

Certificate of Insurance  
**Hartford Life and Accident Insurance Company**  
Hartford Plaza  
Hartford, Connecticut 06115  
(A stock insurance company)



We have issued the policy, identified below, to the policyholder. The policy insures persons who qualify under its terms. The policy is the only contract under which payment is made. Policy provisions which are important to Insured Persons are summarized in this certificate. The policy may be inspected at the Policyholder's office.

### **SPECIAL RISK ACCIDENT SCHEDULE**

Policy No: **08 SR 213114**  
Policyholder: **Florida College System Risk Management Consortium**  
Policy Period: From: **August 26, 2015**  
To: **August 26, 2016**

#### **EXCESS COVERAGE APPLIES**

**INSURED PERSON:** You are an Insured Person under the policy if you are a registered student in the named education/training course(s) of the policyholder that are on file with the Company.

**COVERED ACTIVITIES:** You are covered during the policy period while you are participating in the College course(s), labs or clinical training sponsored by the Policyholder and on the premises designated and supervised by the Policyholder; or while on the premises used for classes, labs or clinical training as designated by the Policyholder; or while traveling with a group in connection with these activities and under the direct supervision of the Policyholder.

<b>Accident Medical Expense Benefit:</b>	Maximum Benefit:	\$15,000.00
	Deductible Amount:	None
	Maximum Dental Limit:	\$15,000.00

<b>Accidental Death Benefit:</b>	Principal Sum:	\$25,000.00
<b>Accidental Dismemberment Benefit:</b>	Principal Sum:	\$25,000.00

#### **INSURED PERSON PERIOD OF COVERAGE**

**Effective Date:** You become an Insured Person on the date you meet the qualifications stated in the Schedule.

**Termination:** You cease to be an Insured Person on the first to occur of: a) the date the policy terminates; or b) the date you cease to qualify as an Insured Person. Termination will not affect any claim for loss due to an accident which occurs before the termination date.

#### **DEFINITIONS**

**Injury** means your bodily injury which results directly and independently of all other causes from accident which occurs while you are participating in a Covered Activity. Loss resulting from sickness or disease, except a pus-forming infection which occurs through an accidental wound, is not covered as resulting from injury.

**We, us or our** means the Hartford Life and Accident Insurance Company.

**You or your** means the Insured Person.

#### **BENEFITS**

##### **ACCIDENT MEDICAL EXPENSE BENEFIT**

We will pay the Reasonable Expenses you incur, in excess of the Deductible Amount, for Medical Care if: a) the first expense for injury is incurred within 26 weeks after the accident, or 30 days for exposure to Disease; and b) the expense is incurred within 104 weeks after the accident. We will not pay:

- more than the Maximum Dental Limit for all expenses incurred for dental treatment, services and supplies;
- more than the Maximum Benefit for all Medical Care and dental treatment, services and supplies; as the result of any one accident;
- for routine expenses incurred for inoculations, immunizations or medicines unless required due to contraction of Disease.

**Medical Care** means necessary: a) medical or surgical treatment, services or supplies; b) hospital, nursing and ambulance services. Each item of Medical Care must be: a) prescribed by a legally qualified physician; b) for the sole purpose of treating the injury.

Medical Care includes preventative treatment of a condition or Disease, provided it can be demonstrated that: a) exposure to a contagious and/or infectious Disease has occurred during a covered activity; and b) actual contraction of the Disease or condition would result in increased physical harm to the Insured Person. Payment will not exceed the Maximum Benefit shown in the Schedule for expenses incurred as the result of any one Disease.

**Disease** means any contagious or infectious disease if the first symptoms of the disease are medically diagnosed: a) while you are covered under the Policy; and b) within 30 days of your exposure while performing one of the covered activities. A covered disease may include, but not limited to, hepatitis, HIV, meningococcal meningitis, or tuberculosis. It does not mean influenza, la Grippe, pneumonia, or common colds.

**Reasonable Expenses** means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received. An expense is considered to be incurred on the date the Medical Care is rendered.

### ACCIDENTAL DEATH BENEFIT

If your injury results in loss of life within 180 days after the date of accident, we will pay the Principal Sum for this Benefit. The amount of the Principal Sum is shown in the Schedule.

### ACCIDENTAL DISMEMBERMENT BENEFIT

If your injury results in any of the following losses within 180 days after the date of the accident we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident. The amount of the Principal Sum is shown in the Schedule.

For Loss of:

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

**Loss** means with regard to:

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

If your injury results in loss for which, in the absence of this provision, we would pay an amount under: a) the Accidental Death Benefit; and b) the Accidental Dismemberment Benefit; we will pay the amount for only the one Benefit which provides the larger amount.

### EXCLUSIONS

The policy does not cover loss resulting from:

- a) intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
- b) war or act of war, whether declared or not;
- c) injury sustained while in the armed forces of any country or international authority;
- d) repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
- e) repair, replacement, examinations for prescriptions or fitting of eyeglasses or contact lenses;
- f) repair or replacement of artificial limbs or orthopedic braces.

### CLAIM PROVISIONS

**Notice of Claim:** The person who has the right to claim benefits (the claimant, beneficiary or his or her representative) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include Insured Person's name and the policy number. Notice should be given to our agent or sent to our office in Hartford, Connecticut.

**Claim Forms:** When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim. If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and extent of the loss is sent to us.

**Proof of Loss:** Written proof of loss must be sent to us within 90 days after the date of the loss. If the claimant is not able to send proof within that time it may be sent as soon as reasonably possible without affecting the claim.. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

**Time of Payment of Claims:** We will pay any daily, weekly, or monthly benefit due: (a) on a monthly basis, after we receive proof of loss, while the loss and our liability continue; or (b) immediately after we receive the proof of loss following the end of our liability. We will pay any other benefit due immediately after we receive the proof of loss.

**Payment of Claims:** We will pay any benefit due for loss of life: (a) according to the beneficiary designation in effect at the time of payment; otherwise (b) to your estate. All other benefits due and not assigned will be paid to you, if living. Otherwise, the benefits may, at our option, be paid: (a) according to the beneficiary designation; or (b) to your estate. If a benefit due is payable: (a) to your estate; or (b) to your or a beneficiary who is either a minor or not competent to give a valid release for the payment; we may pay up to \$1,000 of the benefit due to some other person. The other person will be one who we believe is entitled to the payment and who is related to our or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith. We may pay benefits directly to any hospital or person rendering covered services, unless you request otherwise in writing. You must make the request no later than the time you file a proof of loss.

**Physical Examinations and Autopsy:** While a claim is pending we have the right at our expense: (a) to have you examined by a physician when and as often as we feel is necessary; and (b) in case of death, to make an autopsy where not forbidden by law.

**Legal Actions:** Legal action cannot be taken against us: (a) before 60 days following the date proof of loss is sent to us; (b) after 3 years following the date proof of loss is due.

**Naming a Beneficiary:** You may name a beneficiary or change a named beneficiary by giving a Written Request to us. Your request takes effect on the date it is executed, regardless of whether you are living when we receive it. We will be relieved of further responsibility to the extent of any payment we made in good faith before we received such request.

**Assignment:** This insurance may not be assigned. Benefit payments may be assigned as allowed in the Payment of Claims provision.

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**  
Hartford, Connecticut