benefits are only payable:

1. For **reasonable charges**, incurred after the **deductible** has been met;
2. For **medically necessary covered expenses** that the **covered person** receives;
3. For charges incurred within 10 Years after the date of the **covered accident**; and
4. Provided the first **covered expense** is incurred within 180 Days after the date of the **covered accident**.
5. Subject to the **Deductibles, Coinsurance, Rates, Maximum Benefit Periods, Benefit Maximums** and other terms or limits shown in the **schedule of benefits**.

No benefits will be paid for any expenses incurred that are in excess of **reasonable charges**.

Covered Expenses

1. Hospital Room and Board Expenses: Hospital Room and Board Expenses: the daily semi-private room rate for

hospital confinement and general nursing care provided and charged for by the **hospital**. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge;

2. Ancillary **hospital** expenses: services and supplies including operating room, laboratory tests, anesthesia and medications (excluding take home drugs) during **hospital confinement**;
3. Medical emergency care (room and supplies) expenses including the attending **physician's** charges, x-rays, laboratory procedures, use of the emergency room and supplies;
4. Outpatient surgical room and supply expenses for use of the surgical facility;
5. **Physician** non-surgical treatment/examination expenses (excluding medications) including the **physician's** initial visit, each necessary follow-up, visit and consultation visits referred by the attending **physician**;
6. **Physician's** surgical expenses;
7. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis;
8. Outpatient laboratory expenses;
9. Physiotherapy, occupational, chiropractic or similar treatment expenses on an inpatient or outpatient basis (expenses include treatment and office visits connected with such treatment when prescribed by a **physician**, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy);
10. X-ray expenses (including reading charges) but not for dental X-rays;
11. Radiation treatment expenses;
12. Dental expenses, including dental x-rays for the repair or treatment of each **injured** tooth that is whole, sound and a natural tooth at the time of the **injury**;
13. Ambulance expenses;
14. Rehabilitative braces appliances prescribed by a **physician** if it is durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of **injury**, however in no event will benefits be paid for rental charges in excess of the purchase price;
15. Prescription drug expenses prescribed by a **physician** and administered on an outpatient basis;
16. Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for an insured, excluding rental or purchase of computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids;
17. Medical services and supplies, including expenses for blood and blood transfusions, and oxygen and its administration;
18. Rehabilitation Facility expenses for physical and occupational rehabilitation if under the direction of a **physician**; and
19. Home Health Care expenses for care and treatment including: a) part-time nursing care by or supervised by a registered graduate nurse; b) part-time home health aide services; c) physical, speech and occupational therapies when ordered by an attending **physician** and approved by **us**; d) nutritional counseling; and e) medial social services by a qualified social worker.

This Benefit is subject to the **policy's** exclusions applicable to Accident Medical Expense Benefits.

Catastrophic Injury Cash Benefit. Subject to the following conditions, if **injury** to the **covered person** results in any one of the **covered losses** specified below, within the **incurral period** shown in the **schedule of benefits** , **we** will pay the percentage of the catastrophic cash maximum shown below for that **covered loss** . The catastrophic cash maximum is shown in the **schedule of benefits** . If more than one **covered loss** is sustained by a **covered person** as a result of the same **covered accident** , only one amount, the largest, will be paid.

Covered Loss	Catastrophic Cash Maximum
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Coma	100% of the Principal Sum

Catastrophic Injury Cash Benefits are subject to the benefit maximums, initial payment amount, annual payment amount, and maximum number of annual payments shown in the **schedule of benefits**. Benefits may terminate if a **physician** certification of **paralysis** or **coma**, is not provided upon request.

Benefit Payment. Benefits will be paid as follows:

1. An initial payment becomes payable when the covered person sustains a **paralysis** or **coma** as a result of a **covered accident**, and remains alive.
2. An annual payment becomes payable at the end of the period for which the last payment was made, as long as the **paralysis** or **coma** continues and the **covered person** remains alive.

Definitions . When used in this benefit, the following terms mean:

Coma - a profound state of unconsciousness from which the **covered person** is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a **physician**. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered **injury**, unless the state of unconsciousness results from administration of anesthesia in preparation for surgical treatment of **injuries** sustained in that **covered accident**. A **covered person's coma** must:

1. begin within 30 days of the date of the **covered accident** causing the **coma**;
2. continue for 180 consecutive days ; and
3. be expected to either (a) continue for an indefinite period of time, as certified by a **physician**, or (b) end, leaving the **covered person totally disabled** for the remainder of his or her life, as certified by a **physician**.

Paralysis means total loss of use that is expected to last for a continuous time period of 6 months or more, from the earlier of the date of the **covered accident** causing **paralysis** or the date of the diagnosis . A **physician** must determine the loss of use to be complete and not reversible at the time the claim is submitted. The **covered person's paralysis** must:

1. begin within 30 days of the date of the covered accident causing the paralysis;
2. continue for 180 consecutive days, and
3. be expected to either (a) continue for an indefinite period of time, as certified by a **physician**, or (b) end, leaving the **covered person totally disabled** for the remainder of his or her life, as certified by a **physician**.

Limb - an entire arm or entire leg.

Paraplegia - complete and irreversible **paralysis** of both lower **limbs** or both upper **limbs**.

Quadriplegia - complete and irreversible **paralysis** of both upper and lower **limbs** .

Hemiplegia - complete and irreversible **paralysis** of the upper and lower **limbs** on one side of the body.

Uniplegia - complete and irreversible **paralysis** of one lower **limb** or one upper **limb** .

Total Disability or Totally Disabled – either the:

1. inability of the **covered person** who is currently employed to do any type of work for which he or she is or may become qualified by reason of education, training or experience; or
2. inability of the **covered person** who is not currently employed to perform 3 of the 6 activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

We will pay these benefits in addition to any other benefit payable under the **policy**.



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IL 72 68
(Ed. 09 09)

In Witness Clause

In Witness Whereof, we have caused this Policy to be executed and attested, and, if required by state law, this Policy shall not be valid unless countersigned by our authorized representative.

A handwritten signature in black ink, appearing to read "T. R. D.", written over a horizontal line.

President

A handwritten signature in black ink, appearing to read "A. Fisher", written over a horizontal line.

Secretary