

BLANKET ACCIDENT POLICY

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

Policyholder: International Association of Arson Investigators, Inc

Policy Number: 40-BSR-102104

We will pay benefits according to the conditions of this Policy.

This is a legal contract between the Policyholder and Us. We agree to provide the rights and benefits of this Policy according to its conditions and provisions.

This Policy begins on the Policy Effective Date shown in the Schedule and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent between Us and the Policyholder at the premium rates set by Us for the renewal period.

PLEASE READ THE POLICY CAREFULLY.

This Policy is delivered in and governed by the laws of the state of Maryland. This Policy may be inspected at the office of the Policyholder.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. IT IS NOT DESIGNED TO FILL THE GAPS OF MEDICARE. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE MEDICARE SUPPLEMENT BUYER'S GUIDE AVAILABLE FROM THE COMPANY.

**THIS IS A LIMITED BENEFIT POLICY.
IT PROVIDES BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY. IT IS NOT INTENDED TO COVER ALL MEDICAL COSTS.**

Signed for Hartford Fire Insurance Company at Hartford, Connecticut

A handwritten signature in black ink that reads "Lisa Levin".

Lisa Levin, *Secretary*

A handwritten signature in black ink that reads "Douglas Elliot".

Douglas Elliot, *President*

Non-Participating

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DEFINITIONS

Accident, Accidental means a sudden, abrupt, and unexpected event.

Covered Accident means an Accident that occurs directly and independently of all other causes while coverage is in effect for an Insured Person resulting in a Covered Loss under the Policy for which benefits are payable. The Insured Person must be participating in a Covered Activity and/or Covered Hazard, as identified in the Schedule, when the Accident occurs.

Covered Activity means those activities set out in the Covered Activities section of the Schedule, in which Insured Persons are provided insurance under the Policy.

Covered Hazard means those hazards set out in the Covered Hazards section of the Schedule, in which Insured Persons are provided insurance under the Policy.

Covered Loss means an accidental death, dismemberment or other Injury covered under the Policy.

Eligible Class means any group of people listed in the Description of Eligible Class(es) shown in the Schedule.

Hospice Care means specialized care, medical services and emotional support for an Insured Person who is in the last stages of an advanced illness, focusing on comfort and quality of life rather than cure.

Hospice Facility means an appropriately licensed healthcare facility, or a distinct unit within a Hospital or other institution, which:

- 1) provides Hospice Care and related services 24 hours per day, 7 days per week;
- 2) is under the direct supervision of a Physician and has a Physician or Medical Professional available at all times; and
- 3) is not mainly a place for care of the aged/elderly, care of persons with Substance Abuse issues/disorders, care of persons with Mental and Nervous Disorders, or a hotel or similar establishment.

Confinement in a Hospice Facility must follow certification by a Physician or hospice medical director that an Insured Person is terminally ill with less than 6 months to live if the Covered Loss runs its normal course. This definition does not include a nursing home, Rehabilitation Facility, Skilled Nursing Facility or swing bed hospitals that are authorized to provide and be paid for extended care services.

Hospital means an institution which:

- 1) operates pursuant to law;
- 2) primarily and continuously provides Medical Care and treatment of sick and injured persons on an inpatient basis;
- 3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- 4) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

- 1) a nursing home, convalescent home or Skilled Nursing Facility;
- 2) an alcohol or drug treatment facility; or
- 3) a place for rest, custodial care or for the aged.

Immediate Family Member means a person who is related to the Insured Person in any of the following ways: Spouse, brother-in-law, sister-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes step-parent), grand-parent (includes step grand-parent), brother or sister (includes stepbrother or stepsister and half-brother or half-sister), or child (includes a child legally adopted or a child placed for adoption but not yet adopted), or stepchild.

Injury means bodily injury sustained by an Insured Person caused from a Covered Accident that:

- 1) occurs while this Policy is in force as to the Insured Person whose Injury is the basis of claim;
- 2) occurs while the Insured Person is participating in a Covered Activity; and
- 3) occurs under the circumstances described in a Covered Hazard applicable to that Insured Person.

See the Schedule for applicability of all Covered Hazards and benefits. All Injuries sustained by one Insured Person in any one Covered Accident, including all related conditions and recurrent symptoms of the Injuries are considered a single Injury.

Insured Person means a person:

- 1) who is a member of an Eligible Class described in the Schedule;
- 2) for whom premium has been paid; and
- 3) while covered under this Policy.

Medical Care means necessary:

- 1) medical or surgical treatment, services and supplies;
- 2) hospital, nursing and ambulance services.

Each item of Medical Care must be:

- 1) prescribed by a Physician;
- 2) for the sole purpose of treating the Injury.

Medical Professional means a person who is appropriately licensed to provide Medical Care and Treatment, including a certified nurse practitioner (NP/APRN), physician's assistant (PA), nurse anesthetist, nurse midwife, or registered nurse (RN). The medical professional must be acting within the scope of his/her license. A medical professional does not include an Insured Person or any Immediate Family Member.

Member of the Household means a person who maintains residence at the same address as the Insured Person at the time of the Injury.

Mental and Nervous Disorders means any condition, disease or disorder listed as a mental or nervous disorder in the most recent edition of the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM), where improvement can be reasonably expected with therapy.

This definition does not include conditions, diseases or disorders related to Substance Abuse.

Paralysis means the complete loss of muscle function in a part of the body as a result of neurological damage, as determined by a Physician.

Physician means a provider or practitioner who:

- 1) is properly licensed or certified to provide care or treatment under the laws of the state where he or she practices;
- 2) provides services that are within the scope of his or her license or certificate; and
- 3) is neither the Insured Person, a Member of the Household of the Insured Person or an Immediate Family Member.

Policy means this insurance policy, certificate, the Schedule and all attached riders, amendments, endorsements or other papers.

Policy Period means the period between the Policy Effective Date and Policy Termination Date. These dates are shown on the Schedule.

Rehabilitation Care Facility means an appropriately licensed healthcare facility, or a distinct unit within a Hospital or other institution, which:

- 1) provides Rehabilitation Care Services;
- 2) is under the direct supervision of a Physician;
- 3) has a planned program of policies and procedures developed with and periodically reviewed by one or more Physicians; and
- 4) is not mainly a place for rest, Custodial Care, care of the aged/elderly, care of persons with Substance Abuse issues/disorders, care of persons with Mental and Nervous Disorders, or a hotel or similar establishment.

Confinement in a rehabilitation care facility must be at the direction of a Physician. This definition does not include a Hospice Facility, nursing home, Skilled Nursing Facility or swing bed hospitals that are authorized to provide and be paid for extended care services.

Rehabilitation Care Services means coordinated multidisciplinary physical restorative services (the combined use of medical, social, educational and vocational services) to enable an Insured Person who has experienced a disabling Covered Loss to achieve the highest possible functional ability.

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

Skilled Nursing Facility means an appropriately licensed healthcare facility, or a distinct unit within a Hospital or other institution, which:

- 1) provides skilled nursing care and related services 24 hours per day, 7 days per week;
- 2) is under the direct supervision of a Physician and has a Physician or Medical Professional available at all times;
- 3) has a planned program of policies and procedures developed with and periodically reviewed by one or more Physicians; and
- 4) is not mainly a place for rest, Custodial Care, care of the aged/elderly, care of persons with Substance Abuse issues/disorders, care of persons with Mental and Nervous Disorders, or a hotel or similar establishment.

Confinement in a Skilled Nursing Facility must be at the direction of a Physician. This definition does not include a Hospice Facility, nursing home, Rehabilitation Care Facility or swing bed hospitals that are authorized to provide and be paid for extended care services.

Spouse means any individual who is recognized as the spouse of the Insured Person, under applicable state law;

Spouse will also include a domestic partner or civil union partner as determined by any controlling legal authority or, in the absence of such authority, by agreement between Us and the Policyholder.

Transportation means moving an individual by the most efficient and available land, water or air Conveyance.

Treatment means medical advice, diagnosis, care or services (including diagnostic measures) received by a person, or the use of drugs or medicines by a person.

We, Us or Our means the Hartford Fire Insurance Company.

POLICY EFFECTIVE AND TERMINATION DATES

Policy Effective Date. This Policy begins on the Policy Effective Date shown in the Schedule at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Policy Termination Date. We may terminate this Policy by giving 45, 60, 120 days advance notice in writing to the Policyholder.

This Policy terminates automatically on the earlier of:

- 1) the Policy Termination Date shown in the Schedule; or
- 2) the end of the Grace Period if premiums are not paid by the last day of the Grace Period.

Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED PERSON'S EFFECTIVE AND TERMINATION DATES

Insured Person's Effective Date. An Insured Person's coverage under this Policy begins on the latest of:

- 1) the Policy Effective Date;
- 2) the date for which the first premium for the Insured Person's coverage is paid; or
- 3) the date the person becomes a member of an Eligible Class as described in the Schedule.

A change in an Insured Person's coverage under this Policy due to a change in his or her Eligible Class, Covered Activity or Covered Hazard becomes effective on the later of:

- 1) when the change in his or her Eligible Class, Covered Activity or Covered Hazard occurs; or
- 2) if the change requires a change in premium, the date the changed premium is paid.

However, a change in coverage applies only with respect to a Covered Loss that occurs once the change becomes effective.

Insured Person's Termination Date. An Insured Person's coverage under this Policy ends on the earliest of:

- 1) the date this Policy is terminated (unless the Policyholder and Us agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums);
- 2) the end of the Grace Period if premiums are not paid by the last day of the Grace Period; or
- 3) the date the Insured Person ceases to be a member of any Eligible Class described in the Schedule.

If an Insured Person suffers a Covered Loss that occurs within 90 days of a Covered Accident, coverage termination will not affect a claim for a Covered Loss that occurred either before or after such coverage termination if that Covered Loss resulted from a Covered Accident that occurred while the Insured Person's coverage was in force under this Policy.

If an Insured Person is Confined in a Hospital on the date coverage terminates, We will continue to pay benefits, in accordance with the Policy at the time the Insured Person's coverage terminates, for the Confinement until the earliest of the date:

- 1) the Insured Person is discharged from the Hospital;
- 2) the maximum Confinement benefit has been reached; or
- 3) that is 12 months after the date coverage terminates.

If an Insured Person is Totally Disabled on the date coverage terminates, coverage will continue for expenses incurred for the condition causing the Covered Loss until the earlier of the end of the 12-month period following the date the Policy terminates or the date the Insured Person is no longer Totally Disabled. We may require the Insured Person to provide proof of Total Disability at any time.

If an Insured Person has ordered glasses or contact lenses before the date coverage terminates, coverage for glasses or contact lenses shall continue in accordance with the Policy if the Insured Person receives the glasses or contact lenses within 30 days after the date of the order.

This Policy shall provide covered benefits for dental care, in accordance with the Policy in effect at the time the Insured Person's coverage terminates, for a course of treatment for at least ninety (90) days after the date coverage terminates if the treatment:

- 1) begins before the date coverage terminates; and
- 2) requires two (2) or more visits on separate days to a dentist's office.

PREMIUM

Premiums

Premiums are payable to Us as shown in the Schedule. We may change the required premiums due on Policy anniversary date, as measured annually from the Policy Effective Date, by giving the Policyholder at least 31 days advance written notice.

We may change the required premiums as a condition of any renewal of this Policy. We may also change the required premiums at any time when any change affecting rates is made in this Policy. Any such change in this Policy will not take effect until any required additional premium is received by Us, except as otherwise agreed to in writing by the Policyholder and Us.

We may change the premium rates during any rate guarantee period if:

- 1) there is a change in the Policy;
- 2) there is any change to state or federal law or inaction by state or federal law makers which affects Our liability under the Policy on a temporary or permanent basis;
- 3) there is a 10% increase or decrease in the number of insured;
- 4) the Policyholder adds or deletes a subsidiary or affiliated business entity; or
- 5) there has been a material misstatement in the reported experience during the pre-sale process.

Renewal

This Policy may be renewed, subject to Our consent, by payment of premiums as they become due. The renewal premiums will be based on Our rates in effect at the time of renewal. If we decide not to renew, the Policyholder will be provided 45 days advance written notice of the decision.

Grace Period

A grace period of 30 days will be provided for the payment of any premium due after the Initial Premium, unless We do not intend to renew the Policy beyond the period for which premium has been accepted. If We decide not to renew, the Policyholder will be provided 45 days advance written notice of the decision. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the Grace Period if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If We expressly agree to accept late payment of a premium without terminating the Policy, the Policyholder will be liable to Us for any unpaid premiums for the time this Policy is in force.

No grace period will be provided if We receive notice to terminate this Policy prior to a premium due date.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFIT(S)

If the Insured Person's Injury results in any of the losses listed in the table below within 180 days after the date of the Covered Accident, We will pay the sum shown opposite the loss. We will not pay more than the Accidental Death or Accidental Dismemberment Principal Sum shown for each Insured Person for all losses due to the same Covered Accident subject to the Age Reduction Schedule. The Accidental Death or Accidental Dismemberment Principal Sum amount is shown in the Schedule.

FOR LOSS OF:

Life.....
Both Hands or Both Feet or Sight of Both Eyes.....
One Hand and One Foot.....
One Hand and Sight of One Eye
One Foot and Sight of One Eye.....
Speech and Hearing in Both Ears.....
Speech and Hearing in One Ear.....
One Arm or One Leg.....
One Hand or One Foot.....
Sight of One Eye.....
Speech or Hearing in Both Ears.....
Thumb and Index Finger on the Same Hand.....
Hearing in One Ear.....
One Thumb.....

BENEFIT:

100% of the Accidental Death Principal Sum
100% of the Accidental Dismemberment Principal Sum
100% of the Accidental Dismemberment Principal Sum
100% of the Accidental Dismemberment Principal Sum
100% of the Accidental Dismemberment Principal Sum
100% of the Accidental Dismemberment Principal Sum
75% of the Accidental Dismemberment Principal Sum
75% of the Accidental Dismemberment Principal Sum
50% of the Accidental Dismemberment Principal Sum
50% of the Accidental Dismemberment Principal Sum
50% of the Accidental Dismemberment Principal Sum
25% of the Accidental Dismemberment Principal Sum
25% of the Accidental Dismemberment Principal Sum
10% of the Accidental Dismemberment Principal Sum

For purposes of this benefit:

- 1) **Loss of Arm** means Severance of an arm above the elbow joint, including the Severance of the entire arm.
- 2) **Loss of Both Feet, Loss of One Foot** means Severance of a foot or both feet above the ankle joint, including the Severance of an entire leg or any part of a leg that includes an entire foot.
- 3) **Loss of Both Hands, Loss of One Hand** means Severance of at least four whole fingers at or proximal to the metacarpophalangeal joints (the joints that connect the fingers and the hand) from one or both hands, including the Severance of an entire arm or any part of an arm that includes an entire hand.
- 4) **Loss of Fingers or Thumb** means Severance of more than one finger or the thumb at least at or proximal to the first interphalangeal joint of each finger.
- 5) **Loss of Hearing** means total and permanent loss of hearing in one or both ears which cannot be corrected by any means.
- 6) **Loss of Leg** means Severance of a leg above the knee joint, including the Severance of the entire leg.
- 7) **Loss of Sight of Both Eyes, Loss of Sight of One Eye** means total and permanent loss of sight or blindness which cannot be corrected by any means, or Severance of one or both eyes.
- 8) **Loss of Speech** means total and permanent loss of audible voice communication which cannot be corrected by any means.
- 9) **Severance** means the complete separation and dismemberment of the part from the body.

Exposure and Disappearance

We will presume an Insured Person has died due to Injuries if, while insurance is in effect, the Insured Person dies as a result of exposure to the elements as a result of an Injury.

We will presume the Insured Person has died if, while insurance is in effect and after the forced landing, stranding, sinking, or wrecking of a vehicle:

- 1) the Insured Person disappears; and
- 2) the Insured Person's body is not found within 1 year(s) of disappearance; and
- 3) a valid death certificate is issued by a court of competent jurisdiction.

LIMITATIONS AND EXCLUSIONS

Economic Sanction

We will not provide coverage or pay benefits under this Policy to the extent, and only to the extent, that We are prohibited from providing coverage or making payment by any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the United States government. If such a restriction is imposed, We will provide written notice to the Policyholder with specific information regarding the prohibited coverage or benefit payments. If any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the United States government eliminates the entirety of coverage under this Policy, We will refund all unearned premiums to the extent allowed by the United States government.

Age Reduction Schedule

The Principal Sum used to determine the amount payable for a Covered Loss will be reduced if an Insured Person is age 70 or older on the date of the Covered Accident with respect to the Accidental Death & Dismemberment Benefit.

The reduced amount will be determined by multiplying the Principal Sum by the percentage shown below for the Insured Person's attained age:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF PRINCIPAL SUM
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

These reductions also apply if:

- 1) You become covered under The Policy; or
- 2) Your coverage increases;

on or after the date You attain age 70.

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

Age refers to the age of the Insured Person's most recent birthday, regardless of the actual time of birth.

Limitation on Multiple Benefits

If an Insured Person suffers one or more Covered Losses from the same Covered Accident for which amounts are payable under all of the benefits provided by this Policy, the maximum amount payable under all of the benefits combined will not exceed the largest amount payable for one of those Covered Losses.

Limitation on Multiple Covered Activities or Covered Hazards

If an Insured Person's Injury is caused by a Covered Accident that occurs while the Insured Person is participating in more than one Covered Activity or Covered Hazard, and if the same benefit applies to that Insured Person with respect to more than one such Covered Activity or Covered Hazard, then the Accidental Death or Accidental Dismemberment Principal Sum for that Insured Person for that Covered Accident will be determined as though the Covered Accident occurred while the Insured Person was participating in only one such Covered Activity or Covered Hazard. We will pay the benefits for the Covered Activity or Covered Hazard with the largest Principal Sum for that Insured Person.

Aggregate Limit

The Accidental Death or Accidental Dismemberment Principal Sum otherwise payable shall be reduced if more than one Insured Person suffers a loss as a result of the same Covered Accident, and if amounts are payable for those losses under all of the benefits.

The Accidental Death or Accidental Dismemberment Principal Sum payable for all such losses for all Insured Persons under all those benefits combined will not exceed the amount shown as the Aggregate Limit in the Schedule or shown on the Hazard Rider Schedule. If the combined Accidental Death or Accidental Dismemberment Principal Sum otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Accidental

Death or Accidental Dismemberment Principal Sum otherwise payable for each Insured Person for all such losses under all those benefits combined.

Exclusions

Unless otherwise specified in the Policy, including any attached Riders, the Policy does not cover loss resulting from or for:

- 1) suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury;
- 2) war or act of war, whether declared or undeclared;
- 3) injury sustained while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard Service is not excluded, unless it extends beyond 31 days;
- 4) injury sustained while on any aircraft except a civil or public aircraft, or military transport aircraft;
- 5) injury sustained while on any aircraft:
 - a) as a pilot, crewmember or student pilot;
 - b) as a flight instructor or examiner;
 - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization covering any Eligible Class under the Policy; or
 - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
- 6) Injury for which the Insured Person is eligible to receive Workers' Compensation benefits or similar benefits, regardless of whether he or she has applied for the benefits;
- 7) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- 8) sickness, disease, or bacterial or viral infection, or medical or surgical treatment thereof unless and only to the extent covered by Rider, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- 9) Mental and Nervous Disorders
- 10) services for which no charge is normally made; or
- 11) injury sustained while playing or practicing in:
 - a) all intercollegiate sports;
 - b) any inter-school club sports;
 - c) any intramural sports; or
 - d) any form of tackle football.

Any sports activity that is a Covered Activity is not included in this exclusion.

CLAIMS PROVISIONS

Notice of Claim

The person who has the right to claim benefits (the claimant, beneficiary or his or her representative) must give Us written Notice of a Claim within 30 days after a Covered Loss begins. Failure to furnish notice within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give notice within such time, provided such notice is furnished as soon as reasonably possible. The notice should include the Insured Person's name and the Policy Number. Notice should be given to Our agent or sent to Us.

Claim Forms

When We receive the notice of claim, We will send forms to the claimant for giving Us Proof of Loss. The forms will be sent within 10 days after We receive the notice of claim. If the forms are not received, the claimant will satisfy the Proof of Loss requirement if, within the time period allowed for submitting Proof of Loss, a written notice of the occurrence, character and extent of the loss is sent to Us.

Proof of Loss

If a claim is for loss of time due to Disability, written Proof of Loss must be furnished to Us within 30 days after the date of the loss. If a claim is for loss other than loss of time due to Disability, written Proof of Loss must be furnished to Us within one year after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as We may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than two years from the time proof is otherwise required. Legal incapacity of the claimant shall suspend the time to submit a claim, and the suspension period ends when legal capacity is regained.

All Proof of Loss submitted must be satisfactory to Us and must include information which is required by Us to adjudicate the claim. In addition, the claimant must provide Us any Proof of Loss documentation specifically required in any relevant Rider. We may request additional information reasonably related to the claim.

Time of Payment of Claims

We will pay any benefit due, other than benefits for which the Policy provides periodic payment, immediately after We receive Proof of Loss. Subject to due written Proof of Loss, all accrued benefits for which the Policy provides periodic payment will be paid not later than at the expiration of each period of 30 days during the continuance of the period for which benefits are due, and any balance remaining unpaid at the termination of the period will be paid immediately upon receipt of the proof.

Payment of Claims

We will pay any benefit due for loss of life:

- 1) according to the written beneficiary designation on file with the Policyholder; otherwise, if no beneficiary is named or no named beneficiary survives the Insured Person, We will pay
- 2) to the survivors in equal shares, in the first of the following classes to have a survivor at the Insured Person's death:
 - a) Spouse;
 - b) children;
 - c) parents;
 - d) brothers and sisters.

If there is no survivor in these classes or if there are legal impediments to determining who the survivors or beneficiaries are, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding language.

If a benefit due is payable to:

- 1) the Insured Person's estate; or
- 2) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment,

We may pay up to \$5,000 of the benefit due to some other person whom We believe is entitled to the payment, and who is related to the Insured Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith.

Subrogation

In the event:

- 1) an Insured Person suffers a Covered Loss caused, in full or in part, by the act or omission of any person or legal entity;
- 2) the Insured Person or claimant becomes entitled to and are paid benefits under the Policy; and
- 3) the Insured Person or claimant does not initiate legal action for the recovery of such benefits from a Third Party in a reasonable period of time or notify Us that he or she does not intend to do so;

then We will be subrogated to any rights such person may have against a Third Party and may, at Our option, bring legal action against or otherwise pursue a Third Party to recover any payments made by Us in connection with the Covered Loss.

The subrogation amount which We are entitled to recover will be reduced by Our pro rata share of the reasonable attorney's fees and litigation expenses, if any.

Third Party, as used in this provision, means:

- 1) any person or legal entity whose act or omission, in full or in part, causes the Covered Loss for which benefits are paid or payable under the Policy; or
- 2) any insurer, including the Insured Person's own, that provides benefits to the Insured Person or claimant as a result of the act or omission which caused the Covered Loss for which benefits are paid or payable under the Policy.

This provision does not apply to Accidental Death and Dismemberment benefits.

Physical Examinations and Autopsy

We, at our own expense, shall have the right and opportunity to have:

- 1) a claimant for whom a claim is made examined by a Physician or Medical Professional of Our choice during the pendency of a claim as often as reasonably required; and
- 2) an autopsy conducted for a claimant for whom a claim is made in case of death, where not prohibited by law.

Legal Actions

No legal action may start:

- 1) until 60 days after Proof of Loss has been given; or
- 2) more than 3 years after the time Proof of Loss is required to be given, unless otherwise required by law.

Assignment

This insurance may not be assigned. The Insured Person may not assign any of his or her rights, or privileges or benefits under this Policy.

Workers' Compensation Coverage

The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

GENERAL PROVISIONS

Entire Contract

The entire contract between the Policyholder and Us consists of this Policy and any other papers made a part of this Policy at issue.

Incontestability

In the absence of fraud, the validity of this Policy shall not be contested, except for nonpayment of premium, after it has been in force for two years from the Policy Effective Date.

Statements

In the absence of fraud, all statements made by the Policyholder will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing.

Changes

No agent has authority to change or waive any part of this Policy. To be valid, any change or waiver must be in writing, approved by one of Our officers and made part of this Policy.

Noncompliance with Policy Requirements

Any express waiver by Us of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Data Furnished by Policyholder

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

Right to Audit

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

Certificates

If required by the laws of the state where this Policy is delivered, We will give certificates to the Policyholder for delivery to Insured Persons. The certificates will state the features of this Policy which are important to Insured Persons.

Conformity with State and Federal Law

Any provision of the Policy that is contrary to the law of the jurisdiction in which it is delivered or with any other applicable law is amended to meet the minimum requirements of the law.

Right to Receive and Release Needed Information

We have the right to decide in Our sole judgment what facts We need to administer this Policy. We may get needed facts from, or give them to, any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under this Policy must give Us any facts We need to determine coverage under this Policy or determine the correct payment of a claim.

Facility of Payment and Right to Recovery

If a payment made under another plan includes an amount that should have been paid under this Policy, We may pay that amount to the organization making that payment. That amount will then be treated as though it were a benefit paid under this Policy, and We will not have to pay that amount again. If the amount of the payments made by Us is more than it should have paid under this Policy, We may recover the excess from any person(s) to or for whom We have overpaid, including insurance companies or other organizations. If benefits are overpaid, We may recover the amount overpaid by requesting a lump sum payment of the overpaid amount or reducing future benefits payable under this Policy.

New Entrants

This Policy will allow from time to time, that new eligible Insured Persons of the Policyholder be added to the Eligible Class(es) of Insured Persons originally insured under this Policy.

Misstatement of Age

If premiums for the Insured are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. We require satisfactory proof of age before paying any claim.

Clerical Error

Clerical error, whether by the Policyholder or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured if that insurance would otherwise have ended or been reduced as provided in this Policy.

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: International Association of Arson Investigators, Inc.

Policy Number: 40-BSR-102104

H-1 – 24-Hour Accident Protection Hazard Rider

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Schedule. It applies only with respect to Covered Losses for which benefits are payable on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

This Rider applies only with respect to an Insured Person in an Eligible Class to which this hazard applies as stated in the Schedule.

24-HOUR ACCIDENT PROTECTION HAZARD

We will pay the Policy benefits for the hazard described in this Rider when an Insured Person suffers a Covered Loss any time while insured by the Policy.

In all other respects the Policy remains the same.

Signed for Hartford Fire Insurance Company

A handwritten signature in black ink that reads "Lisa Levin".

Lisa Levin, Secretary

A handwritten signature in black ink that reads "Douglas Elliot".

Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



**THE
HARTFORD**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

Policyholder: International Association of Arson Investigators, Inc.

Policy Number: 40-BSR-102104

B-43 – Paralysis Benefit Rider

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

PARALYSIS BENEFIT

We will pay the percentage of the Maximum Benefit Amount shown below if Injury to the Insured Person results in any one of the types of loss(es) specified below within 365 days of the date of the Accident that caused the Injury, provided that the Paralysis is diagnosed by a Physician as reasonably expected to continue for the duration of his or her lifetime.

If an Insured Person dies within 365 days of the Covered Accident, then We will pay a lump sum equal to the Insured Person’s Maximum Benefit Amount shown in the Rider Schedule, less any Benefit Amount for Paralysis already paid.

RIDER SCHEDULE

Class:	Maximum Benefit Amount
Class 1	\$11,000

Loss	Class 1
Quadriplegia	100% of the Maximum Benefit Amount
Triplegia	75% of the Maximum Benefit Amount
Paraplegia	75% of the Maximum Benefit Amount
Hemiplegia	50% of the Maximum Benefit Amount
Uniplegia	25% of the Maximum Benefit Amount

LIMITATIONS AND EXCLUSIONS

Rider Exclusions

If an Insured Person suffers a loss for which a benefit is payable under more than one of the following provisions, Accidental Death and Dismemberment Benefit, only one benefit, the one which would pay the largest benefit amount, will be paid.

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this rider.

Hemiplegia means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body.

Limb, Limbs means entire arm or entire leg.

Paraplegia means the complete and irreversible paralysis of both lower Limbs.

Quadriplegia means the complete and irreversible paralysis of both upper and both lower Limbs.

Triplesia means the complete and irreversible paralysis of three Limbs.

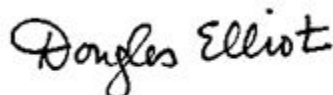
Uniplegia means the complete and irreversible paralysis of one Limb.

In all other respects the Policy remains the same.

Signed for Hartford Fire Insurance Company



Lisa Levin, *Secretary*



Douglas Elliot, *President*