



ZURICH[®]

Basic Accident Policy

ZURICH AMERICAN INSURANCE COMPANY
Schaumburg, Illinois

In return for the payment of premium expressed in the **Schedule**, **We** agree to pay the benefits of this Basic **Accident Policy** to the persons insured hereunder, subject to the terms and conditions which follow. **We** have issued the Basic **Accident Policy** to the **Policyholder**. The Basic **Accident Policy** is executed as of the **Policy** date which is its date of issue, and from which anniversary dates are measured. The Basic **Accident Policy** is delivered in, and subject to the laws of the Contract Situs in which it is issued.

**THIS BASIC ACCIDENT INSURANCE POLICY PROVIDES ACCIDENT COVERAGE ONLY
THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS**

POLICYHOLDER: Frontdoor, Inc.
150 Peabody Place
Memphis TN 38103

POLICY NUMBER: GTU 3031830

POLICY DATE: October 1, 2018 to October 1, 2021
(All Insurance begins and ends at 12:01 a.m. at **Policyholder's** Address)

CONTRACT SITUS: Tennessee

The following pages, including any riders, endorsements, schedule pages, **Insured** enrollment forms, applications or amendments, are a part of this Basic **Accident Policy**. **We** and the **Policyholder** have agreed to all the terms of this Basic **Accident Policy**.

This is a legal contract between the **Policyholder** and **Us**.
READ THE BASIC ACCIDENT POLICY CAREFULLY

In Witness Whereof, **We** have caused this **Policy** to be executed and attested, and, if required by state law, this **Policy** will not be valid unless countersigned by **Our** authorized representative.

Mark E. Knipfer
President
Zurich American Insurance Company

Dennis Kerrigan
Corporate Secretary
Zurich American Insurance Company

NON-PARTICIPATING

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SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

ELIGIBILITY AND CLASSIFICATION OF INSURED(S):

The following individuals are eligible to become **Insureds** upon completion of the **Service Waiting Period** as indicated below:

- Class I:** All **Active** full-time salaried and hourly Employees of the **Policyholder**, working regularly a minimum of 29 hours per week.
- Class II:** Non-Employee Directors, Clients and Guests of the **Policyholder**, excluding Vendors, Customers or other Non-Employees.

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, and he or she is covered under more than one class, **We** will pay only one benefit, the largest benefit.

SERVICE WAITING PERIOD:

0 days of **Active** continuous service.

EFFECTIVE DATE OF INSURANCE FOR THE INSURED:

- A. For eligible individuals hired prior to October 1, 2018:
The later of the **Policy** effective date or upon completion of the required **Service Waiting Period**, if any, indicated above.
- B. For eligible individuals hired on or after October 1, 2018:
The later of the first day of active work or upon completion of the required **Service Waiting Period**, if any, indicated above.

SECTION II – SCHEDULE

COVERAGES(S):

Classes Covered

24 Hour Accident Protection, While on Business Trip, Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-2	All
Exposure and Disappearance Coverage	All
Family Traveling with Insured on Business and/or Relocation Trips Coverage	All
On-Premises Terrorism Coverage	All
War Risk Coverage	All

BENEFITS:

Classes Covered

ACCIDENTAL DEATH BENEFIT

All

Principal Sum:

Class I: \$100,000

Class II: \$100,000

Aggregate Limit of Liability per Covered Accident: \$2,000,000

Classes Covered

ACCIDENTAL DISMEMBERMENT AND COVERED LOSS OF USE BENEFIT

All

Principal Sum:

Same as above.

Coma Benefit

All

ADDITIONAL BENEFITS:**Classes Covered**

Carjacking Benefit	All
Critical Burn Benefit	All
Home Alteration and Vehicle Modification Benefit	All
Natural Disaster Benefit	All
Rehabilitation Benefit	All
Seat Belt/Air Bag Benefit	All

ADDITIONAL ENDORSEMENTS**Form Number****Classes Covered**

Out of Country Travel		
Medical Insurance Benefit	U-TA-124-A TN (04/13)	All
Enhanced Travel Assistance Plan	U-TA-125-A TN (03/13)	All
Amendment to General Exclusions	U-TA-104-A CW (5/07)	All

Enrollment Required: Yes No

Premium Due Date: Effective date of **Policy**

Premium: \$14,164 – three-years pre-paid

SECTION III – DEFINITIONS

Accident or **Accidental** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the **Policy** term.

Active and **Actively at Work** describes an employee who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered **Actively at Work** provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence.

Aggregate Limit of Liability means the total benefits **We** will pay for a **Covered Accident** or **Covered Accidents** set forth in the Schedule. For purposes of the **Aggregate Limit of Liability** provision, **Covered Accident** or **Covered Accidents** will include a **Covered Loss** or **Covered Losses** arising out of a single event or related events or originating cause day period and includes a resulting **Covered Loss** or **Covered Losses**. If the total benefits under the **Aggregate Limit of Liability** is not enough to pay full benefits to each **Insured**, **We** will pay each one a reduced benefit based upon the proportion that the **Aggregate Limit of Liability** bears to the total benefits which would otherwise be paid.

Chartered Aircraft means an aircraft operated by a company with an air carrier or commercial operating certificate issued by the Federal Aviation Administration or the equivalent certificate issued by a foreign government, which the **Policyholder** has the right to use for no more than ten (10) consecutive days and/or for no more than fifteen (15) days in a one (1) year period.

Controlled by, as used in the **Coverages** Section, means the **Policyholder** has the right to use a block of aircraft flight time for 25 or more hours in a one (1) year period or for 100hours or more without a specified term, from a company which is in the business of providing aircraft for private use. A **Chartered Aircraft** will not be considered **Controlled** by the **Policyholder**.

Coverage(s) means the event or events described in the **Hazards** of this **Policy** to which benefits and additional benefits apply. The **Hazards** are listed in the **Coverages** Section on the Schedule.

Covered Accident means an **Accident** that results in a **Covered Loss**.

Covered Injury means an **Injury** directly caused by accidental means which is independent of all other causes, results from a **Covered Accident**, occurs while the **Covered Person** is insured under this **Policy**, and results in a **Covered Loss**.

Covered Loss means a loss which meets the requisites of one or more benefits or additional benefits, results from a **Covered Injury**, and for which benefits are payable under this **Policy**.

Covered Person means any person who has insurance under the terms of this **Policy**. It includes the **Insured**.

Dependent means an **Insured's Spouse** and **Dependent Child(ren)**, as defined in this section.

Dependent Child(ren), if used in this **Policy**, means those unmarried **Child(ren)** of the **Insured**, and those unmarried **Child(ren)** of his or her legally married **Spouse**, who rely on the **Insured** for more than 50% of their support, and are either: 1) less than 19 (nineteen) years of age; 2) less than 26 (twenty-six) years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental retardation or physical handicap.

Injury means a bodily **Injury**.

Insured means an individual who is eligible for **Coverage** under this **Policy** as provided in the Eligibility and Classification of **Insureds** part of Section I, and who completes the enrollment material, if required.

Owned Aircraft means an aircraft in which the **Policyholder** or a related company has legal or equitable title. Fractional ownership in a company which is in the business of providing aircraft for private use will be deemed to be equitable title in the aircraft used by the **Policyholder**.

Plan means the **Plan** design as described on the Schedule.

Policy means this Group **Accident Insurance Policy**.

Policyholder means the group named on the front page of this **Policy**.

Service Waiting Period means the continuous length of time a person is required to be employed by the **Policyholder** prior to being covered under this **Policy**.

Specialized Aviation Activity means an aircraft while it is being used for one or more of the following activities:

acrobatic or stunt flying	hang gliding
aerial photography	hunting
banner towing	parachuting or skydiving
bird or fowl herding	pipe line inspection
crop dusting	power line inspection
crop seeding	racing
crop spraying	skywriting
endurance tests	test or experimental purpose
exploration	
fire fighting	
flight on a rocket-propelled or rocket launched aircraft	
flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted	

Spouse, if used in this **Policy**, means the **Insured's** legally married **Spouse**.

Under lease, as used in the **Coverages** Section, means an aircraft which the **Policyholder** does not own but has the right to use, under a written agreement, for more than ten (10) consecutive days and/or for more than fifteen (15) days in a one (1) year period. A **Chartered Aircraft** will not be considered **Under lease**.

We, Us, and Our refers to Zurich American Insurance Company.

SECTION IV – COVERAGES

24 HOUR ACCIDENT PROTECTION WHILE ON BUSINESS TRIP, EXCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, PASSENGER ONLY, H-2

The **Hazards** insured against by this **Policy** are:

A **Covered Injury** sustained by an **Insured** anywhere in the world while on the **Business of the Policyholder** during a business trip, subject to the terms, conditions, limitations and exclusions under this **Policy**.

Coverage, subject to limitations and exclusions, is provided between:

- A. the later of the time the **Insured** leaves the place where he or she normally works or lives; and
- B. the earlier of the time the **Insured** returns to the place where he or she normally works or lives.

Hazard Limitations:

Air travel **Coverage** is limited to a loss sustained during a trip, while the **Insured** is a passenger, riding in or on, boarding or getting off:

- A. any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
 1. medical certificate; and
 2. pilot certificate with a proper rating to pilot such aircraft.
- B. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Hazard Exclusions:

Coverage is not provided:

- A. If the **Insured** is the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. For an assignment by the **Policyholder** or relocation that exceeds ninety (90) days in duration. Note: If an assignment exceeds ninety (90) days in duration, the location of the assignment will be considered the place of permanent assignment, and the **Insured** will then have **Coverage** when traveling elsewhere on the **Business of the Policyholder**.
- C. Unless **We** have previously consented in writing to the use, **Coverage** is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
 1. any aircraft other than those expressly stated in this **Coverage**;
 2. any aircraft **Owned** or **Controlled** by, or **Under lease** to the **Policyholder**;
 3. any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured**;
 4. any aircraft operated by the **Policyholder** or one of the **Policyholder's** employees;
 5. any aircraft engaged in a **Specialized Aviation Activity**;
 6. any conveyance used for tests or experimental purposes, or in a race or speed test.

Hazard Definitions:

- **Business of the Policyholder** means an assignment by or at the direction of the **Policyholder** to further the business of the **Policyholder**. It does not include an **Accident** occurring during usual travel to and from work; bona fide leaves of absence or vacation. It does include a **Personal Deviation** and **Side Trips** of a personal nature.
- **Personal Deviation** means non-business activities undertaken while on the **Business of the Policyholder**, but unrelated to furthering the **Business of the Policyholder**.
- **Side Trip** means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; 3) is taken during the course of the business trip; and 4) is limited to 72 hours (3 days).

Other Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

EXPOSURE AND DISAPPEARANCE COVERAGE

If an **Insured** is exposed to weather because of an **Accident** and this results in a **Covered Loss**, **We** will pay the applicable **Principal Sum**, subject to all **Policy** terms.

If the conveyance in which an **Insured** is riding disappears, is wrecked, or sinks, and the **Insured** is not found within 365 days of the event, **We** will presume that the person lost his or her life as a result of **Injury**. If travel in such conveyance was covered under the terms of this **Policy**, **We** will pay the applicable **Principal Sum**, subject to all **Policy** terms. **We** have the right to recover the benefit if **We** find that the **Insured** survived the event.

Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

FAMILY TRAVELING WITH INSURED ON BUSINESS AND/OR RELOCATION TRIPS COVERAGE

If an **Insured** is traveling on a business and/or relocation trip with a **Spouse/Domestic Partner** and/or **Dependent Child(ren)**, the **Spouse/Domestic Partner** and **Dependent Child(ren)** will be covered for the **Accidental Death Benefit** and the **Accidental Dismemberment and Covered Loss of Use Benefit** under the **Policy** provided:

1. the trip must be approved by, and at the expense of, the **Policyholder**; and
2. **Coverage** on the trip will be limited to the **Hazards** covered by the **Policy**.

This **Coverage** for the **Spouse/Domestic Partner** and **Dependent Child(ren)** ends upon arrival at the destination of the **Policyholder's** last reimbursed trip.

The **Principal Sum** for the **Spouse/Domestic Partner** and each **Dependent Child** will be as follows:

Spouse/Domestic Partner:	\$100,000
Dependent Child(ren):	\$100,000

Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

ON-PREMISES TERRORISM COVERAGE

Coverage is extended to an **Insured** who suffers a **Covered Injury** as defined under the **Accidental Death** or **Accidental Dismemberment and Covered Loss of Use Benefit** as a direct result of an **Act of Terrorism** while the **Insured** is performing the **Business of the Policyholder** at the place where such **Insured** normally works.

Act of Terrorism means any intentionally violent or forceful act of any person(s), acting on behalf of an organization or group, with the purpose of creating political turmoil or overthrowing any government.

We may cancel this **On-Premises Terrorism Coverage** by sending the **Policyholder**, at its most recent address in **Our** records, a ten (10) day notice of **Our** intent to cancel. Upon cancellation, **We** will return any unearned premium that the **Policyholder** has paid, but this is not a condition of termination. A change or termination in this **Coverage** will not affect a claim which begins while this **Coverage** is in force.

Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

WAR RISK COVERAGE

The exclusion for war or any acts of war, whether declared or undeclared, as found in Section VII General Exclusions of this **Policy** is modified, and **Covered Injuries** directly resulting from war or any acts of war, whether declared or undeclared, are covered under this **Policy** provided:

- A. the war or act of war causing the **Injury** does not occur within any of the states of the United States of America (including the District of Columbia), Afghanistan, Iraq, Libya, Russia (North Caucasus), Somalia, Syria, Ukraine, Yemen or the **Insured's** country of residence.

We may, by giving seven (7) days written notice to the **Policyholder**, (1) require additional premium, to be calculated at the standard war risk rates utilized at the time of the exposure; (2) amend the list of countries above; or (3) cancel this **Coverage**. Any revision or cancellation will not prejudice any claim that occurred prior to the effective date of the revision or cancellation. Any unearned premium at the time of a cancellation will be promptly calculated and returned to the **Policyholder** on a pro-rata

basis, but the return of the unearned premium is not a condition of cancellation. **Our** failure to exercise any of **Our** rights under this **Coverage** will not be deemed a waiver of these rights.

Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

SECTION V – BENEFITS

ACCIDENTAL DEATH BENEFIT

If an **Insured** suffers a loss of life as a result of a **Covered Injury**, **We** will pay the applicable **Principal Sum**. The death must occur within 365 days of the **Covered Injury**.

This benefit is subject to the limitations in Section VIII General Limitations.

ACCIDENTAL DISMEMBERMENT AND COVERD LOSS OF USE BENEFIT

If an **Injury** to an **Insured** results in any of the following **Covered Losses**, **We** will pay the benefit amount shown. The **Covered Loss** must occur within 365 days of the **Accident**.

The benefit amounts are based on the **Insured's Principal Sum**.

Covered Loss of	Benefit
1. Both Hands or Both Feet	Principal Sum
2. One Hand and One Foot	Principal Sum
3. One Hand or One Foot plus the loss of Sight of One Eye	Principal Sum
4. Sight of Both Eyes	Principal Sum
5. Speech and Hearing	Principal Sum
6. Speech or Hearing	50% of Principal Sum
7. One Hand; One Foot; or Sight of One Eye	50% of Principal Sum
8. Thumb and Index Finger of the same Hand	25% of Principal Sum
Covered Loss of Use of	
1. Four Limbs	Principal Sum
2. Three Limbs	75% of Principal Sum
3. Two Limbs	66.67% of Principal Sum
4. One Limb	50% of Principal Sum

For purposes of this benefit:

1. **Covered Loss** means:
 - a. For a foot or hand, actual severance through or above an ankle or wrist joint;
 - b. Actual severance through or above the metacarpophalangeal joint of a thumb or index finger;
 - c. Total and permanent loss of sight;
 - d. Total and permanent loss of speech;
 - e. Total and permanent loss of hearing.
2. **Covered Loss of Use** means total paralysis of a **Limb** or **Limbs**, which has continued for 12 consecutive months and is determined by **Our** competent medical authority to be permanent, complete and irreversible. **Limb** means an arm or a leg.

This benefit is subject to the limitations in Section VIII General Limitations.

COMA BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss** within 365 days of a **Covered Accident**, and such **Injury** causes the **Insured** to be in a **Coma** for at least thirty-one (31) consecutive days, **We** will pay a **Coma Benefit**.

The **Coma Benefit** is equal to 1% of the **Insured's Principal Sum**, and will be paid each month the **Insured** remains in a **Coma** following the initial thirty-one (31) day period. The **Coma Benefit** will end on the earliest of the following:

1. the **Insured** is no longer in a **Coma** which directly resulted from the **Injury**;
2. the **Insured** has received a **Coma Benefit** for 100 months.

Coma will be determined by **Our** duly licensed physician.

This benefit is subject to the limitations in Section VIII General Limitations.

SECTION VI – ADDITIONAL BENEFITS

CARJACKING BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death or Accidental Dismemberment and Covered Loss of Use Benefit**, as a direct result of an **Accident** that occurs during a **Carjacking** of a private passenger automobile that the **Insured** was operating, getting into or out of, or riding in as a passenger, **We** will pay an additional benefit equal to 10% of the **Insured's Principal Sum** to a maximum of \$25,000.

Verification of the **Carjacking** must be made part of an official police report within twenty-four (24) hours of the **Carjacking** or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within twenty-four (24) hours or as soon as reasonably possible, and such verification must be provided to **Us**.

For purposes of this benefit, **Carjacking** means a person other than the **Insured** taking unlawful possession of a private passenger automobile by means of force or threats against the person(s) then rightfully occupying it.

CRITICAL BURN BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss** as a result of a **Covered Accident**, which is payable under the **Accidental Dismemberment and Covered Loss of Use Benefit**, an additional benefit will be payable equal to the lesser of 10% of the **Insured's Principal Sum** or \$10,000, provided all terms and conditions of the **Policy** are met and:

1. the **Insured** has received second degree or higher burns over 25% of his or her body; and
2. the **Insured** has undergone reconstructive surgery to treat the burned areas of the body; and
3. the reconstructive surgery has taken place within 365 days of the occurrence of the **Injury**.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Dismemberment and Covered Loss of Use Benefit**, **We** will pay an additional benefit for home alterations and/or vehicle modifications, provided:

1. the **Insured** is required to use a wheelchair to be ambulatory on a permanent basis; and
2. the **Injury** that caused the payment of the **Accidental Dismemberment and Covered Loss of Use Benefit** is the same **Injury** that requires the **Insured** to need the wheelchair.

The amount **We** will pay will be equal to:

1. the one-time cost of alterations to the **Insured's** primary residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to his or her motor vehicle to make the vehicle accessible or drivable.

Benefits will not be payable unless:

1. alterations and/or modifications are made by a person or persons experienced in such alterations and/or modifications, and are recommended by a recognized organization providing support and assistance to wheelchair users; and
2. presentation of proof of payment is provided to **Us**.

The maximum amount payable under all provisions of this benefit combined will be the lesser of 10% of the **Insured's Principal Sum** or \$10,000.

NATURAL DISASTER BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death** or **Accidental Dismemberment and Covered Loss of Use Benefit** as a direct result of a **Natural Disaster**, **We** will pay an additional benefit equal to the lesser of 10% of the **Insured's Principal Sum** or \$10,000.

For purposes of this benefit, **Natural Disaster** means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event.

REHABILITATION BENEFIT

If the **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Dismemberment and Covered Loss of Use Benefit**, **We** will pay an additional benefit for the **Reasonable and Customary** expenses actually incurred for **Rehabilitation Training**, in an amount equal to the lesser of:

1. the actual expenses that are incurred within two (2) years from the date of the **Accident** for the **Rehabilitation Training**;
2. \$25,000; or
3. 10% of the **Insured's Principal Sum**.

Rehabilitation Training means a treatment program that:

1. is prescribed by a licensed physician acting within the scope of his or her license that is approved by **Us** prior to the provision of services;
2. is required due to the **Insured's Injury**; and
3. prepares the **Insured** for an occupation which he or she would not have engaged in except for the **Injury**.

Reasonable and Customary expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, **We** will determine the amount based upon:

1. the complexity involved;
2. the degree of professional skill required; and
3. any other pertinent factors.

We reserve the right to make the final determination of what is **Reasonable and Customary**.

SEAT BELT/AIR BAG BENEFIT

If an **Insured** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, and the **Injury** which caused the accidental death directly resulted from an automobile **Accident**, **We** will pay an additional benefit, which equals 10% of the **Insured's Principal Sum** up to a maximum of \$25,000, provided that the **Insured** was:

1. operating or riding as a passenger in any private passenger automobile designed for use primarily on public roads; and
2. wearing an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the **Injury**.

Verification of the **Insured's** actual use of the seat belt or lap and shoulder restraints is required as follows:

1. in the official law enforcement report of the **Accident**, through certification by the investigating officers; or
2. by other reasonable proof, acceptable to **Us**.

An additional benefit equal to 10% of the **Insured's Principal Sum** to a maximum of \$10,000, will be paid if the **Insured** was driving a private passenger automobile with a manufacturer equipped driver-side air bag or riding as a passenger in a private passenger automobile with a manufacturer equipped passenger-side air bag, provided the **Insured's** seat belt or lap and shoulder restraint was properly fastened at the time of the **Accident**. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the **Accident**, through certification by the investigating officers or by other reasonable proof, acceptable to **Us**.

We will not pay a **Seat Belt** or **Air Bag Benefit** if the driver of the automobile in which the **Insured** was riding was either:

1. under the influence of alcohol;
 - a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.

- b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication. Or,
2. under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage.

SECTION VII – GENERAL EXCLUSIONS

A loss will not be a **Covered Loss** if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted **Injury** or any attempt at intentionally self-inflicted **Injury**;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for **Accidental** ingestion of contaminated foods;
5. participation in the commission or attempted commission of any felony or an assault;
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity;
7. being intoxicated while operating a motor vehicle.
 - a. An **Insured** will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the **Insured's** intoxication.
8. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
9. travel or flight in any aircraft except to the extent stated in the **Coverage** Section;
10. release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
11. a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident;
12. alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a licensed medical provider operating within his or her scope of authority.

SECTION VIII – GENERAL LIMITATIONS

Limitation on Multiple Covered Losses. If an **Insured** suffers more than one loss as a result of the same **Accident**, **We** will pay only one benefit, the largest benefit.

Limitation on Multiple Benefits. If an **Insured** can recover benefits under more than one of the following benefits: **Accidental Death Benefit, Accidental Dismemberment and Covered Loss of Use Benefit, Coma Benefit**, as a result of the same **Accident**, the most **We** will pay for these benefits in total is the **Insured's Principal Sum**.

Limitation on Multiple Hazards. If an **Insured** suffers a **Covered Loss** that is covered under more than one **Hazard**, **We** will pay only one benefit, the largest benefit unless there is a specific written exception in the **Policy**.

Aggregate Limit. **We** will not pay more than the **Aggregate Limit of Liability** stated in the Schedule.

SECTION IX - TERMINATION OF INSURANCE

A. Policy Termination.

Termination by **Policyholder**. The **Policyholder** may terminate this **Policy** on the first renewal date or at any time after that date by delivering to **Us** a written notice to end this **Policy** at least thirty (30) days in advance of such termination. **We** will calculate and return the unearned premium, if any, using a standard short rate table. The **Policyholder** will send **Us** any additional amounts owed, if any, between the **Policy's** paid to date and the official date of termination.

Termination by Us. We may terminate this **Policy** by giving the **Policyholder** at least thirty (30) days' notice of **Our** intent to terminate. Such notice will state the exact date the **Policy** will terminate. We may also end this **Policy** for non-payment of premium on any premium due date if the payment is not received prior to the end of the **Grace Period**. We will mail a notice of such termination to the **Policyholder's** last address shown in **Our** records.

B. Termination of Individual's Insurance.

Insured. Insurance automatically terminates on the earliest of:

1. the date the **Policy** is terminated;
2. the date the **Insured** ceases to be eligible for insurance;
3. the expiration date of the period for which required premium has been paid for such **Insured**;
4. the date the **Insured** fails to pay the required premium, if the **Insured** is so required;
5. the date the **Insured** retires.

SECTION X - HOW TO FILE A CLAIM

- A. Notice.** The **Insured** or the beneficiary, or someone on their behalf, must give **Us** written notice of the **Covered Loss** within ninety (90) days of such **Covered Loss**. The notice must name the **Insured**, and the **Policy** Number. To request a claim form, the **Insured** or the beneficiary, or someone on their behalf may contact **Us** at 1-866-841-4771. The notice must be sent to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041, or any of **Our** agents. Notice to **Our** agents is considered notice to **Us**.
- B. Claim Forms.** We will send the claimant proof of **Covered Loss** forms within fifteen (15) days after **We** receive notice. If the claimant does not receive the proof of **Covered Loss** form in fifteen (15) days after submitting notice, he or she can send **Us** a detailed written report of the claim and the extent of the **Covered Loss**. We will accept this report as a proof of **Covered Loss** if sent within the time fixed below for filing a proof of **Covered Loss**.
- C. Proof of Covered Loss.** Written proof of **Covered Loss**, acceptable to **Us**, must be sent within ninety (90) days of the **Covered Loss**. Failure to furnish proof of **Covered Loss** acceptable to **Us** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the proof of **Covered Loss**, and the proof was provided as soon as reasonably possible.

SECTION XI - PAYMENT OF CLAIMS

- A. Time of Payment.** We will pay claims for all **Covered Losses**, other than **Covered Losses** for which this **Policy** provides any periodic payment, immediately upon receipt of written proof of loss that is acceptable to **Us**. Unless an optional periodic payment is stated or chosen, any **Covered Loss** to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance, which remains when **Our** liability ends, will then be paid when **We** receive the proof of **Covered Loss** that is acceptable to **Us**.
- B. Who We Will Pay.**
1. Loss of Life of an **Insured**. **Covered Losses** resulting from the **Insured's** death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as the **Insured**, **We** will pay the benefit to the beneficiary named by the **Insured** for the **Policyholder's** Group Life Insurance policy. If there is no beneficiary named by the **Insured** for the **Policyholder's** Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as the **Insured**, **We** will pay the benefit to the **Insured's** survivors in the following order:
 - a. the **Insured's** legally married **Spouse** or **Domestic Partner**;
 - b. the **Insured's** **Child(ren)**;
 - c. the **Insured's** parents;
 - d. the **Insured's** brothers and sisters;
 - e. the **Insured's** estate.
 2. All Other Claims. Benefits are to be paid to the **Insured**.

- C. **Physical Examination and Autopsy.** We have the right to examine an **Insured** when and as often as **We** may reasonably request while the claim is pending. Such examination will be at **Our** expense. **We** can have an autopsy performed unless forbidden by law.
- D. **Choice of Service Provider.** The **Insured** has the sole right to choose his or her duly licensed physician and hospital.

SECTION XII - GENERAL POLICY CONDITIONS

- A. **Beneficiaries.** The **Insured** has the sole right to name a beneficiary. The beneficiary has no interest in the **Policy** other than to receive certain payments. The **Insured** may change the beneficiary at any time unless he or she has assigned the interest in the **Policy**. In such case, the person to whom he or she has assigned the interest in this **Policy** may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed unless the previous beneficiary was designated as irrevocable. Any beneficiary designation must be in writing on a form acceptable to **Us**.
- B. **Change or Waiver.** A change or waiver of any terms or conditions of this **Policy** must be issued by **Us** in writing and signed by one of **Our** executive officers. No agent has authority to change or waive **Policy** terms or conditions. A failure to exercise any of **Our** rights under this **Policy** will not be deemed as a waiver of such rights in the same or future situations.
- C. **Clerical Error.** A clerical error or omission will not increase or continue an **Insured's Coverage**, which otherwise would not be in force. If an **Insured** applies for insurance for which he or she is not eligible, **We** will only be liable for any premiums paid to **Us**.
- D. **Conformity with Statute.** Terms of this **Policy** that conflict with the laws of the state where it is delivered are amended to conform to such laws.
- E. **Entire Contract.** This **Policy**, the **Policyholder** application, **Insured** enrollment materials, and any attachments represent the entire insurance contract between the **Policyholder** and **Us**.
- F. **Grace Period.** Premiums are due for this **Policy** on or before the premium due date or renewal date, whichever applies. If the **Policyholder** does not pay a renewal premium when it is due, there is a thirty-one (31) day **Grace Period** to pay. During the **Grace Period**, the **Policy** will stay in force. The **Policyholder** will not have a **Grace Period** if **We** have given notice, at least thirty (30) days in advance, that **We** are going to terminate this **Policy**.
- G. **Insured Certificates.** **We** will give to the **Policyholder** a **Certificate**, in either paper or electronic format, for their **Insureds**, where required by state law. The **Policyholder** will either give or make these **Certificates** available to the **Insureds**. Such **Certificate** will contain a summary of terms that affect benefits.
- H. **Policyholder Records.** The **Policyholder** will keep a record of the **Coverage**, premium and other pertinent administrative information for each **Insured**, which, if acceptable to **Us** will be deemed to be a part of the **Policy**. **We** may examine these records at reasonable times while the **Policy** is in force and for six years after the termination of the **Policy**. The **Policyholder** will report to **Us** within a reasonable time all changes in information regarding an **Insured**. The **Policyholder** will indemnify **Us** for any benefits or other payments that are caused in whole or in part by the **Policyholder's** negligence or error in performing the record keeping function.
- I. **Suit Against Us.** No action on this **Policy** may be brought until sixty (60) days after written proof of **Covered Loss** has been sent to **Us**. Any action must commence within three (3) years, (five (5) years in Kansas, and six (6) years in South Carolina and Wisconsin) of the date the written proof of **Covered Loss** was required to be submitted. If the law of the state where the **Insured** lives makes such limit void, then the action must begin within the shortest time period permitted by law. In those states where binding arbitration is allowed, binding arbitration will supersede this provision.
- J. **ERISA Claims Fiduciary.** The **Policyholder** agrees that the **Policy** constitutes the plan and plan document under the Employee Retirement Income Security Act of 1974 as amended (ERISA). The **Policyholder** designates **Us** as the claims fiduciary of this plan and gives **Us** the discretionary authority to determine eligibility for benefits and to construe the terms of the plan. The **Policyholder** agrees to comply with the disclosure and reporting requirements of ERISA regarding the plan and **Our** designation and authority as the claims fiduciary.
- K. **Assignment of Interest.** A transfer of interest is binding when **We** receive written notice on a form acceptable to **Us**. **We** have no duty to confirm that a transfer is valid.

L. Arbitration. No contest of a claim denial under this **Policy** shall be brought to recover on this **Policy** prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this **Policy**. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished. Any contest to a claim denial under this **Policy** will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The arbitration will occur at the offices of the American Arbitration Association nearest to the **Insured**. This provision does not apply if the **Insured** is a resident of a state where the law does not allow binding arbitration in an insurance **Policy**, but only if this **Policy** is subject to its laws. In such a case, binding arbitration does not apply. This provision bars the institution of lawsuit by the **Insured**.

M. Newly Acquired Corporation If the **Policyholder** acquires a corporation through stock purchase, exchange of stock or otherwise, and notifies **Us** of such acquisition within ninety (90) days thereafter, the eligible employees of the **Newly Acquired Corporation** will be insured under this **Policy** as of the effective date of such acquisition.

If the **Policyholder** does not notify **Us** and provide **Us** with the underwriting information necessary for **Us** to determine the amount of additional premium required, if any, within the ninety (90) days, or does not pay such additional premium, if any, as required, the **Coverage** for the employees of the **Newly Acquired Corporation** will terminate. However, the **Policyholder** will be liable for the payment of any premium required for the period such **Coverage** was in effect.

Frontdoor, Inc.
GTU 3031830
Effective: October 1, 2018



ZURICH[®]

AMENDATORY ENDORSEMENT
Out of Country Travel Medical Insurance Benefit

ZURICH AMERICAN INSURANCE COMPANY

1299 Zurich Way
Schaumburg, Illinois 60196

This endorsement, effective **October 1, 2018**, forms a part of **Policy No. GTU 3031830**, issued to **Frontdoor, Inc.**

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Basic Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy/Certificate**:

This Out-of-Country Travel Medical Insurance Benefit will apply to the following **Covered Persons**: the **Insured** and his or her **Spouse/Domestic Partner** and/or **Dependent Child(ren)** if the **Spouse/Domestic Partner** and/or **Dependent Child(ren)** are with the **Insured** while he or she is covered under the **Policy**. The **Spouse/Domestic Partner** and/or **Dependent Child(ren)** will not be covered while making a trip without the **Insured**.

Out of Country Travel Medical Insurance Schedule			
Benefit	Maximum Benefit Amount per Covered Person per Covered Accident or Illness	Deductible per Covered Person per Covered Accident or Illness	Co-Insurance Rate(s) per Covered Person per Covered Accident or Illness
Medical Expense Benefit	\$100,000	\$0	100%
Medical Expense Benefit Sublimits:			
Daily Hospital Room and Board	The average semi-private room rate per day	The Deductible shown in the Medical Expense Benefit	100%
Daily Intensive Care Unit	Two (2) times the average semi-private room rate per day	The Deductible shown in the Medical Expense Benefit	100%
Dental	\$2,500 maximum	The Deductible shown in the Medical Expense Benefit	100%
Pregnancy	\$5,000 maximum	The Deductible shown in the Medical Expense Benefit	100%
Additional Benefits:			
Hospital Admission/Medical Expense Guarantee	\$5,000	The Deductible shown in the Medical Expense Benefit	100%

We will pay the **Reasonable and Customary** expenses incurred by the **Covered Person** for **Medically Necessary** medical services or treatments resulting from a **Covered Accident** or an **Illness** while such **Covered Person** is traveling outside his or her country of **Principal Residence**, while on the **Business of the Policyholder** including **Personal Deviations** and **Side Trips**. **We** will pay the **Co-Insurance Rate** up to the Maximum Benefit Amount for the Medical Expense Benefit subject to any Medical Expense Sublimits as shown in the Out of Country Travel Medical Insurance Schedule. The Medical Expense Benefit Sublimits are included within, and not in addition to, the Maximum Benefit Amount for the Medical Expense Benefit.

Coverage under this benefit is conditional upon notification within twenty-four (24) hours, or as soon as reasonably possible by the **Covered Person** or **Policyholder** to **Us** or **Our Assistance Provider** at 1-800-263-0261 from the U.S. or Canada; collect from anywhere else in the world at +1-416-977-0277, of the need for medical treatment. **Our Assistance Provider**, in conjunction with the local attending **Physician**, shall coordinate the most suitable medical care.

For purposes of this Out of Country Travel Medical Insurance Benefit only, the following additional benefit applies:

HOSPITAL ADMISSION/MEDICAL EXPENSE GUARANTEE

If, while traveling outside of his or her country of **Principal Residence** the **Covered Person** suffers a medical emergency for which Out of Country Travel Medical Insurance benefits become payable under this Out of Country Travel Medical Insurance Benefit and such person incurs a **Hospital Admission Guarantee Charge** and/or a **Medical Expense Guarantee Charge**, **We** or **Our Assistance Provider** will pay the **Co-Insurance Rate** up to the actual expenses incurred for guarantee of payment to the **Hospital** or the medical provider up to the Maximum Benefit Amount for the Hospital Admission/Medical Expense Guarantee shown in the Out of Country Travel Medical Insurance Schedule in excess of the applicable **Deductible**.

Hospital Admission Guarantee Charge means any charge or expense made by a hospital prior to and as a condition of the **Covered Person's** admission to that hospital.

Medical Expense Guarantee Charge means any charge or expense made by a medical provider other than a **Hospital** prior to and as a condition of the **Covered Person** being provided with the medical service or treatment by that provider.

For purposes of this Out of Country Travel Medical Insurance Benefit only, the following additional definitions apply in addition to the Definitions stated in Section III of the **Policy**:

Assistance Provider means Zurich Travel Assist.

Benefit Plan means the benefits provided under this Out of Country Travel Medical Insurance Benefit.

Business of the Policyholder means a temporary assignment by or at the direction of the **Policyholder** to further the business of the **Policyholder** which lasts no longer than ninety (90) days. It does not include an **Accident** or **Illness** which occurs during bona fide leaves of absence or vacation. If the temporary assignment exceeds ninety (90) days in duration, the location of the assignment will be considered the place of permanent assignment.

Co-Insurance Rate(s) means the percentage of the eligible expenses shown in the Out of Country Travel Medical Insurance Schedule payable by **Us**, or **Our Assistance Provider** on **Our** behalf, after the **Covered Person** pays the applicable **Deductible(s)**, if any.

Deductible(s) means the dollar amount the **Covered Person** must pay before benefits under this Out of Country Travel Medical Insurance Benefit become payable. The Out of Country Travel Medical Insurance Schedule shows the amount of the applicable **Deductible(s)**, if any, and the Benefit(s), Additional Benefits and Medical Expense Sublimits to which the **Deductible(s)** apply.

Illness means a sickness or disease, which impairs the normal functions of the body and which first manifests itself during a covered trip.

In Force Policy means any multiple group, group-type, family, or individual health care policy covering the **Covered Person** and in effect at the time of the **Injury** or **Illness**, or subsequently thereafter, other than the **Policy** to which this benefit is included.

Medically Necessary means a medical service or treatment:

1. is essential for the diagnosis, treatment or care of the **Injury** or **Illness** for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. is ordered by a licensed medical provider acting within the scope of his or her practice.

Parent(s) means the person who has the legal authority and corresponding duties to care for the personal and property interests of the **Dependent Child(ren)**.

Personal Deviation means non-business activities undertaken while on the **Business of the Policyholder**, but unrelated to furthering the **Business of the Policyholder**.

Physician means a person who is:

1. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner that **We** or **Our Assistance Provider** are required by law to recognize;
2. licensed to practice in the jurisdiction where care is being given;
3. practicing within the scope of their license; and
4. not related to the **Covered Person** by blood or marriage.

Principal Residence means the legal domicile of the **Covered Person**.

Reasonable and Customary means the common charge made by other health care providers in the same locality for the treatment furnished. If the common charge for a service cannot be determined due to the unusual nature of such service, **We** or **Our Assistance Provider** will determine the amount based upon:

1. the complexity involved;
2. the degree of professional skill required; and
3. any other pertinent factors.

We or **Our Assistance Provider** will make the final determination of what is **Reasonable and Customary** based on all the circumstances.

Side Trip means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; 3) is taken during the course of the business trip; and 4) lasts for no more than three (3) day(s) (seventy-two (72) hour(s)).

For purposes of this Out of Country Travel Medical Insurance Benefit only, in addition to the General Exclusions stated in Section VII of the **Policy**, **We** will not cover:

1. in-patient hospital treatment unless the **Covered Person** has notified **Us** in advance of the planned admission and allowed them to coordinate care or, in the case of an emergency admission, notified **Us** as soon as reasonably possible, of said admission;
2. non-emergency medical expenses;
3. any medical expenses incurred by the **Covered Person** after the date that **We**, based on the advice of a Medical Practitioner, had recommended the repatriation of the **Covered Person** to his or her country of **Principal Residence**;
4. any medical expenses incurred if the travel was undertaken for the purpose of obtaining medical treatment;
5. medical expenses incurred more than twelve (12) months from the date of the **Covered Injury** or onset of **Illness**;
6. medical expenses resulting from the **Covered Person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft;
7. medical expenses resulting from pregnancy, child birth, or elective abortion or medical expenses relating to travel while in the third trimester of pregnancy, unless such expenses are incurred as a result of an emergency;
8. expenses which are more than **Reasonable and Customary**;
9. expenses for travel against the advice of a **Physician**;
10. medical expenses incurred within the **Covered Person's** country of **Principal Residence**;
11. medical expenses incurred for which the **Covered Person** is not legally obligated to pay;

12. medical expenses incurred for treatment by a member of the **Covered Person's** family or household;
13. artificial limbs, eyes, teeth or prosthetic devices of any kind;
14. treatment to the teeth, gums or structures directly supporting the teeth, unless due to **Injury** of sound, natural teeth or non-elective emergency dental surgery;
15. routine physical examinations;
16. mental health care;
17. cosmetic surgery, other than reconstructive surgery when necessary due to an **Injury** as a result of a **Covered Accident** while coverage is in effect;
18. personal comfort or convenience items, including but not limited to telephone charges, television rental, or guest meals.

For purposes of this Out of Country Travel Medical Insurance Benefit only, the following additional condition applies in addition to the General Policy Conditions stated in Section XII of the **Policy**:

Subrogation

We have the right to recover all payments including future payments, which **We** have made or will make in the future to the **Covered Person** or on behalf of the **Covered Person's** covered **Dependents**, heirs, guardians or executors or will be obligated to pay in the future to the **Covered Person**, from any third party. However, **We** are not entitled to recover any payments until the **Covered Person** has been fully compensated. The **Covered Person** agrees to assist **Us** in preserving **Our** rights against any third party, including but not limited to, signing subrogation forms supplied by **Us**.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy/Certificate** to which it is attached.

Endorsement No. 1

Effective Date: October 1, 2018 Attached to and forming a part of **Policy** No. GTU 3031830

Signed for by Zurich American Insurance Company:



October 1, 2018

President

Date

ZURICH AMERICAN INSURANCE COMPANY
1299 Zurich Way
Schaumburg, Illinois 60196

This endorsement, effective **October 1, 2018**, forms a part of **Policy No. GTU 3031830**, issued to **Frontdoor, Inc.**

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Basic Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy/Certificate**:

ENHANCED TRAVEL ASSISTANCE PLAN

This Enhanced Travel Assistance Plan will apply to the following **Covered Persons** when on a **Covered Trip**: the **Insured** and his or her **Spouse** and/or **Dependent Child(ren)** if the **Spouse** and/or **Dependent Child(ren)** are with the **Insured** while he or she is covered under the **Policy**. The **Spouse** and/or **Dependent Child(ren)** will not be covered while making a trip without the **Insured**. The transportation and/or services provided under this Enhanced Travel Assistance Plan must be authorized by **Us** or **Our Assistance Provider**. This Enhanced Travel Assistance Plan consists of the following benefits:

ENHANCED TRAVEL ASSISTANCE PLAN BENEFITS

Medical Evacuation Benefit

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and is being treated in a hospital, medical facility, clinic or by a medical provider which, based upon **Our** or **Our Assistance Provider's** evaluation, cannot provide medical care in accordance with **Western Medical Standards**, **We** or **Our Assistance Provider** will arrange for, and cover the cost for, the transport of the **Covered Person** to the nearest hospital or medical facility which can provide such care. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must authorize the transport for this Medical Evacuation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Based on all the circumstances, **We** or **Our Assistance Provider** will determine the standard of care of a hospital or medical facility, clinic or medical provider for the limited purpose of determining **Our** liability.

Medical Repatriation Benefit

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and has sufficiently recovered to travel in a non-scheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel with minimal risk to his or her health, **We** or **Our Assistance Provider** will arrange for, and cover the cost for, the transport of the **Covered Person** to his or her **Principal Residence**, in such transportation. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must authorize the transport for this Medical Repatriation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Based on all the circumstances, for the limited purpose of determining **Our** liability, **We** or **Our Assistance Provider** will determine the appropriateness of the scheduling and the mode of transportation as well as what special equipment and/or personnel are covered.

Non-Medical Repatriation Benefit

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and has sufficiently recovered to travel in a regularly scheduled economy class air flight without special equipment or personnel with minimal risk to his or her health, **We** or **Our Assistance Provider** will arrange for, and cover the cost to change the travel date on the return air flight and/or for an upgrade in the seating, to his or her **Principal Residence**. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must agree to the change in the travel date and/or upgrade for this Non-Medical Repatriation Benefit to be payable. No change or upgrade will be made without the prior recommendation of the attending physician.

Return of Remains Benefit

If a **Covered Person** dies while on a **Covered Trip**, **We** or **Our Assistance Provider** will make arrangements and pay for the local preparation of the body for transport including cremation, travel clearances and authorizations, standard shipping container (including urn or coffin) and transportation of the body or remains to its country of destination. **We** or **Our Assistance Provider** must be contacted prior to the preparation and transportation of the body and **We** or **Our Assistance Provider** must authorize the services and transportation for this Return of Remains Benefit to be payable.

Visit to Hospital Benefit

If a **Covered Person** is scheduled to be hospitalized for more than seven (7) consecutive days while on a **Covered Trip**, **We** or **Our Assistance Provider** will arrange for, and cover the cost of, a regularly scheduled round trip economy class air flight and accommodations (including hotel/lodging and meals; but excluding personal comfort or convenience items) of the person for as many as two (2) people chosen by the **Covered Person** to visit the **Covered Person** while he or she is hospitalized. **We** or **Our Assistance Provider** must authorize the transportation for this Visit to Hospital Benefit to be payable.

Return of Child Benefit

If a **Covered Person** is traveling with a **Dependent Child(ren)**, who is under nineteen (19) years of age or a **Dependent Child(ren)** who prior to age nineteen (19) became incapable of self-sustaining employment by reason of mental or physical handicap and remains chiefly dependent upon the **Covered Person** for support and maintenance, while on a **Covered Trip**, and due to the **Illness** of or **Injury** to the **Covered Person**, such **Dependent Child(ren)** is left unattended, **We** or **Our Assistance Provider** will arrange for, and cover the cost of, the transport of the **Dependent Child(ren)** by a regularly scheduled economy class air flight to the location chosen by the **Covered Person**, and for an attendant, if applicable. **We** or **Our Assistance Provider** must authorize the transportation of the **Dependent Child(ren)** and attendant, if applicable, for this Return of Child Benefit to be payable.

Return of Companion Benefit

If a **Covered Person** is traveling with a companion while on a **Covered Trip**, and due to the **Illness** of or **Injury** to the **Covered Person** the **Covered Person** cannot complete the **Covered Trip** as scheduled, **We** or **Our Assistance Provider** will arrange for, and pay for, the lesser of the change fee for the companion's return air flight or a one way economy class flight. **We** or **Our Assistance Provider** must authorize such costs for this Return of Companion Benefit to be payable.

Security Evacuation Benefit

If, as a result of an **Event** that takes place while a **Covered Person** is on a **Covered Trip**, the **Covered Person** requires extrication from a location in which he or she is traveling due to an imminent physical danger, **We** or **Our Assistance Provider** will arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the **Covered Person**; but excluding personal comfort and convenience items) of the **Covered Person** to the nearest place of safety. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must authorize the transport for this Security Evacuation Benefit to be payable. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, **We** or **Our Assistance Provider** will make every effort to maintain contact with the **Covered Person**.

We or **Our Assistance Provider** will also arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the **Covered Person**; but excluding personal comfort and convenience items) of the **Covered Person** within seven (7) days of the **Covered Person's** extrication from a location in which he or she was traveling due to an imminent physical danger back to the location in which the **Covered Person** was traveling, provided return is safe and permitted, or the **Covered Person's Principal Residence**.

Based on all the circumstances, for the limited purpose of determining **Our** liability, **We** or **Our Assistance Provider** will determine the necessity of the extrication, the feasibility of the extrication and the appropriateness of the scheduling, as well as what mode of transportation and special equipment and/or personnel are covered. The maximum amount **We** will pay for this Security Evacuation Benefit is \$100,000.

TRAVEL ASSISTANCE PLAN EXCLUSIONS

We will not provide this Enhanced Travel Assistance Plan if the **Coverage** is excluded under Section VII – General Exclusions of the **Policy**, or if:

1. the **Covered Trip** was undertaken for the specific purpose of securing medical treatment;
2. **We** or **Our Assistance Provider** did not authorize the transportation and/or services;
3. the **Covered Trip** was undertaken against the advice of a physician or medical practitioner;
4. the costs incurred are not necessary and/or are excessive. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
5. with respect to the Medical Evacuation Benefit, the medical care which is being provided is consistent with **Western Medical Standards**. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
6. with respect to the Medical Evacuation Benefit, it is not medically necessary to transport the **Covered Person** to another hospital or medical facility. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
7. based upon the medical condition of the **Covered Person** and/or the local conditions and circumstances, **We** or **Our Assistance Provider** determines that the medical evacuation or repatriation or non-medical repatriation is not appropriate. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
8. with respect to the Security Evacuation Benefit, the **Covered Person** has violated the laws or regulations of the location of his or her **Principal Residence** or the location in which he or she is traveling while on a **Covered Trip**;
9. with respect to the Security Evacuation Benefit, the **Covered Person** fails to produce or maintain immigration, work, residence or similar visas, permits or other relevant documentation for the location in which he or she is traveling while on a **Covered Trip**;
10. with respect to the Security Evacuation Benefit, the expenses incurred are solely due to the repossession of the **Policyholder's** or **Covered Person's** property by a titleholder or other interested party, to satisfy any debt, insolvency, financial failure or other financial obligation of the **Policyholder** or **Covered Person**;
11. with respect to the Security Evacuation Benefit, the expenses incurred are solely due to the **Policyholder** or **Covered Person** failing to honor any contractual obligation, bond or specific performance condition in a license;
12. with respect to the Security Evacuation Benefit, the conditions leading to the **Covered Person's** departure were in existence prior to the **Covered Person** entering the location in which he or she was traveling while on a **Covered Trip** or such conditions were reasonably foreseeable prior to the **Covered Person** entering the location in which he or she was traveling while on a **Covered Trip**.

ENHANCED TRAVEL ASSISTANCE PLAN DEFINITIONS

For purposes of this Enhanced Travel Assistance Plan only, the following additional definitions apply:

Assistance Provider means Zurich Travel Assist.

Covered Trip means travel more than 0 miles from outside the **Covered Person's Principal Residence**.

Event means any of the following situations in which the **Covered Person** finds himself or herself while on a **Covered Trip**:

1. Expulsion from a location in which the **Covered Person** is traveling or being declared persona non-grata on the written authority of the recognized government of the location in which the **Covered Person** is traveling;
2. Political, social, or military events involving the location in which the **Covered Person** is traveling which result in the appropriate government authority(ies) of the **Covered Person's** location of **Principal Residence** or the location in which the **Covered Person** is traveling issuing a formal recommendation that citizens of the **Covered Person's** country of **Principal Residence** or the country in which the **Covered Person** is traveling leave the location in which the **Covered Person** is traveling;
3. Storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that results in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate government authority(ies) of the location in which the **Covered Person** is traveling and such area is deemed to be uninhabitable or dangerous;
4. Confirmed (by documentation and/or physical evidence) attack or threat of attack against the **Covered Person's** health and safety by a third party;
5. Deemed kidnapped or a missing person by local or international authorities and, when found, the **Covered Person's** health and/or safety are in question within seven (7) day(s) of his or her being found.

Hospital Admission Guarantee Charge means any charge or expense made by a hospital prior to and as a condition of a **Covered Person's** admission to that hospital.

Ill or **Illness** means a sickness or disease, which impairs the normal functions of the body and which first manifests itself during a **Covered Trip**.

Injured, Injury or **Injuries** means a bodily injury or injuries and is not limited to accidental bodily injuries.

Medical Expense Guarantee Charge means any charge or expense made by a medical provider other than a hospital prior to and as a condition of a **Covered Person** being provided with the medical service or treatment by that provider.

Principal Residence means the legal domicile of the **Covered Person**. If the **Covered Person** has dual citizenship, his or her country of citizenship is the country of the passport he or she used to enter the location in which he or she is traveling.

Western Medical Standards means generally accepted medical standards comparable to those in the United States, Canada or Western Europe.

For the purpose of this Enhanced Travel Assistance Plan, if there are any differences in the definition of a term between this Enhanced Travel Assistance Plan and the **Policy**, the definition in this Enhanced Travel Assistance Plan will govern.

ENHANCED TRAVEL ASSISTANCE PLAN - OTHER PROVISIONS

For purposes of this benefit only, the following additional conditions apply:

Changes to the Enhanced Travel Assistance Plan

The **Policyholder** shall notify all **Covered Persons** of any changes to this Enhanced Travel Assistance Plan within a reasonable time of such change.

Coverage Territory

We will not provide this Enhanced Travel Assistance Plan if any local, state, country or international law prohibits the provision of the transportation or services provided for under this Enhanced Travel Assistance Plan. **We** will be fully and completely excused from performance and discharged from any contractual obligation under this Enhanced Travel Assistance Plan.

Notice

To contact **Us** or **Our Assistance Provider** regarding this Enhanced Travel Assistance Plan, the **Covered Person** or their legal representative must call 1-800-263-0261 from the U.S. or Canada; collect from anywhere else in the world at +1-416-977-0277.

Reservation of Rights

We may suspend, curtail or limit coverage under this Enhanced Travel Assistance Plan in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strike, nuclear accident, act of God or the refusal of authorities to permit **Us** or **Our Assistance Provider** to provide services, or in any location for which a travel warning has been issued by the appropriate government authority(ies) of the **Covered Person's** location of **Principal Residence** or the location in which the **Covered Person** is traveling.

Right of Recovery

We have the right to recover any benefits which **We** have paid under this Enhanced Travel Assistance Plan if the **Policyholder** or **Covered Person** recovers any money from a third party for the expenses incurred by the **Policyholder** or **Covered Person** which were covered under this Enhanced Travel Assistance Plan. **We** will be reimbursed from such recovery and **We** will have a lien against that recovery. **We** have the right to recover any benefits from the **Policyholder** or **Covered Person** for transportation services and/or expenses, which were not covered under this Enhanced Travel Assistance Plan. However, **We** are not entitled to recover any payments until the **Covered Person** has been fully compensated.

If, after a Security Evacuation is completed, it becomes clear that the **Covered Person** was an active participant in the events that lead to an **Event**, **We** have the right to recover any benefits which **We** have paid under this Enhanced Travel Assistance Plan.

Scope

Illness, as defined under this Enhanced Travel Assistance Plan, is solely covered under this Enhanced Travel Assistance Plan and in no way supersedes or modifies the other coverages and/or benefits provided under the **Policy**.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy/Certificate** to which it is attached.

Endorsement No. 2

Effective Date: October 1, 2018 Attached to and forming a part of **Policy** No. GTU 3031830

Signed for by Zurich American Insurance Company:



October 1, 2018

President

Date

AMENDATORY ENDORSEMENT
Administrative Change



This endorsement, effective October 1, 2018, forms a part of **Policy** No. GTU 3031830, issued to Frontdoor, Inc.

AMENDMENT TO GENERAL EXCLUSIONS

It is hereby understood and agreed that effective October 1, 2018 the following exclusions are deleted in their entirety from **SECTION VII – GENERAL EXCLUSIONS** of the **Policy**:

- 6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity;
- 10. release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
- 11. a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident;
- 12. alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a licensed medical provider operating within his or her scope of authority.

Except for the above, this Amendatory Endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Endorsement No. 3

Signed for by Zurich American Insurance Company Mark G. Kimpfer

Date: October 1, 2018

NOTICE CONCERNING COVERAGE UNDER THE TENNESSEE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of Tennessee who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Tennessee Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in the state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The state law that provides for this safety-net coverage is called the Tennessee Life and Health Insurance Guaranty Association Act. The following is a brief summary of this law's coverages, exclusions and limits.

This summary does not cover all provisions of the law or describe all of the conditions and limitations relating to coverage. This summary does not in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, an annuity, or if they are insured under a group insurance contract issued by an insurer authorized to conduct business in Tennessee. Health insurance includes disability and long term care policies. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Guaranty Association if:

1. they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insured who live outside that state);
2. the insurer was not authorized to do business in this state;
3. their policy was issued by an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does not provide coverage for:

1. any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
2. any policy of reinsurance (unless an assumption certificate was issued);
3. interest rate yields that exceed an average rate;
4. dividends;
5. credits given in connection with the administration of a policy by a group contractholder;
6. employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
7. unallocated annuity contracts (which give rights to group contractholder, not individuals).

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Guaranty Association is obligated to pay out. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. For any one insured life, the Guaranty Association guarantees payments up to a stated maximum no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. These aggregate limits per life are as follows:

- \$300,000 for policies and contracts of all types, except as described in the next point
- \$500,000 for basic hospital, medical and surgical insurance and major medical insurance issued by companies that become insolvent after January 1, 2010

Within these overall limits, the Guaranty Association cannot guarantee payment of benefit greater than the following:

- life insurance death benefits - \$300,000
- life insurance cash surrender value - \$100,000
- present value of annuity benefits for companies insolvent before July 1, 2009 - \$100,000
- present value of annuity benefits for companies insolvent after June 30, 2009 - \$250,000
- health insurance benefits for companies declared insolvent before January 1, 2010 - \$100,000
- health insurance benefits for companies declared insolvent on or after January 1, 2010:
 - \$100,000 for limited benefits and supplemental health coverages
 - \$300,000 for disability and long term care insurance
 - \$500,000 for basic hospital, medical and surgical insurance or major medical insurance

The Tennessee Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Tennessee. You should not rely on coverage by the Tennessee Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

Tennessee Life and Health Guaranty Association
1200 One Nashville Place
150 4th Avenue North
Nashville, TN 37219

Tennessee Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243

SANCTIONS EXCLUSION ENDORSEMENT



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

The following exclusion is added to the policy to which it is attached and supersedes any existing sanctions language in the policy, whether included in an Exclusion Section or otherwise:

SANCTIONS EXCLUSION

Notwithstanding any other terms under this policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED



Privacy Notice

We Take Important Steps to Protect the Personal Information We Collect About You

Dear Customer:

rev. October 2016

We care about your privacy. That is why we believe in your right to know what nonpublic personal information we collect about you and what we do with that information. This Privacy Notice describes the nonpublic personal information we collect about you and how we handle the information as it relates to individuals who either own or are covered by insurance we issue, or who use other financial products or services we provide.

Overview	UNDERSTANDING HOW WE USE YOUR PERSONAL INFORMATION
Why are you receiving this Notice?	Financial institutions, which include the Company, choose how they share your personal nonpublic information. Federal and state law gives consumers the right to limit some but not all sharing of that information. Federal law also requires us to tell you how we collect, share and safeguard your nonpublic personal information. You are receiving this Privacy Notice because our records show either that you are the owner of an insurance policy or you are (or are authorized to act on behalf of) a current insured, future beneficiary and/or claimant under a policy, product or services issued by the Company.
What types of Information do we collect?	<p>The types of nonpublic personal information we collect and share depend on the product or service you have with us. For example, this information can include:</p> <ul style="list-style-type: none">• Information about you we receive from you on applications or other forms, such as your name, address, telephone number, date of birth, your social security number, employment information, information about your income, medical information;• Information about your transactions with the Company and its affiliates;• Information about your claims history;• Data from insurance support organizations, government agencies, insurance information sharing bureaus;• Property information and similar data about you or your property; and• Information we receive from a consumer reporting agency, such as a credit report. <p>When your relationship with us ends, we may continue to share information about you as described in this Privacy Notice.</p>
What do we do with the nonpublic personal information we collect?	WE SHARE YOUR NONPUBLIC PERSONAL INFORMATION IN THE COURSE OF SUPPORTING YOUR INSURANCE COVERAGE OR NON-INSURANCE PRODUCTS OR SERVICES, AS AUTHORIZED BY LAW, OR WITH YOUR CONSENT. THIS INCLUDES SHARING, AS PERMITTED BY LAW, YOUR NONPUBLIC PERSONAL INFORMATION WITH AFFILIATED PARTIES AND NONAFFILIATED THIRD PARTIES, AS APPLICABLE, IN THE COURSE OF SUPPORTING YOUR INSURANCE COVERAGE OR NON-INSURANCE PRODUCTS. IN THE SECTION BELOW, WE LIST THE REASONS WE CAN SHARE YOUR NONPUBLIC PERSONAL INFORMATION, WHETHER WE ACTUALLY SHARE YOUR NONPUBLIC PERSONAL INFORMATION, AND WHETHER YOU CAN OPT OUT OF THIS SHARING (OR IF YOU ARE A RESIDENT OF VERMONT, WHETHER YOU HAVE THE RIGHT TO OPT IN TO ALLOWING THIS SHARING).

Reasons we may share your personal information	Does Company Share?	Can you opt out of this sharing or limit this sharing or is your authorization required for this sharing?
For our everyday business purposes – to affiliates and non-affiliates to process your transactions, administer insurance coverage, products or services, maintain your account and report to credit bureaus	Yes	No
For our marketing purposes or for joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – transaction and experience information	Yes	No
For our affiliates' everyday business purposes – creditworthiness	No	No
For our affiliates to market to you	Yes	No
For non-affiliates to market to you	No	We don't share

Collecting and safeguarding information	
How often does the Company notify me about their practices?	We must notify you about our sharing practices when you receive your policy, open an account or purchase a service, and each year while you are a customer, or when significant or legal changes require a revision.
Why and how does the Company collect my nonpublic personal information?	<p>We collect nonpublic personal information when you apply for insurance or file an insurance claim to help us provide you with our insurance products and services, and determine your insurability or other eligibility. We may also ask you and others for information to help us verify your identity in order to prevent money laundering and terrorism. We collect personal information from:</p> <ul style="list-style-type: none"> • Applications, forms and telephone, web site or written contact with you. This information can include social security number, driver's license number and income. • Your transaction(s) with us, our affiliates and other non-affiliated third parties. Transactional information includes such things as your insurance coverage, premiums, claims and payment history. Non-affiliated third parties may include appraisers, investigators, insurance companies, etc. • Information from physicians, hospitals and other medical providers. We collect this information only in connection with the issuance of individual or group insurance policies on your life or health, and with the processing and adjustment of claims under that insurance. <p>Information in a report prepared by an insurance support organization may be retained by that organization and provided to others.</p>
What nonpublic personal information does the Company disclose?	We may provide to an affiliated or non-affiliated party the same nonpublic personal information listed above in the section entitled, "What information do we collect?".

How does the Company safeguard my nonpublic personal information?	Employees who have access to your nonpublic personal information are required to maintain and protect the confidentiality of that information. Access to your personal information may be needed to conduct business on your behalf or to service your insurance coverage. In addition, we maintain physical, electronic and procedural measures to protect your personal information in compliance with applicable laws and regulatory standards.
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FOR RESIDENTS OF ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, ILLINOIS, MAINE, MASSACHUSETTS, MINNESOTA, MONTANA, NEW JERSEY, NEVADA, NORTH CAROLINA, OHIO, OREGON, OR VIRGINIA:

You have the following individual rights under state law:

Except for certain documents related to claims and lawsuits, you have the right to access the recorded personal information that we have collected about you which we reasonably can locate and retrieve. To access your recorded personal information you must submit a written request reasonably describing the information you seek, and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com. If you would like a copy of your recorded personal information that we reasonably can locate and retrieve, we may charge you a reasonable fee to cover the costs incurred in providing you a copy of the recorded information. If you request medical records, we may elect to supply that information to you through your designated medical professional. We may also direct you to a consumer reporting agency to obtain certain consumer report information.

Generally, most of the recorded nonpublic personal information we collect about you and have in our possession is from policy applications or enrollment forms you submit to obtain our products and services, and is reflected in your statements and other documentation you receive from us. If you believe that the personal information we have about you in our records is incomplete or inaccurate, please let us know at once in writing, and we will investigate and correct any errors we find.

You also have the right to request the correction, amendment, or deletion of recorded personal information about you that we have in our possession. You must make your request in writing and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.

FOR RESIDENTS OF MASSACHUSETTS ONLY: You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

Key words and phrases	TERMS YOU SHOULD KNOW
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Definitions	
Everyday business purposes	<p>The actions necessary for financial companies like the Company to conduct business and manage customer accounts, such as:</p> <ul style="list-style-type: none"> • Processing transactions, mailing and auditing services • Administering insurance coverage, product, services or claims • Providing information to credit bureaus • Protecting against fraud • Responding to court/governmental orders or subpoenas and legal investigations • Responding to insurance regulatory authorities
Affiliates	<p>Financial or nonfinancial companies related by common ownership or control.</p> <ul style="list-style-type: none"> • <i>Company affiliates include insurance and non-insurance companies under common ownership with the Company and that provide insurance and non-insurance products or services.</i>

Non-affiliates	<p>Financial or nonfinancial companies not related by common ownership or control. We do not rent or sell your nonpublic personal information. However, we may share your information with companies that we hire to perform business services for us, such as data processing, computer software maintenance and development, and transaction processing. When we disclose information to others to perform these services, they are required to take appropriate steps to protect this information and use it only for purposes of performing the business services.</p> <ul style="list-style-type: none"> • <i>Company does not share information with non-affiliates to market to you.</i>
Joint marketing	<p>A formal agreement between non-affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>Company does not jointly market.</i>

Changes to this Privacy Notice; contact us	<p>We may change the policies, standards and procedures described in this Notice at any time to comply with applicable laws and/or to conform to our current business practices. We will notify you of material changes.</p> <p>If you have any questions about your contract with us, you should contact your agent.</p> <p>If you have questions specific to our Privacy Notice, contact our Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.</p>
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This Privacy Notice is sent on behalf of the following affiliated companies:

American Guarantee and Liability Insurance Company, American Zurich Insurance Company, Colonial American Casualty and Surety Company, Empire Fire & Marine Insurance Company, Empire Indemnity Insurance Company, The Fidelity and Deposit Company of Maryland, Steadfast Insurance Company, Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company, Zurich American Insurance Company, Zurich American Insurance Company of Illinois, The Zurich Services Corporation (hereinafter individually and collectively referred to as “Company”).



ZURICH[®]

ZURICH AMERICAN INSURANCE COMPANY

Schaumburg, Illinois

Certificate of Insurance

Having issued Basic **Accident Policy** Number GTU 3031830 to cover the eligible individuals of:

Frontdoor, Inc.

The insurance evidenced by this **Certificate** provides Basic **ACCIDENT** insurance only. It does not provide **Coverage** for sickness. This **Certificate** describes the main features of the **Policy**, but the **Policy** is the only contract under which benefit payments are made. If there is an inconsistency between the **Certificate** and the **Policy**, the **Policy** will govern.

IMPORTANT NOTICE

**THIS INSURANCE PROVIDES BASIC ACCIDENT COVERAGE ONLY
THIS INSURANCE DOES NOT PROVIDE BENEFITS FOR SICKNESS**

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SECTION I – ELIGIBILITY AND EFFECTIVE DATES

CERTIFICATEHOLDER:

Class I: All **Active** full-time salaried and hourly Employees of the **Policyholder**, working regularly a minimum of 29 hours per week.

Class II: Non-Employee Directors, Clients and Guests of the **Policyholder**, excluding Vendors, Customers or other Non-Employees.

Note: If **You** suffer an **Injury** resulting in a **Covered Loss** and **You** are covered under more than one class, **We** will pay only one benefit, the largest benefit.

SERVICE WAITING PERIOD:

0 days of **Active** continuous service

YOUR EFFECTIVE DATE OF INSURANCE:

A. For eligible individuals hired prior to October 1, 2018:

The later of the **Policy** effective date or upon completion of the required **Service Waiting Period**, if any, indicated above.

B. For eligible individuals hired on or after October 1, 2018:

The later of the first day of **Active** work or upon completion of the required **Service Waiting Period**, if any, indicated above.

SECTION II – SCHEDULE

COVERAGES(S):

Classes Covered

24 Hour Accident Protection, While on Business Trip, Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-2	All
Exposure and Disappearance Coverage	All
Family Traveling with Insured on Business and/or Relocation Trips Coverage	All
On-Premises Terrorism Coverage	All
War Risk Coverage	All

BENEFITS:

Classes Covered

ACCIDENTAL DEATH BENEFIT

All

Principal Sum:

Class I: \$100,000

Class II: \$100,000

Aggregate Limit of Liability per Covered Accident: \$2,000,000

Classes Covered

ACCIDENTAL DISMEMBERMENT AND COVERED LOSS OF USE BENEFIT

All

Principal Sum:

Same as above.

Coma Benefit

All

ADDITIONAL BENEFITS:**Classes Covered**

Carjacking Benefit	All
Critical Burn Benefit	All
Home Alteration and Vehicle Modification Benefit	All
Natural Disaster Benefit	All
Rehabilitation Benefit	All
Seat Belt/Air Bag Benefit	All

ADDITIONAL ENDORSEMENTS**Form Number****Classes Covered**

Out of Country Travel		
Medical Insurance Benefit	U-TA-124-A TN (04/13)	All
Enhanced Travel Assistance Plan	U-TA-125-A TN (03/13)	All

SECTION III – DEFINITIONS

Accident or **Accidental** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the **Policy** term.

Active and **Actively at Work** describes **You** if **You** are able and available for active performance of all of **Your** regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered **Actively at Work** provided **You** are able and available for active performance of all of **Your** regular duties and were working the day immediately prior to the date of **Your** absence.

Aggregate Limit of Liability means the total benefits **We** will pay for a **Covered Accident** or **Covered Accidents** set forth in the Schedule. For purposes of the **Aggregate Limit of Liability** provision, **Covered Accident** or **Covered Accidents** will include a **Covered Loss** or **Covered Losses** arising out of a single event or related events or originating cause and includes a resulting **Covered Loss** or **Covered Losses**. If the total benefits under the **Aggregate Limit of Liability** is not enough to pay full benefits to each **Insured**, **We** will pay each one a reduced benefit based upon the proportion that the **Aggregate Limit of Liability** bears to the total benefits which would otherwise be paid.

Certificate means this **Certificate** for the Basic **Accident Insurance Policy**.

Chartered Aircraft means an aircraft operated by a company with an air carrier or commercial operating certificate issued by the Federal Aviation Administration or the equivalent certificate issued by a foreign government, which the **Policyholder** has the right to use for no more than ten (10) consecutive days and/or for no more than fifteen (15) days in a one (1) year period.

Controlled by, as used in the **Coverages** Section, means the **Policyholder** has the right to use a block of aircraft flight time for 25 or more hours in a one (1) year period or for 100 hours or more without a specified term, from a company which is in the business of providing aircraft for private use. A **Chartered Aircraft** will not be considered **Controlled** by the **Policyholder**.

Coverage(s) means the event or events described in the **Hazards** of the **Policy** to which benefits and additional benefits apply. The **Hazards** are listed in the **Coverages** Section on the Schedule.

Covered Accident means an **Accident** that results in a **Covered Loss**.

Covered Injury means an **Injury** directly caused by accidental means, which is independent of all other causes, results from a **Covered Accident**, occurs while **You** are insured under the **Policy**, and results in a **Covered Loss**.

Covered Loss means a loss which meets the requisites of one or more benefits or additional benefits, results from a **Covered Injury**, and for which benefits are payable under the **Policy**.

Covered Person means any person who has insurance under the terms of the **Policy**. It includes **You**

Dependent means **Your Spouse/Domestic Partner** and **Dependent Child(ren)**, as defined in this section.

Dependent Child(ren), if used in the **Policy**, means **Your** unmarried **Child(ren)** and, those unmarried **Child(ren)** of **Your** legally married **Spouse**, and those unmarried **Child(ren)** as defined in the **Policyholder's** medical plan as on file and approved by **Us** of **Your Domestic Partner** who rely on **You** for more than 50% of their support, and are either: 1) less than nineteen (19) years of age; 2) less than twenty-six (26) years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental retardation or physical handicap.

Domestic Partner means as defined in the **Policyholder's** medical plan as on file and approved by **Us**.

Injury means a bodily **Injury**.

Insured means an individual who is eligible for **Coverage** under the **Policy** as provided in the Certificateholder part of the **Eligibility and Classification of Insureds** Section, and who completes the enrollment material, if required.

Owned Aircraft means an aircraft in which the **Policyholder** or a related company has legal or equitable title. Fractional ownership in a company which is in the business of providing aircraft for private use will be deemed to be equitable title in the aircraft used by the **Policyholder**.

Plan means the **Plan** design as described on the **Schedule**.

Policy means the Basic **Accident** Insurance **Policy**.

Policyholder means the group named on the front page of the **Policy**.

Service Waiting Period means the continuous length of time a person is required to be employed by the **Policyholder** prior to being covered under the **Policy**.

Specialized Aviation Activity means an aircraft while it is being used for one or more of the following activities:

acrobatic or stunt flying	hang gliding
aerial photography	hunting
banner towing	parachuting or skydiving
bird or fowl herding	pipe line inspection
crop dusting	power line inspection
crop seeding	racing
crop spraying	skywriting
endurance tests	test or experimental purpose
exploration	
fire fighting	
flight on a rocket-propelled or rocket launched aircraft	
flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted	

Spouse, if used in this **Policy**, means **Your** legally married **Spouse**.

Under lease, as used in the **Coverages** Section, means an aircraft which the **Policyholder** does not own but has the right to use, under a written agreement, for more than ten (10) consecutive days and/or for more than fifteen (15) days in a one (1) year period. A **Chartered Aircraft** will not be considered **Under lease**.

We, Us, and Our refers to Zurich American Insurance Company.

You, Your refers to the **Insured**.

SECTION IV – COVERAGES

24 HOUR ACCIDENT PROTECTION WHILE ON BUSINESS TRIP, EXCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, PASSENGER ONLY, H-2

The **Hazards** insured against by the **Policy** are:

A **Covered Injury** sustained by **You** anywhere in the world while on the **Business of the Policyholder** during a business trip, subject to the terms, conditions, limitations and exclusions under this **Policy**.

Coverage, subject to limitations and exclusions, is provided between:

- A. the later of the time **You** leave the place where **You** normally work or live; and
- B. the earlier of the time **You** return to the place where **You** normally work or live.

Hazard Limitations:

Air travel **Coverage** is limited to a loss sustained during a trip, while **You** are a passenger, riding in or on, boarding or getting off:

- A. any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
 1. medical certificate; and
 2. pilot certificate with a proper rating to pilot such aircraft.
- B. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Hazard Exclusions:

Coverage is not provided:

- A. If **You** are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. For an assignment by the **Policyholder** or relocation that exceeds ninety (90) days in duration. Note: If an assignment exceeds ninety (90) days in duration, the location of the assignment will be considered the place of permanent assignment, and **You** will then have **Coverage** when traveling elsewhere on the **Business of the Policyholder**.
- C. Unless **We** have previously consented in writing to the use, **Coverage** is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
 1. any aircraft other than those expressly stated in this **Coverage**;
 2. any aircraft **Owned** or **Controlled** by, or **Under lease** to the **Policyholder**;
 3. any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured**;
 4. any aircraft operated by the **Policyholder** or one of the **Policyholder's** employees;
 5. any aircraft engaged in a **Specialized Aviation Activity**;
 6. any conveyance used for tests or experimental purposes, or in a race or speed test.

Hazard Definitions:

- **Business of the Policyholder** means an assignment by or at the direction of the **Policyholder** to further the business of the **Policyholder**. It does not include an **Accident** occurring during usual travel to and from work; bona fide leaves of absence or vacation. It does include a **Personal Deviation** and **Side Trips** of a personal nature.
- **Personal Deviation** means non-business activities undertaken while on the **Business of the Policyholder**, but unrelated to furthering the **Business of the Policyholder**.

- **Side Trip** means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; 3) is taken during the course of the business trip; and 4) is limited to 72 hours (3 days).

Other Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

EXPOSURE AND DISAPPEARANCE COVERAGE

If **You** are exposed to weather because of an **Accident** and this results in a **Covered Loss**, **We** will pay the applicable **Principal Sum**, subject to all **Policy** terms.

If the conveyance in which **You** are riding disappears, is wrecked, or sinks, and **You** are not found within 365 days of the event, **We** will presume that **You** lost **Your** life as a result of **Injury**. If travel in such conveyance was covered under the terms of the **Policy**, **We** will pay the applicable **Principal Sum**, subject to all **Policy** terms. **We** have the right to recover the benefit if **We** find that **You** survived the event.

Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

FAMILY TRAVELING WITH INSURED ON BUSINESS AND/OR RELOCATION TRIPS COVERAGE

If **You** are traveling on a business and/or relocation trip with **Your Spouse/Domestic Partner** and/or **Dependent Child(ren)**, **Your Spouse/Domestic Partner** and **Dependent Child(ren)** will be covered for the **Accidental Death Benefit** and the **Accidental Dismemberment and Covered Loss of Use Benefit** under the **Policy** provided:

1. the trip must be approved by, and at the expense of, the **Policyholder**; and
2. **Coverage** on the trip will be limited to the **Hazards** covered by the **Policy**.

This **Coverage** for **Your Spouse/Domestic Partner** and **Dependent Child(ren)** ends upon arrival at the destination of the **Policyholder's** last reimbursed trip.

The **Principal Sum** for **Your Spouse/Domestic Partner** and each **Dependent Child** will be as follows:

Spouse/Domestic Partner:	\$100,000
Dependent Child(ren):	\$100,000

Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

ON-PREMISES TERRORISM COVERAGE

Your Coverage is extended if **You** suffer a **Covered Injury** as defined under the **Accidental Death or Accidental Dismemberment and Covered Loss of Use Benefit** as a direct result of an **Act of Terrorism** while **You** are performing the **Business of the Policyholder** at the place where **You** normally work.

Act of Terrorism means any intentionally violent or forceful act of any person(s), acting on behalf of an organization or group, with the purpose of creating political turmoil or overthrowing any government.

Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

WAR RISK COVERAGE

The exclusion for war or any acts of war, whether declared or undeclared, as found in Section VII General Exclusions of this **Policy** is modified, and **Covered Injuries** directly resulting from war or any acts of war, whether declared or undeclared, are covered under this **Policy** provided:

- A.** the war or act of war causing the **Injury** does not occur within any of the states of the United States of America (including the District of Columbia), Afghanistan, Iraq, Libya, Russia (North Caucasus), Somalia, Syria, Ukraine, Yemen or **Your** country of residence.

Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.

SECTION V – BENEFITS

ACCIDENTAL DEATH BENEFIT

If **You** suffer a loss of life as a result of a **Covered Injury**, **We** will pay the applicable **Principal Sum**. The death must occur within 365 days of the **Covered Injury**.

This benefit is subject to the limitations in Section VIII General Limitations.

ACCIDENTAL DISMEMBERMENT AND COVERED LOSS OF USE BENEFIT

If an **Injury** to **You** results in any of the following **Covered Losses**, **We** will pay the benefit amount shown. The **Covered Loss** must occur within 365 days of the **Accident**.

The benefit amounts are based on **Your Principal Sum**.

Covered Loss of	Benefit
1. Both Hands or Both Feet	Principal Sum
2. One Hand and One Foot	Principal Sum
3. One Hand or One Foot plus the loss of Sight of One Eye	Principal Sum
4. Sight of Both Eyes	Principal Sum
5. Speech and Hearing	Principal Sum
6. Speech or Hearing	50% of Principal Sum
7. One Hand; One Foot; or Sight of One Eye	50% of Principal Sum
8. Thumb and Index Finger of the same Hand	25% of Principal Sum
Covered Loss of Use of	
1. Four Limbs	Principal Sum
2. Three Limbs	75% of Principal Sum
3. Two Limbs	66.67% of Principal Sum
4. One Limb	50% of Principal Sum

For purposes of this benefit:

1. **Covered Loss** means:
 - a. For a foot or hand, actual severance through or above an ankle or wrist joint;
 - b. Actual severance through or above the metacarpophalangeal joint of a thumb or index finger;
 - c. Total and permanent loss of sight;
 - d. Total and permanent loss of speech;
 - e. Total and permanent loss of hearing.
2. **Covered Loss of Use** means total paralysis of a **Limb** or **Limbs**, which has continued for 12 consecutive months and is determined by **Our** competent medical authority to be permanent, complete and irreversible. **Limb** means an arm or a leg.

This benefit is subject to the limitations in Section VIII General Limitations.

COMA BENEFIT

If **You** suffer an **Injury** resulting in a **Covered Loss** within 365 days of a **Covered Accident**, and such **Injury** causes **You** to be in a **Coma** for at least thirty-one (31) consecutive days, **We** will pay a **Coma Benefit**.

The **Coma Benefit** will be equal to 1% of **Your Principal Sum** and will be paid each month **You** remain in a **Coma** following the initial thirty-one (31) day period. The **Coma Benefit** will end on the earliest of the following:

1. **You** are no longer in a **Coma** which directly resulted from the **Injury**;
2. **You** have received a **Coma Benefit** for 100 months.

Coma will be determined by **Our** duly licensed physician.

This benefit is subject to the limitations in Section VIII General Limitations.

SECTION VI – ADDITIONAL BENEFITS

CARJACKING BENEFIT

If **You** suffer an **Injury** resulting in a **Covered Loss** which is payable under the **Accidental Death or Accidental Dismemberment and Covered Loss of Use Benefit** as a direct result of an **Accident** that occurs during a **Carjacking** of a private passenger automobile that **You** were operating, getting into or out of, or riding in as a passenger, **We** will pay an additional benefit equal to 10% of **Your Principal Sum** to a maximum of \$25,000.

Verification of the **Carjacking** must be made part of an official police report within twenty-four (24) hours of the **Carjacking** or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within twenty-four (24) hours or as soon as reasonably possible, and such verification must be provided to **Us**.

For purposes of this benefit, **Carjacking** means a person other than **You** taking unlawful possession of a private passenger automobile by means of force or threats against the person(s) then rightfully occupying it.

CRITICAL BURN BENEFIT

If **You** suffer an **Injury** resulting in a **Covered Loss** as a result of a **Covered Accident** which is payable under the **Accidental Dismemberment and Covered Loss of Use Benefit**, an additional benefit will be payable equal to the lesser of 10% of **Your Principal Sum** or \$10,000, provided all terms and conditions of the **Policy** are met and:

1. **You** have received second degree or higher burns over 25% of **Your** body; and
2. **You** have undergone reconstructive surgery to treat the burned areas of **Your** body; and
3. the reconstructive surgery has taken place within 365 days of the occurrence of the **Injury**.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If **You** suffer an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Dismemberment and Covered Loss of Use Benefit**, **We** will pay an additional benefit for home alterations and/or vehicle modifications, provided:

1. **You** are required to use a wheelchair to be ambulatory on a permanent basis; and
2. the **Injury** that caused the payment of the **Accidental Dismemberment and Covered Loss of Use Benefit** is the same **Injury** that requires **You** to need the wheelchair.

The amount **We** will pay will be equal to:

1. the one-time cost of alterations to **Your** primary residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to **Your** motor vehicle to make the vehicle accessible or drivable.

Benefits will not be payable unless:

1. alterations and/or modifications are made by a person or persons experienced in such alterations and/or modifications, and are recommended by a recognized organization providing support and assistance to wheelchair users; and
2. presentation of proof of payment is provided to **Us**.

The maximum amount payable under all provisions of this benefit combined will be the lesser of 10% of **Your Principal Sum** or \$10,000.

NATURAL DISASTER BENEFIT

If **You** suffer an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death or Accidental Dismemberment and Covered Loss of Use Benefit** as a direct result of a **Natural Disaster**, **We** will pay an additional benefit equal to the lesser of 10% of **Your Principal Sum** or \$10,000.

For purposes of this benefit, **Natural Disaster** means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event.

REHABILITATION BENEFIT

If **You** suffer an **Injury** resulting in a **Covered Loss** which is payable under the **Accidental Dismemberment and Covered Loss of Use Benefit**, **We** will pay an additional benefit for the **Reasonable and Customary** expenses actually incurred for **Rehabilitation Training** in an amount equal to the lesser of:

1. the actual expenses that are incurred within two (2) years from the date of the **Accident** for the **Rehabilitation Training**;
2. \$25,000; or
3. 10% of **Your Principal Sum**.

Rehabilitation Training means a treatment program that:

1. is prescribed by a licensed physician acting within the scope of his or her license that is approved by **Us** prior to the provision of services;
2. is required due to **Your Injury**; and
3. prepares **You** for an occupation which **You** would not have engaged in except for the **Injury**.

Reasonable and Customary expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, **We** will determine the amount based upon:

1. the complexity involved;
2. the degree of professional skill required; and
3. any other pertinent factors.

We reserve the right to make the final determination of what is **Reasonable and Customary**.

SEAT BELT/AIR BAG BENEFIT

If **You** suffer an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, and the **Injury** which caused the accidental death directly resulted from an automobile **Accident**, **We** will pay to the beneficiary an additional benefit, which equals 10% of **Your Principal Sum** up to a maximum of \$25,000, provided that **You** were:

1. operating or riding as a passenger in any private passenger automobile designed for use primarily on public roads; and
2. wearing an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the **Injury**.

Verification of **Your** actual use of the seat belt or lap and shoulder restraints is required as follows:

1. in the official law enforcement report of the **Accident**, through certification by the investigating officers; or
2. by other reasonable proof, acceptable to **Us**.

An additional benefit equal to 10% of **Your Principal Sum** to a maximum of \$10,000, will be paid if **You** were driving a private passenger automobile with a manufacturer equipped driver-side air bag or riding as a passenger in a private passenger automobile with a manufacturer equipped passenger-side air bag, provided **Your** seat belt or lap and shoulder restraint was properly fastened at the time of the **Accident**. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the **Accident**, through certification by the investigating officers or by other reasonable proof, acceptable to **Us**.

We will not pay a **Seat Belt** or **Air Bag Benefit** if the driver of the automobile in which **You** were riding was either:

1. under the influence of alcohol;
 - a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication. Or,
2. under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage.

SECTION VII – GENERAL EXCLUSIONS

A loss will not be a **Covered Loss** if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted **Injury** or any attempt at intentionally self-inflicted **Injury**;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for **Accidental** ingestion of contaminated foods;
5. participation in the commission or attempted commission of any felony or an assault;
6. being intoxicated while operating a motor vehicle.
 - a. **You** will be conclusively presumed to be intoxicated if the level of alcohol in **Your** blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be intoxicated if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of **Your** intoxication.
7. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
8. travel or flight in any aircraft except to the extent stated in the **Coverage** Section.

SECTION VIII – GENERAL LIMITATIONS

Limitation on Multiple Covered Losses. If **You** suffer more than one loss as a result of the same **Accident**, **We** will pay only one benefit, the largest benefit.

Limitation on Multiple Benefits. If **You** can recover benefits under more than one of the following benefits: **Accidental Death Benefit, Accidental Dismemberment and Covered Loss of Use Benefit, Coma Benefit**, as a result of the same **Accident**, the most **We** will pay for these benefits in total is **Your Principal Sum**.

Limitation on Multiple Hazards. If **You** suffer a **Covered Loss** that is covered under more than one **Hazard**, **We** will pay only one benefit, the largest benefit unless there is a specific written exception in the **Policy**.

Aggregate Limit. **We** will not pay more than the **Aggregate Limit of Liability** stated in the Schedule.

SECTION IX - TERMINATION OF INSURANCE

Your insurance automatically terminates on the earliest of:

1. the date the **Policy** is terminated;
2. the date **You** cease to be eligible for insurance;
3. the expiration date of the period for which required premium has been paid for **You**;
4. the date **You** fail to pay the required premium, if **You** are so required;
5. the date **You** retire.

SECTION X - HOW TO FILE A CLAIM

A. Notice. **You** or **Your** beneficiary, or someone on **Your** behalf, must give **Us** written notice of the **Covered Loss** within ninety (90) days of such **Covered Loss**. The notice must name **You** and the **Policy** Number. To request a claim form, **You** or **Your** beneficiary, or someone on **Your** behalf may contact **Us** at 1-866-841-4771. The notice must be sent to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041, or any of **Our** agents. Notice to **Our** agents is considered notice to **Us**.

B. Claim Forms. **We** will send the claimant proof of **Covered Loss** forms within fifteen (15) days after **We** receive notice. If the claimant does not receive the proof of **Covered Loss** form in fifteen (15) days after submitting notice, he or she can send **Us** a detailed written report of the claim and extent of **Covered Loss**. **We** will accept this report as a proof of **Covered Loss** if sent within the time fixed below for filing a proof of **Covered Loss**.

- C. **Proof of Covered Loss.** Written proof of **Covered Loss**, acceptable to **Us**, must be sent within ninety (90) days of the **Covered Loss**. Failure to furnish proof of **Covered Loss** acceptable to **Us** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the proof of **Covered Loss** and the proof was provided as soon as reasonably possible.

SECTION XI - PAYMENT OF CLAIMS

- A. **Time of Payment.** We will pay claims for all **Covered Losses**, other than **Covered Losses** for which the **Policy** provides any periodic payment, immediately upon receipt of written proof of loss that is acceptable to **Us**. Unless an optional periodic payment is stated or chosen, any **Covered Loss** to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance, which remains when **Our** liability ends, will then be paid when **We** receive the proof of **Covered Loss** that is acceptable to **Us**.
- B. **Who We Will Pay.**
1. **Your Loss of Life.** **Covered Losses** resulting from **Your** death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as **You**, **We** will pay the benefit to the beneficiary named by **You** for the **Policyholder's** Group Life Insurance policy. If there is no beneficiary named by **You** for the **Policyholder's** Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as **You**, **We** will pay the benefit to **Your** survivors in the following order:
 - a. **Your** legally married **Spouse** or **Domestic Partner**;
 - b. **Your** Child(ren);
 - c. **Your** parents;
 - d. **Your** brothers and sisters;
 - e. **Your** estate.
 2. All Other Claims. Benefits are to be paid to **You**.
- C. **Physical Examination and Autopsy.** We have the right to examine **You** when and as often as **We** may reasonably request while the claim is pending. Such examination will be at **Our** expense. **We** can have an autopsy performed unless forbidden by law.
- D. **Choice of Service Provider.** **You** have the sole right to choose **Your** duly licensed physician and hospital.

SECTION XII - GENERAL POLICY CONDITIONS

- A. **Beneficiaries.** **You** have the sole right to name a beneficiary. The beneficiary has no interest in the **Policy** other than to receive certain payments. **You** may change the beneficiary at any time unless **You** have assigned the interest in the **Policy**. In such case, the person to whom **You** have assigned the interest in the **Policy** may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed unless the previous beneficiary was designated as irrevocable. Any beneficiary designation must be in writing on a form acceptable to **Us**.
- B. **Change or Waiver.** A change or waiver of any terms or conditions of the **Policy** must be issued by **Us** in writing and signed by one of **Our** executive officers. No agent has authority to change or waive **Policy** terms or conditions. A failure to exercise any of **Our** rights under the **Policy** will not be deemed as a waiver of such rights in the same or future situations.
- C. **Clerical Error.** A clerical error or omission will not increase or continue **Your Coverage** which otherwise would not be in force. If **You** apply for insurance for which **You** are not eligible, **We** will only be liable for any premiums paid to **Us**.
- D. **Conformity with Statute.** Terms of the **Policy** that conflict with the laws of the state where it is delivered are amended to conform to such laws.
- E. **Suit Against Us.** No action on the **Policy** may be brought until sixty (60) days after written proof of **Covered Loss** has been sent to **Us**. Any action must commence within three (3) years, (five (5) years in Kansas, and six (6) years in South Carolina and Wisconsin) of the date the written proof of **Covered Loss** was required to be submitted. If the law of the state where **You** live makes such limit void, then the action must begin within the shortest time period permitted by law. In those states where binding arbitration is allowed, binding arbitration will supersede this provision.
- F. **Assignment of Interest.** A transfer of interest is binding when **We** receive written notice on a form acceptable to **Us**. **We** have no duty to confirm that a transfer is valid.

G. Arbitration. No contest of a claim denial under this **Policy** shall be brought to recover on this **Policy** prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this **Policy**. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished. Any contest to a claim denial under the **Policy** will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The arbitration will occur at the offices of the American Arbitration Association nearest to **You**. This provision does not apply if **You** are a resident of a state where the law does not allow binding arbitration in an insurance policy, but only if the **Policy** is subject to its laws. In such a case, binding arbitration does not apply. This provision bars **You** from instituting a lawsuit.

NON-PARTICIPATING

Frontdoor, Inc.
GTU 3031830
Effective: October 1, 2018

Version: October 2018



ZURICH[®]

AMENDATORY ENDORSEMENT
Out of Country Travel Medical Insurance Benefit

ZURICH AMERICAN INSURANCE COMPANY

1299 Zurich Way
Schaumburg, Illinois 60196

This endorsement, effective **October 1, 2018**, forms a part of **Policy No. GTU 3031830**, issued to **Frontdoor, Inc.**

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Basic Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy/Certificate**:

This Out-of-Country Travel Medical Insurance Benefit will apply to the following **Covered Persons**: the **Insured** and his or her **Spouse/Domestic Partner** and/or **Dependent Child(ren)** if the **Spouse/Domestic Partner** and/or **Dependent Child(ren)** are with the **Insured** while he or she is covered under the **Policy**. The **Spouse/Domestic Partner** and/or **Dependent Child(ren)** will not be covered while making a trip without the **Insured**.

Out of Country Travel Medical Insurance Schedule			
Benefit	Maximum Benefit Amount per Covered Person per Covered Accident or Illness	Deductible per Covered Person per Covered Accident or Illness	Co-Insurance Rate(s) per Covered Person per Covered Accident or Illness
Medical Expense Benefit	\$100,000	\$0	100%
Medical Expense Benefit Sublimits:			
Daily Hospital Room and Board	The average semi-private room rate per day	The Deductible shown in the Medical Expense Benefit	100%
Daily Intensive Care Unit	Two (2) times the average semi-private room rate per day	The Deductible shown in the Medical Expense Benefit	100%
Dental	\$2,500 maximum	The Deductible shown in the Medical Expense Benefit	100%
Pregnancy	\$5,000 maximum	The Deductible shown in the Medical Expense Benefit	100%
Additional Benefits:			
Hospital Admission/Medical Expense Guarantee	\$5,000	The Deductible shown in the Medical Expense Benefit	100%

We will pay the **Reasonable and Customary** expenses incurred by the **Covered Person** for **Medically Necessary** medical services or treatments resulting from a **Covered Accident** or an **Illness** while such **Covered Person** is traveling outside his or her country of **Principal Residence**, while on the **Business of the Policyholder** including **Personal Deviations** and **Side Trips**. **We** will pay the **Co-Insurance Rate** up to the Maximum Benefit Amount for the Medical Expense Benefit subject to any Medical Expense Sublimits as shown in the Out of Country Travel Medical Insurance Schedule. The Medical Expense Benefit Sublimits are included within, and not in addition to, the Maximum Benefit Amount for the Medical Expense Benefit.

Coverage under this benefit is conditional upon notification within twenty-four (24) hours, or as soon as reasonably possible by the **Covered Person** or **Policyholder** to **Us** or **Our Assistance Provider** at 1-800-263-0261 from the U.S. or Canada; collect from anywhere else in the world at +1-416-977-0277, of the need for medical treatment. **Our Assistance Provider**, in conjunction with the local attending **Physician**, shall coordinate the most suitable medical care.

For purposes of this Out of Country Travel Medical Insurance Benefit only, the following additional benefit applies:

HOSPITAL ADMISSION/MEDICAL EXPENSE GUARANTEE

If, while traveling outside of his or her country of **Principal Residence** the **Covered Person** suffers a medical emergency for which Out of Country Travel Medical Insurance benefits become payable under this Out of Country Travel Medical Insurance Benefit and such person incurs a **Hospital Admission Guarantee Charge** and/or a **Medical Expense Guarantee Charge**, **We** or **Our Assistance Provider** will pay the **Co-Insurance Rate** up to the actual expenses incurred for guarantee of payment to the **Hospital** or the medical provider up to the Maximum Benefit Amount for the Hospital Admission/Medical Expense Guarantee shown in the Out of Country Travel Medical Insurance Schedule in excess of the applicable **Deductible**.

Hospital Admission Guarantee Charge means any charge or expense made by a hospital prior to and as a condition of the **Covered Person's** admission to that hospital.

Medical Expense Guarantee Charge means any charge or expense made by a medical provider other than a **Hospital** prior to and as a condition of the **Covered Person** being provided with the medical service or treatment by that provider.

For purposes of this Out of Country Travel Medical Insurance Benefit only, the following additional definitions apply in addition to the Definitions stated in Section III of the **Policy**:

Assistance Provider means Zurich Travel Assist.

Benefit Plan means the benefits provided under this Out of Country Travel Medical Insurance Benefit.

Business of the Policyholder means a temporary assignment by or at the direction of the **Policyholder** to further the business of the **Policyholder** which lasts no longer than ninety (90) days. It does not include an **Accident** or **Illness** which occurs during bona fide leaves of absence or vacation. If the temporary assignment exceeds ninety (90) days in duration, the location of the assignment will be considered the place of permanent assignment.

Co-Insurance Rate(s) means the percentage of the eligible expenses shown in the Out of Country Travel Medical Insurance Schedule payable by **Us**, or **Our Assistance Provider** on **Our** behalf, after the **Covered Person** pays the applicable **Deductible(s)**, if any.

Deductible(s) means the dollar amount the **Covered Person** must pay before benefits under this Out of Country Travel Medical Insurance Benefit become payable. The Out of Country Travel Medical Insurance Schedule shows the amount of the applicable **Deductible(s)**, if any, and the Benefit(s), Additional Benefits and Medical Expense Sublimits to which the **Deductible(s)** apply.

Illness means a sickness or disease, which impairs the normal functions of the body and which first manifests itself during a covered trip.

In Force Policy means any multiple group, group-type, family, or individual health care policy covering the **Covered Person** and in effect at the time of the **Injury** or **Illness**, or subsequently thereafter, other than the **Policy** to which this benefit is included.

Medically Necessary means a medical service or treatment:

1. is essential for the diagnosis, treatment or care of the **Injury** or **Illness** for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. is ordered by a licensed medical provider acting within the scope of his or her practice.

Parent(s) means the person who has the legal authority and corresponding duties to care for the personal and property interests of the **Dependent Child(ren)**.

Personal Deviation means non-business activities undertaken while on the **Business of the Policyholder**, but unrelated to furthering the **Business of the Policyholder**.

Physician means a person who is:

1. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner that **We** or **Our Assistance Provider** are required by law to recognize;
2. licensed to practice in the jurisdiction where care is being given;
3. practicing within the scope of their license; and
4. not related to the **Covered Person** by blood or marriage.

Principal Residence means the legal domicile of the **Covered Person**.

Reasonable and Customary means the common charge made by other health care providers in the same locality for the treatment furnished. If the common charge for a service cannot be determined due to the unusual nature of such service, **We** or **Our Assistance Provider** will determine the amount based upon:

1. the complexity involved;
2. the degree of professional skill required; and
3. any other pertinent factors.

We or **Our Assistance Provider** will make the final determination of what is **Reasonable and Customary** based on all the circumstances.

Side Trip means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; 3) is taken during the course of the business trip; and 4) lasts for no more than three (3) day(s) (seventy-two (72) hour(s)).

For purposes of this Out of Country Travel Medical Insurance Benefit only, in addition to the General Exclusions stated in Section VII of the **Policy**, **We** will not cover:

1. in-patient hospital treatment unless the **Covered Person** has notified **Us** in advance of the planned admission and allowed them to coordinate care or, in the case of an emergency admission, notified **Us** as soon as reasonably possible, of said admission;
2. non-emergency medical expenses;
3. any medical expenses incurred by the **Covered Person** after the date that **We**, based on the advice of a Medical Practitioner, had recommended the repatriation of the **Covered Person** to his or her country of **Principal Residence**;
4. any medical expenses incurred if the travel was undertaken for the purpose of obtaining medical treatment;
5. medical expenses incurred more than twelve (12) months from the date of the **Covered Injury** or onset of **Illness**;
6. medical expenses resulting from the **Covered Person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft;
7. medical expenses resulting from pregnancy, child birth, or elective abortion or medical expenses relating to travel while in the third trimester of pregnancy, unless such expenses are incurred as a result of an emergency;
8. expenses which are more than **Reasonable and Customary**;
9. expenses for travel against the advice of a **Physician**;
10. medical expenses incurred within the **Covered Person's** country of **Principal Residence**;
11. medical expenses incurred for which the **Covered Person** is not legally obligated to pay;

12. medical expenses incurred for treatment by a member of the **Covered Person's** family or household;
13. artificial limbs, eyes, teeth or prosthetic devices of any kind;
14. treatment to the teeth, gums or structures directly supporting the teeth, unless due to **Injury** of sound, natural teeth or non-elective emergency dental surgery;
15. routine physical examinations;
16. mental health care;
17. cosmetic surgery, other than reconstructive surgery when necessary due to an **Injury** as a result of a **Covered Accident** while coverage is in effect;
18. personal comfort or convenience items, including but not limited to telephone charges, television rental, or guest meals.

For purposes of this Out of Country Travel Medical Insurance Benefit only, the following additional condition applies in addition to the General Policy Conditions stated in Section XII of the **Policy**:

Subrogation

We have the right to recover all payments including future payments, which **We** have made or will make in the future to the **Covered Person** or on behalf of the **Covered Person's** covered **Dependents**, heirs, guardians or executors or will be obligated to pay in the future to the **Covered Person**, from any third party. However, **We** are not entitled to recover any payments until the **Covered Person** has been fully compensated. The **Covered Person** agrees to assist **Us** in preserving **Our** rights against any third party, including but not limited to, signing subrogation forms supplied by **Us**.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy/Certificate** to which it is attached.

Endorsement No. 1

Effective Date: October 1, 2018 Attached to and forming a part of **Policy** No. GTU 3031830

Signed for by Zurich American Insurance Company:



October 1, 2018

President

Date

ZURICH AMERICAN INSURANCE COMPANY
1299 Zurich Way
Schaumburg, Illinois 60196

This endorsement, effective **October 1, 2018**, forms a part of **Policy No. GTU 3031830**, issued to **Frontdoor, Inc.**

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Basic Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy/Certificate**:

ENHANCED TRAVEL ASSISTANCE PLAN

This Enhanced Travel Assistance Plan will apply to the following **Covered Persons** when on a **Covered Trip**: the **Insured** and his or her **Spouse** and/or **Dependent Child(ren)** if the **Spouse** and/or **Dependent Child(ren)** are with the **Insured** while he or she is covered under the **Policy**. The **Spouse** and/or **Dependent Child(ren)** will not be covered while making a trip without the **Insured**. The transportation and/or services provided under this Enhanced Travel Assistance Plan must be authorized by **Us** or **Our Assistance Provider**. This Enhanced Travel Assistance Plan consists of the following benefits:

ENHANCED TRAVEL ASSISTANCE PLAN BENEFITS

Medical Evacuation Benefit

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and is being treated in a hospital, medical facility, clinic or by a medical provider which, based upon **Our** or **Our Assistance Provider's** evaluation, cannot provide medical care in accordance with **Western Medical Standards**, **We** or **Our Assistance Provider** will arrange for, and cover the cost for, the transport of the **Covered Person** to the nearest hospital or medical facility which can provide such care. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must authorize the transport for this Medical Evacuation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Based on all the circumstances, **We** or **Our Assistance Provider** will determine the standard of care of a hospital or medical facility, clinic or medical provider for the limited purpose of determining **Our** liability.

Medical Repatriation Benefit

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and has sufficiently recovered to travel in a non-scheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel with minimal risk to his or her health, **We** or **Our Assistance Provider** will arrange for, and cover the cost for, the transport of the **Covered Person** to his or her **Principal Residence**, in such transportation. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must authorize the transport for this Medical Repatriation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Based on all the circumstances, for the limited purpose of determining **Our** liability, **We** or **Our Assistance Provider** will determine the appropriateness of the scheduling and the mode of transportation as well as what special equipment and/or personnel are covered.

Non-Medical Repatriation Benefit

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and has sufficiently recovered to travel in a regularly scheduled economy class air flight without special equipment or personnel with minimal risk to his or her health, **We** or **Our Assistance Provider** will arrange for, and cover the cost to change the travel date on the return air flight and/or for an upgrade in the seating, to his or her **Principal Residence**. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must agree to the change in the travel date and/or upgrade for this Non-Medical Repatriation Benefit to be payable. No change or upgrade will be made without the prior recommendation of the attending physician.

Return of Remains Benefit

If a **Covered Person** dies while on a **Covered Trip**, **We** or **Our Assistance Provider** will make arrangements and pay for the local preparation of the body for transport including cremation, travel clearances and authorizations, standard shipping container (including urn or coffin) and transportation of the body or remains to its country of destination. **We** or **Our Assistance Provider** must be contacted prior to the preparation and transportation of the body and **We** or **Our Assistance Provider** must authorize the services and transportation for this Return of Remains Benefit to be payable.

Visit to Hospital Benefit

If a **Covered Person** is scheduled to be hospitalized for more than seven (7) consecutive days while on a **Covered Trip**, **We** or **Our Assistance Provider** will arrange for, and cover the cost of, a regularly scheduled round trip economy class air flight and accommodations (including hotel/lodging and meals; but excluding personal comfort or convenience items) of the person for as many as two (2) people chosen by the **Covered Person** to visit the **Covered Person** while he or she is hospitalized. **We** or **Our Assistance Provider** must authorize the transportation for this Visit to Hospital Benefit to be payable.

Return of Child Benefit

If a **Covered Person** is traveling with a **Dependent Child(ren)**, who is under nineteen (19) years of age or a **Dependent Child(ren)** who prior to age nineteen (19) became incapable of self-sustaining employment by reason of mental or physical handicap and remains chiefly dependent upon the **Covered Person** for support and maintenance, while on a **Covered Trip**, and due to the **Illness** of or **Injury** to the **Covered Person**, such **Dependent Child(ren)** is left unattended, **We** or **Our Assistance Provider** will arrange for, and cover the cost of, the transport of the **Dependent Child(ren)** by a regularly scheduled economy class air flight to the location chosen by the **Covered Person**, and for an attendant, if applicable. **We** or **Our Assistance Provider** must authorize the transportation of the **Dependent Child(ren)** and attendant, if applicable, for this Return of Child Benefit to be payable.

Return of Companion Benefit

If a **Covered Person** is traveling with a companion while on a **Covered Trip**, and due to the **Illness** of or **Injury** to the **Covered Person** the **Covered Person** cannot complete the **Covered Trip** as scheduled, **We** or **Our Assistance Provider** will arrange for, and pay for, the lesser of the change fee for the companion's return air flight or a one way economy class flight. **We** or **Our Assistance Provider** must authorize such costs for this Return of Companion Benefit to be payable.

Security Evacuation Benefit

If, as a result of an **Event** that takes place while a **Covered Person** is on a **Covered Trip**, the **Covered Person** requires extrication from a location in which he or she is traveling due to an imminent physical danger, **We** or **Our Assistance Provider** will arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the **Covered Person**; but excluding personal comfort and convenience items) of the **Covered Person** to the nearest place of safety. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must authorize the transport for this Security Evacuation Benefit to be payable. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, **We** or **Our Assistance Provider** will make every effort to maintain contact with the **Covered Person**.

We or **Our Assistance Provider** will also arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the **Covered Person**; but excluding personal comfort and convenience items) of the **Covered Person** within seven (7) days of the **Covered Person's** extrication from a location in which he or she was traveling due to an imminent physical danger back to the location in which the **Covered Person** was traveling, provided return is safe and permitted, or the **Covered Person's Principal Residence**.

Based on all the circumstances, for the limited purpose of determining **Our** liability, **We** or **Our Assistance Provider** will determine the necessity of the extrication, the feasibility of the extrication and the appropriateness of the scheduling, as well as what mode of transportation and special equipment and/or personnel are covered. The maximum amount **We** will pay for this Security Evacuation Benefit is \$100,000.

TRAVEL ASSISTANCE PLAN EXCLUSIONS

We will not provide this Enhanced Travel Assistance Plan if the **Coverage** is excluded under Section VII – General Exclusions of the **Policy**, or if:

1. the **Covered Trip** was undertaken for the specific purpose of securing medical treatment;
2. **We** or **Our Assistance Provider** did not authorize the transportation and/or services;
3. the **Covered Trip** was undertaken against the advice of a physician or medical practitioner;
4. the costs incurred are not necessary and/or are excessive. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
5. with respect to the Medical Evacuation Benefit, the medical care which is being provided is consistent with **Western Medical Standards**. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
6. with respect to the Medical Evacuation Benefit, it is not medically necessary to transport the **Covered Person** to another hospital or medical facility. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
7. based upon the medical condition of the **Covered Person** and/or the local conditions and circumstances, **We** or **Our Assistance Provider** determines that the medical evacuation or repatriation or non-medical repatriation is not appropriate. **We** or **Our Assistance Provider** will make that determination based on all the circumstances;
8. with respect to the Security Evacuation Benefit, the **Covered Person** has violated the laws or regulations of the location of his or her **Principal Residence** or the location in which he or she is traveling while on a **Covered Trip**;
9. with respect to the Security Evacuation Benefit, the **Covered Person** fails to produce or maintain immigration, work, residence or similar visas, permits or other relevant documentation for the location in which he or she is traveling while on a **Covered Trip**;
10. with respect to the Security Evacuation Benefit, the expenses incurred are solely due to the repossession of the **Policyholder's** or **Covered Person's** property by a titleholder or other interested party, to satisfy any debt, insolvency, financial failure or other financial obligation of the **Policyholder** or **Covered Person**;
11. with respect to the Security Evacuation Benefit, the expenses incurred are solely due to the **Policyholder** or **Covered Person** failing to honor any contractual obligation, bond or specific performance condition in a license;
12. with respect to the Security Evacuation Benefit, the conditions leading to the **Covered Person's** departure were in existence prior to the **Covered Person** entering the location in which he or she was traveling while on a **Covered Trip** or such conditions were reasonably foreseeable prior to the **Covered Person** entering the location in which he or she was traveling while on a **Covered Trip**.

ENHANCED TRAVEL ASSISTANCE PLAN DEFINITIONS

For purposes of this Enhanced Travel Assistance Plan only, the following additional definitions apply:

Assistance Provider means Zurich Travel Assist.

Covered Trip means travel more than 0 miles from outside the **Covered Person's Principal Residence**.

Event means any of the following situations in which the **Covered Person** finds himself or herself while on a **Covered Trip**:

1. Expulsion from a location in which the **Covered Person** is traveling or being declared persona non-grata on the written authority of the recognized government of the location in which the **Covered Person** is traveling;
2. Political, social, or military events involving the location in which the **Covered Person** is traveling which result in the appropriate government authority(ies) of the **Covered Person's** location of **Principal Residence** or the location in which the **Covered Person** is traveling issuing a formal recommendation that citizens of the **Covered Person's** country of **Principal Residence** or the country in which the **Covered Person** is traveling leave the location in which the **Covered Person** is traveling;
3. Storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that results in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate government authority(ies) of the location in which the **Covered Person** is traveling and such area is deemed to be uninhabitable or dangerous;
4. Confirmed (by documentation and/or physical evidence) attack or threat of attack against the **Covered Person's** health and safety by a third party;
5. Deemed kidnapped or a missing person by local or international authorities and, when found, the **Covered Person's** health and/or safety are in question within seven (7) day(s) of his or her being found.

Hospital Admission Guarantee Charge means any charge or expense made by a hospital prior to and as a condition of a **Covered Person's** admission to that hospital.

Ill or **Illness** means a sickness or disease, which impairs the normal functions of the body and which first manifests itself during a **Covered Trip**.

Injured, Injury or **Injuries** means a bodily injury or injuries and is not limited to accidental bodily injuries.

Medical Expense Guarantee Charge means any charge or expense made by a medical provider other than a hospital prior to and as a condition of a **Covered Person** being provided with the medical service or treatment by that provider.

Principal Residence means the legal domicile of the **Covered Person**. If the **Covered Person** has dual citizenship, his or her country of citizenship is the country of the passport he or she used to enter the location in which he or she is traveling.

Western Medical Standards means generally accepted medical standards comparable to those in the United States, Canada or Western Europe.

For the purpose of this Enhanced Travel Assistance Plan, if there are any differences in the definition of a term between this Enhanced Travel Assistance Plan and the **Policy**, the definition in this Enhanced Travel Assistance Plan will govern.

ENHANCED TRAVEL ASSISTANCE PLAN - OTHER PROVISIONS

For purposes of this benefit only, the following additional conditions apply:

Changes to the Enhanced Travel Assistance Plan

The **Policyholder** shall notify all **Covered Persons** of any changes to this Enhanced Travel Assistance Plan within a reasonable time of such change.

Coverage Territory

We will not provide this Enhanced Travel Assistance Plan if any local, state, country or international law prohibits the provision of the transportation or services provided for under this Enhanced Travel Assistance Plan. **We** will be fully and completely excused from performance and discharged from any contractual obligation under this Enhanced Travel Assistance Plan.

Notice

To contact **Us** or **Our Assistance Provider** regarding this Enhanced Travel Assistance Plan, the **Covered Person** or their legal representative must call 1-800-263-0261 from the U.S. or Canada; collect from anywhere else in the world at +1-416-977-0277.

Reservation of Rights

We may suspend, curtail or limit coverage under this Enhanced Travel Assistance Plan in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strike, nuclear accident, act of God or the refusal of authorities to permit **Us** or **Our Assistance Provider** to provide services, or in any location for which a travel warning has been issued by the appropriate government authority(ies) of the **Covered Person's** location of **Principal Residence** or the location in which the **Covered Person** is traveling.

Right of Recovery

We have the right to recover any benefits which **We** have paid under this Enhanced Travel Assistance Plan if the **Policyholder** or **Covered Person** recovers any money from a third party for the expenses incurred by the **Policyholder** or **Covered Person** which were covered under this Enhanced Travel Assistance Plan. **We** will be reimbursed from such recovery and **We** will have a lien against that recovery. **We** have the right to recover any benefits from the **Policyholder** or **Covered Person** for transportation services and/or expenses, which were not covered under this Enhanced Travel Assistance Plan. However, **We** are not entitled to recover any payments until the **Covered Person** has been fully compensated.

If, after a Security Evacuation is completed, it becomes clear that the **Covered Person** was an active participant in the events that lead to an **Event**, **We** have the right to recover any benefits which **We** have paid under this Enhanced Travel Assistance Plan.

Scope

Illness, as defined under this Enhanced Travel Assistance Plan, is solely covered under this Enhanced Travel Assistance Plan and in no way supersedes or modifies the other coverages and/or benefits provided under the **Policy**.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy/Certificate** to which it is attached.

Endorsement No. 2

Effective Date: October 1, 2018 Attached to and forming a part of **Policy** No. GTU 3031830

Signed for by Zurich American Insurance Company:



October 1, 2018

President

Date

NOTICE CONCERNING COVERAGE UNDER THE TENNESSEE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of Tennessee who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Tennessee Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in the state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The state law that provides for this safety-net coverage is called the Tennessee Life and Health Insurance Guaranty Association Act. The following is a brief summary of this law's coverages, exclusions and limits.

This summary does not cover all provisions of the law or describe all of the conditions and limitations relating to coverage. This summary does not in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, an annuity, or if they are insured under a group insurance contract issued by an insurer authorized to conduct business in Tennessee. Health insurance includes disability and long term care policies. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Guaranty Association if:

1. they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insured who live outside that state);
2. the insurer was not authorized to do business in this state;
3. their policy was issued by an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does not provide coverage for:

1. any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
2. any policy of reinsurance (unless an assumption certificate was issued);
3. interest rate yields that exceed an average rate;
4. dividends;
5. credits given in connection with the administration of a policy by a group contractholder;
6. employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
7. unallocated annuity contracts (which give rights to group contractholder, not individuals).

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Guaranty Association is obligated to pay out. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. For any one insured life, the Guaranty Association guarantees payments up to a stated maximum no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. These aggregate limits per life are as follows:

- \$300,000 for policies and contracts of all types, except as described in the next point
- \$500,000 for basic hospital, medical and surgical insurance and major medical insurance issued by companies that become insolvent after January 1, 2010

Within these overall limits, the Guaranty Association cannot guarantee payment of benefit greater than the following:

- life insurance death benefits - \$300,000
- life insurance cash surrender value - \$100,000
- present value of annuity benefits for companies insolvent before July 1, 2009 - \$100,000
- present value of annuity benefits for companies insolvent after June 30, 2009 - \$250,000
- health insurance benefits for companies declared insolvent before January 1, 2010 - \$100,000
- health insurance benefits for companies declared insolvent on or after January 1, 2010:
 - \$100,000 for limited benefits and supplemental health coverages
 - \$300,000 for disability and long term care insurance
 - \$500,000 for basic hospital, medical and surgical insurance or major medical insurance

The Tennessee Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Tennessee. You should not rely on coverage by the Tennessee Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

Tennessee Life and Health Guaranty Association
1200 One Nashville Place
150 4th Avenue North
Nashville, TN 37219

Tennessee Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243

SANCTIONS EXCLUSION ENDORSEMENT



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

The following exclusion is added to the policy to which it is attached and supersedes any existing sanctions language in the policy, whether included in an Exclusion Section or otherwise:

SANCTIONS EXCLUSION

Notwithstanding any other terms under this policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED



Privacy Notice

We Take Important Steps to Protect the Personal Information We Collect About You

Dear Customer:

rev. October 2016

We care about your privacy. That is why we believe in your right to know what nonpublic personal information we collect about you and what we do with that information. This Privacy Notice describes the nonpublic personal information we collect about you and how we handle the information as it relates to individuals who either own or are covered by insurance we issue, or who use other financial products or services we provide.

Overview	UNDERSTANDING HOW WE USE YOUR PERSONAL INFORMATION
Why are you receiving this Notice?	Financial institutions, which include the Company, choose how they share your personal nonpublic information. Federal and state law gives consumers the right to limit some but not all sharing of that information. Federal law also requires us to tell you how we collect, share and safeguard your nonpublic personal information. You are receiving this Privacy Notice because our records show either that you are the owner of an insurance policy or you are (or are authorized to act on behalf of) a current insured, future beneficiary and/or claimant under a policy, product or services issued by the Company.
What types of Information do we collect?	The types of nonpublic personal information we collect and share depend on the product or service you have with us. For example, this information can include: <ul style="list-style-type: none">• Information about you we receive from you on applications or other forms, such as your name, address, telephone number, date of birth, your social security number, employment information, information about your income, medical information;• Information about your transactions with the Company and its affiliates;• Information about your claims history;• Data from insurance support organizations, government agencies, insurance information sharing bureaus;• Property information and similar data about you or your property; and• Information we receive from a consumer reporting agency, such as a credit report. When your relationship with us ends, we may continue to share information about you as described in this Privacy Notice.
What do we do with the nonpublic personal information we collect?	WE SHARE YOUR NONPUBLIC PERSONAL INFORMATION IN THE COURSE OF SUPPORTING YOUR INSURANCE COVERAGE OR NON-INSURANCE PRODUCTS OR SERVICES, AS AUTHORIZED BY LAW, OR WITH YOUR CONSENT. THIS INCLUDES SHARING, AS PERMITTED BY LAW, YOUR NONPUBLIC PERSONAL INFORMATION WITH AFFILIATED PARTIES AND NONAFFILIATED THIRD PARTIES, AS APPLICABLE, IN THE COURSE OF SUPPORTING YOUR INSURANCE COVERAGE OR NON-INSURANCE PRODUCTS. IN THE SECTION BELOW, WE LIST THE REASONS WE CAN SHARE YOUR NONPUBLIC PERSONAL INFORMATION, WHETHER WE ACTUALLY SHARE YOUR NONPUBLIC PERSONAL INFORMATION, AND WHETHER YOU CAN OPT OUT OF THIS SHARING (OR IF YOU ARE A RESIDENT OF VERMONT, WHETHER YOU HAVE THE RIGHT TO OPT IN TO ALLOWING THIS SHARING).

Reasons we may share your personal information	Does Company Share?	Can you opt out of this sharing or limit this sharing or is your authorization required for this sharing?
For our everyday business purposes – to affiliates and non-affiliates to process your transactions, administer insurance coverage, products or services, maintain your account and report to credit bureaus	Yes	No
For our marketing purposes or for joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – transaction and experience information	Yes	No
For our affiliates' everyday business purposes – creditworthiness	No	No
For our affiliates to market to you	Yes	No
For non-affiliates to market to you	No	We don't share

Collecting and safeguarding information	
How often does the Company notify me about their practices?	We must notify you about our sharing practices when you receive your policy, open an account or purchase a service, and each year while you are a customer, or when significant or legal changes require a revision.
Why and how does the Company collect my nonpublic personal information?	<p>We collect nonpublic personal information when you apply for insurance or file an insurance claim to help us provide you with our insurance products and services, and determine your insurability or other eligibility. We may also ask you and others for information to help us verify your identity in order to prevent money laundering and terrorism. We collect personal information from:</p> <ul style="list-style-type: none"> • Applications, forms and telephone, web site or written contact with you. This information can include social security number, driver's license number and income. • Your transaction(s) with us, our affiliates and other non-affiliated third parties. Transactional information includes such things as your insurance coverage, premiums, claims and payment history. Non-affiliated third parties may include appraisers, investigators, insurance companies, etc. • Information from physicians, hospitals and other medical providers. We collect this information only in connection with the issuance of individual or group insurance policies on your life or health, and with the processing and adjustment of claims under that insurance. <p>Information in a report prepared by an insurance support organization may be retained by that organization and provided to others.</p>
What nonpublic personal information does the Company disclose?	We may provide to an affiliated or non-affiliated party the same nonpublic personal information listed above in the section entitled, "What information do we collect?".

How does the Company safeguard my nonpublic personal information?	Employees who have access to your nonpublic personal information are required to maintain and protect the confidentiality of that information. Access to your personal information may be needed to conduct business on your behalf or to service your insurance coverage. In addition, we maintain physical, electronic and procedural measures to protect your personal information in compliance with applicable laws and regulatory standards.
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FOR RESIDENTS OF ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, ILLINOIS, MAINE, MASSACHUSETTS, MINNESOTA, MONTANA, NEW JERSEY, NEVADA, NORTH CAROLINA, OHIO, OREGON, OR VIRGINIA:

You have the following individual rights under state law:

Except for certain documents related to claims and lawsuits, you have the right to access the recorded personal information that we have collected about you which we reasonably can locate and retrieve. To access your recorded personal information you must submit a written request reasonably describing the information you seek, and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com. If you would like a copy of your recorded personal information that we reasonably can locate and retrieve, we may charge you a reasonable fee to cover the costs incurred in providing you a copy of the recorded information. If you request medical records, we may elect to supply that information to you through your designated medical professional. We may also direct you to a consumer reporting agency to obtain certain consumer report information.

Generally, most of the recorded nonpublic personal information we collect about you and have in our possession is from policy applications or enrollment forms you submit to obtain our products and services, and is reflected in your statements and other documentation you receive from us. If you believe that the personal information we have about you in our records is incomplete or inaccurate, please let us know at once in writing, and we will investigate and correct any errors we find.

You also have the right to request the correction, amendment, or deletion of recorded personal information about you that we have in our possession. You must make your request in writing and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.

FOR RESIDENTS OF MASSACHUSETTS ONLY: You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

Key words and phrases	TERMS YOU SHOULD KNOW
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Definitions	
Everyday business purposes	<p>The actions necessary for financial companies like the Company to conduct business and manage customer accounts, such as:</p> <ul style="list-style-type: none"> • Processing transactions, mailing and auditing services • Administering insurance coverage, product, services or claims • Providing information to credit bureaus • Protecting against fraud • Responding to court/governmental orders or subpoenas and legal investigations • Responding to insurance regulatory authorities
Affiliates	<p>Financial or nonfinancial companies related by common ownership or control.</p> <ul style="list-style-type: none"> • <i>Company affiliates include insurance and non-insurance companies under common ownership with the Company and that provide insurance and non-insurance products or services.</i>

Non-affiliates	<p>Financial or nonfinancial companies not related by common ownership or control. We do not rent or sell your nonpublic personal information. However, we may share your information with companies that we hire to perform business services for us, such as data processing, computer software maintenance and development, and transaction processing. When we disclose information to others to perform these services, they are required to take appropriate steps to protect this information and use it only for purposes of performing the business services.</p> <ul style="list-style-type: none"> • <i>Company does not share information with non-affiliates to market to you.</i>
Joint marketing	<p>A formal agreement between non-affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>Company does not jointly market.</i>

Changes to this Privacy Notice; contact us	<p>We may change the policies, standards and procedures described in this Notice at any time to comply with applicable laws and/or to conform to our current business practices. We will notify you of material changes.</p> <p>If you have any questions about your contract with us, you should contact your agent.</p> <p>If you have questions specific to our Privacy Notice, contact our Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.</p>
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This Privacy Notice is sent on behalf of the following affiliated companies:

American Guarantee and Liability Insurance Company, American Zurich Insurance Company, Colonial American Casualty and Surety Company, Empire Fire & Marine Insurance Company, Empire Indemnity Insurance Company, The Fidelity and Deposit Company of Maryland, Steadfast Insurance Company, Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company, Zurich American Insurance Company, Zurich American Insurance Company of Illinois, The Zurich Services Corporation (hereinafter individually and collectively referred to as “Company”).