

Life Insurance Policy

Whole Life - Insurance Payable at Death of Insured
Premiums Payable During Lifetime of Insured

NONPARTICIPATING

This contract does not entitle you to participate in our surplus.

ReliaStar Life Insurance Company A Stock Company

ReliaStar Life Insurance Company (the Company) agrees to pay the proceeds of this Policy to the Beneficiary upon receipt of due proof of the death of the Insured and to provide the other rights and benefits in accordance with the terms of this Policy.

30-DAY RIGHT TO EXAMINE POLICY

Within 30 days after this Policy is first received, the Owner may cancel it for any reason by delivering or mailing it to the Representative through whom it was purchased or the Home Office of the Company. Upon cancellation, the Company will return any premium paid.



President



Secretary
ReliaStar Life Insurance Company

Policy Number	[Policy Number]
Amount of Insurance	[Amount of Insurance]
Insured	[Insured]
Age	[Age]
Premium Class	[Premium Class]
Date of Issue	[Date of Issue]
Policy Date	[Policy Date]
Owner	[Owner]

THIS IS A LEGAL CONTRACT
BETWEEN THE POLICYOWNER
AND THE COMPANY

READ YOUR POLICY
CAREFULLY

POLICY PROVISIONS

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ReliaStar Life Insurance Company
20 Washington Avenue South
Minneapolis, MN 55401

HOME OFFICE: Minneapolis, MN 55401

I. POLICY DATA

Policy Number	[Policy Number]
Amount of Insurance	[Amount of Insurance]
Insured	[Insured]
Age	[Age]
Premium Class	[Premium Class]
Date of Issue	[Date of Issue]
Policy Date	[Policy Date]
Owner	[Owner]

BENEFICIARY: AS DESIGNATED
IN THE APPLICATION UNLESS
SUBSEQUENTLY CHANGED

THIS IS A LEGAL CONTRACT
BETWEEN THE POLICYOWNER
AND THE COMPANY.

* READ YOUR POLICY *
* CAREFULLY *

ReliaStar Life Insurance Company

[INSURED] [POLICY NUMBER]

II. BENEFITS AND PREMIUMS

AGE: []

COVERAGE DESCRIPTION

AMOUNT OF INSURANCE ANNUAL PREMIUM PAYABLE FOR

WHOLE LIFE [] [] []

WAIVER OF PREMIUM [] [] []

CHILDREN'S TERM INSURANCE [UNITS] [] [] []

ACCIDENTAL DEATH BENEFIT RIDER [] [] []

ACCELERATED BENEFIT RIDER SEE RIDER* [] []

* THE ACCELERATED BENEFIT RIDER IS 50% OF THE AMOUNT OF INSURANCE ON THE POLICY.

TERM TO AGE 65 RIDER [] [] []

TOTAL PREMIUM []

MODE OF PREMIUM PAYMENT ELECTED: SPECIAL MONTHLY SALARY DEDUCTION []

FIRST PREMIUM DUE: []

ReliaStar Life Insurance Company

[INSURED] [POLICY NUMBER]

III. TABLE OF PROCEEDS AND POLICY VALUES

AGE []

WHOLE LIFE
AMOUNT OF INSURANCE []

IF ALL PREMIUMS DUE HAVE BEEN PAID,

THE GUARANTEED POLICY VALUES WILL BE

END OF POLICY YEAR	ON [XXXXXX]	THE PROCEEDS WILL BE	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM INSURANCE TO
1	[]	[]	[]	[]	[]
2	[]	[]	[]	[]	[]
3	[]	[]	[]	[]	[]
4	[]	[]	[]	[]	[]
5	[]	[]	[]	[]	[]
6	[]	[]	[]	[]	[]
7	[]	[]	[]	[]	[]
8	[]	[]	[]	[]	[]
9	[]	[]	[]	[]	[]
10	[]	[]	[]	[]	[]
11	[]	[]	[]	[]	[]
12	[]	[]	[]	[]	[]
13	[]	[]	[]	[]	[]
14	[]	[]	[]	[]	[]
15	[]	[]	[]	[]	[]
16	[]	[]	[]	[]	[]
17	[]	[]	[]	[]	[]
18	[]	[]	[]	[]	[]
19	[]	[]	[]	[]	[]
20	[]	[]	[]	[]	[]
AGE 60	[]	[]	[]	[]	[]
AGE 65	[]	[]	[]	[]	[]

NONFORFEITURE FACTOR []

ANY OUTSTANDING POLICY LOAN WILL DECREASE THE AMOUNTS OTHERWISE AVAILABLE.

ReliaStar Life Insurance Company

[INSURED] [POLICY NUMBER]

TERM TO AGE 65 RIDER
AMOUNT OF INSURANCE []

IF ALL PREMIUMS DUE HAVE BEEN PAID,

THE GUARANTEED POLICY VALUES WILL BE

END OF POLICY YEAR	ON [DATE]	THE PROCEEDS WILL BE	CASH VALUE
1	[]	[]	[]
2	[]	[]	[]
3	[]	[]	[]
4	[]	[]	[]
5	[]	[]	[]
6	[]	[]	[]
7	[]	[]	[]
8	[]	[]	[]
9	[]	[]	[]
10	[]	[]	[]
11	[]	[]	[]
12	[]	[]	[]
13	[]	[]	[]
14	[]	[]	[]
15	[]	[]	[]
16	[]	[]	[]
17	[]	[]	[]
18	[]	[]	[]
19	[]	[]	[]
20	[]	[]	[]
AGE 60	[]	[]	[]

NONFORFEITURE FACTOR []

ANY OUTSTANDING POLICY LOAN WILL DECREASE THE AMOUNTS OTHERWISE AVAILABLE.

IV. AMOUNT OF PROCEEDS

PROCEEDS

"Proceeds" is defined as the total of the benefits payable at the death of the Insured and will be the sum of:

1. the Amount of Insurance then in force;
2. any insurance on the life of the Insured provided by benefit riders;
3. any premium paid which applies to a period of time beyond the Policy month in which the insured dies;

less:

4. any Policy Loan and loan interest; and
5. any unpaid premium, except the first premium, which applies to a period prior to and including the Policy month in which the insured dies.

V. PAYMENT OF PROCEEDS

PAYMENT

Any amount payable at the death of the Insured or any other termination of the Policy will be paid in one sum unless otherwise provided and agreed to. All or part of this sum may be applied to any Payment Option.

CLAIMS OF CREDITORS

To the extent permitted by law, Proceeds will not be subject to any claims of a Beneficiary's creditors.

ELECTION OF PAYMENT OPTIONS

1. BY OWNER

During the lifetime of the Insured, the Owner may elect any Payment Option and may change any election if the Owner has reserved the right to change the manner of payment.

2. BY BENEFICIARY

At the time Proceeds are payable, a Beneficiary may elect or change any payment Option if Proceeds are available to the Beneficiary in one sum.

Any election or change must be in writing in a form acceptable to the Company. A change of beneficiary or Owner withdraws all chosen options; the Beneficiary or Owner must make new elections of any payment options.

The Company will issue a supplemental contract for proceeds applied under any option. The Company need not accept an option where less than \$ 2,500 will be applied for each payee. In this case, the Company may pay a payee's proceeds in one sum. Under any payment option, each payment must be at least \$ 25. If needed, the Company may increase the time between payments to three months, six months or one year to make each payment at least \$ 25.

PAYMENT OPTIONS

The Company will pay the proceeds to a payee. A payee is one to whom the Company may pay part or all of the proceeds or interest. The primary payee is the first person to whom benefits are payable. If the primary payee dies before the Company has made all payments under Options 2, 3 or 4, the Company will pay the remaining payments to any contingent payee. The Company will pay the proceeds in one sum, unless one or more of the following options are requested and the Company agrees to it. The Company will also use any other method of payment that is acceptable to the Insured and the Company. Under Options 2, 3, 4 and 5, the Company will pay the first installment as of the date the Company issues a supplemental contract to pay the proceeds. Under Option 6, the Company will pay the first installment at the end of the interval to which it applies.

Option 1: The proceeds are left with the Company to earn interest. The withdrawal rights, the length of time the Company will hold the proceeds, and any future change of option are subject to our approval. Interest is guaranteed to be at least 2.0% per year compounded annually.

Option 2: The Company will pay the proceeds with interest in equal installments for the chosen amount at equal intervals until the proceeds and interest are all paid. The chosen interval may be a month, three months, six months, or a year. The amount chosen for each installment must be such that the total installments payable in any 12 months is at least 7% of the total amount of the proceeds. The last installment will be for the remaining proceeds and interest, and might not be equal to the other installments. Interest is guaranteed to be at least 2.0% per year compounded annually.

Option 3: The Company will pay the proceeds in equal installments at equal intervals for the chosen number of years. The interval may be one month, three months, six months, or a year. Use the Option 3 Table to determine the amount of each installment. If requested, the Company will provide the payment amounts for a number of years or intervals not shown. The Option 3-table is computed assuming 2.0% per year compounded annually.

Option 3 Table

Number of Years	Monthly Payments Per \$ 1,000 of Proceeds
5	\$ 17.49
10	\$ 9.18
15	\$ 6.42
20	\$ 5.04
25	\$ 4.22

Option 4: The proceeds are used to provide an annuity with 60, 120, 180 or 240 months certain. This means that the Company will continue paying the primary payee, the first person to whom benefits are payable, in equal monthly installments for as long as the primary payee lives with a number of months certain. Certain means that the Company makes payments for at least as long as the period the Insured chose (either 60, 120, 180, or 240 months), no matter when the primary payee dies before the certain period ends, the remaining payments are payable to the contingent payee.

The Company will compute the installments using the calendar year in which the proceeds are applied and the payee's age at that time. The Company will require written proof of the payee's age. If requested, the Company will provide any payment amounts for this section. The amounts of the installments are computed using the 1983 Table A with Projection Scale G and interest at 2.0% per year compounded annually.

Option 5: The proceeds are used to provide a joint and two-thirds to survivor life income for two payees. The Company will make monthly payments jointly to the two payees as long as they both live. When one payee dies, the other receives two-thirds of the amount of the joint monthly payment for life. Payments stop when both payees have died. The Company will compute the payment amounts using the calendar year in which the proceeds are applied. The Company will require written proof of the payees' ages. If requested, the Company will provide any of these amounts. The amounts of the monthly payments are computed using the 1983 Table A with Projection Scale G and interest at 2.0% per year compounded annually.

Option 6: (Annuity Option) The proceeds are used to provide an annuity. Each annuity installment is 103% of the payment that the Company would make if the payee had used the proceeds to buy a similar, non-participating, single premium immediate annuity at our rates on the date the proceeds are applied. The Company will pay these installments at the end of the interval to which they apply. The Company will not apply this option if a similar option would be more favorable to the payee when proceeds are applied.

INTEREST ON SETTLEMENT OPTIONS

The Company will base the interest rate for proceeds applied under Options 1 and 2 on the interest rate the Company declares on funds that the Company considers to be in the same classification based on the option, restrictions on withdrawal, and other factors. The interest rate will never be less than 2.0% per year compounded annually.

In determining amounts to be paid under Options 3 and 4, the Company assumes interest rate of 2.0% per year compounded annually. Also, for Option 3 and certain periods under Option 4, the Company will credit any excess interest the Company may declare on funds that the Company considers to be in the same classification based on the option, restrictions on withdrawals and other factors.

PAYMENT OF PROCEEDS

The Company will pay all proceeds of this policy from our Home Office or an Administrative Office when the Company receives the original Policy and proof of death. The Company will make payments under Settlement Options 4, 5 and 6 only to a natural person in that person's own right. In settling this Policy, the Company will deduct all Policy Loans, unpaid loan interest, and unpaid premiums due on or before the Insured's death.

The Company will pay interest on the proceeds at death for the time between the Insured's death and:

1. The date the Company pays proceeds, or
2. The date the Company issues a supplemental contract, whichever is earlier.

Interest on these funds will be credited for the period of time and at the rate of interest required by state law. The Company may pay interest at a higher rate, but not less than 2% per year compounded annually.

PAYEE'S DEATH BENEFIT AND RIGHT TO SURRENDER

Payment on Death of Payee

If any payments are payable after death of the original payee the Company will:

1. Continue such payments to a contingent payee or pay a death benefit in one sum, as directed and agreed to in a payment option request; or
2. If no contingent payee is named or living at the death of the original payee, pay a death benefit in one sum to the estate of the original payee.

VI. OWNER AND BENEFICIARY

DESIGNATION

The Owner of this Policy is the Insured unless otherwise stated in the application or as changed later by request.

The Beneficiary is as named in the application and will receive the Proceeds upon the death of the Insured unless changed by the Owner.

CHANGE OF OWNER OR BENEFICIARY

During the lifetime of the Insured, the Owner or Beneficiary may be changed by the Owner, unless otherwise provided in the previous designation. Any change will take effect when it is recorded at the Home Office as of the date the request is signed even though the Insured may not be living. Such change will be subject to any payment made or action taken by the Company before such request is recorded.

DEATH OF OWNER OR BENEFICIARY

Unless otherwise provided in the Beneficiary designation:

1. The interest of any Beneficiary who dies before the Insured, will pass to any other Beneficiaries according to their interests; or
2. If no Beneficiary survives the Insured, the proceeds will be paid in one sum to the Owner, if living; otherwise, to the Owner's estate.

If an Owner other than the Insured dies while the Insured is living, all rights of the Owner shall pass to the Owner's estate unless otherwise provided.

VII. POLICY VALUES

GUARANTEED CASH VALUE

This Policy provides a Cash Value. The Cash Value at the end of certain policy years is shown in the Table of Proceeds and Policy Values. The Cash Value at times not shown, and the Cash Value of this Policy if it is under a Surrender Value Option, will be furnished on request. The benefit of the Cash Value may be obtained by Policy Loan or by use of a Surrender Value Option.

POLICY LOANS

AMOUNT OF LOAN VALUE AVAILABLE

The amount of Loan Value Available will be:

1. the Cash Value of this Policy plus the Cash Value of any attached Rider as of the next anniversary or the next premium due date, whichever is earlier; less:
2. any due and unpaid premium;
3. any existing Policy Loan; and
4. any loan interest to the next anniversary.

Any due and unpaid deducted premium will be added to the Policy Loan and will be subject to loan interest.

A Policy in force as Extended Term Insurance has no Loan Value.

A Policy Loan may be repaid while this Policy is in force prior to the death of the Insured. A partial repayment may not be less than \$ 10. If this Policy is in force under Surrender Value Option, the amount of loan which was deducted may be repaid only if this policy is reinstated.

REPAYMENT OF POLICY LOANS

LOANS AND REPAYMENT

The Owner may obtain a Policy Loan by written request in a form satisfactory to the Company. This Policy assigned to the Company is the only security needed. The Company may postpone making a Policy Loan for not more than six months from the date the application for the loan is received at the Home Office. Policy Loans used to pay premiums on policies issued by the Company may not be postponed.

A Policy Loan may be repaid at any time during the Insured's lifetime. If not repaid, the loan will be deducted as a single sum from any settlement or refund. If the loan equals or exceeds the Cash Value, this Policy will terminate 31 days after notice of termination has been mailed to your last known address and to the last known address of any assignee of record. A Policy Loan outstanding when a Surrender Values Option becomes operative will be deducted from the Cash Value. Such a loan may not be repaid or reinstated after that except as stated in the Reinstatement section of this Policy.

INTEREST ON POLICY LOANS

When a loan is made, interest is deducted in advance to the end of the Policy Year and is again due in advance on each Policy Anniversary. If interest is not paid, it will be added to the principal and bear interest at the same rate. The interest rate is 7.4% in advance per year.

GUARANTEED SURRENDER VALUE OPTIONS

ELECTION OF SURRENDER VALUE OPTIONS

Not later than sixty days after the due date of the first unpaid premium and while the Insured is living, the Owner may elect any one of the Surrender Value Options available by filing a written request in a form acceptable to the Company at its Home Office.

The Surrender Value will be:

1. the Cash Value on the premium due date; less:
2. any Policy Loan and loan interest.

SURRENDER VALUE OPTIONS

The table of Proceeds and Policy Values shows the Cash Value, the Paid-Up Insurance, and the termination date of Extended Term Insurance at the end of certain Policy Years.

For values at other times, allowance will be made for the lapse of time and payment for fractions of a year.

Values for times not shown are sent on request.

Paid in Cash

The Owner may surrender this Policy for its Surrender Value. The insurance is then terminated and the Surrender Value will be:

1. paid in one sum to the Owner; or
2. applied under a Payment Option elected by the Owner.

Surrender will be effective on the date the Company has received both the original Policy and a written request in a form acceptable to the Company. The Company may postpone payment for not more than six months from the date of surrender. If payment is deferred, any required interest will be paid as specified by state law.

Paid-Up Insurance

This Policy may be continued in force as Paid-Up Insurance. The amount of Paid-Up Insurance will be computed using the Surrender Value of this Policy as a net single premium as of the due date of the first unpaid premium at the current age of the Insured.

Extended Term Insurance

This Policy may be continued in force as term insurance with no further premiums payable. The amount of Extended Term Insurance will be:

1. the Amount of Insurance; less:
2. any Policy Loan and loan interest.

The length of time the Extended Term Insurance continues will be computed using the Surrender Value of this Policy as a net single premium as of the due date of the first unpaid premium at the then current age of the Insured.

SURRENDER OF PAID-UP OR EXTENDED TERM INSURANCE

The Owner may surrender Paid-Up or Extended Term Insurance at any time for the then current Surrender Value.

If the Paid-Up or Extended Term is surrendered within thirty-one days after an anniversary, the Cash Value used in determining the Surrender Value will not be less than the Cash Value on that anniversary.

RIDERS

When a Surrender Value Option becomes effective, all riders attached to this Policy will terminate unless otherwise provided in the Rider.

VIII. PREMIUM

WHERE PAYABLE

Premiums are payable through payroll deduction by your employer, who sends the deductions to a designated lockbox. If your employer does not actively take payroll deductions, your policy will be placed on direct bill and premiums will be remitted to a designated lockbox.

AMOUNT AND FREQUENCY

Premiums are payable in advance beginning on the Policy Date in the amount and at the interval shown on the Policy Data Page. Premiums may be paid annually, semi-annually, quarterly, or monthly. A [Special Monthly] premium is available only on a salary deduction basis.

The Owner may change the mode of premium payments, subject to the Company's rules in effect at the time of the change, by filing a written request in a form acceptable to the Company at its Home Office.

AUTOMATIC PREMIUM LOAN PROVISION

Any premium not paid before the end of its Grace Period will be paid by charging the premium as a loan against the Policy if:

1. the Automatic Premium Loan has been elected in the application for this Policy or is elected in writing and received at the Home Office while no premium is in default; and
2. if the resulting Policy Loan and loan interest to the next anniversary do not exceed the Loan Value.

Interest at the Policy Loan interest rate will be charged on the Automatic Premium Loan from the premium due date.

If the premium due cannot be paid by Automatic Premium Loan, the Company will apply the available loan value to pay the premium and interest for a proportionate period.

The Automatic Premium Loan Provision may be revoked at any time by written request from the Owner received by the Company at its Home Office.

GRACE PERIOD

A Grace Period of thirty-one days will be allowed for payment of each premium after the first. This Policy will continue in force during the Grace Period unless surrendered.

DEFAULT IN PAYMENT OF PREMIUMS

Any premium not paid before the end of its Grace Period will result in default. The date of default is the date on which the unpaid premium was due. Default will terminate this Policy except as provided under Surrender Value Options upon Default.

SURRENDER VALUE OPTIONS UPON DEFAULT

Upon default, any Surrender Value will be applied under a Surrender Value Option

1. previously elected;
2. elected within sixty days after the date of default; or
3. under the Extended Term Insurance Option if the Owner has made no other election.

See Guaranteed Surrender Value Options for details.

REINSTATEMENT

This Policy may be reinstated at any time within five years after default unless it was surrendered for cash. The requirements are:

1. evidence of insurability acceptable to the Company;
2. payment of all premiums from the date of default;
3. payment or reinstatement of any Policy Loan and loan interest to the date of Reinstatement according to the Policy Loan provisions; and
4. payment of annually compounded interest from the date of default at a rate of six percent a year on all unpaid premiums.

IX. GENERAL PROVISIONS

THE CONTRACT

This Policy, the application, and any riders attached to this Policy make up the entire contract. Only the President or other officer of the Company limited to Vice-President, Secretary, or Assistant Secretary has the power on behalf of the Company to change, modify, or waive any provisions of this Policy. Any changes, modifications, or waivers must be in writing.

This policy is issued in consideration of the completed application and payment of the premium as determined by the Company.

Unless fraudulent, all statements made by or on behalf of anyone covered by this Policy are representations and not warranties.

CHANGE OF PLAN

The Owner may exchange this Policy for a corresponding policy on another plan of insurance subject to:

1. the Company's approval; and
2. the requirements and payment the Company may determine.

CONTROL

Consistent with Beneficiary rights and any assignment, the Owner may, during the lifetime of the Insured:

1. assign or surrender this Policy;
2. make or repay a Policy Loan;
3. amend or modify this Policy with the consent of the Company; and
4. exercise any right, receive any benefit, or enjoy any privilege contained in this Policy.

The Company reserves the right to require this Policy for endorsement to assign, make a Policy Loan, change a Beneficiary, amend, or modify it.

ASSIGNMENT

No assignment of this Policy will be binding on the Company unless it is in writing and received by the Company at its Home Office. The Company will not be responsible for the validity of any assignment. An assignment does not change the beneficiary designation unless specifically provided for in the assignment form.

HOME OFFICE

The Home Office is located in Minneapolis, Minnesota 55401.

ADMINISTRATIVE OFFICE

The Administrative Office is in Minneapolis, MN. Although this Policy states that certain transactions (including all payments to or by the Company) are to be performed at the Home Office, such transactions may be performed at our Administrative Office or at any of its regional offices.

NOT CONTESTABLE AFTER TWO YEARS

All statements made in the application are representations and not warranties. No such statement can be used to void this Policy, or defend against a claim, unless a copy has been endorsed on the Policy or attached to it when issued.

Except for nonpayment of premiums, the validity of this Policy will not be contestable after it has been in force during the lifetime of the Insured for two years from the Date of Issue or reinstatement, whichever is later.

SUICIDE EXCLUSION

If the Insured takes his or her own life within two years from the Date of Issue, the liability of the Company under this Policy will be limited to all premiums paid, without interest, less any Policy Loan and loan interest.

AGE

The age of the Insured on the Policy Date and thereafter means the Age shown on the Policy Data Page plus the number of years elapsed since the Policy Date.

MISSTATEMENTS OF AGE

If the age of the Insured has been misstated, the benefits under this Policy will be those which the premiums paid would have purchased for the correct age.

ELECTIONS, DESIGNATIONS, CHANGES, AND REQUESTS

All elections, designations, changes, and requests must be made in a form acceptable to the Company and become effective when received at its Home Office, unless otherwise provided in this Policy.

BASIS FOR COMPUTATION

The Cash Value on any Policy Anniversary is calculated by the Standard Nonforfeiture Method and is taken to the nearest cent using the nonforfeiture factor shown on Policy Table of Proceeds & Policy Values.

Except for Extended Term Insurance, Surrender Value Options will be computed using the Blended 1980 CSO-D Mortality Table Age Last Birthday, the Blended 1980 CSO-C Mortality Smoker Table Age Last Birthday or the Blended 1980 CSO-C Mortality Nonsmoker Table Age Last Birthday and the mortality table that corresponds to the premium class shown on the Policy Data page. Extended Term Insurance values are computed using the corresponding Blended 1980 CET-D Mortality Table Age Last Birthday, the Blended 1980 CET-C Mortality Smoker Table Age Last Birthday or the Blended 1980 CET-C Mortality Nonsmoker Table Age Last Birthday. All values are calculated using 5.5% interest.

It is assumed that death occurs at the end of the Policy Years. Curtate functions are used.

The details for compounding cash values have been filed with the state where the Policy is delivered. All values meet or exceed required minimums.

The Cash Value of any Paid-Up or Extended Term Insurance as of a Policy Anniversary is the appropriate net single premium for future benefits at the Insured's age last birthday.

Life Insurance Policy

**Whole Life - Insurance Payable at Death of Insured
Premiums Payable During Lifetime of Insured**

Guaranteed Loan Provision

Guaranteed Cash and Surrender Values

Options for Payments of Proceeds

**If you have any questions concerning
this policy or if anyone suggests that
you change or replace this Policy,
please contact your ReliaStar Life
Insurance Company representative,
the Administrative Office or the Home
Office.**

**ReliaStar Life Insurance
Company**

**Administrative Office:
P.O. Box 122
Minneapolis, MN 55440-0122**

**Home Office:
Minneapolis, MN 55401**

**Accident
Insurance Policy**

Nonparticipating

Policy Number [12345-0]

Policyholder [ABC Employer]

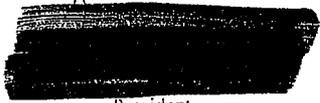
Policy Effective Date [mm/dd/yy]

Policy Anniversary Date [mm/dd]

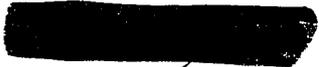
We will pay the benefits provided by this Policy in accordance with the terms of the Policy contained herein. The consideration for this Policy is the application of the Policyholder and the payment of premiums as provided herein. This Policy is effective at 12:01 a.m. at the address of the Policyholder. This Policy is governed by the laws of [name of state].

This is a Limited Benefit Policy. It provides accident only insurance coverage. There is no coverage for hospital, medical-surgical or major medical expenses.

Executed at our Home Office
Box 20
Minneapolis, Minnesota 55440



President



Secretary

ReliaStar Life Insurance Company
Administrative Office:
P.O. 122
Minneapolis, Minnesota 55440-0122
[1-800-XXX-XXXX]

READ YOUR POLICY CAREFULLY

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[PLAN SUMMARY FOR POLICYHOLDER

POLICY NUMBER: [XXXXXXXXXX]
POLICYHOLDER [ABC Employer/Association/Union]
POLICY EFFECTIVE DATE: [MM/DD/YY]
POLICY ANNIVERSARY DATE: [MM/DD]
EMPLOYEE/MEMBER CLASS [Class Description Employees] of ABC]
PLAN COVERAGE TYPE [[24 hour coverage / non-occupational coverage] and [Standard/Choice/Preferred.]
HOURS WORKED PER WEEK REQUIREMENT [30] hours or more per week.
INITIAL RATE GUARANTEE TIME PERIOD: [12] months
TERMINATION NOTICE REQUIREMENTS:
FROM THE POLICYHOLDER: [31 days]
FROM US: [31 days]

ACCIDENT INSURANCE BENEFITS

INITIAL CARE As shown in Individual Certificates
[ACCIDENT HOSPITAL CARE As shown in Individual Certificates]
[FOLLOW-UP CARE As shown in Individual Certificates]
[COMMON INJURIES As shown in Individual Certificates]
[ACCIDENTAL DEATH & DISMEMBERMENT As shown in Individual Certificates]
RIDERS
[Spouse Accident Rider As shown in Individual Certificates]
[Child(ren's) Accident Rider As shown in Individual Certificates]
[Wellness Benefit Rider As shown in Individual Certificates]
[Sickness Hospital Confinement Rider As shown in Individual Certificates]
[Off Job Accident Disability Income Rider As shown in Individual Certificates]
TOTAL PREMIUM [As shown in Individual Certificates]]

READ YOUR POLICY CAREFULLY

DEFINITIONS

These terms, when used in the Policy, mean:

ACCIDENT/ACCIDENTAL: unforeseen occurrence which results in a bodily injury and occurs while the coverage is in force.

ACTIVE EMPLOYMENT, ACTIVELY AT WORK: The Insured must: 1. meet the Hours Worked Per Week Requirement defined in the Plan Summary for Policyholder and 2. be at the Insured's usual place of business or at a location approved by the Insured's employer.

AGE: The Insured's age at his/her last birthday.

CERTIFICATE: The document that explains the parts of the Policy which apply to the Insured and defines benefits and provisions for each Covered Person. A certificate is provided to each Insured.

CERTIFICATE EFFECTIVE DATE: The Certificate of Insurance will be effective at 12:01 a.m. at the Insured's residence on the date shown on the Certificate Schedule of Benefits.

CLASS ELIGIBLE FOR INSURANCE, ELIGIBLE CLASS FOR INSURANCE: Permanent benefit eligible employees or members defined in the Plan Summary for Policyholder who are in Active Employment, and working in the United States.

CONFINEMENT: On the advice of a Doctor, the assignment of a Covered Person to a bed as a resident inpatient in a Hospital. There must be a charge for room and board.

CONTRACT: The contract is made up of: (1) The Policy; (2) the Policyholder's application; (3) the individual applications of the Insureds; (4) the individual certificates of insurance; and (5) any Riders.

COVERED ACCIDENT: An Accident that:

- occurs while the Policy is in force,
- occurs after the Certificate Effective Date and the effective date of any Riders, and
- is not excluded by the Policy or applicable Riders

COVERED PERSON: An individual insured under the Accident Insurance Contract.

DEPENDENT CHILD: An unmarried natural, adopted or stepchild of the Insured from birth through 24 years.

DOCTOR: A person licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical doctor. If so, the term "doctor" also includes persons recognized as qualified to treat the accidental injury for which claim is made by the state in which treatment is received. The Doctor may not be the Insured, the Insured's Spouse, or any Family member.

EMERGENCY ROOM: A specified area within a Hospital that is designated for the emergency care of accidental injuries. This area must:

- be staffed and equipped to handle trauma,
- be supervised and provide treatment by Doctors, and
- provide 24 hours a day service by registered graduate nurses (RNs).

EVIDENCE OF INSURABILITY: A statement of the applicant's medical history.

FAMILY: The spouse, parent, child, or sibling of a Covered Person, including those to whom the Covered Person is related by marriage or civil union.

DEFINITIONS, continued

HANDICAPPED CHILD: The unmarried natural, adopted, or stepchild of the Insured age 25 or older who remains dependent on the Insured for support and maintenance because that child is incapable of working due to physical handicap or mental retardation. Written proof of the Handicapped Dependent Child's incapacity must be furnished to Us at Our Home Office within 31 days prior to the Dependent Child reaching the limiting age while insured under this coverage. We may require, at reasonable intervals, evidence that the handicap is continuing. In any event, We will not require evidence more often than once a year after the 2 year period following attainment of the limiting age.

HOSPITAL: An institution that is run for the care and treatment of sick or injured persons as in-patients and which, on its premises or in facilities available to the hospital on a pre-arranged basis, meets fully each of the following requirements: 1. Is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located; 2. is under the supervision of a medical staff and has one or more Doctors available at all times; 3. provides 24 hours a day service by registered graduate nurses (RNs); and 4. is not, other than incidentally, a place for the aged, a place for the mentally ill, or a nursing or convalescent home. The Insured will not be considered hospital confined if in a special unit of a hospital used as a nursing, rest, or convalescent home.

HOURS-WORKED-PER-WEEK REQUIREMENT: See Plan Summary for Policyholder

INJURY: Accidental body injury that is the direct result of a Covered Accident. Injuries must be independent of Sickness, disease, bodily infirmity and other causes.

INSURED: An employee or member covered under the Certificate. He/she must be accepted for coverage by Us and We must receive premium payments for the coverage, when due.

NON-WORKING DAYS: A day on which the Insured is not regularly scheduled to work, including time off for the following:

- vacations,
- personal holidays,
- weekends and holidays, and
- paid time off for non-medical-related absences.

Non-working days does not include any of the following:

- temporary layoff
- medical absence
- non-medical leave of absence
- the Policyholder suspending its operations, in part or total
- strike

ON JOB ACCIDENT: An Accident that occurs while a Covered Person is working for pay or profit.

OFF JOB ACCIDENT: An Accident that does not occur while a Covered Person is working for pay or profit.

OUTPATIENT TREATMENT: Treatment received by a Covered Person at a Hospital when there is no charge for room and board.

POLICY: The written group insurance contract between the Policyholder and Us.

POLICYHOLDER: As defined in the Plan Summary for Policyholder.

POLICYHOLDER ANNIVERSARY DATE: the annual renewal date of the group insurance contract between Policyholder and Us.

DEFINITIONS, continued

PREMIUM DUE DATE: The 1st of every month unless otherwise defined by Us.

RIDER: Any Riders named in the Plan Summary for Policyholder and attached to the Policy.

SICKNESS: Any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury. It includes pregnancy, infection and any other abnormal physical condition which is not caused by an Accident.

SPOUSE: The legal spouse of the Insured as defined by the state in which the contract is issued and by the Policyholder.

WE, US, OUR: ReliaStar Life Insurance Company at our Home and Administrative Offices in Minneapolis, Minnesota.

WRITTEN, IN WRITING: A written request or notice, signed and dated, and received at Our Home Office or Administrative Office in a form We Accept. You may get forms for this purpose from Us.

ELIGIBILITY and EFFECTIVE DATES

ELIGIBILITY DATE: The Insured is eligible for insurance under the Policy on the first day the Insured is in an Eligible Class.

POLICY EFFECTIVE DATE: The insurance will be effective at 12:01 a.m. on the date shown on the front page of this policy.

DELAYED CERTIFICATE EFFECTIVE DATE: The Certificate Effective Date will be delayed for the Insured if the Insured is not in Active Employment, unless absent due to Non-Working Days. The initial, increased or additional insurance will start on the date that the Insured returns to Active Employment.

CHANGE OF NAMED INSURED IN THE EVENT OF DEATH: If the Insured dies while the Certificate is in force and the Spouse is already a Covered Person, the Insured's Spouse may become the named Insured. The existing riders and premium will be revised accordingly. A written request must be made within 30 days from the date of death of the Insured. The request can be made to Us at Our Administrative Office in Minneapolis, MN or to Our agent. The request must include the Insured's name and Certificate Number as shown in the Schedule of Benefits. Proof of death in the form of a death certificate may also be required.

TERMINATION and PORTABILITY

TERMINATION OF POLICY: The Policy terminates on the date there are no longer any Insureds covered under it.

TERMINATION OF COVERAGE UNDER THE POLICY FOR ALL INSURED OTHER THAN THOSE CONTINUING COVERAGE UNDER THE PORTABILITY PROVISION: If premium is not paid by the end of the Grace Period, coverage under the Policy will terminate at the end of the period for which premiums were paid.

Coverage under the Policy may also be terminated:

1. by the Policyholder with a defined number of days advance Written notice delivered or mailed to Us; or
2. by Us with a defined number of days advance Written notice delivered to the Policyholder.

Refer to the Plan Summary for Policyholder for the required notice time periods.

TERMINATION OF INSURANCE FOR EACH INSURED: The Insured ceases to be insured under the Policy on the first of these to occur:

1. The date the Insured ceases to be in an Eligible Class, unless the Insured applies and is approved for the Portability provision.
2. The date the coverage under the Policy ends, unless the Insured applies and is approved for the Portability provision.
3. The premium due date as of which the Insured fails to pay the premium. The Insured has a 31 day Grace Period after the due date to pay the premium.
4. If during the Grace Period, on the date We receive written notice from the Policyholder to terminate coverage.
5. If premium is not paid by the end of the Grace Period, at the end of the period for which premiums were paid

TERMINATION and PORTABILITY, continued

PORTABILITY: If coverage under the Policy would end for any reason other than nonpayment of premiums, the Insured has the option to continue the Accident Insurance. Riders may also be continued, provided the Covered Person has not reached a termination age listed in the Rider. To continue coverage, the Insured must:

1. notify Us within 31 days of the date the coverage would otherwise terminate, and
2. pay the appropriate premium to Us.

Insurance continued under this provision ends on the earliest of:

1. the last day of the period for which the Insured paid premiums; or
2. the date We receive a Written request from the Insured to terminate the coverage.

PREMIUMS, GRACE PERIOD and REINSTATEMENT

PREMIUM PAYMENTS: While the coverage is in force, the premiums are due on the Policy Effective Date as shown in the Plan Summary for Policyholder and each following premium due date.

GRACE PERIOD: Grace periods of 31 days will be granted for the payment of each premium falling due after the first premium. During each such Grace Period the coverage will remain in force, as long as premiums are paid by the end of the Grace Period.

AMOUNT OF PREMIUM: The Company may, on the dates below, change the premium rates:

1. Premium due date, if the current rate has been in effect for the Initial Rate Guarantee Time Period; or
2. Whenever the terms of the Policy are changed.

Refer to the Plan Summary for Policyholder for the Initial Rate Guarantee Time Period.
The Company will notify the Policyholder at least sixty days prior to any change.

REINSTATEMENT OF COVERAGE: If any renewal premium is not paid within the period specified and is subsequently accepted by Us without requiring an application for reinstatement, coverage will be reinstated.

REINSTATEMENT OF INSURANCE: If the Insured's Certificate terminates, the Insured may apply to have the Certificate put back in force. This request for Reinstatement must be made within 6 months of the date the Insured's Certificate terminated. We may require a completed application and Evidence of Insurability. Coverage will be reinstated upon approval of the application by Us. Premium for coverage since the date of the Insured's termination will not be required.

The reinstated coverage under the Certificate and any Riders shall provide benefits for Covered Accidents that occur while the insurance is in force.

EXCLUSIONS

We will not pay benefits under this Policy for losses that are caused by or occur as the result of:

1. war or act of war, whether declared or undeclared;
2. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
3. operating, learning to operate, serving as a crew member of or jumping, parachuting or falling from any aircraft or hot air balloon, including those which are not motor-driven; does not include flying as a fare paying passenger;
4. engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or any similar activities;
5. participating or attempting to participate in an illegal activity;
6. committing or trying to commit suicide or injuring oneself, whether sane or not;
7. any Sickness or declining process caused by a Sickness;
8. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
9. having a work related injury, unless an On Job accident coverage type is shown on the Plan Summary for Policyholder;
10. an Accident occurring while the Covered Person for whom a claim is being made was operating a motorized vehicle while intoxicated. By intoxication, we mean the blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred;
11. Injury that occurs while the insurance is not in force.

CLAIM PROCEDURES

NOTICE AND PROOF OF LOSS:

Notice of Claim: Written notice of claim must be given within 30 days after the loss on which a claim is based. The notice can be given to Us at Our Administrative Office in Minneapolis, MN or to Our agent. Notice must include the name of the claimant, the Insured's name, and the Certificate Number as shown in the Schedule of Benefits.

Claim Forms: When We receive notice of claim, the Insured will be sent forms for filing proof of loss. If these forms are not sent within 15 days, the Insured may meet the proof of loss requirement by sending Us a written statement of the nature and extent of the loss within the time frame stated in the "Proof of Loss" provision.

Proof of Loss: Accident benefits are contingent on written Proof of Loss. Written proof of loss must be given within 90 days after the date of loss. Failure to furnish written proof of loss within the time required shall not affect any claim if it was not reasonably possible to give proof within such time.

TIME OF PAYMENT OF CLAIMS; PAYMENT OF CLAIMS: Benefits are paid when proof of loss is received. These benefits are payable to the Insured. Any accrued benefits unpaid at the Insured's death will be paid to the Insured's estate, except as noted under any applicable Accidental Death provision.

Any benefit payable to the Insured's estate or while the Insured is not competent to give a valid release, may be paid by Us to any person We believe to be fairly entitled to receive it. We will be discharged from all liability to the extent of such payment.

OVERPAYMENT: If We pay a benefit under the Policy and it is later shown that a lesser amount should have been paid, We will be entitled to recover any overpayments.

GENERAL PROVISIONS

COMPLIANCE WITH STATE STATUTES: Any provision of the Policy which, on its Policy Effective Date, conflicts with any law that applies is amended to conform to the minimum requirements of such law.

ENTIRE CONTRACT, CHANGES: The contract is made up of: (1) The Policy; (2) the Policyholder's application; (3) the individual applications of the Insureds; (4) the individual certificates of insurance; and (5) any Riders.

Any statement made by the Policyholder or by any Covered Person will be deemed a representation and not a warranty. No statement will void the insurance, reduce the benefits or be used in defense to a claim under the Policy unless: (1) It is in a writing signed by the Policyholder or the Insured; and (2) a copy of the writing has been furnished to the Policyholder or to the Insured.

No change in the Policy will be valid unless it is signed by one of Our officers. If not allowed by the terms of the Policy, the change will not be valid unless agreed to in writing by the Policyholder. No Insured or other person will be deemed to have any right of approval of termination or amendment of the Policy.

No person, except one of Our officers may accept any representations or information not in the application, or change the Policy, or waive any of its terms.

LEGAL ACTIONS: No action shall be brought to recover under this Policy before the end of 60 days after written proof of loss has been furnished by the terms of the Policy. No such action shall be brought after the end of 3 years after the time written proof of loss is required to be furnished.

NON-ASSIGNABILITY: No assignment of these Accident Benefits is valid.

PHYSICAL EXAMINATION: At Our own expense, We may have the Covered Person examined by a Doctor when and as often as We may reasonably require while the Covered Person's claim under the Certificate is pending and/or the Covered Person is on claim. We have the right to defer or suspend payment of benefits if the Covered Person fails to attend an exam or fails to cooperate with the Doctor. Benefits may be resumed, provided that the required exam occurs within a reasonable time and benefits are otherwise payable.

TIME LIMIT ON CERTAIN DEFENSES: After the Insured's Certificate has been in effect for 2 years, only fraudulent misstatements by the Insured may be used to void the Certificate or deny any claim for loss incurred or Disability that starts after the 2 year period.

ACCIDENT INSURANCE BENEFITS

The Accident Insurance Benefits included in the Policy are shown in the Plan Summary for Policyholder. The benefits are explained in the following pages.

- INITIAL CARE BENEFITS
- [- ACCIDENT HOSPITAL CARE BENEFITS]
- [- FOLLOW-UP CARE BENEFITS]
- [- COMMON INJURIES BENEFITS]
- [- ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS]

INITIAL CARE BENEFITS

We will pay Initial Care Benefits if a Covered Person receives any of the services or meets any of the conditions described below as the result of Injuries received in a Covered Accident. The benefit amount payable is shown in the individual Insured's Schedule of Benefits. Note: No benefit is paid if the claimant is not insured at the time services are received or conditions are met.

AMBULANCE, AIR: Transport by a licensed professional air ambulance company to or from a Hospital or between medical facilities, for treatment of Injuries received as the result of a Covered Accident. The transport must be within 48 hours after the Covered Accident. We will pay an Air Ambulance Benefit once per Covered Person per Covered Accident.

AMBULANCE, GROUND: Transport by a licensed professional ambulance company to or from a Hospital or between medical facilities, for treatment of Injuries received as the result of a Covered Accident. The transport must be within 90 days after the Covered Accident. We will pay a Ground Ambulance Benefit once per Covered Person per Covered Accident.

EMERGENCY ROOM TREATMENT: Examination and treatment by a Doctor in an Emergency Room within 72 hours of a Covered Accident. We will pay an Emergency Room Treatment Benefit once per Covered Person per Covered Accident. **Exception:** If the Covered Person is also eligible for an Initial Doctor Visit Benefit, the Initial Doctor Visit Benefit amount will be subtracted from the Emergency Room Treatment Benefit.

INITIAL DOCTOR VISIT: Examination and treatment by a Doctor within 72 hours of a Covered Accident. We will pay an Initial Doctor Visit Benefit once per Covered Person per Covered Accident. **Exception:** If the Covered Person is also eligible for an Emergency Room Treatment Benefit, the Initial Doctor Visit Benefit amount will be subtracted from the Emergency Room Treatment Benefit.

DEFINITIONS

General terms are defined in the Definition section of the Policy.

[ACCIDENT HOSPITAL CARE BENEFITS

We will pay Accident Hospital Care Benefits if a Covered Person receives any of the services or meets any of the conditions described below as the result of Injuries received in a Covered Accident. The benefit amount payable is shown in the individual Insured's Schedule of Benefits. Note: No benefit is paid if the claimant is not insured at the time services are received or conditions are met.

BLOOD, PLASMA, PLATELETS: Transfusion, administration, cross matching, typing and processing of blood, plasma, platelets administered within 90 days following a Covered Accident. This benefit is payable once per Covered Accident per Covered Person.

COMA: The Covered Person has been in a COMA for at least 14 days. This benefit is payable once per Covered Accident per Covered Person.

FAMILY LODGING: Hotel/Motel stay by a companion of a Covered Person while the Covered Person is Hospital or ICU confined. The Hospital must be more than 100 miles from the home of the Covered Person. This benefit is payable for 30 days per Covered Person per Covered Accident.

HOSPITAL ADMISSION: Admission to a Hospital as a result of a Covered Accident. The admission must begin within six months following a Covered Accident. We will not pay this benefit for Emergency Room Treatment, for Outpatient Treatment, or for a stay of less than 20 hours in an Observation Unit. This benefit is payable once per Covered Person per Covered Accident.

HOSPITAL CONFINEMENT: Confinement to a Hospital as the result of a Covered Accident. The Confinement must begin within six months following a Covered Accident. We will pay a daily benefit for up to 365 days for a Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if the confinement is caused by more than one Covered Accident. We will not pay the Hospital Confinement Benefit and the Intensive Care Unit Confinement concurrently. We will not pay this benefit for Emergency Room Treatment, for Outpatient Treatment, or for a stay of less than 20 hours in an Observation Unit.

If a Covered Person is discharged from the Hospital and then reconfined within 90 days due to the same Covered Accident or due to a related condition, the reconfinement will be considered part of the previous hospital confinement(s). The total amount payable will not exceed 365 days.

INTENSIVE CARE UNIT (ICU) CONFINEMENT: Confinement in an ICU as the result of a Covered Accident. The confinement must begin within 30 days following a Covered Accident. We will pay a daily benefit for up to 14 days for a Covered Accident. We will pay benefits for only one ICU Confinement at a time even if the confinement is caused by more than one Covered Accident. We will not pay the ICU Confinement Benefit and the Hospital Confinement Benefit concurrently.

If a Covered Person is discharged from the ICU then reconfined within 90 days due to the same Covered Accident or due to a related condition, the reconfinement will be considered part of the previous Hospital confinement(s). The total amount payable will not exceed 14 days.

SURGERY: The surgery must take place within 72 hours of a Covered Accident. The benefit amount may vary based on the type of services received. There is no Surgery Benefit for hernia repair. This benefit is payable once per Covered Person per Covered Accident.

TRANSPORTATION: Transportation for a Covered Person for special treatment and Confinement in a Hospital. The special treatment must be prescribed by a Doctor and not available locally. The transportation must be more than 100 miles. This benefit is not available for transportation by ground ambulance or air ambulance. This benefit is available for up to 3 trips per Covered Person per Covered Accident.

ACCIDENT HOSPITAL CARE BENEFITS, continued

DEFINITIONS

These terms are used in the Accident Hospital Care Benefits provisions. Additional general terms are defined in the Definition section of the policy.

COMA: A state of unconsciousness for fourteen (14) consecutive days due to a Covered Accident with:

- no reaction to external stimuli,
- no reaction to internal needs, and
- the use of life support systems.

HOSPITAL INTENSIVE CARE UNIT (ICU): An ICU is:

- a specifically designated part of a Hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- assigned a Doctor on a full-time basis.

An ICU is not a sub-acute intensive care unit which provides a level of medical care below intensive care, but above a regular private or semi-private room or ward.

OBSERVATION UNIT: A specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored following outpatient surgery or treatment in the Emergency Room by a Doctor and which:

- is under the direct supervision of a Doctor or registered nurse;
- is staffed by nurses assigned specifically to that unit; and
- provides care seven days per week, 24 hours per day.]

[FOLLOW-UP CARE BENEFITS

We will pay Follow-Up Care Benefits if a Covered Person receives any of the services or meets any of the conditions described below as the result of injuries received in a Covered Accident. The benefit amount payable is shown in the individual insured's Schedule of Benefits. Note: No benefit is paid if the claimant is not insured at the time services are received or conditions are met.

FOLLOW-UP DOCTOR TREATMENT: Follow-up treatment by a Doctor within 30 days following a Covered Accident. The Follow-Up Doctor Treatment benefit is only available to a Covered Person who is eligible to receive the Initial Doctor's Visit benefit or the Emergency Room Treatment benefit. This benefit is payable once per Covered Person per Covered Accident.

MEDICAL EQUIPMENT: The medical equipment must be prescribed by a Doctor and use must begin within 90 days after a Covered Accident. The list of eligible equipment is:

- crutches
- wheelchair
- back brace
- leg brace
- walker

The benefit is available once per Covered Person per Covered Accident.

PHYSICAL THERAPY: Physical therapy must be prescribed by a doctor and provided by a Physical Therapist in an office or Hospital on an inpatient or outpatient basis. The therapy must begin within 60 days following the Covered Accident and be completed within six months after the Covered Accident. The benefit is payable up to six times per Covered Person per Covered Accident.

PROSTHETIC DEVICE: We will pay a benefit if a Covered Person receives a Prosthetic Device prescribed by a Doctor for use following the loss of the use of a hand, a foot or the sight of an eye. The Prosthetic Device must be received within one year of a Covered Accident. Note: Prosthetic Devices do not include hearing aids, dental aids, including false teeth, eye-glasses, artificial joints or cosmetic prostheses such as hair wigs. The Benefit amounts may vary based on the number of Prosthetic Devices received. We will pay the benefit once per Covered Person per Covered Accident.

DEFINITIONS

Additional general terms are defined in the Definition section of the Policy.

PHYSICAL THERAPIST: a person other than You or a Family member who:

- is licensed by the state to practice physical therapy;
- performs services within the scope of his/her license; and
- practices according to the Code of Ethics of the American Physical Therapy Association.]

COMMON INJURIES BENEFITS

We will pay Common Injuries Benefits if a Covered Person receives any of the services or meets any of the conditions described below as the result of Injuries received in a Covered Accident. The benefit amount payable is shown in the individual Insured's Schedule of Benefits. Note: No benefit is paid if the claimant is not insured at the time services are received or conditions are met.

BURN: The burns must be treated by a Doctor within 72 hours after a Covered Accident. Benefit amounts may vary based on the Burn Benefits Classification. The Burn Benefits Classifications are defined in the Schedule of Benefits. If the burns of the Covered Person meet more than one of the Burn Benefit Classifications we will pay the higher amount. We will pay one Burn Benefit per Covered Person per Covered Accident.

CONCUSSION: The concussion must be diagnosed by a Doctor within 72 hours after a Covered Accident. The diagnosis must be confirmed by the use of some type of medical imaging procedure; i.e., x-ray, CAT scan or MRI.

DISLOCATION: The dislocation must be diagnosed by a Doctor within 90 days after a Covered Accident. The dislocation must require Open or Closed reduction by a Doctor. The benefit amount will vary based on the type of services received.

- If the reduction is done without anesthesia, the benefit will be reduced to 25% of what would have been paid for a Closed reduction of the same joint.
- If the dislocation is Incomplete, the benefit will be reduced to 25% of what would have been paid for a Closed reduction of the same joint.

If a Covered Person receives more than one Dislocation in a Covered Accident, we will pay a benefit for all Dislocations. However, the benefit will be no more than two times the benefit amount for the joint involved which has the highest benefit amount.

If a Covered Person receives a Dislocation and a Fracture in the same Covered Accident, we will pay a benefit for both. However, the benefit will be no more than two times the amount for the bone or joint involved which has the highest benefit amount.

If a Covered Person receives a Dislocation or a Fracture and tears, ruptures or severs a Tendon/Ligament/Rotator Cuff in a Covered Accident, we will pay only one benefit. The benefit payable will be the largest of either the Fracture, the Dislocation, or the Tendon/Ligament/Rotator Cuff benefit.

This benefit is payable once per Covered Person per Covered Accident. **Exception:** Subsequent dislocations of the same joint in a different Covered Accident will not be covered.

EMERGENCY DENTAL WORK WHILE HOSPITAL CONFINED: If natural teeth are damaged and either extracted or repaired by placement of a crown, an Emergency Dental Work Benefit may be available. The benefit amounts may vary based on the type of services received. The benefit is payable once per Covered Person per Covered Accident regardless of the number of teeth involved.

EYE INJURY: The eye injury must be treated by a Doctor within 90 days after a Covered Accident. The injury must require surgery or the removal of a foreign object by a Doctor. The benefit amount may vary based on the type of services received. We will not pay a benefit for examination with anesthesia or for an injury to the Eyelid. The benefit is payable once per Covered Person per Covered Accident.

FRACTURE: The fracture must be diagnosed by a Doctor within 90 days after a Covered Accident. The fracture must require Open or Closed reduction by a Doctor. If the Doctor diagnoses the Fracture as a Chip Fracture, the benefit will be reduced to 25% of what would have been paid for a Closed reduction of the same bone. The benefit amount will vary based on the type of services received.

COMMON INJURIES BENEFITS, continued

Fracture, continued:

If a Covered Person receives more than one Fracture in a Covered Accident, we will pay a benefit for all Fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which has the highest benefit amount.

If a Covered Person receives a Fracture and a Dislocation in the same Covered Accident, we will pay a benefit for both. However, the benefit will be no more than two times the amount for the bone or joint involved which has the highest benefit amount.

If a Covered Person receives a Dislocation or a Fracture and tears, ruptures or severs a Tendon/Ligament/Rotator Cuff in a Covered Accident, we will pay only one benefit. The benefit payable will be the largest of either the Fracture, the Dislocation, or the Tendon/Ligament/Rotator Cuff benefit.

LACERATION: A laceration is a cut. The laceration must be treated by a Doctor within 72 hours after a Covered Accident. The benefit amount will be based on the total length of all lacerations requiring repair that are received in any one Covered Accident. If the laceration is severe enough to require stitches but the Doctor chooses to repair it another way, the benefit will be determined as if the laceration was stitched. The benefit is payable once per Covered Person per Covered Accident.

PARALYSIS: Paralysis must be confirmed by a Doctor and based on documented evidence of the injury that caused the Paralysis. The duration of the Paralysis must be at least 30 days and expected to be permanent. The benefit may vary based on the degree of paralysis. The benefit is payable once per Covered Person per Covered Accident.

RUPTURED DISK: This benefit is for Surgical Repair of a ruptured disk. The ruptured disk must be treated by a Doctor within 60 days after a Covered Accident. Surgical Repair by a Doctor is required within 1 year after a Covered Accident. The benefit is payable once per Covered Person per Covered Accident.

SKIN GRAFT: The skin graft is for a burn for which a benefit was paid under the Burn Benefit in this coverage. The benefit is payable once per Covered Person per Covered Accident.

TENDON./ LIGAMENT / ROTATOR CUFF: The injury must be torn, ruptured or severed and repaired through surgery within 90 days after a Covered Accident. The Benefit amounts may vary based on the number of repairs required and the services received. If a Covered Person receives a Fracture or a Dislocation and tears, ruptures or severs a Tendon/Ligament/Rotator Cuff, benefits are payable for the largest of either the Fracture, the Dislocation, or the Tendon/Ligament/Rotator Cuff benefit. The benefit is payable once per Covered Person per Covered Accident.

TORN KNEE CARTILAGE: This benefit is for Surgical Repair of torn knee cartilage. The injury must be treated by a Doctor within 60 days after a Covered Accident. Surgical repair of the tear must occur within 6 months after the Covered Accident. The benefit amount may vary based on the type of service received. This benefit is payable once per Covered Person per Covered Accident.

DEFINITIONS

These terms are used in the Common Injuries Benefits provisions. Additional general terms are defined in the Definition section of the Policy.

CHIP FRACTURE: A Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

COMMON INJURIES BENEFITS, continued

Definitions, continued

DISLOCATION: a completely separated joint.

- Open Reduction of Dislocation - surgical
- Closed Reduction of Dislocation - non-surgical

DISLOCATION, INCOMPLETE: the joint is not completely separated.

EYELID: the moveable fold of skin and muscle that covers the eye.

FRACTURE: a broken bone which can be seen by x-ray.

- Open Reduction of Fracture - surgical
- Closed Reduction of Fracture - non-surgical

PARALYSIS: spinal cord injuries sustained in a Covered Accident that result in the loss of use of two or more arms and legs.

- PARAPLEGIA: the complete and irreversible Paralysis of both legs.
- QUADRIPLEGIA: the complete and irreversible Paralysis of both arms and both legs.]

[ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS

We will pay AD&D Benefits if a Covered Person receives any of the services or meets any of the conditions described below as the result of injuries received in a Covered Accident. The benefit amount payable is shown in the individual Insured's Schedule of Benefits. Note: No benefit is paid if the claimant is not insured at the time services are received or conditions are met, except for the Catastrophic Accident Benefit.

ACCIDENTAL DEATH: Injuries received in a Covered Accident cause the Covered Person to die within 90 days following the Covered Accident. The benefit amount payable varies by Covered Person. Note: There is no Accidental Death benefit if the Covered Person is eligible for the Common Carrier Benefit.

ACCIDENTAL DEATH BENEFICIARY DESIGNATION: Any benefit payable under the Accidental Death provision of this coverage will be paid by Us to the named Accidental Death Beneficiary. If there is no named Accidental Death Beneficiary, this benefit will be paid to the Insured's estate.

COMMON CARRIER: Injuries received in a Covered Accident while the Covered Person is a fare paying passenger in a Common Carrier cause the Covered Person to die within 90 days following the Covered Accident. The benefit amount payable varies by Covered Person. Note: Any benefit paid under the Accidental Death benefit will be subtracted from the Common Carrier Benefit.

EXCLUSION: There is no Accidental Death Benefit if the Covered Person committed suicide, while sane or insane.

DISMEMBERMENT: The loss must occur within 90 days following the Covered Accident. Benefit amounts vary based on the loss. The losses considered under this benefit are:

- loss of both hands
- loss of both feet
- total and permanent loss of sight in both eyes
- loss of one hand or one foot AND permanent loss of sight in one eye
- loss of one hand AND one foot
- loss of two or more fingers or toes
- loss of one finger or toe.

By the term "Loss", we mean the physical loss of:

- a hand: the hand is removed through or above the wrist joint.
- a foot: the foot is removed through or above the ankle joint.
- sight in an eye: total and permanent loss of sight.
- a finger: the finger is removed at the joint proximate to the first interphalangeal joint where it is attached to the hand.
- a toe: the toe is removed at the joint proximate to the first interphalangeal joint where it is attached to the foot.

If a Covered Person loses a finger or toe and within 90 days as the result of the same Covered Accident loses a hand or foot on the same side of the body, the benefit amount paid for the loss of the finger or toe will be subtracted from the benefit payable for the loss of the hand or the foot.

If a benefit is paid under another provision of this coverage following laceration repair of a finger, toe, hand, foot or eye and the Covered Person later loses that body part due to the same Covered Accident, the amount of the laceration repair benefit will be subtracted from the Dismemberment Benefit.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS, continued

CATASTROPHIC ACCIDENT: The loss, described below, must occur within 365 of a Covered Accident. The benefit is paid at the end of the Catastrophic Accident Elimination Period, which is the 365 days immediately following the Covered Accident.

- Written notice of the pending claim must be given to Us within 30 days after the loss on which a claim is based;
- the Covered Person must be receiving the appropriate care of a Doctor during the Elimination Period; and
- the Covered Person must be alive at the end of the Catastrophic Accident Elimination Period.

While the Covered Person must be insured at the time of the Covered Accident, they do not need to be insured at the time the benefit is paid. The benefit amount is based on the age of the Covered Person at the time of the Covered Accident. The benefit amount reduces to 50% when the Covered Person reaches age 65. The benefit amount reduces to 25% of the original benefit amount when the Covered Person reaches age 70. The benefit is payable once per lifetime for each Covered Person.

The losses considered under this benefit are total and permanent loss of:

- both hands or both feet; or
- both arms or both legs; or
- one hand and one foot; or
- one arm and one leg; or
- the sight of both eyes; or
- hearing in both ears; or
- the ability to speak.

By the term "Loss", we mean physical loss or loss of function:

- of the hand through or above the wrist joint;
- of the foot through or above the ankle joint;
- of the entire arm from the shoulder to the hand.
- of the entire leg, from the hip to the foot.
- of sight, total and permanent loss of sight.
- of hearing, deafness in both ears that cannot be corrected to any functional degree by any procedure, aid or device.
- of speech, the loss of audible communication such that it cannot be corrected to any functional degree by any procedure, aid or device.

PROOF OF LOSS for CATASTROPHIC ACCIDENT: Written proof of loss must be submitted within 90 days after the end of the Catastrophic Accident Elimination Period. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the Insured lacked legal capacity.

CATASTROPHIC ACCIDENT LIMITATIONS: Any amounts paid under this coverage through a Paralysis Benefit will be subtracted from any benefit due for the Catastrophic Accident Benefit. Any amounts paid under this AD&D provision through the Dismemberment Benefit will be subtracted from the benefit due for the Catastrophic Accident Benefit.

CATASTROPHIC ACCIDENT EXCLUSIONS: No Catastrophic Accident Benefit is payable if the Covered Person is in a Coma at the end of the Catastrophic Accident Elimination Period.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS, continued

DEFINITIONS

These terms are used in the AD&D Benefits provisions. Additional general terms are defined in the Definition section of the Policy.

ACCIDENTAL DEATH BENEFICIARY: person or entity named by the Insured as the beneficiary for the Accidental Death Benefit.

COMMON CARRIER: any commercial transportation that operates on a regularly scheduled basis between predetermined points or cities.]

**Accident
Insurance Policy**

Nonparticipating

ReliaStar Life Insurance Company
Administrative Office:
P.O. Box 122
Minneapolis, Minnesota 55440-0122

[1-800-XXX-XXXX]

Home Office
Box 20
Minneapolis, Minnesota 55440

WE PROMISE TO PAY THE Insurance Proceeds to the Beneficiary, subject to the provisions of this Contract, when We receive due proof of the Insured's death. Payment will be made only if this Contract is in force on the date of such Insured's death.

THE CONSIDERATION FOR THIS CONTRACT is the application hereof and the payment in advance of the premiums in accordance with the terms and conditions of this Contract. The first premium is payable on or before delivery of this contract; the amount of and the interval between planned premiums are shown in the Schedule.

Insured: John Q. Doe Face Amount: \$ 75,000.00 Issue Date: July 3, 1998

This is a legal Contract. Read Your Contract carefully.

20 DAY RIGHT TO EXAMINE CONTRACT.

It is important to Us that You are satisfied with this Contract. If You are not satisfied You may, within 20 days after this Contract is delivered to You, return it to Us or to Our agent. If You return the Contract within this time period We will refund all of the premium You have paid. The Contract will then be deemed void from the beginning.

SIGNED BY TEXAS LIFE INSURANCE COMPANY at Waco, Texas, its Home Office, 900 Washington Avenue on the Contract Date of this Contract.


President


Secretary

Registrar

FLEXIBLE PREMIUM LIFE INSURANCE TO AGE 100

Life insurance payable if the Insured dies prior to age 100. Coverage continues provided Cash Value less indebtedness is sufficient to cover monthly deduction. Cash Value less indebtedness payable at Final Policy Date. Non-participating.

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SCHEDULE FOR CONTRACT NUMBER CL0000001

Form No.	Type of Coverage	Face Amount	Rate Class Numeral	Years Payable
PRFNG-NI-99	Flexible Premium Life Insurance to Attained Age 100	\$75,000.00	Standard (1.0000)	65
ULABR-99	Accelerated Death Benefit Rider			

Beneficiary - As stated in the application for this Contract unless changed in accordance with Contract provisions.

Owner John Q. Doe Insured John Q. Doe
 Issue Age 35 Issue Date July 3, 1998
 Contract Date July 3, 1998 Final Policy Date July 3, 2063
 Monthly Anniversary Date 3 Minimum Premium Due At Issue
 Initial Premium \$ Planned Periodic Premium \$
 Planned Payment Interval Annual Permanent Monthly Flat Extra Amount \$ 0.00
 Guaranteed Date* December 3, 2017

Temporary Monthly Flat Extra Amount ... \$ 0.00 For all Contract Year(s).

Maximum Contract Loan Interest Rate 7.4% in advance.

The amount of Cash Value on the Final Policy Date is unknown, and even if adequate premiums are paid to continue coverage to such date the amount of Cash Value may, in fact, be very small or zero. It will depend upon such factors as the timing and amount of premium payments, cost of insurance rates charges and interest rate(s) credited.

Based upon guaranteed maximum cost of insurance rates (the highest rates We may charge) and the guaranteed minimum interest (the lowest interest rates We may credit), coverage will expire before the Final Policy Date unless premiums in excess of the Minimum Premium Due at Issue are paid.

* The Guaranteed Date is the date to which coverage is guaranteed to continue assuming continuous and uninterrupted payment of a monthly premium equal to the Minimum Premium Due At Issue of \$ plus any applicable monthly direct billing fee described in the 'Planned Periodic Premiums' provision on page 8 and no partial surrenders or Indebtedness.

SCHEDULE FOR CONTRACT NUMBER CL0000001

Standard Rate Class indicates no extra charge for impairment(s). Maximum monthly cost of insurance rates on page 6 apply. Special Rate Class indicates a Monthly Flat Extra Amount for impairment(s). Maximum monthly cost of insurance rates on page 6 apply.

The Annual Premium required to guarantee maturity of this Contract on the Final Policy Date of July 3, 2063, assuming We credit no more than the guaranteed minimum interest rates and charge the guaranteed maximum cost of insurance rates is

PERCENT OF PREMIUM LOAD

A Maximum Premium Load of 4.00% will be deducted from each premium paid.

MONTHLY LIFE INSURANCE LOADS

A permanent monthly life insurance load of \$1.44 will be included in the monthly deduction deducted from the Cash Value on the Issue Date and on each Monthly Anniversary Date.

A monthly life insurance load will be included in the monthly deduction deducted from the Cash Value on the Issue Date and on each Monthly Anniversary Date. The monthly life insurance load per \$1,000 of Face Amount is shown in Table A below.

TABLE A
TABLE OF MONTHLY LOADS
(Per \$1,000 of Face Amount)

Contract Year	Monthly Load						
1	0.2274	2	0.2158	3	0.2025	4	0.1875
5	0.1699	6 & Up	0.0000				

ACCELERATION OF FLAT EXTRA AND MONTHLY LOAD

Notwithstanding any other provision of this Contract to the contrary, if the Contract is surrendered during the first Contract Year then We reserve the right to deduct from the surrender value so many of the subsequent Monthly Life Insurance Loads and Permanent Monthly Flat Extra Amounts that otherwise would have been due for the first Contract Year as is equal to the remainder of full months (not less than zero) of (a) minus (b), where: (a) is the smaller of twelve (12), or the total premiums paid to date divided by the Minimum Premium Due At Issue; and, (b) is the number of Contract Months already expired.

Definitions

To make this Contract easier to read, We have left out many cross-references and conditional statements. Therefore, the provisions of the Contract must be read as a whole.

In this Contract, the following words mean:

Attained Age - The Issue Age shown on page 3 increased by 1 on each succeeding Contract Anniversary Date. For example, if the Issue Age is 35, then the Attained Age on the 5th Contract Anniversary Date is 40 (35 plus 5).

Benchmark Cash Value - On each Monthly Anniversary Date the cash value that would have been produced pursuant to the terms of this Contract assuming: (a) the continuous and uninterrupted payment of a monthly premium equal to the Minimum Premium Due At Issue shown on page 3; (b) actual interest rates applied and actual cost of insurance rates used; (c) no direct monthly billing fee applied; and, (d) no prior Partial Surrenders. The Benchmark Cash Value will never be less than zero.

Beneficiary - The person, persons or entity named in writing by You to receive the Insurance Proceeds at the Insured's death while this Contract is in force.

Contract Anniversary Date - The same day and month as the Issue Date shown on page 3 for each succeeding year.

Contract Month - The interval of time from the Issue Date to the Monthly Anniversary Date, and between consecutive Monthly Anniversary Dates.

Contract Year - The interval of time from the Issue Date to the first Contract Anniversary Date, and between consecutive Contract Anniversary Dates.

Cash Value - The amount in this Contract to which We credit interest.

Indebtedness - The sum of any unpaid Contract loans and any accrued and unpaid Contract loan interest.

Insurance Proceeds - The total amount of money We will pay the Beneficiary at the death of the Insured if this Contract is then in force.

Monthly Anniversary Date - The same day of each calendar month as shown on page 3.

Insured - The person whose life is insured under the terms of this Contract. See page 3.

You, Your - The owner of this Contract. The owner may be someone other than the Insured.

We, Our, Us - Texas Life Insurance Company at its Home Office.

Written Request - A writing to exercise any rights under this Contract, appropriately signed and received by Us at Our Home Office in Waco, Texas, on forms that We supply. We may also require that the Contract be sent to Us with any Written Request.

**TABLE OF GUARANTEED MAXIMUM MONTHLY COST
OF INSURANCE RATES PER \$1,000**

The table below is the guaranteed maximum monthly cost of insurance rates We will charge based on the Insured's Attained Age. These rates must be multiplied times the rate class numeral shown on Page 3.

Attained Age	Cost	Attained Age	Cost
0		50	
1		51	
2		52	
3		53	
4		54	
5		55	
6		56	
7		57	
8		58	
9		59	
10		60	
11		61	
12		62	
13		63	
14		64	
15		65	
16		66	
17		67	
18		68	
19		69	
20		70	
21		71	
22		72	
23		73	
24		74	
25		75	
26		76	
27		77	
28		78	
29		79	
30		80	
31		81	
32		82	
33		83	
34		84	
35		85	
36		86	
37		87	
38		88	
39		89	
40		90	
41		91	
42		92	
43		93	
44		94	
45		95	
46		96	
47		97	
48		98	
49		99	

Death Benefits

Insurance Proceeds

The Insurance Proceeds are the sum of (a) minus (b) where:

- (a) is the death benefit as calculated below; and,
- (b) is any Indebtedness.

The death benefit is the greater of (a) or (b), where:

- (a) is the Face Amount shown on page 3 (or as reduced by the effect of a Partial Surrender); and,
- (b) is the applicable percentage from Table B multiplied times the Cash Value on the date the Insured dies. The percentage is based upon the Insured's Attained Age and changes on each Contract Anniversary Date as shown in Table B below.

TABLE B

Attained Age	Percentage	Attained Age	Percentage	Attained Age	Percentage
0-40	250%	54	157%	68	117%
41	243	55	150	69	116
42	236	56	146	70	115
43	229	57	142	71	113
44	222	58	138	72	111
45	215	59	134	73	109
46	209	60	130	74	107
47	203	61	128	75-90	105
48	197	62	126	91	104
49	191	63	124	92	103
50	185	64	122	93	102
51	178	65	120	94-& Later	101
52	171	66	119		
53	164	67	118		

Payment of Insurance Proceeds

Subject to the provisions of this Contract, when the Insured dies We will pay the Insurance Proceeds to the Beneficiary, and this Contract will then terminate. We will pay the Insurance Proceeds to the Beneficiary only after We receive:

- (a) this Contract;
- (b) due proof that the Insured died while this Contract was in force;
- (c) a properly completed claim form on a form which We will provide; and,
- (d) an authorization on a form We supply, from the next of kin of the Insured, which allows Us to obtain and disclose information concerning the Insured.

Effect of Partial Surrender on Insurance Proceeds

A partial surrender will decrease the Insurance Proceeds. If the death benefit is the Face Amount, We will reduce the Face Amount by the amount of the partial surrender. If the death benefit is not the Face Amount, in calculating the new death benefit, We will reduce the Face Amount by the larger of zero, or (a) minus (b) plus (c) where:

- (a) is the amount of the partial surrender;
- (b) is the amount of death benefit prior to the partial surrender; and,
- (c) is the Face Amount.

Premiums And Reinstatement

Payment of Premiums

An initial premium equal to or greater than the Minimum Premium Due At Issue shown on page 3 is due on the Issue Date. This Contract is not in force until the initial premium has been paid. If premium payments cease, this Contract will continue in force, subject to the grace period provision. Subject to the provisions of this section, You can choose the amount and the frequency of any further premiums. Premiums are to be paid to Us at Our Home Office. You may request a receipt signed by one of Our officers.

Planned Periodic Premiums

Planned Periodic Premiums are shown on page 3. This is the amount and frequency of premiums You selected on the Issue Date. You may change the amount and frequency. You may choose only intervals of 1 month, 6 months (for a Planned Periodic Premium of \$100 or more), or 12 months.

If You choose the monthly interval, payment must be:

- (a) by pre-authorized payment from a bank or institution that permits similar payment;
- (b) as a part of a billing involving five or more employees of a common employer; or,
- (c) by direct payment to Us, but only if premiums for this Contract were previously paid as a part of a billing involving a common employer. For this method of payment We will send You reminder notices each month, and to cover the added handling cost deduct from each premium so received a monthly direct billing fee not to exceed \$2.00.

If You choose 6 or 12 month intervals, We will send You reminder notices at the planned payment interval.

Additional Premiums

You may pay additional premiums at any time while this Contract is in force, except that We may refuse to accept a premium if the death benefit is not the Face Amount.

We will not knowingly accept any premium which would result in the Internal Revenue Code not treating any of the Insurance Proceeds as life insurance. If We accept any premium in error, We will refund it to You with interest immediately after the error is discovered. The interest rate will be that credited to the Cash Value attributable to the premium refunded. Any premiums which We accept in error will not be considered premium paid under this Contract.

Grace Period

On any Monthly Anniversary Date, if the Cash Value minus any Indebtedness is less than the monthly deduction this Contract will terminate 61 days after such date. These 61 days are called the grace period. We will notify You at Your last address recorded on Our records and any assignee recorded on Our records in writing within 30 days prior to the end of the grace period.

Continuation of Insurance

If You stop paying premiums coverage will continue until the Cash Value minus Indebtedness is less than the monthly deduction at which time this Contract will terminate according to the Grace Period provision.

Reinstatement

Reinstatement means to place this Contract in force after it terminates because it reached the end of a grace period. We will reinstate this Contract if We receive:

- (a) Your Written Request within five years after this Contract terminates at the end of a grace period;
- (b) Satisfactory proof that the Insured is still insurable at the original rate class;
- (c) Payment or reinstatement of any Indebtedness; and
- (d) A premium large enough to cover the Monthly Deduction for three months. If We approve Your Written Request for reinstatement on a Monthly Anniversary Date this Contract will again be in force on that day. If Our approval occurs on any other day this Contract will again be in force as of the next Monthly Anniversary Date.

Contract Values

Cash Value

On each Monthly Anniversary Date the Cash Value is the sum of (a) plus (b) plus (c) minus (d) minus (e), where:

- (a) is the Cash Value on the preceding Monthly Anniversary Date;
- (b) is the interest for one month on item (a);
- (c) is all premiums received since the preceding Monthly Anniversary Date, less a premium load not to exceed the percent of premium load of such premiums, as shown on page 4;
- (d) is the monthly deduction for the ensuing month; and
- (e) is the sum of all partial surrenders since the preceding Monthly Anniversary Date.

On the Issue Date the Cash Value is (c) minus (d). On any other day the Cash Value is (a) plus (c) minus (e). There is no pro-rata crediting of interest or pro-rata monthly deduction between Monthly Anniversary Dates.

Interest Rate

We guarantee to credit interest at a rate not less than 0.46698% a month, compounded monthly, on that portion of the Cash Value up to the Benchmark Cash Value. This is equivalent to 5.75% a year, compounded yearly. On the balance of the Cash Value, if any, We guarantee to credit interest at a rate not less than 0.36748% a month, compounded monthly. This is equivalent to 4.50% a year, compounded yearly.

We may, in Our discretion, use one or more higher interest rate(s) and credit each rate to different portions of Your Cash Value in such a manner as We determine. For example, We may credit a different interest rate to that portion of the Cash Value in excess of the Benchmark Cash Value. The monthly rate We will credit that portion of the Cash Value which equals any Indebtedness will be 0.36748% a month.

Monthly Deductions

The monthly deduction whether or not premium payments are received is (a) plus (b) plus (c) where:

- (a) is the cost of insurance for this Contract and any riders attached to it;
- (b) is the monthly life insurance loads as described on page 4; and,
- (c) is the Permanent and Temporary Monthly Flat Extra Amount(s), if any, for this Contract shown on page 3.

Cost of Insurance

We calculate the cost of insurance for the ensuing month on the Issue Date and on each Monthly Anniversary Date. The cost of insurance is (a) multiplied times the quotient resulting from dividing the remainder of (b) minus (c) by 1,000 where:

- (a) is the cost of insurance rate;
- (b) is the amount of death benefit divided by 1.0036748; and
- (c) is the Cash Value.

We calculate the cost of insurance for benefits provided by any riders attached to this Contract as provided in those riders.

Cost of Insurance Rates

The cost of insurance rate depends on the Issue Age, Contract Year and rate class. The guaranteed maximum monthly cost of insurance rates are found by multiplying (a) times (b) where:

- (a) is the monthly cost of insurance rates shown on page 6; and
- (b) is the rate class numeral shown on page 3.

The monthly cost of insurance rates shown on page 6 are based on the 1980 Commissioners' Standard Ordinary Mortality Table-C, Age Last Birthday. We can use cost of insurance rates that are lower than these guaranteed rates. The cost of insurance rates We will use will apply uniformly to all policies of the same class, Issue Age, and Contract Year. However, the guaranteed maximum cost of insurance rates will apply whenever the Cash Value is less than the Benchmark Cash Value.

Surrender

While the Insured is alive You may surrender this Contract for its Cash Value less any Indebtedness. We will pay You such amount in a lump sum after We receive Your Written Request to do so, subject to the "Deferment" provision. The amount will be determined as of the date the Written Request is received. If You request to surrender this Contract then all of Our obligations under it will end.

In lieu of a lump sum payment, You may ask that the surrender amount be applied under one of the Optional Income Plans. Upon surrender of this Contract during the grace period and within 30 days after a Contract Anniversary Date, the surrender amount will not be less than it would have been on such date. If the Insured is alive on the Final Policy Date shown on page 3 We will pay You the Cash Value minus any Indebtedness and this Contract and all of Our obligations under it will end.

Partial Surrender

While the Insured is alive, You may make a partial surrender. The amount of the partial surrender must be for at least \$500.00 but cannot exceed the amount You would receive if You surrendered this Contract.

Limited Right to Partial Refund of Premium

If on any Monthly Anniversary Date on or after the Guaranteed Date shown on page 3 You exercise Your right to surrender this Contract We will refund You a portion of the premiums paid *provided that*:

- (a) no prior Partial Surrenders have been taken;
- (b) assuming the Benchmark Cash Value, the payment of a premium for the ensuing Contract Month equal to the Minimum Premium Due At Issue plus any applicable monthly direct billing fee would nevertheless be insufficient to prevent the Contract from entering the Grace Period; and,
- (c) the Cash Value on the effective date of surrender is equal to or greater than the Benchmark Cash Value.

The amount of refund of premium due under this provision is equal to sixty (60) times the Minimum Premium Due At Issue and will be in addition to the lump sum due on surrender. We will notify You within thirty (30) days prior to the date Your right under this provision first becomes available.

Contract Loans

Contract Loan

By Written Request while this Contract is in force You may receive cash from Us by taking a Contract loan upon the assignment of this Contract to Us as sole security. If there is an existing loan You can increase it. The most You can borrow at any time is the Cash Value as of the date We receive Your Written Request. We will deduct the amount of any existing Indebtedness from the amount We send You. All or any part of the Indebtedness may be repaid at any time while this Contract is in force. However, this Contract will terminate 61 days after the Monthly Anniversary Date on which total Indebtedness equals or exceeds the Cash Value. We will notify You at Your last address recorded on Our records and any assignee recorded on Our records in writing within 30 days prior to the end of such date.

Interest Rate Charged on Contract Loan

The maximum effective annual interest rate We charge on money You borrow under this Contract is shown on page 3. We can charge interest at a lower rate for any period of time. If We change the interest rate We charge We will notify You and any assignee recorded on Our records. Interest to the next Contract Anniversary Date is due and payable on the date the loan is made. Thereafter, interest is due and payable annually on each Contract Anniversary Date. If You do not pay the interest when it is due, any unpaid interest will be added to the amount You borrowed and will be charged the same interest rate.

General Provisions

Contract

This Contract and a copy of the application attached to it make up the entire Contract between You and Us. In the absence of fraud, all statements made in the application will be considered representations and not warranties. Also, We will not use any statement to void this Contract or defend against any claim made under it unless such statement is contained in the application. Only Our President or Our Secretary together with one of Our Vice Presidents have the authority to make any changes in this Contract. Any change must be in writing. We are not bound by any promise or representation made by any agent or person other than as specifically contained in this Contract. Any additional benefit rider attached to this Contract will become a part of this Contract and will be subject to all the terms and conditions of this Contract, unless We state otherwise in the rider.

Your Rights

You can exercise Your rights under this Contract while the Insured is alive by making a Written Request. We will also require a Written Request from the assignee if Your Contract is assigned as collateral. We will also require a Written Request from the Beneficiary if You have not reserved the right to change the Beneficiary.

Misstatement Of Age

If the age of the Insured is misstated in the application, We will adjust the benefits of this Contract. The death benefit shall be the amount purchased by the most recent deduction made for the cost of insurance if the Insured's age had been correctly stated. The Cash Value will then be recalculated using the monthly deductions and interest that would have been charged and credited at the correct age. However, the Cash Value will never be less than zero, and any calculation as a result of this provision will not cause the Contract to terminate.

Suicide

If the Insured commits suicide, while sane or insane, within two years from the Issue Date, this Contract will immediately terminate, and We will not pay the Insurance Proceeds. The amount We will pay shall be limited to the premiums We actually received for this Contract reduced by the amount of any Contract loan and accrued loan interest then outstanding, and by any prior partial surrenders.

Incontestability

Except for nonpayment of premiums, this Contract will be incontestable after it has been in force during the lifetime of the Insured for two years from the Issue Date. This provision does not apply to any rider providing benefits specifically for disability or death by accident.

If this Contract is reinstated, We will not contest the reinstatement after it is again in force during the lifetime of the Insured for two years from the effective date of the reinstatement. For this purpose, if We contest the reinstatement the contest will be based upon material statement(s) only made in the application for reinstatement.

Beneficiary

Unless You choose otherwise, any payment to beneficiaries will be paid based on the following order of priority. Payment will be made to:

- (a) The Beneficiary. If more than one Beneficiary is then living, we will pay them in equal shares unless You specify otherwise.
- (b) The contingent Beneficiary, if no Beneficiary is living when a payment is due. If more than one contingent Beneficiary is then living, we will pay them in equal shares unless You specify otherwise.
- (c) The estate of the last Beneficiary or contingent Beneficiary to die, if no Beneficiary or contingent Beneficiary is living when payment is due. This payment will be in one sum.

You may change the Beneficiary by Written Request. Unless You specify otherwise, You will not need the permission of the Beneficiary to make another change in the future.

Computation of Values

We have filed in the state where this Contract is issued a detailed statement showing how Contract benefits and reserves are calculated. All values are at least as great as the values required by that state. We use the 1980 Commissioners' Standard Ordinary Mortality Table-C, Age Last Birthday, to calculate minimum Cash Value and reserves. The interest rate used to calculate minimum Cash Values is 5.75% per annum on that portion created by the monthly payment of the Minimum Premium Due At Issue multiplied times the number of Contract Months expired and 4.5% per annum on the excess. Reserves are calculated by using a modified preliminary term method, but they are not less than the Commissioners Reserve Valuation Method reserves. Reserves held on this Contract will never be less than the Cash Value.

All computations assume that premiums are paid annually and that deaths during a Contract Year occur immediately. Any benefits provided by attached riders are excluded from these computations.

Ownership

As owner, You may by Written Request exercise all rights under Your Contract while the Insured is alive. You may name a contingent owner should You die before the death of the Insured.

Change of Ownership

By Written Request You may name a new owner at any time. If You designate a new owner, it will not change the Beneficiary or contingent Beneficiary, unless You specify otherwise. The new owner can exercise all the rights of ownership, unless You specify otherwise. No change is binding on Us until We record it. Once recorded, the change binds Us as of the date You signed it. The change will not apply to any payment made by Us before We record Your Written Request.

Collateral Assignment

Your Contract may be collaterally assigned. We are not bound by the assignment unless You make a Written Request. No assignment is binding on Us until We record it. We are not responsible for determining if Your assignment is valid or the extent of the assignee's interest.

Annual Report

We will send You a report shortly after each Contract Anniversary Date. This report will show: (a) premiums paid since the last report; (b) the Cash Value at the beginning of the period; (c) interest credited since the last report; (d) Monthly Deductions from the Cash Value since the last report; (e) Indebtedness activity; (f) the Cash Value at the end of the period; and, (g) Insurance Proceeds at the end of the period. Any time after the first Contract Anniversary Date We will provide a hypothetical illustration of future death benefits and Cash Values upon Written Request. We will charge a reasonable fee for this service not to exceed \$25.00. We will make any necessary reasonable assumptions not otherwise prohibited by law.

Nonparticipating

This Contract does not participate in any distribution of surplus. No dividends are payable.

Deferment

We may delay paying the Cash Value for up to 6 months from the date We receive Your Written Request for payment. If We delay for 30 days or more, interest will be paid from the date We receive the request at the rate We set from time to time. We also may delay making a Contract loan, except for a loan to pay a premium, for up to 6 months from the date We receive Your Written Request for the loan.

Right to Extend Final Policy Date

If the Insured is alive on the Final Policy Date shown on page 3 We will pay You the Cash Value minus any Indebtedness and this Contract and all of Our obligations under it will end. However, You may instead by Written Request extend the Contract during the life of Insured to a later alternative Final Policy Date, but not beyond Attained Age 110. Your Written Request must be received by Us within 60 days prior to the Final Policy Date shown on page 3.

If You elect an alternate Final Policy Date, the Cash Value at Attained Age 100 will thereafter be credited interest at 0.36748% a month, compounded monthly. This is equivalent to 4.5% a year, compounded yearly. No monthly deduction will be deducted from the Cash Value after Attained Age 99. No premiums will be due after the Final Policy Date, and the death benefit will be as described in the Insurance Proceeds provision on page 7.

NOTE

- 1 The policy may not qualify as life insurance after Attained Age 99;
- 2 The policy may be subject to tax consequences; and,
- 3 A tax advisor should be consulted prior to making any election.

Tax Considerations

You are encouraged to consult a qualified tax advisor. Neither We nor Our agents are authorized to give tax or legal advice. The following is not intended as tax advice, and it is not a complete statement of what the effect of federal income taxes will be under all circumstances. Rather, it provides information about how We believe the tax law applies in the most common circumstances. There is no guarantee that the current federal income tax laws and regulations or interpretations will remain the same, and this provision should not be construed to mean that the Insurance Proceeds and or other values will be exempt from the future actions of any tax authority.

We believe that We have taken adequate steps so that this Contract is considered life insurance for tax purposes, and that the Contract is designed to comply with Sections 7702 and 7702A of the Internal Revenue Code of 1986, or any other equivalent section of the Code.

Your individual situation, or that of any Beneficiary, will determine the federal estate taxes and state and local estate, inheritance or other taxes due if You or the Insured die.

Governing Law

This Contract is subject to the laws of the state of Pennsylvania. If any provision of the Contract does not conform to these laws, the Contract will be applied to conform to the law.

Optional Income Plans

The Insurance Proceeds, instead of being paid in one sum, may be applied under one or more of the following Income Plans. Also, at any time while the Contract is in force and the Insured is alive, You may by Written Request ask that:

- (a) all or a part of the Cash Value less any Indebtedness of this Contract be applied under a non-life income plan (a plan which provides a schedule of payments which is not dependent on the lifetime of the payee); or
- (b) all or a part of the Cash Value less any Indebtedness of this Contract be applied under a life income plan (a plan which provides a schedule of payments which depends on the lifetime of one or more payees and which may guarantee that payments will be made for at least a specified number of years).

If only a part of the Cash Value is to be applied the balance of the value will be paid to You in a single sum. If only a part of the Insurance Proceeds is to be applied after the Insured dies, the balance of the Insurance Proceeds will be paid to the Beneficiary.

Non-Life Income Plans

Available with respect to the Insurance Proceeds or Cash Value less Indebtedness.

Option 1. Interest Income - The amount applied will earn interest which will be paid monthly. Withdrawals of at least \$500 each may be made at any time by Written Request.

Option 2. Installment Income for a Stated Period - Monthly installment payments will be made so that the amount applied, with interest, will be paid over the period chosen (from 1 to 30 years). See Table 1.

Option 2A. Installment Income of a Stated Amount - Monthly installment payments of a chosen amount will be made until the entire amount applied, with interest, is paid.

Life Income Plans

Available with respect to the Insurance Proceeds or Cash Value less Indebtedness.

Option 3. Single Life Income - With Guaranteed Payment Period - Monthly payments will be made during the lifetime of the payee with chosen guaranteed payment period of 10, 15 or 20 years. See Table 2.

Option 3A. Single Life Income - Installment Refund - Monthly payments will be made during the lifetime of the payee. If the payee dies before the total amount applied under this plan has been paid, the remainder will be paid in one sum as a death benefit. See Table 2.

Option 4. Joint and Survivor Life Income - Monthly payments will be made jointly to two persons during their lifetime and will continue during the remaining lifetime of the survivor. See Table 3.

Other Frequencies and Plans

Instead of monthly payments, You may choose to have payments made quarterly, semiannually or annually. Other Income Plans may be arranged which are mutually agreeable to You and Us.

Choice of Income Plans

A choice of Income Plan for any Insurance Proceeds made by You while the Insured is alive will take effect when the Insured dies. All other choices of Income Plans will take effect when recorded by Us, or later, if requested. When an Income Plan starts, We will issue an agreement which will describe the terms of the plan. We may require that You send Us this Contract. We may also require proof of the payee's age.

Income Plans may be chosen:

- (a) By You during the lifetime of the Insured.
- (b) By the Beneficiary within one year after the date the Insured dies and before any payment has been made to the Beneficiary, if no election was in effect on the date of death.

A choice of an Income Plan will not become effective unless each payment under the plan would be at least \$50.

Limitations

If the payee is not a natural person, the choice of an income plan will be subject to Our approval.

Income plan payments may not be assigned and, to the extent permitted by law, will not be subject to the claims of creditors.

Income Plan Rates

Amounts applied under the non-life income plans will earn interest at a rate We set from time to time. That rate will never be less than 3% a year.

Life income plan payments will be based on a rate set by Us and in effect on the date the Insurance Proceeds become payable or on the date the Cash Value less Indebtedness is applied. The minimum rates are shown in Tables 2 and 3 following, and are based upon the 1983 Table "a" for individual annuities and a guaranteed interest rate of 3.5% per annum.

Minimum Payments under Optional Income Plans

Monthly payments under Options 2, 3, and 4 for each \$1,000 applied will not be less than the amount shown in the following Tables. Monthly life income payments will not be less than those that would be provided to a person in the same class as the Insured by a single payment immediate annuity bought with an equal amount at the time monthly payments start.

TABLES

TABLE 1

Installment Income for a Stated Period
 Monthly Payments for each \$1,000 Applied

Years Payable	Monthly Payment	Years Payable	Monthly Payment	Years Payable	Monthly Payment
1	\$84.47	11	\$8.86	21	\$5.32
2	42.86	12	8.24	22	5.15
3	28.99	13	7.71	23	4.99
4	22.06	14	7.26	24	4.84
5	17.91	15	6.87	25	4.71
6	15.14	16	6.53	26	4.59
7	13.16	17	6.23	27	4.47
8	11.68	18	5.96	28	4.37
9	10.53	19	5.73	29	4.27
10	9.61	20	5.51	30	4.18

Annual, semi-annual or quarterly payments will be determined by multiplying the monthly payment by 11.838, 5.963 or 2.991, respectively.

TABLE 2
Single Life Income
Guaranteed Payment Period or Installment Refund

Age	Life Only	Guaranteed Period			Installment Refund
		10 Years	15 Years	20 Years	
35	3.57	3.56	3.56	3.55	3.54
36	3.60	3.59	3.59	3.58	3.57
37	3.63	3.62	3.62	3.61	3.60
38	3.66	3.65	3.65	3.64	3.63
39	3.69	3.69	3.68	3.67	3.66
40	3.73	3.72	3.71	3.70	3.69
41	3.76	3.76	3.75	3.73	3.72
42	3.80	3.80	3.78	3.77	3.76
43	3.84	3.84	3.82	3.81	3.80
44	3.89	3.88	3.86	3.84	3.83
45	3.93	3.92	3.91	3.88	3.87
46	3.98	3.97	3.95	3.92	3.92
47	4.03	4.02	4.00	3.97	3.96
48	4.08	4.07	4.05	4.01	4.01
49	4.14	4.12	4.10	4.06	4.06
50	4.20	4.18	4.15	4.11	4.11
51	4.26	4.24	4.21	4.16	4.16
52	4.32	4.30	4.26	4.21	4.22
53	4.39	4.36	4.33	4.27	4.27
54	4.46	4.43	4.39	4.32	4.34
55	4.54	4.51	4.46	4.38	4.40
56	4.62	4.58	4.53	4.44	4.47
57	4.71	4.66	4.60	4.51	4.54
58	4.80	4.75	4.68	4.57	4.62
59	4.90	4.84	4.76	4.64	4.70
60	5.00	4.93	4.84	4.70	4.78
61	5.11	5.03	4.93	4.77	4.87
62	5.23	5.14	5.02	4.84	4.96
63	5.36	5.25	5.12	4.91	5.06
64	5.49	5.37	5.21	4.98	5.17
65	5.64	5.50	5.31	5.05	5.28
66	5.79	5.63	5.42	5.12	5.39
67	5.95	5.77	5.53	5.19	5.52
68	6.13	5.91	5.63	5.25	5.65
69	6.32	6.07	5.74	5.32	5.79
70	6.53	6.23	5.86	5.37	5.94
71	6.75	6.40	5.97	5.43	6.09
72	6.99	6.58	6.08	5.48	6.26
73	7.26	6.76	6.18	5.52	6.44
74	7.54	6.95	6.29	5.57	6.63
75	7.85	7.14	6.39	5.60	6.83
76	8.18	7.34	6.48	5.63	7.04
77	8.54	7.54	6.57	5.66	7.26
78	8.94	7.74	6.65	5.68	7.51
79	9.36	7.94	6.72	5.70	7.76
80	9.82	8.13	6.79	5.71	8.03

Values for ages not shown will be furnished upon request.

TABLE 3
Joint and Survivor Life Income
Minimum Amount of each Monthly Payment for each \$1,000 Applied

Age	----- Age Of Second Participant -----								
	40	45	50	55	60	65	70	75	80
40	3.48	3.54	3.59	3.63	3.66	3.68	3.70	3.71	3.72
41	3.49	3.56	3.61	3.65	3.69	3.71	3.73	3.74	3.75
42	3.50	3.57	3.63	3.68	3.72	3.75	3.77	3.78	3.79
43	3.52	3.59	3.66	3.71	3.75	3.78	3.80	3.82	3.83
44	3.53	3.61	3.68	3.74	3.78	3.82	3.84	3.86	3.87
45	3.54	3.62	3.70	3.76	3.81	3.85	3.88	3.90	3.91
46	3.55	3.64	3.72	3.79	3.85	3.89	3.92	3.94	3.96
47	3.56	3.65	3.74	3.82	3.88	3.93	3.97	3.99	4.01
48	3.57	3.67	3.77	3.85	3.92	3.97	4.01	4.04	4.06
49	3.58	3.69	3.79	3.88	3.95	4.01	4.06	4.09	4.11
50	3.59	3.70	3.81	3.91	3.99	4.06	4.11	4.14	4.16
51	3.60	3.71	3.83	3.94	4.03	4.10	4.16	4.20	4.22
52	3.61	3.73	3.85	3.97	4.07	4.15	4.21	4.25	4.28
53	3.61	3.74	3.87	3.99	4.10	4.19	4.26	4.31	4.35
54	3.62	3.75	3.89	4.02	4.14	4.24	4.32	4.37	4.41
55	3.63	3.76	3.91	4.05	4.18	4.29	4.38	4.44	4.48
56	3.64	3.78	3.93	4.08	4.22	4.34	4.44	4.51	4.56
57	3.64	3.79	3.94	4.10	4.26	4.39	4.50	4.58	4.63
58	3.65	3.80	3.96	4.13	4.30	4.44	4.56	4.65	4.71
59	3.65	3.81	3.98	4.16	4.33	4.50	4.63	4.73	4.80
60	3.66	3.81	3.99	4.18	4.37	4.55	4.70	4.81	4.89
61	3.66	3.82	4.01	4.20	4.41	4.60	4.77	4.89	4.98
62	3.67	3.83	4.02	4.23	4.45	4.65	4.84	4.98	5.08
63	3.67	3.84	4.03	4.25	4.48	4.71	4.91	5.07	5.19
64	3.68	3.85	4.05	4.27	4.51	4.76	4.98	5.16	5.29
65	3.68	3.85	4.06	4.29	4.55	4.81	5.05	5.26	5.41
66	3.69	3.86	4.07	4.31	4.58	4.86	5.13	5.36	5.53
67	3.69	3.87	4.08	4.33	4.61	4.91	5.20	5.46	5.65
68	3.69	3.87	4.09	4.35	4.64	4.96	5.28	5.56	5.78
69	3.70	3.88	4.10	4.36	4.67	5.01	5.35	5.67	5.92
70	3.70	3.88	4.11	4.38	4.70	5.05	5.43	5.77	6.06
71	3.70	3.89	4.11	4.39	4.72	5.10	5.50	5.88	6.20
72	3.70	3.89	4.12	4.40	4.75	5.14	5.57	5.99	6.35
73	3.71	3.89	4.13	4.42	4.77	5.18	5.64	6.10	6.50
74	3.71	3.90	4.13	4.43	4.79	5.22	5.71	6.21	6.66
75	3.71	3.90	4.14	4.44	4.81	5.26	5.77	6.32	6.82
76	3.71	3.90	4.15	4.45	4.83	5.29	5.84	6.42	6.99
77	3.71	3.91	4.15	4.46	4.85	5.32	5.90	6.53	7.15
78	3.71	3.91	4.16	4.47	4.86	5.36	5.95	6.63	7.31
79	3.72	3.91	4.16	4.47	4.88	5.38	6.01	6.73	7.48
80	3.72	3.91	4.16	4.48	4.89	5.41	6.06	6.82	7.64

Texas Life Insurance Company

A MetLife Company

Accelerated Death Benefit Due To Terminal Condition Rider

The Benefit is not payable unless the Terminal Condition is first diagnosed at least ninety (90) days after the Effective Date of this Rider, unless such Condition results from accidental bodily injury, in which case the 90-day waiting period will be waived.

Important Notice: You should consult a qualified tax or legal advisor to determine the tax affect of an accelerated death benefit. Insurance Proceeds, cash values, and loan values will be reduced to zero and will not be paid if We pay You the Accelerated Death Benefit under this Rider.

Important Tax Notice: The Accelerated Death Benefit under this Rider is intended to qualify for favorable income tax treatment under the Internal Revenue Code of 1986. If the Accelerated Death Benefit qualifies for such favorable tax treatment, the benefit will be excludable from your income and not subject to federal income taxation. Tax laws relating to acceleration of life insurance benefits are complex. You should consult a qualified tax or legal advisor to determine the effect on You. Neither We nor Our agents are authorized to give tax or legal advice.

Public Assistance Program Notice: Receipt of the Accelerated Death Benefit may affect your, your spouse's or your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and with social services agencies concerning how receipt of such payment will affect you, your spouse and your family's eligibility for public assistance.

Benefit

Subject to the terms of this Rider, We will pay You an Accelerated Death Benefit during the lifetime of the Insured, if the Insured is diagnosed as having a Terminal Condition. Upon payment of the Accelerated Death Benefit Our obligations under the Contract and any riders, endorsements and supplemental benefits attached to it will then cease, except as may be provided under the "Continuation of Paid-Up Insurance Under Children's Term Life Insurance Rider" provision below.

Definitions

Words defined in the Contract have the same meaning in this Rider unless otherwise indicated. In this Rider the following words mean:

Accelerated Death Benefit - means the amount payable under this Rider as defined below.

Insurance Proceeds - means the amount We would otherwise pay to the beneficiaries as described in the Contract upon the death of the Insured in the absence of this Rider.

Physician - means a legally qualified duly licensed practitioner of the healing arts who is acting within the scope of his or her license. It does not include You, any member of Your immediate family, the Insured, any member of the Insured's immediate family, or any other person with an immediate financial interest in the payment of the Accelerated Death Benefit.

Terminal Condition - means an injury or sickness that, despite appropriate medical care, is reasonably expected to result in the Insured's death within twelve (12) months or less from the date We receive a Written Request making claim for payment of the Accelerated Death Benefit, as determined by Us.

Amount of Accelerated Death Benefit

The amount of Accelerated Death Benefit is equal to the result of (a) multiplied times (b) minus the sum of (c) plus (d), where:

- (a) is the Insurance Proceeds on the date the Accelerated Death Benefit is due and payable under this Rider;
- (b) is 92%;
- (c) is \$150.00; and,
- (d) is any due and unpaid monthly deduction described in the Contract.

Payment of Accelerated Death Benefit

We will pay the Accelerated Death Benefit if the Insured is diagnosed by a Physician as having a Terminal Condition, *provided*:

- (a) the diagnosis of the Terminal Condition is first made at least ninety (90) days after the Effective Date of this Rider, unless such Condition results from accidental bodily injury, in which case the 90-day waiting period will be waived;
- (b) any irrevocable beneficiary consents to the payment of the Accelerated Death Benefit in writing on a form We provide;
- (c) any assignee recorded on Our records to which the Contract is then collaterally assigned consents to the payment of the Accelerated Death Benefit in writing on a form We provide;
- (d) the Contract and this Rider are then in force;
- (e) a Physician provides Us a certified written medical opinion and supporting due proof satisfactory to Us that the Insured has a Terminal Condition;
- (f) We receive the Contract, a Written Request making claim for payment of the Accelerated Death Benefit, and the Insured's authorization on a form We supply allowing Us to obtain and disclose information concerning the Insured; and,
- (g) upon demand, You and the Insured consent to a second medical diagnosis at Our expense by a Physician of Our choosing, in which case We may rely exclusively upon the second medical opinion to determine whether the Insured has a Terminal Condition.

Payment due under this Rider will be paid to You in a single sum, and only once.

Limitation

The Accelerated Death Benefit will not be paid if upon the death of the Insured all or a portion of the Insurance Proceeds are payable to a former spouse or trustee as part of a divorce decree or property settlement, or child support order.

Benefit Payment Notice

Upon payment of the Accelerated Death Benefit We will provide You a written statement detailing the following: the amount paid; the fact that such payment reduces the Contract's Insurance Proceeds, cash values, and loan values to zero; that Our obligations under the Contract and any riders, endorsements and supplemental benefits attached to it will then cease; and, that no future benefits are payable to You or any other person or entity except as may be provided under the "Continuation of Paid-Up Insurance Under Children's Term Life Insurance Rider" provision below.

Continuation of Paid-Up Insurance Under Children's Term Life Insurance Rider

If at the time of payment of the Accelerated Death Benefit a Children's Term Life Insurance Rider is in effect as part of the Contract, the term insurance covering each Insured Child will become fully paid-up term insurance pursuant to the terms of such Rider as if the Insured had then died.

Termination

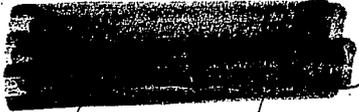
This Rider will end when any one of the following events occur:

- (a) We receive Your Written Request to cancel this Rider; or,
- (b) the Contract terminates for the first time after the expiration of the Grace Period.

Effective Date

The effective date of this Rider is the same as the Issue Date unless otherwise shown on the line below:

Effective Date: _____



President



Secretary

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Texas Life Insurance Company

A MetLife Company

900 WASHINGTON AVE., WACO, TEXAS

FLEXIBLE PREMIUM LIFE INSURANCE TO AGE 100.

Life insurance payable if the Insured dies prior to age 100.

Coverage continues provided Cash Value less

indebtedness is sufficient to cover monthly deduction.

Cash Value less indebtedness payable at Final Policy Date.

Non-participating.



Automobile Policy Booklet

from Travelers

YOUR PERSONAL AUTO POLICY QUICK REFERENCE

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PERSONAL AUTO POLICY
Travelers Property Casualty Companies
Hartford, Connecticut
(Each a Stock Insurance Company)

AGREEMENT

In return for payment of the premium and subject to all the terms of this policy, we will provide the coverages you have selected. These are shown by premium entries in the Declarations. The Declarations is a part of this policy.

DEFINITIONS

- A. Throughout this policy, "you" and "your" refer to:
1. The "named insured" shown in the Declarations; and
 2. The spouse if a resident of the same household.
- B. "We", "us" and "our" refer to the Company shown in the Declarations providing this insurance.
- C. For purposes of this policy, a private passenger type auto shall be deemed to be owned by a person if leased:
1. Under a written agreement to that person; and
 2. For a continuous period of at least 6 months.

Other words and phrases are defined. They are in quotation marks when used.

- D. "Bodily injury" means bodily harm, sickness or disease, including death that results.
- E. "Business" includes trade, profession or occupation.
- F. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household. This includes a ward or foster child.
- G. "Occupying" means in, upon, getting in, on, out or off.
- H. "Property damage" means physical injury to, destruction of or loss of use of tangible property.
- I. "Trailer" means a vehicle designed to be pulled by
- a.
 1. Private passenger auto; or

2. Pickup or van.

It also means a farm wagon or farm implement while towed by a vehicle listed in 1. or 2. above.

- J. "Your covered auto" means:

1. Any vehicle shown in the Declarations.
2. Any of the following types of vehicles on the date you become the owner:
 - a. a private passenger auto; or
 - b. a pickup or van.

This provision (J.2.) applies only if:

- a. you acquire the vehicle during the policy period;
- b. you ask us to insure it within 30 days after you become the owner; and
- c. with respect to a pickup or van, no other insurance policy provides coverage for that vehicle.

If the vehicle you acquire replaces one shown in the Declarations, it will have the same coverage as the vehicle it replaced. You must ask us to insure a replacement vehicle within 30 days only if:

- a. you wish to add or continue Damage to Your Auto Coverages; or
- b. it is a pickup or van used in any "business" other than farming or ranching.

If the vehicle you acquire is in addition to any shown in the Declarations, it will have the

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broadest coverage we now provide for any vehicle shown in the Declarations.

3. Any "trailer" you own.
4. Any auto or "trailer" you do not own while used as a temporary substitute for any other vehicle described in this definition which is out of normal use because of its:

- a. breakdown;
- b. repair;
- c. servicing;
- d. loss; or
- e. destruction.

This provision (J.4.) does not apply to the Damage To Your Auto Section.

LIABILITY

Coverage A - Bodily Injury

Coverage B - Property Damage

INSURING AGREEMENT

- A. We will pay damages for "bodily injury" (Coverage A) or "property damage" (Coverage B) for which any "insured" becomes legally responsible because of an auto accident. Damages include pre-judgment interest awarded against the "insured". We will settle or defend, as we consider appropriate, any claim or suit asking for these damages. In addition to our limit of liability, we will pay all defense costs we incur. Our duty to settle or defend ends when our limit of liability for these coverages has been exhausted. We have no duty to defend any suit or settle any claim for "bodily injury" or "property damage" not covered under this policy.
- B. "Insured" as used in these coverages means:
1. You or any "family member" for the ownership, maintenance or use of any auto or "trailer".
 2. Any person using "your covered auto".
 3. For "your covered auto", any person or organization but only with respect to legal responsibility for acts or omissions of a person for whom coverage is afforded under these Liability Coverages.
 4. For any auto or "trailer", other than "your covered auto", any other person or organization but only with respect to legal responsibility for acts or omissions of you or any "family member" for whom coverage is afforded under these Liability Coverages. This provision (B.4.) applies only if the person or organization does not own or hire the auto or "trailer".

SUPPLEMENTARY PAYMENTS

In addition to our limit of liability, we will pay on behalf of an "insured":

1. Up to \$250 for the cost of bail bonds required because of an accident, including related traffic law violations. The accident must result in "bodily injury" or "property damage" covered under this policy.
2. Premiums on appeal bonds and bonds to release attachments in any suit we defend.
3. Interest accruing after a judgment is entered in any suit we defend. Our duty to pay interest ends when we offer to pay that part of the judgment which does not exceed our limit of liability for these coverages.
4. Up to \$50 a day for loss of earnings, but not other income, because of attendance at hearings or trials at our request.
5. Other reasonable expenses incurred at our request.

EXCLUSIONS

- A. We do not provide Liability Coverages for any person:
1. Who intentionally causes "bodily injury" or "property damage".
 2. For "property damage" to property owned or being transported by that person.
 3. For "property damage" to property:
 - a. rented to;
 - b. used by; or

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c. in the care of;
that person.

This exclusion (A.3.) does not apply to "property damage" to a residence or private garage.

4. For "bodily injury" to an employee of that person during the course of employment. This exclusion (A.4.) does not apply to "bodily injury" to a domestic employee unless workers' compensation benefits are required or available for that domestic employee.
5. For that person's liability arising out of the ownership or operation of a vehicle while it is being used to carry persons or property for a fee. This exclusion (A.5.) does not apply to a share-the-expense car pool.
6. While employed or otherwise engaged in the "business" of:
 - a. selling;
 - b. repairing;
 - c. servicing;
 - d. storing;
 - e. parking;vehicles designed for use mainly on public highways. This includes road testing and delivery. This exclusion (A.6.) does not apply to the ownership, maintenance or use of "your covered auto" by:
 - a. you;
 - b. any "family member"; or
 - c. any partner, agent or employee of you or any "family member".
7. Maintaining or using any vehicle while that person is employed or otherwise engaged in any "business" (other than farming or ranching) not described in Exclusion A.6.- This exclusion (A.7.) does not apply to the maintenance or use of a:
 - a. private passenger auto;
 - b. pickup or van that you own; or
 - c. "trailer" used with a vehicle described in a. or b. above.
8. Using a vehicle without a reasonable belief that that person is entitled to do so.

9. For "bodily injury" or "property damage" for which that person:

- a. is an insured under a nuclear energy liability policy; or
- b. would be an insured under a nuclear energy liability policy but for its termination upon exhaustion of its limit of liability.

A nuclear energy liability policy is a policy issued by any of the following or their successors:

- a. Nuclear Energy Liability Insurance Association;
- b. Mutual Atomic Energy Liability Underwriters; or
- c. Nuclear Insurance Association of Canada.

B. We do not provide Liability Coverages for the ownership, maintenance or use of:

1. Any motorized vehicle having fewer than four wheels.
2. Any vehicle, other than "your covered auto", which is:
 - a. owned by you; or
 - b. furnished or available for your regular use.
3. Any vehicle, other than "your covered auto", which is:
 - a. owned by any "family member"; or
 - b. furnished or available for the regular use of any "family member".

However, this exclusion (B.3.) does not apply to your maintenance or use of any vehicle which is:

- a. owned by a "family member"; or
 - b. furnished or available for the regular use of a "family member".
4. Any vehicle, located inside a facility designed for racing, for the purpose of:
 - a. competing in; or
 - b. practicing or preparing for;any prearranged or organized racing or speed contest.

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LIMIT OF LIABILITY

A. Single Liability Limit

1. If the Declarations show a single limit of liability for Coverage A and Coverage B combined, this limit is our maximum limit of liability for all damages for "bodily injury" and "property damage" resulting from any one auto accident. This is the most we will pay regardless of the number of:
 - a. "Insureds";
 - b. Claims made;
 - c. Vehicles or premiums shown in the Declarations; or
 - d. Vehicles involved in the auto accident.
2. We will apply the limit of liability to provide any separate limits required by law for bodily injury and property damage liability. However, this provision (A.2.) will not change our total limit of liability.

B. Split Liability Limits

If the Declarations show separate limits of liability for Coverage A and Coverage B, the limit of liability shown in the Declarations for each person for Coverage A is our maximum limit of liability for all damages, including damages for care, loss of services or death, arising out of "bodily injury" sustained by any one person in any one auto accident. Subject to this limit for each person, the limit of liability shown in the Declarations for each accident for Coverage A is our maximum limit of liability for all damages for "bodily injury" resulting from any one auto accident. The limit of liability shown in the Declarations for each accident for Coverage B is our maximum limit of liability for all "property damage" resulting from any one auto accident. These limits are the most we will pay regardless of the number of:

1. "Insureds";
2. Claims made;
3. Vehicles or premiums shown in the Declarations; or
4. Vehicles involved in the auto accident.

OUT OF STATE COVERAGE

If an auto accident to which this policy applies occurs in any state or province other than the one in which "your covered auto" is principally garaged, we will interpret your policy for that accident as follows:

- A. If the state or province has:
 1. A financial responsibility or similar law specifying limits of liability for "bodily injury" or "property damage" higher than the limit shown in the Declarations, your policy will provide the higher specified limit.
 2. A compulsory insurance or similar law requiring a nonresident to maintain insurance whenever the nonresident uses a vehicle in that state or province, your policy will provide at least the required minimum amounts and types of coverage.
- B. No one will be entitled to duplicate payments for the same elements of loss.

FINANCIAL RESPONSIBILITY

When this policy is certified as future proof of financial responsibility, this policy shall comply with the law to the extent required.

OTHER INSURANCE

If there is other applicable liability insurance we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. However, any insurance we provide for a vehicle you do not own shall be excess over any other collectible insurance.

MEDICAL PAYMENTS
Coverage C

INSURING AGREEMENT

A. We will pay reasonable expenses incurred for necessary medical and funeral services because of "bodily injury":

1. Caused by accident; and
2. Sustained by an "insured".

We will pay only those expenses incurred for services rendered within 3 years from the date of the accident.

B. "Insured" as used in this coverage means:

1. You or any "family member":
 - a. while "occupying"; or
 - b. as a pedestrian when struck by;
a motor vehicle designed for use mainly on public roads or a trailer of any type.
2. Any other person while "occupying" "your covered auto".

EXCLUSIONS

We do not provide Medical Payments Coverage for any person for "bodily injury":

1. Sustained while "occupying" any motorized vehicle having fewer than four wheels.
2. Sustained while "occupying" "your covered auto" when it is being used to carry persons or property for a fee. This exclusion (2.) does not apply to a share-the-expense car pool.
3. Sustained while "occupying" any vehicle located for use as a residence or premises.
4. Occurring during the course of employment if workers' compensation benefits are required or available for the "bodily injury".
5. Sustained while "occupying", or when struck by, any vehicle (other than "your covered auto") which is:
 - a. owned by you; or

b. furnished or available for your regular use.

6. Sustained while "occupying", or when struck by, any vehicle (other than "your covered auto") which is:
 - a. owned by any "family member"; or
 - b. furnished or available for the regular use of any "family member".However, this exclusion (6.) does not apply to you.
7. Sustained while "occupying" a vehicle without a reasonable belief that that person is entitled to do so.
8. Sustained while "occupying" a vehicle when it is being used in the "business" of an "insured". This exclusion (8.) does not apply to "bodily injury" sustained while "occupying" a:
 - a. private passenger auto;
 - b. pickup or van that you own; or
 - c. "trailer" used with a vehicle described in a. or b. above.
9. Sustained while "occupying" any vehicle located inside a facility designed for racing, for the purpose of:
 - a. competing in; or
 - b. practicing or preparing for;
any prearranged or organized racing or speed contest.
10. Caused by or as a consequence of:
 - a. discharge of a nuclear weapon (even if accidental);
 - b. war (declared or undeclared);
 - c. civil war;
 - d. insurrection; or
 - e. rebellion or revolution.

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11. From or as a consequence of the following, whether controlled or uncontrolled or however caused:

- a. nuclear reaction;
- b. radiation; or
- c. radioactive contamination.

LIMIT OF LIABILITY

A. The limit of liability shown in the Declarations for this coverage is our maximum limit of liability for each person injured in any one accident. This is the most we will pay regardless of the number of:

1. "Insureds";
2. Claims made;
3. Vehicles or premiums shown in the Declarations; or
4. Vehicles involved in the accident.

B. Any amounts otherwise payable for expenses under this coverage shall be reduced by any amounts paid or payable for the same expenses under Coverage A or Coverage D.

C. No payment will be made unless the injured person or that person's legal representative agrees in writing that any payment shall be applied toward any settlement or judgment that person receives under Coverage A or Coverage D.

OTHER INSURANCE

If there is other applicable auto medical payments insurance we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. However, any insurance we provide with respect to a vehicle you do not own shall be excess over any other collectible auto insurance providing payments for medical or funeral expenses.

UNINSURED MOTORISTS Coverage D

INSURING AGREEMENT

A. We will pay compensatory damages which an "insured" is legally entitled to recover from the owner or operator of an "uninsured motor vehicle" because of "bodily injury":

1. Sustained by an "insured"; and
2. Caused by an accident.

The owner's or operator's liability for these damages must arise out of the ownership, maintenance or use of the "uninsured motor vehicle".

Any judgment for damages arising out of a suit brought without our written consent is not binding on us.

B. "Insured" as used in this coverage means:

1. You or any "family member".
2. Any other person "occupying" "your covered auto".
3. Any person for damages that person is entitled to recover because of "bodily injury" to which this coverage applies sustained by a person described in 1. or 2. above.

C. "Uninsured motor vehicle" means a land motor vehicle or trailer of any type:

1. To which no bodily injury liability bond or policy applies at the time of the accident.
2. To which a bodily injury liability bond or policy applies at the time of the accident. In this case its limits for bodily injury liability must be less than the minimum limits for bodily injury liability specified by the financial responsibility law of the state in which "your covered auto" is principally garaged.
3. Which is a hit and run vehicle whose operator or owner cannot be identified and which hits:
 - a. you or any "family member";
 - b. a vehicle which you or any "family member" are "occupying"; or
 - c. "your covered auto".
4. To which a bodily injury liability bond or policy applies at the time of the accident but the bonding or insuring company:
 - a. denies coverage; or
 - b. is or becomes insolvent.

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However, "uninsured motor vehicle" does not include any vehicle or equipment:

1. Owned by or furnished or available for the regular use of you or any "family member".
2. Owned or operated by a self-insurer under any applicable motor vehicle law.
3. Owned by any governmental unit or agency.
4. Operated on rails or crawler treads.
5. Designed mainly for use off public roads while not on public roads.
6. While located for use as a residence or premises.

EXCLUSIONS

A. We do not provide Uninsured Motorists Coverage for "bodily injury" sustained by any person:

1. While "occupying", or when struck by, any motor vehicle owned by you or any "family member" which is not insured for this coverage under this policy. This includes a trailer of any type used with that vehicle.
2. If that person or the legal representative settles the "bodily injury" claim without our consent.
3. While "occupying" "your covered auto" when it is being used to carry persons or property for a fee. This exclusion (A.3.) does not apply to a share-the-expense car pool.
4. Using a vehicle without a reasonable belief that that person is entitled to do so.

B. This coverage shall not apply directly or indirectly to benefit any insurer or self-insurer under any of the following or similar law:

1. workers' compensation law; or
2. disability benefits law.

C. We do not provide Uninsured Motorists Coverage for punitive or exemplary damages including legal costs related thereto.

LIMIT OF LIABILITY

A. Single Limit

If the Declarations show a single limit of liability for Coverage D, this limit is our maximum limit of liability for all damages for "bodily injury" result-

ing from any one accident. This is the most we will pay regardless of the number of:

1. "Insureds";
2. Claims made;
3. Vehicles or premiums shown in the Declarations; or
4. Vehicles involved in the accident.

B. Split Limits

If the Declarations show separate limits of liability for each person and each accident, the limit of liability shown for each person for Uninsured Motorists Coverage is our maximum limit of liability for all damages, including damages for care, loss of services or death, arising out of "bodily injury" sustained by any one person in any one accident. Subject to this limit for each person, the limit of liability shown in the Declarations for each accident for Uninsured Motorists Coverage is our maximum limit of liability for all damages for "bodily injury" resulting from any one accident. These limits are the most we will pay regardless of the number of:

1. "Insureds";
2. Claims made;
3. Vehicles or premiums shown in the Declarations; or
4. Vehicles involved in the accident.

C. Any amounts otherwise payable for damages under this coverage shall be reduced by all sums:

1. Paid because of the "bodily injury" by or on behalf of persons or organizations who may be legally responsible. This includes all sums paid under Coverage A; and
2. Paid or payable because of the "bodily injury" under any of the following or similar law:
 - a. workers' compensation law; or
 - b. disability benefits law.

D. Any payment under this coverage will reduce any amount that person is entitled to recover for the same damages under Coverage A.

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OTHER INSURANCE

If there is other applicable similar insurance we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. However, any insurance we provide with respect to a vehicle you do not own shall be excess over any other collectible insurance.

ARBITRATION

A. If we and an "insured" do not agree:

1. Whether that person is legally entitled to recover damages under this coverage; or
2. As to the amount of damages which are recoverable by that "insured" from the owner or operator of an "uninsured motor vehicle".

either party may make a written demand for arbitration. In this event, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction.

B. Each party will:

1. Pay the expenses it incurs; and

2. Bear the expenses of the third arbitrator equally.

C. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding as to:

1. Whether the "insured" is legally entitled to recover damages; and
2. The amount of damages. This applies only if the amount does not exceed the minimum limit for bodily injury liability specified by the financial responsibility law of the state in which "your covered auto" is principally garaged. If the amount exceeds that limit, either party may demand the right to a trial. This demand must be made within 60 days of the arbitrators' decision. If this demand is not made, the amount of damages agreed to by the arbitrators will be binding.

D. Instead of this method, we and the "insured" may agree to use another method of arbitration.

DAMAGE TO YOUR AUTO

Coverage E - Collision

Coverage F - Comprehensive

(Other than Collision)

Coverage G - Extended Transportation Expenses

Coverage I - Towing and Labor Costs

INSURING AGREEMENT

A. Collision and Comprehensive (Other than Collision). We will pay for direct and accidental loss to "your covered auto" or any "non-owned auto", including their equipment. We will pay for such loss to "your covered auto" minus any applicable deductible shown in the Declarations. We will pay for loss to "your covered auto" caused by:

1. "Collision" only if the Declarations indicate that Coverage E - Collision is provided for that auto.
2. Other than "collision" only if the Declarations indicate that Coverage F - Comprehensive is provided for that auto.

If there is such a loss to a "non-owned auto", we will provide the broadest coverage applicable to any "your covered auto" shown in the Declarations. We will not subtract any deductible amount from the amount we will pay for a loss to a "non-owned auto".

B. Extended Transportation Expenses. When there is a loss to a "your covered auto" described in the Declarations for which a specific premium charge indicates that Coverage G - Extended Transportation Expenses is afforded, or to a "non-owned auto", we will pay, without application of a deductible, up to the amount per day to a maximum amount as shown in the Declarations for:

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1. Transportation expenses incurred by you.
2. Loss of use expenses for which you become legally responsible in the event of loss to a "non-owned auto".

This coverage applies only if:

1. "Your covered auto" or the "non-owned auto" is withdrawn from use for more than 24 hours; and
2. The loss is caused by "collision" or is covered under Coverage F - Comprehensive of this policy.

However, this coverage does not apply when there is a total theft of "your covered auto" or a "non-owned auto". Such coverage is provided under Coverage F of this policy.

Our payment will be limited to that period of time reasonably required to repair or replace the "your covered auto" or the "non-owned auto".

C. Towing and Labor Costs. We will pay towing and labor costs incurred each time "your covered auto" or any "non-owned auto" is disabled, up to the limit of liability shown in the Declarations for Coverage I - Towing and Labor Costs as applicable to that vehicle. If a "non-owned auto" is disabled, we will provide the broadest towing and labor costs coverage applicable to any "your covered auto" shown in the Declarations. We will only pay for labor performed at the place of disablement.

D. "Collision" means the upset of "your covered auto" or a "non-owned auto" or their impact with another vehicle or object. Loss caused by the following is considered other than "collision":

- | | |
|---------------------------------|-------------------------------------|
| 1. Missiles or falling objects; | 6. Hail, water or flood; |
| 2. Fire; | 7. Malicious mischief or vandalism; |
| 3. Theft or larceny; | 8. Riot or civil commotion; |
| 4. Explosion or Earthquake; | 9. Contact with bird or animal; or |
| 5. Windstorm; | 10. Breakage of glass. |

If breakage of glass is caused by a "collision" you may elect to have it considered a loss caused by "collision".

E. "Non-owned auto" means:

1. Any private passenger auto, pickup, van or "trailer" not owned by or furnished or available for the regular use of you or any "family member" while in the custody of or being operated by you or any "family member"; or
2. Any auto or "trailer" you do not own while used as a temporary substitute for "your covered auto" which is out of normal use because of its:

a. breakdown;	d. loss; or
b. repair;	e. destruction.
c. servicing;	

TRANSPORTATION EXPENSES

In addition, under Coverage F, we will pay, without application of a deductible, up to the greater of the following amounts:

1. \$15 per day, to a maximum of \$450; or
2. For a "your covered auto", the amount per day, to a maximum amount shown, if any, on the Declarations for Coverage G for that specific "your covered auto"; or
3. For a "non-owned auto", the amount per day, to a maximum amount shown, if any, on the Declarations for Coverage G for any one "your covered auto".

This applies only in the event of the total theft of "your covered auto" or a "non-owned auto". The coverage applies to a "your covered auto" only when the Declarations show that Coverage F is provided for that specific "your covered auto". The coverage applies to a "non-owned auto" if the Declarations show that Coverage F is provided for any "your covered auto".

We will pay:

1. Transportation expenses incurred by you in the event of the total theft of "your covered auto"; or
2. Loss of use expenses for which you become legally responsible in the event of a total theft of a "non-owned auto".

We will pay only those expenses incurred during the period:

1. Beginning 48 hours after the theft; and

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2. Ending when "your covered auto" or the "non-owned auto" is returned to use, or, we pay or offer to pay for its loss.

EXCLUSIONS

We will not pay for:

1. Loss to "your covered auto" or any "non-owned auto" which occurs while it is being used to carry persons or property for a fee. This exclusion (1.) does not apply to a share-the-expense car pool.
2. Damage due and confined to:
 - a. wear and tear;
 - b. freezing;
 - c. mechanical or electrical breakdown or failure; or
 - d. road damage to tires.

This exclusion (2.) does not apply if the damage results from the total theft of "your covered auto" or any "non-owned auto".
3. Loss due to or as a consequence of:
 - a. radioactive contamination;
 - b. discharge of any nuclear weapon (even if accidental);
 - c. war (declared or undeclared);
 - d. civil war;
 - e. insurrection; or
 - f. rebellion or revolution.
4. Loss to equipment designed for the reproduction of sound and any accessories used with such equipment. This exclusion (4.) does not apply if the equipment is permanently installed in "your covered auto" or any "non-owned auto".
5. Loss to tapes, records or other devices for use with equipment designed for the reproduction of sound.
6. Loss to a camper body or "trailer" you own which is not shown in the Declarations. This exclusion (6.) does not apply to a camper body or "trailer" you:
 - a. acquire during the policy period; and
 - b. ask us to insure within 30 days after you become the owner.

7. Loss to any "non-owned auto" when used by you or any "family member" without a reasonable belief that you or that "family member" are entitled to do so.

8. Loss to:
 - a. TV antennas;
 - b. awnings or cabanas; or
 - c. equipment designed to create additional living facilities.

9. Loss to any of the following or their accessories:
 - a. citizens band radio;
 - b. two-way mobile radio;
 - c. telephone; or
 - d. scanning monitor receiver.

This exclusion (9.) does not apply if the equipment is permanently installed in the opening of the dash or console of "your covered auto" or any "non-owned auto". This opening must be normally used by the auto manufacturer for the installation of a radio.

10. Loss to equipment designed or used for the detection or location of radar or laser.
11. Loss to any "non-owned auto" being maintained or used by any person while employed or otherwise engaged in the "business" of:
 - a. selling;
 - b. repairing;
 - c. servicing;
 - d. storing; or
 - e. parking;

vehicles designed for use on public highways. This includes road testing and delivery.

12. Loss to any "non-owned auto" being maintained or used by any person while employed or otherwise engaged in any "business" not described in exclusion 11. This exclusion (12.) does not apply to the maintenance or use by you or any "family member" of a "non-owned auto" which is a private passenger auto or "trailer".
13. Loss to "your covered auto" or any "non-owned auto" due to destruction or confiscation by government or civil authorities because you or any "family member":
 - a. engaged in illegal activities; or

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- b. failed to comply with Environmental Protection Agency or Department of Transportation standards.

This exclusion (13.) does not apply to the interests of Loss Payees in "your covered auto".

- 14. Loss to "your covered auto" or any "non-owned auto", located inside a facility designed for racing, for the purpose of:
 - a. competing in; or
 - b. practicing or preparing for;
any prearranged or organized racing or speed contest.

- 15. Loss to, or loss of use of, a "non-owned auto" rented by:

- a. you; or
- b. any "family member";

if a rental vehicle company is precluded from recovering such loss or loss of use, from you or that "family member", pursuant to the provisions of any applicable rental agreement or state law.

LIMIT OF LIABILITY

- A. Our limit of liability for loss will be the lesser of the:

- 1. Actual cash value of the stolen or damaged property; or
- 2. Amount necessary to repair or replace the property with other property of like kind and quality.

However, the most we will pay for loss to any "non-owned auto" which is a "trailer" is \$500.

- B. An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of loss.

Note: Our Limit of Liability under Damage to Your Auto does not extend to any loss in market or resale value which may result from a direct and accidental loss to "your covered auto" or any "non-owned auto".

PAYMENT OF LOSS

We may pay for loss in money or repair or replace the damaged or stolen property. We may, at our expense, return any stolen property to:

- 1. You; or

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- 2. The address shown in this policy.

If we return stolen property we will pay for any damage resulting from the theft. We may keep all or part of the property at an agreed or appraised value.

LOSS PAYABLE CLAUSE

Loss or damage under this policy shall be paid, as interest may appear, to you and the loss payee shown in the Declarations. This insurance with respect to the interest of the loss payee, shall not become invalid because of your fraudulent acts or omissions unless the loss results from your conversion, secretion or embezzlement of "your covered auto". However, we reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will mail the loss payee written notice at least 10 days before the effective date of cancellation.

When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

NO BENEFIT TO BAILEE

This insurance shall not directly or indirectly benefit any carrier or other bailee for hire.

OTHER SOURCES OF RECOVERY

If other sources of recovery also cover the loss, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. However, any insurance we provide with respect to a "non-owned auto" shall be excess over any other collectible source of recovery including, but not limited to:

- 1. any coverage provided by the owner of the "non-owned auto";
- 2. any other applicable physical damage insurance;
- 3. any other source of recovery applicable to the loss.

APPRAISAL

- A. If we and you do not agree on the amount of loss, either may demand an appraisal of the loss. In this event, each party will select a competent appraiser. The two appraisers will select an umpire. The appraisers will state separately the actual cash value and the amount of loss. If they fail to agree, they will submit their differences to the umpire. A deci-

sion agreed to by any two will be binding. Each party will:

1. Pay its chosen appraiser; and

2. Bear the expenses of the appraisal and umpire equally.

B. We do not waive any of our rights under this policy by agreeing to an appraisal.

DUTIES AFTER AN ACCIDENT OR LOSS

GENERAL DUTIES

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- A. We must be notified promptly of how, when and where the accident or loss happened. Notice should also include the names and addresses of any injured persons and of any witnesses.
- B. A person seeking any coverage must:
1. Cooperate with us in the investigation, settlement or defense of any claim or suit.
 2. Promptly send us copies of any notices or legal papers received in connection with the accident or loss.
 3. Submit, as often as we reasonably require:
 - a. to physical exams by physicians we select. We will pay for these exams.
 - b. to examination under oath and subscribe the same.
 4. Authorize us to obtain:
 - a. medical reports; and
 - b. other pertinent records.
 5. Submit a proof of loss when required by us.

ADDITIONAL DUTIES FOR UNINSURED MOTORISTS COVERAGE

A person seeking Uninsured Motorists Coverage must also:

1. Promptly notify the police if a hit and run driver is involved.
2. Promptly send us copies of the legal papers if a suit is brought.

ADDITIONAL DUTIES FOR COLLISION AND COMPREHENSIVE COVERAGES

A person seeking coverage for Collision or Comprehensive (Other than Collision) must also:

1. Take reasonable steps after loss to protect "your covered auto" or any "non-owned auto" and their equipment from further loss. We will pay reasonable expenses incurred to do this.
2. Promptly notify the police if "your covered auto" or any "non-owned auto" is stolen.
3. Permit us to inspect and appraise the damaged property before its repair or disposal.

GENERAL PROVISIONS

BANKRUPTCY

Bankruptcy or insolvency of the "insured" shall not relieve us of any obligations under this policy.

CHANGES

A. This policy contains all the agreements between you and us. Its terms may not be changed or waived except by endorsement issued by us.

B. If there is a change to the information used to develop the policy premium, we may adjust your premium. Changes during the policy term that may result in a premium increase or decrease include, but are not limited to, changes in:

1. The number, type or use classification of insured vehicles;
2. Operators using insured vehicles;

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3. The place of principal garaging of insured vehicles;
4. Coverage, deductible or limits.

If a change resulting from A. or B. requires a premium adjustment, we will make the premium adjustment in accordance with our manual rules.

- C. If we make a change which broadens coverage under this edition of your policy without additional premium charge, that change will automatically apply to your policy as of the date we implement the change in your state. This paragraph (C.) does not apply to changes implemented with a general program revision that includes both broadenings and restrictions in coverage, whether that general program revision is implemented through introduction of:
1. A subsequent edition of your policy; or
 2. An Amendatory Endorsement.

FRAUD

We do not provide coverage for any "insured" who has made fraudulent statements or engaged in fraudulent conduct in connection with any accident or loss for which coverage is sought under this policy.

LEGAL ACTION AGAINST US

- A. No legal action may be brought against us until there has been full compliance with all the terms of this policy. In addition, under the Liability Coverages, no legal action may be brought against us until:
1. We agree in writing that the "insured" has an obligation to pay; or
 2. The amount of that obligation has been finally determined by judgment after trial.
- B. No person or organization has any right under this policy to bring us into any action to determine the liability of an "insured".

OUR RIGHT TO RECOVER PAYMENT

- A. If we make a payment under this policy and the person to or for whom payment was made has a right to recover damages from another we shall be subrogated to that right. That person shall do:
1. Whatever is necessary to enable us to exercise our rights; and

2. Nothing after loss to prejudice them.

However, our rights in this paragraph (A.) do not apply, under the Damage to Your Auto Coverages, against any person using "your covered auto" with a reasonable belief that that person is entitled to do so.

- B. If we make a payment under this policy and the person to or for whom payment is made recovers damages from another, that person shall:
1. Hold in trust for us the proceeds of the recovery; and
 2. Reimburse us to the extent of our payment less reasonable attorney fees and a proportionate share of the cost of recovery.

POLICY PERIOD AND TERRITORY

- A. This policy applies only to accidents and losses which occur:
1. During the policy period as shown in the Declarations; and
 2. Within the policy territory.
- B. The policy period, and each successive policy period, begins and ends at 12:01 a.m. standard time at your address.
- C. The policy territory is:
1. The United States of America, its territories or possessions;
 2. Puerto Rico; or
 3. Canada.

This policy also applies to loss to, or accidents involving, "your covered auto" while being transported between their ports.

TERMINATION

- A. **Cancellation.** This policy may be cancelled during the policy period as follows:
1. The named insured shown in the Declarations may cancel by:
 - a. returning this policy to us; or
 - b. giving us advance written notice of the date cancellation is to take effect.

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2. We may cancel by mailing to the named insured shown in the Declarations at the address shown there:

a. at least 10 days notice of cancellation:

- (1) if cancellation is for nonpayment of premium; or
- (2) if notice is mailed during the first 60 days this policy is in effect and this is not a continuation policy; or

b. at least 30 days notice in all other cases.

3. After this policy is in effect for 60 days, or if this is a continuation policy, we will cancel only:

a. for nonpayment of premium; or

b. if your driver's license or that of:

- (1) any driver who lives with you; or
- (2) any driver who customarily uses "your covered auto";

has been suspended or revoked. This must have occurred:

- (1) during the policy period; or
- (2) since the last anniversary of the original effective date if the policy period is other than 1 year; or

c. if the policy was obtained through material misrepresentation.

4. Nonpayment of Premium. Nonpayment of premium shall mean failure to pay any premium or premium installment when due whether payable directly to us or through a premium financing plan or credit extension.

B. Non Renewal. If we decide not to renew or continue this policy, we will mail notice to the named insured shown in the Declarations at the address shown there. Notice will be mailed at least 30 days before the end of the policy period. If the policy period is other than 1 year, we will have the right not to continue it only at each anniversary of its original effective date. If that date is the 29th, 30th, or 31st of a month, we may consider the first day of the next month to be this anniversary.

C. Automatic Termination. If we offer to continue and you or your representative do not accept, this

policy will automatically terminate without notice of termination at the end of the current policy period. Failure to pay the required continuation premium when due shall mean that you have not accepted our offer.

If you obtain other insurance on "your covered auto", any similar insurance provided by this policy will terminate as to that auto on the effective date of the other insurance.

D. Other Termination Provisions.

1. If the law in effect in your state at the time this policy is issued or continued:

- a. requires a longer notice period;
- b. requires a special form or procedure for giving notice; or
- c. modifies any of the stated termination reasons;

we will comply with those requirements.

2. We may deliver any notice instead of mailing it. Proof of mailing of any notice shall be sufficient proof of notice.

3. If this policy is cancelled, you may be entitled to a premium refund. If so, we will send you the refund. The premium refund, if any, will be computed according to our manuals. However, making or offering to make the refund is not a condition of cancellation.

4. The effective date of cancellation stated in the notice shall become the end of the policy period.

TRANSFER OF YOUR INTEREST IN THIS POLICY

A. Your rights and duties under this policy may not be assigned without our written consent. However, if a named insured shown in the Declarations dies, coverage will be provided for:

1. The surviving spouse if resident in the same household at the time of death. Coverage applies to the spouse as if a named insured shown in the Declarations; and
2. The legal representative of the deceased person as if a named insured shown in the Declarations. This applies only with respect to the rep-

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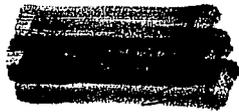
representative's legal responsibility to maintain or use "your covered auto".

- B. Coverage will only be provided until the next anniversary of the policy's original effective date.

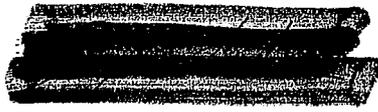
TWO OR MORE AUTO POLICIES

If this policy and any other auto insurance policy issued to you by us apply to the same accident, the maximum limit of our liability under all the policies shall not exceed the highest applicable limit of liability under any one policy.

This policy is signed for the member company of Travelers which is the insurer under this policy.



Bruce A. Backberg
Senior Vice President and
Corporate Secretary



Joseph Lacher
Chief Executive Officer
Personal Lines



Homeowners Policy Booklet

from Travelers

YOUR HOMEOWNERS POLICY QUICK REFERENCE

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HOMEOWNERS 3 - SPECIAL FORM PENNSYLVANIA

AGREEMENT

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

DEFINITIONS

In this policy, "you" and "your" refer to the "named insured" shown in the Declarations and the spouse, if a resident of the same household, and "we", "us" and "our" refer to the Company providing this insurance. In addition, certain words and phrases are defined as follows:

1. "Actual cash value" means the amount it would cost to repair or replace covered property, at the time of loss or damage, with material of like kind and quality, subject to a deduction for deterioration, depreciation and obsolescence. "Actual cash value" applies to valuation of covered property regardless of whether that property has sustained partial or total loss or damage.

The "actual cash value" of the lost or damaged property may be significantly less than its replacement cost.

2. "Bodily injury" means bodily harm, sickness or disease, including required care, loss of services and death that results.
3. "Business" includes a trade, profession or occupation engaged in on a full-time, part-time or occasional basis.
4. "Insured" means you and the following residents of your household:
 - a. Your relatives;
 - b. Any other person under the age of 21 who is in the care of any person named above.

Under Section II, "insured" also means:

- c. With respect to animals or watercraft to which this policy applies, any person or organization legally responsible for these animals or watercraft which are owned by you or any person included in 4.a. or 4.b. above. A person or organization using or having custody of these animals or watercraft in the course of any "business", or without permission of the owner is not an "insured";
- d. With respect to any vehicle to which this policy applies:

- (1) Persons while engaged in your employ or that of any person included in 4.a. or 4.b. above; or
- (2) Other persons using the vehicle on an "insured location" with your consent.

5. "Insured location" means:

- a. The "residence premises";
- b. The part of any other premises, other structures, and grounds, used by you as a residence and which is shown in the Declarations or which is acquired by you during the policy period for your use as a residence;
- c. Any premises used by you in connection with the premises included in 5.a. or 5.b.;
- d. Any part of a premises not owned by any "insured" but where any "insured" is temporarily residing;
- e. Vacant land owned by or rented to any "insured" other than farm land;
- f. Land owned by or rented to any "insured" on which a one or two family dwelling is being constructed as a residence for any "insured";
- g. Individual or family cemetery plots or burial vaults of any "insured";
- h. Any part of a premises occasionally rented to any "insured" for other than "business" purposes.

6. "Occurrence" means an accident, including continuous or repeated exposure to substantially the same generally harmful conditions which results, during the policy period, in:
 - a. "Bodily injury"; or
 - b. "Property damage".
7. "Property damage" means physical injury to, destruction of, or loss of use of tangible property.
8. "Residence employee" means an employee of any "insured" who performs duties in connection with the maintenance or use of the "residence premises", including household or domestic services, or who performs duties elsewhere of a simi-

lar nature not in connection with the "business" of any "insured".

9. "Residence premises" means the one or two family dwelling, other structures, and grounds or that

part of any other building where you reside and which is shown as the "residence premises" in the Declarations.

SECTION I - PROPERTY COVERAGES

COVERAGE A - DWELLING

We cover:

- a. The dwelling on the "residence premises" shown in the Declarations, including structures attached to the dwelling; and
- b. Materials and supplies located on or next to the "residence premises" used to construct, alter or repair the dwelling or other structures on the "residence premises".

We do not cover land, including land on which the dwelling is located.

COVERAGE B - OTHER STRUCTURES

We cover other structures on the "residence premises" set apart from the dwelling by clear space. This includes structures connected to the dwelling by only a fence, utility line, or similar connection.

We do not cover:

- a. Land, including land on which the other structures are located.
- b. Other structures rented or held for rental to any person not a tenant of the dwelling, unless used solely as a private garage;
- c. Other structures from which any "business" is conducted; or
- d. Other structures used to store "business" property. However, we do cover a structure that contains "business" property solely owned by an "insured" or a tenant of the dwelling provided that "business" property does not include gaseous or liquid fuel, other than fuel in a permanently installed fuel tank of a vehicle or craft parked or stored in the structure.

The limit of liability for this coverage will not be more than 10% of the limit of liability that applies to Coverage A. Use of this coverage does not reduce the Coverage A limit of liability.

COVERAGE C - PERSONAL PROPERTY

Covered Property

We cover personal property owned or used by an "insured" while it is anywhere in the world. After a loss and at your request, we will cover personal property owned by:

- a. Others while the property is on the part of the "residence premises" occupied by an "insured"; or
- b. A guest or a "residence employee", while the property is in any residence occupied by an "insured".

Limit For Property At Other Residences

Our limit of liability for personal property usually located at an "insured's" residence, other than the "residence premises", is 10% of the limit of liability for Coverage C, or \$1,000, whichever is greater. However, this limitation does not apply to personal property:

- a. Moved from the "residence premises" because it is being repaired, renovated or rebuilt and is not fit to live in or store property in; or
- b. In a newly acquired principal residence for 30 days from the time you begin to move the property there.

Special Limits Of Liability

The special limit for each category shown below is the total limit for each loss for all property in that category. These special limits do not increase the Coverage C limit of liability.

1. \$200 on money, bank notes, bullion, gold other than goldware, silver other than silverware, platinum, coins, and medals.
2. \$1,000 on securities, accounts, deeds, evidence of debt, letters of credit, notes other than bank notes, manuscripts, personal records, passports, tickets and stamps. This dollar limit applies to these categories regardless of the medium (such as paper or computer software) on which the material exists.
This limit includes the cost to research, replace or restore the information from the lost or damaged material.
3. \$1,000 on watercraft of all types, including their trailers, furnishings, equipment and outboard engines or motors.
4. \$1,000 on trailers or semitrailers not used with watercraft of all types.
5. \$1,000 for loss by theft of jewelry, watches, furs, precious and semiprecious stones.

6. \$2,000 for loss by theft of firearms and related equipment.
7. \$2,500 for loss by theft of silverware, silver-plated ware, goldware, gold-plated ware, and pewterware. This includes flatware, hollowware, tea sets, trays and trophies made of or including silver, gold or pewter.
8. \$5,000 on property, on the "residence premises", used at any time or in any manner for any "business" purpose.
9. \$1,000 on property, away from the "residence premises", used at any time or in any manner for any "business" purpose. However, this limit does not apply to loss to electronic apparatus and other property described in Categories 10. and 11. below.
10. \$1,000 on electronic apparatus and accessories, while in or upon a motor vehicle or other motorized land conveyance, if the electronic apparatus is equipped to be operated by power from the electrical system of the vehicle or conveyance while still capable of being operated by other power sources.

Accessories include antennas, tapes, wires, records, discs or other media that can be used with any apparatus described in this Category 10.

11. \$1,000 on electronic apparatus and accessories used primarily for "business" while away from the "residence premises" and not in or upon a motor vehicle or other motorized land conveyance. The apparatus must be equipped to be operated by power from the electrical system of the vehicle or conveyance while still capable of being operated by other power sources.

Accessories include antennas, tapes, wires, records, discs or other media that can be used with any apparatus described in this Category 11.

Property Not Covered

We do not cover:

1. Articles separately described and specifically insured, regardless of the limit for which they are insured, in this or other insurance;
2. Animals, birds or fish;
3. Motor vehicles or all other motorized land conveyances.
 - a. This includes:
 - (1) Their accessories, equipment and parts; or
 - (2) Electronic apparatus and accessories designed to be operated solely by power from the electrical system of motor vehicles or all other motorized land convey-

ances. Accessories include antennas, tapes, wires, records, discs or other media that can be used with any apparatus described above.

The exclusion of property described in a.(1) and (2) above applies only while such property is in or upon the vehicle or conveyance.

- b. We do cover vehicles or conveyances not required to be registered for use on public roads or property which are:
 - (1) Used solely to service an "insured's" residence; or
 - (2) Designed to assist the handicapped;
4. Aircraft meaning any contrivance used or designed for flight including any parts whether or not attached to the aircraft.
We do cover model or hobby aircraft not used or designed to carry people or cargo;
5. Property of roomers, boarders and other tenants, except property of roomers and boarders related to an "insured";
6. Property in an apartment regularly rented or held for rental to others by an "insured";
7. Property rented or held for rental to others off the "residence premises";
8. "Business" data, including such data stored in:
 - a. Books of account, drawings or other paper records; or
 - b. Computers and related equipment.
We do cover the cost of blank recording or storage media, and of prerecorded computer programs available on the retail market; or
9. Credit cards or fund transfer cards used solely for deposit, withdrawal or transfer of funds except as provided in Additional Coverage 6. Credit Card, Fund Transfer Card, Forgery and Counterfeit Money.

COVERAGE D - LOSS OF USE

The limit of liability for Coverage D is the total limit for the coverages in 1. Additional Living Expense, 2. Fair Rental Value and 3. Civil Authority Prohibits Use below.

1. Additional Living Expense

If a loss covered under Section I makes that part of the "residence premises" where you reside not fit to live in, we cover any necessary increase in living expenses incurred by you so that your household can maintain its normal standard of living.

Payment will be for the shortest time required to repair or replace the damage or, if you permanently relocate, the shortest time required for your household to settle elsewhere.

2. Fair Rental Value

If a loss covered under Section I makes that part of the "residence premises" rented to others or held for rental by you not fit to live in, we cover the fair rental value of such premises less any expenses that do not continue while it is not fit to live in.

Payment will be for the shortest time required to repair or replace such premises.

3. Civil Authority Prohibits Use

If a civil authority prohibits you from use of the "residence premises" as a result of direct damage to neighboring premises by a Peril Insured Against, we cover the loss as provided in 1. Additional Living Expense and 2. Fair Rental Value above for no more than two weeks.

4. Loss Or Expense Not Covered

We do not cover loss or expense due to cancellation of a lease or agreement.

The periods of time under 1. Additional Living Expense, 2. Fair Rental Value and 3. Civil Authority Prohibits Use above are not limited by expiration of this policy.

ADDITIONAL COVERAGES

1. Debris Removal

- a. We will pay your reasonable expense for the removal of debris of covered property if a Peril Insured Against that applies to the damaged property causes the loss.

This expense is included in the limit of liability that applies to the damaged property. If the amount to be paid for the actual damage to the property plus the debris removal expense is more than the limit of liability for the damaged property, an additional 5% of that limit of liability is available for such expense.

- b. We will also pay your reasonable expense, up to \$1,000, for the removal of one or more trees fallen on the "residence premises" as a result of a Peril Insured Against, provided:

- (1) The tree(s) damage(s) a covered structure;
- (2) Do(es) not damage a covered structure, but:
 - (a) Block(s) a driveway on the "residence premises" which prevent(s) a motor vehicle, that is registered for

use on public roads or property, from entering or leaving the "residence premises"; or

- (b) Block(s) a ramp or other fixture designed to assist a handicapped person to enter or leave the dwelling building; or

- (3) Windstorm or Hail or Weight of Ice, Snow or Sleet causes damage to a structure covered under this policy and the Pennsylvania Governor declares the area in which the "residence premises" is located to be a disaster area as a result of such weather conditions.

The \$1,000 limit is the most we will pay in any one loss regardless of the number of fallen trees. No more than \$500 of this limit will be paid for the removal of any one tree.

This coverage is additional insurance.

2. Reasonable Repairs

- a. We will pay the reasonable cost incurred by you for the necessary measures taken solely to protect covered property that is damaged by a Peril Insured Against from further damage.
- b. If the measures taken involve repair to other damaged property, we will only pay if that property is covered under this policy and the damage is caused by a Peril Insured Against. This coverage does not:

- (1) Increase the limit of liability that applies to the covered property; or
- (2) Relieve you of your duties, in case of a loss to covered property, described in paragraph d. under Section I – Condition 2. Duties After Loss.

3. Trees, Shrubs And Other Plants

We cover trees, shrubs, plants or lawns, on the "residence premises", for loss caused by the following Perils Insured Against:

- a. Fire or Lightning;
- b. Explosion;
- c. Riot or Civil Commotion;
- d. Aircraft;
- e. Vehicles not owned or operated by a resident of the "residence premises";
- f. Vandalism or Malicious Mischief; or
- g. Theft.

We will pay up to 5% of the limit of liability that applies to the dwelling for all trees, shrubs, plants

or lawns. No more than \$500 of this limit will be paid for any one tree, shrub or plant. We do not cover property grown for "business" purposes.

This coverage is additional insurance.

4. Fire Department Service Charge

We will pay up to \$500 for your liability assumed by contract or agreement for fire department charges incurred when the fire department is called to save or protect covered property from a Peril Insured Against. We do not cover fire department service charges if the property is located within the limits of the city, municipality or protection district furnishing the fire department response.

This coverage is additional insurance. No deductible applies to this coverage.

5. Property Removed

We insure covered property against direct loss from any cause while being removed from a premises endangered by a Peril Insured Against and for no more than 30 days while removed. This coverage does not change the limit of liability that applies to the property being removed.

6. Credit Card, Fund Transfer Card, Forgery and Counterfeit Money

a. We will pay up to \$1,000 for:

- (1) The legal obligation of an "insured" to pay because of the theft or unauthorized use of credit cards issued to or registered in an "insured's" name;
- (2) Loss resulting from theft or unauthorized use of a fund transfer card used for deposit, withdrawal or transfer of funds, issued to or registered in an "insured's" name;
- (3) Loss to an "insured" caused by forgery or alteration of any check or negotiable instrument; and
- (4) Loss to an "insured" through acceptance in good faith of counterfeit United States or Canadian paper currency.

All loss resulting from a series of acts committed by any one person or in which any one person is concerned or implicated is considered to be one loss.

This coverage is additional insurance. No deductible applies to this coverage.

b. We do not cover:

- (1) Use of a credit card or fund transfer card:
 - (a) By a resident of your household;

(b) By a person who has been entrusted with either type of card; or

(c) If an "insured" has not complied with all terms and conditions under which the cards are issued; or

(2) Loss arising out of "business" use or dishonesty of an "insured".

c. If the coverage in a. applies, the following defense provisions also apply:

(1) We may investigate and settle any claim or suit that we decide is appropriate. Our duty to defend a claim or suit ends when the amount we pay for the loss equals our limit of liability.

(2) If a suit is brought against an "insured" for liability under a.(1) or (2) above, we will provide a defense at our expense by counsel of our choice.

(3) We have the option to defend at our expense an "insured" or an "insured's" bank against any suit for the enforcement of payment under a.(3) above.

7. Loss Assessment

a. We will pay up to \$1,000 for your share of loss assessment charged during the policy period against you, as owner or tenant of the "residence premises", by a corporation or association of property owners. The assessment must be made as a result of direct loss to property, owned by all members collectively, of the type that would be covered by this policy if owned by you, caused by a Peril Insured Against under Coverage A, other than:

- (1) Earthquake; or
- (2) Land shock waves or tremors before, during or after a volcanic eruption.

The limit of \$1,000 is the most we will pay with respect to any one loss, regardless of the number of assessments. We will only apply one deductible, per unit, to the total amount of any one loss to the property described above, regardless of the number of assessments.

b. We do not cover assessments charged against you or a corporation or association of property owners by any governmental body.

c. Section I – Condition 16. Policy Period does not apply to this coverage.

This coverage is additional insurance.

8. Collapse

a. With respect to this Additional Coverage:

- (1) Collapse means an abrupt falling down or caving in of a building or any part of a building with the result that the building or part of the building cannot be occupied for its current intended purpose.
 - (2) A building or any part of a building that is in danger of falling down or caving in is not considered to be in a state of collapse.
 - (3) A part of a building that is standing is not considered to be in a state of collapse even if it has separated from another part of the building.
 - (4) A building or any part of a building that is standing is not considered to be in a state of collapse even if it shows evidence of cracking, bulging, sagging, bending, leaning, settling, shrinkage or expansion.
- b. We insure for direct physical loss to covered property involving collapse of a building or any part of a building if the collapse was caused by one or more of the following:
- (1) The Perils Insured Against;
 - (2) Decay that is hidden from view, unless the presence of such decay is known to an "insured" prior to collapse or there are visible signs of water damage and the "insured" has not taken prompt action to prevent further damage;
 - (3) Insect or vermin damage that is hidden from view, unless the presence of such damage is known to an "insured" prior to collapse;
 - (4) Weight of contents, equipment, animals or people;
 - (5) Weight of rain which collects on a roof; or
 - (6) Use of defective material or methods in construction, remodeling or renovation if the collapse occurs during the course of the construction, remodeling or renovation.
- c. Loss to an awning, fence, patio, deck, pavement, swimming pool, underground pipe, flue, drain, cesspool, septic tank, foundation, retaining wall, bulkhead, pier, wharf or dock is not included under b.(2) through (6) above, unless the loss is a direct result of the collapse of a building or any part of a building.
- d. This coverage does not increase the limit of liability that applies to the damaged covered property.

9. Glass Or Safety Glazing Material

- a. We cover:
- (1) The breakage of glass or safety glazing material which is part of a covered building, storm door or storm window; and
 - (2) The direct physical loss to covered property caused solely by the pieces, fragments or splinters of broken glass or safety glazing material which is part of a building, storm door or storm window.
- b. This coverage does not include loss:
- (1) To covered property which results because the glass or safety glazing material has been broken, except as provided in a.(2) above; or
 - (2) On the "residence premises" if the dwelling has been vacant for more than 30 consecutive days immediately before the loss. A dwelling being constructed is not considered vacant.
- c. This coverage does not increase the limit of liability that applies to the damaged property.

10. Ordinance or Law

- a. You may use up to 10% of the limit of liability that applies to Coverage A for the increased costs you incur due to the enforcement of any ordinance or law which requires or regulates:
- (1) The construction, demolition, remodeling, renovation or repair of that part of a covered building or other structure damaged by a Peril Insured Against;
 - (2) The demolition and reconstruction of the undamaged part of a covered building or other structure, when that building or other structure must be totally demolished because of damage by a Peril Insured Against to another part of that covered building or other structure; or
 - (3) The remodeling, removal or replacement of the portion of the undamaged part of a covered building or other structure necessary to complete the remodeling, repair or replacement of that part of the covered building or other structure damaged by a Peril Insured Against.
- b. You may use all or part of this ordinance or law coverage to pay for the increased costs you incur to remove debris resulting from the construction, demolition, remodeling, renovation, repair or replacement of property as stated in a. above.
- c. We do not cover:

- (1) The loss in value to any covered building or other structure due to the requirements of any ordinance or law; or
- (2) The costs to comply with any ordinance or law which requires any "insured" or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, pollutants in or on any covered building or other structure.

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

This coverage is additional insurance.

11. Refrigerated Products Coverage

We insure, up to \$500, covered property stored in freezers or refrigerators on the "residence premises" for direct loss caused by:

- a. Loss of power to the refrigeration unit. Loss of power means the complete or partial interruption of electric power due to conditions beyond an "insured's" control. Loss of power must be caused by damage to:
 - (1) Generating equipment; or
 - (2) Transmitting equipment; or

- b. Mechanical failure of the unit which stores the property.

Coverage will apply only if you have maintained the refrigeration unit in proper working condition immediately prior to the loss.

This coverage does not increase the limit of liability for Coverage C.

We will pay only that part of the total of all loss payable that exceeds \$100. No other deductible applies to this coverage.

The Power Failure exclusion does not apply to this coverage.

12. Inflation Coverage

We may adjust the limits of liability for Coverages A, B, C and D at the beginning of each successive policy term to reflect increases in the cost of insured property. The amount of such increase will be based on the data provided by the appraisal company shown in the Declarations. Payment of the required premium when due for the successive policy term will be sufficient to indicate your acceptance of the adjusted limits.

We will also adjust the limits of liability at the time of a loss by the same percentage pro rated from the effective date of the policy period or the effective date of change if you have requested a change to the limit of liability for Coverage A during the policy period.

SECTION I - PERILS INSURED AGAINST

COVERAGE A - DWELLING AND COVERAGE B - OTHER STRUCTURES

1. We insure against risk of direct physical loss to property described in Coverages A and B.
2. We do not insure, however, for loss:
 - a. Excluded under Section I - Exclusions;
 - b. Involving collapse, except as provided in Additional Coverage 8. Collapse under Section I - Property Coverages; or
 - c. Caused by:
 - (1) Freezing of a plumbing, heating, air conditioning or automatic fire protective sprinkler system or of a household appliance, or by discharge, leakage or overflow from within the system or appliance caused by freezing. This exclusion applies only while the dwelling is vacant, unoccupied or being constructed, unless you have used reasonable care to:

- (a) Maintain heat in the building; or
- (b) Shut off the water supply and drain all systems and appliances of water.

However, if the building is protected by an automatic fire protective sprinkler system, you must use reasonable care to continue the water supply and maintain heat in the building for coverage to apply.

For purposes of this provision a plumbing system or household appliance does not include a sump, sump pump or related equipment or a roof drain, gutter, downspout or similar fixtures or equipment;

- (2) Freezing, thawing, pressure or weight of water or ice, whether driven by wind or not, to a:
 - (a) Fence, pavement, patio or swimming pool;

- (b) Footing, foundation, bulkhead, wall, or any other structure or device that supports all or part of a building, or other structure;
 - (c) Retaining wall or bulkhead that does not support all or part of a building or other structure; or
 - (d) Pier, wharf or dock;
- (3) Theft in or to a dwelling under construction, or of materials and supplies for use in the construction until the dwelling is finished and occupied;
- (4) Vandalism and malicious mischief, and any ensuing loss caused by any intentional and wrongful act committed in the course of the vandalism or malicious mischief, if the dwelling has been vacant for more than 30 consecutive days immediately before the loss. A dwelling being constructed is not considered vacant;
- (5) Constant or repeated seepage or leakage of water or steam over a period of weeks, months or years, from a plumbing, heating, air conditioning or automatic fire protective sprinkler system, or from a household appliance; or
- (6) Any of the following:
- (a) Wear and tear, marring, deterioration;
 - (b) Mechanical breakdown, latent defect, inherent vice, or any quality in property that causes it to damage or destroy itself;
 - (c) Smog, rust or other corrosion, fungi, mold, mildew, wet or dry rot;
 - (d) Smoke from agricultural smudging or industrial operations;
 - (e) Discharge, dispersal, seepage, migration, release or escape of pollutants unless the discharge, dispersal, seepage, migration, release or escape is itself caused by a Peril Insured Against named under Coverage C.
- Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed;

- (f) Settling, shrinking, bulging or expansion, including resultant cracking, of bulkheads, pavements, patios, footings, foundations, walls, floors, roofs or ceilings;
- (g) Birds, vermin, rodents, or insects; or
- (h) Animals owned or kept by an "insured".

Exception To c.(6)

Unless the loss is otherwise excluded, we cover loss to property covered under Coverage A or B resulting from an accidental discharge or overflow of water or steam from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or household appliance on the "residence premises". This includes the cost to tear out and replace any part of a building, or other structure, on the "residence premises", but only when necessary to repair the system or appliance. However, such tear out and replacement coverage only applies to other structures if the water or steam causes actual damage to a building on the "residence premises".

We do not cover loss to the system or appliance from which this water or steam escaped.

For purposes of this provision, a plumbing system or household appliance does not include a sump, sump pump or related equipment or a roof drain, gutter, down spout or similar fixtures or equipment.

Section I – Exclusion 3. Water Damage, Paragraphs a. and c. that apply to surface water and water below the surface of the ground do not apply to loss by water covered under c.(5) and (6) above.

Under 2.b. and c. above, any ensuing loss to property described in Coverages A and B not excluded by any other provision in this policy is covered.

COVERAGE C – PERSONAL PROPERTY

We insure for direct physical loss to the property described in Coverage C caused by any of the following perils, unless the loss is excluded in SECTION I - EXCLUSIONS.

1. Fire or lightning.
2. Windstorm or hail.

This peril includes loss to watercraft of all types and their trailers, furnishings, equipment, and outboard engines or motors, only while inside a fully enclosed building.

This peril does not include loss to property contained in a building caused by rain, snow, sleet, sand or dust unless the direct force of wind or hail damages the building, causing an opening in a roof or wall and the rain, snow, sleet, sand or dust enters through this opening.

3. Explosion.

4. Riot or civil commotion.

5. Aircraft.

This peril includes self-propelled missiles and spacecraft.

6. Vehicles.

7. Smoke.

This peril means sudden and accidental damage from smoke.

This peril does not include loss caused by smoke from agricultural smudging or industrial operations.

8. Vandalism or malicious mischief.

9. Theft.

a. This peril includes attempted theft and loss of property from a known place when it is likely that the property has been stolen.

b. This peril does not include loss caused by theft:

- (1) Committed by an "insured";
- (2) In or to a dwelling under construction, or of materials and supplies for use in the construction until the dwelling is finished and occupied;
- (3) From that part of a "residence premises" rented by an "insured" to someone other than another "insured"; or
- (4) That occurs off the "residence premises" of:
 - (a) Trailers, semitrailers and campers;
 - (b) Watercraft of all types, and their furnishings, equipment and outboard engines or motors; or
 - (c) Property while at any other residence owned by, rented to, or occupied by an "insured", except while an "insured" is temporarily living there. Property of an "insured" who is a student is covered while at the residence the student occupies to attend school as long as the student has been there at any time during the 45 days immediately before the loss.

10. Falling Objects.

This peril does not include loss to the inside of a building or property contained in the building unless the roof or an outside wall of the building is first damaged by a falling object. Damage to the falling object itself is not included.

11. Weight Of Ice, Snow Or Sleet.

This peril means weight of ice, snow or sleet which causes damage to property contained in a building.

12. Accidental Discharge Or Overflow Of Water Or Steam.

a. This peril means accidental discharge or overflow of water or steam from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance.

b. This peril does not include loss:

- (1) To the system or appliance from which the water or steam escaped;
- (2) Caused by or resulting from freezing except as provided in Peril Insured Against 14. Freezing; or
- (3) On the "residence premises" caused by accidental discharge or overflow which occurs off the "residence premises".

c. In this peril, a plumbing system or household appliance does not include a sump, sump pump or related equipment or a roof drain, gutter, downspout or similar fixtures or equipment.

d. Section I - Exclusion 3. Water Damage, Paragraphs a. and c. that apply to surface water and water below the surface of the ground do not apply to loss by water covered under this peril.

13. Sudden And Accidental Tearing Apart, Cracking, Burning Or Bulging.

This peril means sudden and accidental tearing apart, cracking, burning or bulging of a steam or hot water heating system, an air conditioning or automatic fire protective sprinkler system, or an appliance for heating water.

We do not cover loss caused by or resulting from freezing except as provided in Peril Insured Against 14. Freezing.

14. Freezing.

a. This peril means freezing of a plumbing, heating, air conditioning or automatic fire protective sprinkler system or of a household appliance.

This peril does not include loss on the "residence premises" while the dwelling is unoccupied, unless you have used reasonable care to:

- (1) Maintain heat in the building; or
- (2) Shut off the water supply and drain all systems and appliances of water.

However, if the building is protected by an automatic fire protective sprinkler system, you must use reasonable care to continue the water supply and maintain heat in the building for coverage to apply.

- b. In this peril, a plumbing system or household appliance does not include a sump, sump pump or related equipment or a roof drain, gutter, downspout or similar fixtures or equipment.

15. Sudden And Accidental Damage From Artificially Generated Electrical Current.

This peril does not include loss to tubes, transistors, electronic components or circuitry that are a part of appliances, fixtures, computers, home entertainment units or other types of electronic apparatus.

SECTION I - EXCLUSIONS

A. We do not insure for loss caused directly or indirectly by any of the following. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss. These exclusions apply whether or not the loss event results in widespread damage or affects a substantial area.

1. Ordinance or Law.

Ordinance or Law means any ordinance or law:

- a. Requiring or regulating the construction, demolition, remodeling, renovation or repair of property, including removal of any resulting debris. This exclusion 1.a. does not apply to the amount of coverage that may be provided under Additional Coverage 10. Ordinance or Law;
- b. The requirements of which result in a loss in value to property.
- c. Requiring any "insured" or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, pollutants.

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

This exclusion 1. applies whether or not the property has been physically damaged.

2. Earth Movement.

Earth movement means:

- a. Earthquake, including volcanic eruption and land shock waves or tremors before, during or after a volcanic eruption;
- b. Landslide; mudslide, or mudflow;
- c. Subsidence or sinkhole; or
- d. Any other earth movement including earth sinking, rising or shifting;

unless direct loss by fire, explosion, or breakage of glass or safety glazing material which is part of a building, storm door or storm window ensues and then we will pay only for the ensuing loss.

This Exclusion 2. does not apply to loss by theft.

3. Water Damage.

Water Damage means:

- a. Flood, surface water, waves, tidal water, overflow of a body of water, or spray from any of these, whether or not driven by wind;
- b. Water or water-borne material which backs up through sewers or drains or which overflows or is discharged from a sump, sump pump or related equipment; or
- c. Water or water-borne material below the surface of the ground, including water which exerts pressure on or seeps or leaks through a building, sidewalk, driveway, foundation, swimming pool or other structure;

caused by or resulting from human or animal forces or any act of nature.

Direct loss by fire, explosion or theft resulting from water damage is covered.

4. Power Failure.

Power Failure means the failure of power or other utility service if the failure takes place off the "residence premises". But, if the failure results in a loss from a Peril Insured Against, on the "residence premises", we will pay for the loss caused by that peril.

5. Neglect.

Neglect means neglect of an "insured" to use all reasonable means to save and preserve property at and after the time of a loss.

6. War.

War includes the following and any consequence of any of the following:

- a. Undeclared war, civil war, insurrection, rebellion or revolution;
- b. Warlike act by a military force or military personnel; or
- c. Destruction, seizure or use for a military purpose.

Discharge of a nuclear weapon will be deemed a warlike act even if accidental.

7. Nuclear Hazard.

This Exclusion 7. pertains to Nuclear Hazard to the extent set forth in the Nuclear Hazard Clause of SECTION I - CONDITIONS.

8. Intentional Loss.

Intentional Loss means any loss arising out of any act an "insured" commits or conspires to commit with the intent to cause a loss.

In the event of such loss, no "insured" is entitled to coverage, even "insureds" who did not commit or conspire to commit the act causing the loss.

- B.** We do not insure for loss to property described in Coverages A and B caused by any of the following. However, any ensuing loss to property described in Coverages A and B not excluded by any other provision in this policy is covered.

1. Weather conditions. However, this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in A. above to produce the loss.
 2. Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body.
 3. Faulty, inadequate or defective:
 - a. Planning, zoning, development, surveying, siting;
 - b. Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;
 - c. Materials used in repair, construction, renovation or remodeling; or
 - d. Maintenance;
- of part or all of any property whether on or off the "residence premises".

LOSS DEDUCTIBLE

Unless otherwise noted in this policy, the following deductible provision applies:

Subject to the policy limits that apply, we will pay only that part of the total of all loss payable under Section I

- Property Coverages that exceeds the deductible amount shown in the Declarations.

SECTION I - CONDITIONS

1. Insurable Interest and Limit of Liability.

Even if more than one person has an insurable interest in the property covered, we will not be liable in any one loss:

- a. To an "insured" for more than the amount of such "insured's" interest at the time of loss; or
- b. For more than the applicable limit of liability.

2. Duties After Loss.

In case of a loss to covered property, we have no duty to provide coverage under this policy if the failure to comply with the following duties is prejudicial to us. These duties must be performed either by you, an "insured" seeking coverage, or a representative of either.

- a. Give prompt notice to us or our agent;

- b. Notify the police in case of loss by theft;
- c. Notify the credit card or fund transfer card company in case of loss as provided for in Additional Coverage 6. Credit Card, Fund Transfer Card, Forgery And Counterfeit Money;
- d. Protect the property from further damage. If repairs to the property are required, you must:
 - (1) Make reasonable and necessary repairs to protect the property; and
 - (2) Keep an accurate record of repair expenses;
- e. Cooperate with us in the investigation of a claim;
- f. Prepare an inventory of damaged personal property showing the quantity, description, "actual cash value" and amount of loss. Attach all bills, receipts and related documents that justify the figures in the inventory;
- g. As often as we reasonably require:
 - (1) Show the damaged property;
 - (2) Provide us with records and documents we request and permit us to make copies; and
 - (3) Submit to examination under oath, while not in the presence of another "insured", and sign the same;
- h. Send to us, within 60 days after our request, your signed, sworn proof of loss which sets forth, to the best of your knowledge and belief:
 - (1) The time and cause of loss;
 - (2) The interest of all "insureds" and all others in the property involved and all liens on the property;
 - (3) Other insurance which may cover the loss;
 - (4) Changes in title or occupancy of the property during the term of the policy;
 - (5) Specifications of damaged buildings and detailed repair estimates;
 - (6) The inventory of damaged personal property described in 2.f. above;
 - (7) Receipts for additional living expenses incurred and records that support the fair rental value loss; and
 - (8) Evidence or affidavit that supports a claim under Additional Coverage 6. Credit Card, Fund Transfer Card, Forgery And Counterfeit Money, stating the amount and cause of loss.

3. Loss Settlement.

In this Condition 3., the terms "cost to repair or replace" and "replacement cost" do not include the increased costs incurred to comply with the enforcement of any ordinance or law, except to the extent that coverage for these increased costs is provided in Additional Coverage 10. Ordinance Or Law. Covered property losses are settled as follows:

- a. Property of the following types:
 - (1) Personal property;
 - (2) Awnings, carpeting, household appliances, outdoor antennas and outdoor equipment, whether or not attached to buildings; and
 - (3) Structures that are not buildings;
 - at "actual cash value" at the time of loss but not more than the amount required to repair or replace.
- b. Buildings covered under Coverage A or B at replacement cost without deduction for depreciation, subject to the following:
 - (1) If, at the time of loss, the amount of insurance in this policy on the damaged building is 80% or more of the full replacement cost of the building immediately before the loss, we will pay the cost to repair or replace, after application of any deductible and without deduction for depreciation, but not more than the least of the following amounts:
 - (a) The limit of liability under this policy that applies to the building;
 - (b) The replacement cost of that part of the building damaged with material of like kind and quality and for like use; or
 - (c) The necessary amount actually spent to repair or replace the damaged building.

If the building is rebuilt at a new premises, the cost described in (b) above is limited to the cost which would have been incurred if the building had been built at the original premises.
 - (2) If, at the time of loss, the amount of insurance in this policy on the damaged building is less than 80% of the full replacement cost of the building immediately before the loss, we will pay the greater of the following amounts, but not more than the limit of liability under this policy that applies to the building:

- (a) The "actual cash value" of that part of the building damaged; or
 - (b) That proportion of the cost to repair or replace, after application of any deductible and without deduction for depreciation, that part of the building damaged, which the total amount of insurance in this policy on the damaged building bears to 80% of the replacement cost of the building.
- (3) To determine the amount of insurance required to equal 80% of the full replacement cost of the building immediately before the loss, do not include the value of:
- (a) Excavations, footings, foundations, piers, or any other structures or devices that support all or part of the building, which are below the under-surface of the lowest basement floor;
 - (b) Those supports described in (a) above which are below the surface of the ground inside the foundation walls, if there is no basement; and
 - (c) Underground flues, pipes, wiring and drains.
- (4) We will pay no more than the "actual cash value" of the damage until actual repair or replacement is complete. Once actual repair or replacement is complete, we will settle the loss as noted in b.(1) and b.(2) above.
- However, if the cost to repair or replace the damage is less than \$2,500, we will settle the loss as noted in b.(1) and b.(2) above whether or not actual repair or replacement is complete.
- (5) You may disregard the replacement cost loss settlement provisions and make claim under this policy for loss to buildings on an "actual cash value" basis. You may then make claim for any additional liability according to the provisions of this Condition 3. Loss Settlement, provided you notify us of your intent to do so within 180 days after the date of loss.
- 4. Loss to a Pair or Set.**
- In case of loss to a pair or set we may elect to:
- a. Repair or replace any part to restore the pair or set to its value before the loss; or
 - b. Pay the difference between "actual cash value" of the property before and after the loss.
- 5. Appraisal.**
- If you and we fail to agree on the amount of loss, either may demand an appraisal of the loss. In this event, each party will choose a competent, impartial appraiser within 20 days after receiving a written request from the other. The two appraisers will choose an umpire. If they cannot agree upon an umpire within 15 days, you or we may request that the choice be made by a judge of a court of record in the state where the "residence premises" is located. The appraisers will separately set the amount of loss. If the appraisers submit a written report of an agreement to us, the amount agreed upon will be the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will set the amount of loss.
- Each party will:
- a. Pay its own appraiser; and
 - b. Bear the other expenses of the appraisal and umpire equally.
- 6. Other Insurance and Service Agreement.**
- If a loss covered by this policy is also covered by:
- a. Other insurance, we will pay only the proportion of the loss that the limit of liability that applies under this policy bears to the total amount of insurance covering the loss; or
 - b. A service agreement, the coverage provided under this policy is excess over any amounts payable under any such agreement. Service agreement means a service plan, property restoration plan, home warranty or other similar service warranty agreement, even if it is characterized as insurance.
- 7. Suit Against Us.**
- No action can be brought against us unless there has been full compliance with all of the terms under Section 1 of this policy and the action is started within one year after the date of loss.
- 8. Our Option.**
- We may repair or replace any part of the damaged property with like property if we give you written notice of our intention to do so within 30 working days after we receive your signed, sworn proof of loss.
- 9. Loss Payment.**
- We will adjust all losses with you. We will pay you unless some other person is named in the policy or is legally entitled to receive payment. Loss will

be payable 60 days after we receive your proof of loss and:

- a. Reach an agreement with you;
- b. There is an entry of a final judgment; or
- c. There is a filing of an appraisal award with us.

10. Abandonment of Property.

We need not accept any property abandoned by an "insured".

11. Mortgage Clause.

- a. The word mortgagee includes a trustee. If a mortgagee is named in this policy, any loss payable under Coverage A or B will be paid to the mortgagee and you, as interests appear. If more than one mortgagee is named, the order of payment will be the same as the order of precedence of the mortgages.
- b. If we deny your claim, that denial will not apply to a valid claim of the mortgagee, if the mortgagee:
 - (1) Notifies us of any change in ownership, occupancy or substantial change in risk of which the mortgagee is aware;
 - (2) Pays any premium due under this policy on demand if you have neglected to pay the premium; and
 - (3) Submits a signed, sworn statement of loss within 60 days after receiving notice from us of your failure to do so. Policy conditions relating to Appraisal, Suit Against Us and Loss Payment apply to the mortgagee.
- c. If we decide to cancel or not to renew this policy, the mortgagee will be notified at least 10 days before the date cancellation or non-renewal takes effect.
- d. If we pay the mortgagee for any loss and deny payment to you:
 - (1) We are subrogated to all the rights of the mortgagee granted under the mortgage on the property; or
 - (2) At our option, we may pay to the mortgagee the whole principal on the mortgage plus any accrued interest. In this event, we will receive a full assignment and transfer of the mortgage and all securities held as collateral to the mortgage debt.

- e. Subrogation will not impair the right of the mortgagee to recover the full amount of the mortgagee's claim.

12. No Benefit to Bailee.

We will not recognize any assignment or grant any coverage that benefits a person or organization holding, storing or moving property for a fee regardless of any other provision of this policy.

13. Nuclear Hazard Clause.

- a. "Nuclear Hazard" means any nuclear reaction, radiation, or radioactive contamination, all whether controlled or uncontrolled or however caused, or any consequence of any of these.
- b. Loss caused by the nuclear hazard will not be considered loss caused by fire, explosion, or smoke, whether these perils are specifically named in or otherwise included within the Perils Insured Against.
- c. This policy does not apply under Section I to loss caused directly or indirectly by nuclear hazard, except that direct loss by fire resulting from the nuclear hazard is covered.

14. Recovered Property.

If you or we recover any property for which we have made payment under this policy, you or we will notify the other of the recovery. At your option, the property will be returned to or retained by you or it will become our property. If the recovered property is returned to or retained by you, the loss payment will be adjusted based on the amount you received for the recovered property.

15. Policy Period

This policy applies only to loss which occurs during the policy period.

16. Concealment or Fraud.

We provide coverage to no "insureds" under this policy if, whether before or after a loss, an "insured" has:

- a. Intentionally concealed or misrepresented any material fact or circumstance;
- b. Engaged in fraudulent conduct; or
- c. Made false statements; relating to this insurance.

SECTION II - LIABILITY COVERAGES

COVERAGE E - PERSONAL LIABILITY

If a claim is made or a suit is brought against an "insured" for damages because of "bodily injury" or "property damage" caused by an "occurrence" to which this coverage applies, we will:

1. Pay up to our limit of liability for the damages for which an "insured" is legally liable; and
2. Provide a defense at our expense by counsel of our choice, even if the suit is groundless, false or fraudulent. We may investigate and settle any claim or suit that we decide is appropriate. Our duty to settle or defend ends when our limit of liability for the "occurrence" is exhausted by the payment of judgments or settlements.

COVERAGE F - MEDICAL PAYMENTS TO OTHERS

We will pay the necessary medical expenses that are incurred or medically ascertained within three years from the date of an accident causing "bodily injury".

Medical expenses means reasonable charges for medical, surgical, x-ray, dental, ambulance, hospital, professional nursing and prosthetic devices, but does not include funeral services. This coverage does not apply to you or regular residents of your household except "residence employees". As to others, this coverage applies only:

1. To a person on the "insured location" with the permission of an "insured"; or
2. To a person off the "insured location", if the "bodily injury";
 - a. Arises out of a condition on the "insured location" or the ways immediately adjoining;
 - b. Is caused by the activities of an "insured";
 - c. Is caused by a "residence employee" in the course of the "residence employee's" employment by an "insured"; or
 - d. Is caused by an animal owned by or in the care of an "insured".

SECTION II - EXCLUSIONS

1. Coverage E - Personal Liability and Coverage F - Medical Payments to Others do not apply to "bodily injury" or "property damage":

- a. Which is expected or intended by an "insured" even if the resulting "bodily injury" or "property damage":
 - (1) Is of a different kind, quality or degree than initially expected or intended; or
 - (2) Is sustained by a different person, entity, real or personal property, than initially expected or intended.

However, this exclusion 1.a. does not apply to "bodily injury" resulting from the use of reasonable force by an "insured" to protect persons or property.

- b. Arising out of or in connection with a "business" conducted from an "insured location" or engaged in by an "insured", whether or not the "business" is owned or operated by an "insured" or employs an "insured". This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstances involving a service or duty rendered, promised, owed or implied to be provided because of the nature of the "business";

This exclusion does not apply to:

- (1) Providing home day care services for which an "insured" does not receive any compensation, other than the mutual exchange of such services; or
- (2) Providing home day care services to a relative of an "insured".
- c. Arising out of the rental or holding for rental of any premises by any "insured". This exclusion does not apply to the rental or holding for rental of an "insured location":
 - (1) On an occasional basis if used only as a residence.
 - (2) In part for use only as a residence, unless a single family unit is intended for use by the occupying family to lodge more than two roomers or boarders; or
 - (3) In part, as an office, school, studio or private garage;
- d. Arising out of the rendering or failing to render professional services;
- e. Arising out of a premise:
 - (1) Owned by any "insured";
 - (2) Rented to any "insured"; or
 - (3) Rented to others by any "insured"; that is not an "insured location";

f. Arising out of:

- (1) The ownership, maintenance, use, loading or unloading of motor vehicles or all other motorized land conveyances, including trailers, owned or operated by or rented or loaned to an "insured".
- (2) The entrustment by any "insured" of a motor vehicle or any other motorized land conveyance to any person;
- (3) Vicarious liability, whether or not statutorily imposed, for the actions of a child or minor using a conveyance excluded in paragraph (1) or (2) above; or
- (4) The failure to supervise, or the negligent supervision, of any person, by an "insured", involving a conveyance excluded in paragraph (1) or (2) above.

This exclusion does not apply to:

- (1) A trailer not towed by or carried on a motorized land conveyance.
- (2) A motorized land conveyance designed for recreational use off public roads, not subject to motor vehicle registration and:
 - (a) Not owned by any "insured"; or
 - (b) Owned by any "insured" and on an "insured" location.
- (3) A motorized golf cart when used to play golf on a golf course.
- (4) A vehicle or conveyance not subject to motor vehicle registration which is:
 - (a) Used solely to service any "insured's" residence;
 - (b) Designed for assisting the handicapped; or
 - (c) In dead storage on an "insured location".

g. Arising out of:

- (1) The ownership, maintenance, use, loading or unloading of watercraft described below;
- (2) The entrustment by any "insured" of a watercraft described below to any person;
- (3) Vicarious liability, whether or not statutorily imposed, for the actions of a child or minor using an excluded watercraft described below; or
- (4) The failure to supervise, or the negligent supervision, of any person, by an "insured", involving an excluded watercraft described below.

Excluded watercraft are those that are principally designed to be propelled by engine power, jet power or electric motor, or are sailing vessels, whether owned by or rented to any insured. This exclusion does not apply to watercraft:

- (1) That are not sailing vessels and are powered by:
 - (a) Inboard or inboard-outdrive engine or motor power of 50 horsepower or less not owned by any "insured";
 - (b) Inboard or inboard-outdrive engine or motor power of more than 50 horsepower not owned by or rented to any "insured";
 - (c) One or more outboard engines or motors with 25 total horsepower or less;
 - (d) One or more outboard engines or motors with more than 25 total horsepower if the outboard engine or motor is not owned by any "insured";
 - (e) Outboard engines or motors of more than 25 total horsepower owned by any "insured" if:
 - (i) You acquire them prior to the policy period; and
 - (a) You declare them at policy inception;
 - (b) Your intention to insure is reported to us in writing within 45 days after you acquire the outboard motors.
 - (ii) You acquire them during the policy period.

This coverage applies for the policy period.

- (2) That are sailing vessels, with or without auxiliary power:
 - (a) Less than 26 feet in overall length;
 - (b) 26 feet or more in overall length not owned by or rented to any "insured".
- (3) That are stored;

h. Arising out of:

- (1) the ownership, maintenance, use, loading or unloading of any "aircraft";
- (2) The entrustment by any "insured" of an "aircraft" to any person; or
- (3) Vicarious liability, whether or not statutorily imposed, for the actions of a child or minor using an "aircraft".
- (4) The failure to supervise, or the negligent supervision, of any person, by an "insured", involving an "aircraft".

Aircraft means any contrivance used or designed for flight, except model or hobby aircraft not used or designed to carry people or cargo.

Exclusions e., f., g. and h. do not apply to "bodily injury" to any "residence employee" arising out of and in the course of the "residence employee's" employment by any "insured".

i. Caused directly or indirectly by war, including the following and any consequence of any of the following:

- (1) Undeclared war, civil war, insurrection, rebellion or revolution;
- (2) Warlike act by military force or military personnel; or
- (3) Destructive seizure or use for a military purpose.

Discharge of a nuclear weapon will be deemed a war-like act even if accidental;

j. Which arises out of the transmission of a communicable disease by any "insured".

k. Arising out of sexual molestation, corporal punishment or physical or mental abuse; or

l. Arising out of the use, sale, manufacture, delivery, transfer or possession by any person of any Controlled Substance(s) as defined by the Federal Food and Drug Law at 21 U.S.C.A. Sections 811 and 812. Controlled Substances include but not limited to cocaine, LSD, marijuana and all narcotic drugs. However, this exclusion does not apply to the legitimate use of prescription drugs by a person following the orders of a licensed physician.

2. Coverage E - Personal Liability, does not apply to:

a. Liability:

- (1) For any loss assessment charged against you as a member of an association, corporation or community of property owners except as provided in Additional Coverage 4. Loss Assessment;

(2) Under any contract or agreement. However, this exclusion does not apply to written contracts:

- (a) That directly relate to the ownership, maintenance or use of an "insured location"; or
- (b) Where the liability of others is assumed by the "insured" prior to an "occurrence";

unless excluded in (1) above or elsewhere in this policy;

b. "Property damage" to property owned by an "insured". This includes costs or expenses incurred by an "insured" or others to repair, replace, enhance, restore or maintain such property to prevent injury to a person or damage to property of others, whether on or away from an "insured location";

c. "Property damage" to property rented to, occupied or used by or in the care of any "insured". This exclusion does not apply to "property damage" caused by fire, smoke or explosion;

d. "Bodily injury" to any person eligible to receive any benefits voluntarily provided or required to be provided by an "insured" under any:

- (1) Workers' compensation law;
- (2) Non-occupational disability law; or
- (3) Occupational disease law;

e. "Bodily injury" or "property damage" for which an "insured" under this policy:

(1) Is also an insured under a nuclear energy liability policy issued by the:

- (a) Nuclear Energy Liability Insurance Association;
- (b) Mutual Atomic Energy Liability Underwriters;
- (c) Nuclear Insurance Association of Canada;

or any of their successors; or

(2) Would be an insured under that policy but for the exhaustion of its limit of liability; or

f. "Bodily injury" to you or an "insured" within the meaning of Definition 4. "insured" paragraph a. or b.

3. Coverage F - Medical Payments to Others, does not apply to "bodily injury":

- a. To a **residence employee** if the "bodily injury":
 - (1) Occurs off the "insured location"; and
 - (2) Does not arise out of or in the course of the "residence employee's" employment by an "insured";
- b. To any person eligible to receive benefits voluntarily provided or required to be provided under any:
 - (1) Workers' compensation law;
 - (2) Non-occupational disability law; or
 - (3) Occupational disease law; or
- c. From any:
 - (1) Nuclear reaction;
 - (2) Nuclear radiation; or
 - (3) Radioactive contamination; all whether controlled or uncontrolled or however caused; or
 - (4) Any consequence of any of these.
- d. To any person, other than a "residence employee" of an "insured", regularly residing on any part of the "insured location".

SECTION II - ADDITIONAL COVERAGES

We cover the following in addition to the limits of liability:

1. **Claim Expenses.** We pay:
 - a. Expenses we incur and costs taxed against an "insured" in any suit we defend;
 - b. Premiums on bonds required in a suit we defend, but not for bond amounts more than the Coverage E limit of liability. We need not apply for or furnish any bond;
 - c. Reasonable expenses incurred by an "insured" at our request, including actual loss of earnings (but not loss of other income) up to \$50 per day, for assisting us in the investigation or defense of a claim or suit;
 - d. Interest on the entire judgment which accrues after entry of the judgment and before we pay or tender, or deposit in court that part of the judgment which does not exceed the limit of liability that applies; and
 - e. Prejudgment interest awarded against the "insured" on that part of the judgment we pay. Any prejudgment interest awarded against the "insured" is subject to the applicable Pennsylvania Rules of Civil Procedure.
2. **First Aid Expenses.** We will pay expenses for first aid to others incurred by an "insured" for "bodily injury" covered under this policy. We will not pay for first aid to an "insured".
3. **Damage to Property of Others.** We will pay, at replacement cost, up to \$500 per "occurrence" for "property damage" to property of others caused by an "insured".
We will not pay for "property damage":
 - a. To the extent of any amount recoverable under Section I;
 - b. Caused intentionally by an "insured" who is 13 years of age or older;
 - c. To property owned by an "insured";
 - d. To property owned by or rented to a tenant of an "insured" or a resident in your household; or
 - e. Arising out of:
 - (1) A "business" engaged in by an "insured";
 - (2) Any act or omission in connection with a premises owned, rented or controlled by an "insured", other than the "insured location"; or
 - (3) The ownership, maintenance, occupancy, operation, use, loading or unloading of aircraft, watercraft or motor vehicles or all other motorized land conveyances.
This exclusion e.(3) does not apply to a motorized land conveyance that:
 - (i) Is designed for recreational use off public roads;
 - (ii) Is not owned by an "insured"; and
 - (iii) At the time and place of an "occurrence", is not required by law, or regulation issued by a government agency, to have been registered for it to be used at the place of the "occurrence".
4. **Loss Assessment.** We will pay up to \$1,000 for your share of loss assessment charged against you, as owner or tenant of the "residence premises", during the policy period by a corporation or association of property owners, when the assessment is made as a result of:

- a. "Bodily injury" or "property damage" not excluded under Section II of this policy; or
- b. Liability for an act of a director, officer or trustee in the capacity as a director, officer or trustee, provided such person:
 - (1) Is elected by the members of a corporation or association of property owners; and
 - (2) Serves without deriving any income from the exercise of duties which are solely on behalf of a corporation or association of property owners.

Condition 9. Policy Period, under SECTION II CONDITIONS does not apply to this coverage.

Regardless of the number of assessments, the limit of \$1,000 is the most we will pay for loss arising out of:

- a. One accident, including continuous or repeated exposure to substantially the same general harmful condition; or
- b. A covered act of a director, officer or trustee. An act involving more than one director, officer or trustee is considered to be a single act.

We do not cover assessments charged against you or a corporation or association of property owners by any governmental body.

SECTION II - CONDITIONS

- 1. Limit of Liability.** Our total liability under Coverage E for all damages resulting from any one "occurrence" will not be more than the limit of liability for Coverage E as shown in the Declarations. This limit is the same regardless of the number of "insureds", claims made or persons injured. All "bodily injury" and "property damage" resulting from any one accident or from continuous or repeated exposure to substantially the same general harmful conditions shall be considered to be the result of one "occurrence".

Our total liability under Coverage F for all medical expense payable for "bodily injury" to one person as the result of one accident will not be more than the limit of liability for Coverage F as shown in the Declarations.

- 2. Severability of Insurance.** This insurance applies separately to each "insured". This condition will not increase our limit of liability for any one "occurrence".
- 3. Duties After "Occurrence".**

In case of an "occurrence", you or another "insured" will perform the following duties that apply. We have no duty to provide coverage under this policy if your failure to comply with the following duties is prejudicial to us. You will help us by seeing that these duties are performed:

- a. Give written notice to us or our agent as soon as is practical, which sets forth:
 - (1) The identity of the policy and the named "insured" shown in the Declarations;
 - (2) Reasonably available information on the time, place and circumstances of the "occurrence"; and
 - (3) Names and addresses of any claimants and witnesses;

- b. Cooperate with us in the investigation, settlement or defense of any claim or suit;
- c. Promptly forward to us every notice, demand, summons or other process relating to the "occurrence";
- d. At our request, help us:
 - (1) To make settlement;
 - (2) To enforce any right of contribution or indemnity against any person or organization who may be liable to an "insured";
 - (3) With the conduct of suits and attend hearings and trials; and
 - (4) To secure and give evidence and obtain the attendance of witnesses;
- e. Under the coverage - Damage to Property of Others - submit to us within 60 days after the loss, a sworn statement of loss and show the damaged property, if in an "insured's" control;
- f. No "insured" shall, except at such "insured's" own cost, voluntarily make payment, assume obligation or incur expense other than for first aid to others at the time of the "bodily injury".

4. Duties of an Injured Person - Coverage F - Medical Payments to Others.

The injured person or someone acting for the injured person will:

- a. Give us written proof of claim, under oath if required, as soon as is practical; and
- b. Authorize us to obtain copies of medical reports and records.

The injured person will submit to a physical exam by a doctor of our choice when and as often as we reasonably require.

5. **Payment of Claim - Coverage F - Medical Payments to Others.** Payment under this coverage is not an admission of liability by an "insured" or us.
6. **Suit Against Us.** No action can be brought against us unless there has been full compliance with all of the terms under this Section II.
- No one will have the right to join us as a party to any action against an "insured". Also, no action with respect to Coverage E can be brought against us until the obligation of such "insured" has been determined by final judgment or agreement signed by us.
7. **Bankruptcy of an Insured.** Bankruptcy or insolvency of an "insured" will not relieve us of our obligations under this policy.
8. **Other Insurance - Coverage E - Personal Liability.** This insurance is excess over other valid and collectible insurance except insurance written

specifically to cover as excess over the limits of liability that apply in this policy.

9. **Policy Period**

This policy applies only to "bodily injury" or "property damage" which occurs during the policy period.

10. **Concealment or Fraud.** We do not provide coverage to an "insured" who, whether before or after a loss, has:

- a. Intentionally concealed or misrepresented any material fact or circumstance;
 - b. Engaged in fraudulent conduct; or
 - c. Made false statements;
- relating to this insurance.

SECTION I AND SECTION II - CONDITIONS

1. **Liberalization Clause.** If we make a change which broadens coverage under this edition of our policy without additional premium charge, that change will automatically apply to your insurance as of the date we implement the change in your state, provided that this implementation date falls within 60 days prior to or during the policy period stated in the Declarations.

This Liberalization Clause does not apply to changes implemented with a general program revision that includes both broadenings and restrictions of coverage, whether that general program revision is implemented through introduction of:

- a. A subsequent edition of this policy form; or
- b. An amendatory endorsement.

2. **Waiver or Change of Policy Provisions.**

A waiver or change of a provision of this policy must be in writing by us to be valid. Our request for an appraisal or examination will not waive any of our rights.

3. **Cancellation.**

- a. You may cancel this policy at any time by returning it to us or by letting us know in writing of the date cancellation is to take effect.
- b. We may cancel this policy only for the reasons stated below by notifying the "insured" in writing of the date cancellation takes effect. This cancellation notice may be delivered to or mailed to the "insured" named in the Declarations at the mailing address shown in the policy or at a forwarding address.

Proof of mailing will be sufficient proof of notice.

- (1) When the "insured" has not paid the premium by the due date, whether payable to us or to our agent or under any finance or credit plan, we may cancel at any time by letting the "insured" know at least 15 days before the cancellation takes effect.
- (2) If the "insured" has made a material misrepresentation which affects the insurability of the risk, we may cancel at any time by letting the "insured" know at least 15 days before the cancellation takes effect.
- (3) When this policy has been in effect for less than 60 days and is not a renewal with us, we may cancel for any reason by notifying the "insured" named in the Declarations at least 30 days before the cancellation takes effect.
- (4) When this policy has been in effect for 60 days or more, or at any time if it is a renewal with us, we may cancel only for one or more of the following reasons by notifying the "insured" named in the Declarations at least 30 days prior to the proposed cancellation date:
 - (a) There has been a substantial change or increase in hazard in the risk assumed by us subsequent to the date the policy was issued;

- (b) There is a substantial increase in hazard insured against by reason of willful or negligent acts or omissions by the "insured";
- (c) At any time that the property insured does not meet the eligibility requirements for insurance of the Insurance Placement Facility of Pennsylvania (Fair Plan) then in effect; or
- (d) For any other reason approved by the Pennsylvania Insurance Commissioner.

This provision shall not apply if the named "insured" has demonstrated by some overt action to us or to our agent that the "insured" wishes the policy to be cancelled.

Delivery of such written notice by us to the "insured" named in the Declarations at the mailing address shown in the policy or at a forwarding address shall be equivalent to mailing.

- c. When this policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded. When you request cancellation in the first policy year, the return premium will be based on our short rate table. Otherwise, the return premium will be pro rata.
 - d. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will refund it within a reasonable time after the date cancellation takes effect.
4. **Nonrenewal.** We will not fail to renew this policy except for one of the reasons referred to in the Cancellation condition. We may refuse to renew for one of the listed reasons by mailing to the "insured" named in the Declarations at the mailing address shown in the policy or at a forwarding address, written notice at least 30 days prior to the expiration date of this policy.

This provision does not apply if:

- a. We have indicated our willingness to renew and the "insured" has failed to pay the premium by the due date; or
- b. The named "insured" has indicated to us or our agent that the "insured" does not wish the policy to be renewed.

Delivery of such written notice by us to the "insured" named in the Declarations at the mailing

address shown in the policy or at a forwarding address shall be equivalent to mailing.

- 5. **Assignment.** Assignment of this policy will not be valid unless we give our written consent.
- 6. **Subrogation.** An "insured" may waive in writing before a loss all rights of recovery against any person. If not waived, we may require an assignment of rights of recovery for a loss to the extent that payment is made by us.

If an assignment is sought, an "insured" must sign and deliver all related papers and cooperate with us.

Subrogation does not apply under Section II to Medical Payments to Others or Damage to Property of Others.

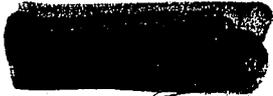
- 7. **Death.** If any person named in the Declarations or the spouse, if a resident of the same household, dies:
 - a. We insure the legal representative of the deceased but only with respect to the premises and property of the deceased covered under the policy at the time of death;
 - b. Insurance under this policy will continue as provided in (1) or (2) below, whichever is later:
 - (1) For 180 days after your death regardless of the policy period shown in the Declarations, unless your premises and property, covered under the policy at the time of your death, is sold prior to that date; or
 - (2) Until the end of the policy period shown in the Declarations, unless your premises and property, covered under the policy at the time of your death, is sold prior to that date.

Coverage during the period of time after your death is subject to all the provisions of this policy including payment of any premium due for the policy period shown in the Declarations and any extension of that period;

- c. "Insured" includes:

- (1) An "insured" who is a member of your household at the time of your death, but only while a resident of the "residence premises"; and
- (2) With respect to your property, the person having proper temporary custody of the property until appointment and qualification of a legal representative.

This policy is signed for the company which is the insurer under this policy.



Bruce A. Backberg
Senior Vice President and
Corporate Secretary



Joseph Lacher
Chief Executive Officer
Personal Lines

IN WITNESS WHEREOF, the Company has executed and attested these presents.

