

**Special Risk  
Accident Policy**

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



**Hartford Life**

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

Signed for the Company

Terence Shields, *Secretary*

Michael Concannon, *Executive Vice President*

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**GENERAL PROVISIONS**

**Consideration:** We have issued this policy in consideration of the payment of the Policy Premium in advance of the Policy Date. The Policy Premium and Policy Date are shown in the Schedule.

**Policy Period:** This policy takes effect on the Policy Date and continues to the end of the Policy Period. The dates are shown in the Schedule.

**Entire Contract:** The entire contract between the Policy-holder and us consists of this policy, and any papers made a part of this policy at issue.

**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 a part of this policy.

**Data Furnished By Policyholder:** The Policyholder, with our approval, may keep the important insurance records on all Insured Persons. The Policyholder will give us information, when and in the manner we ask, to administer the insurance provided by this policy.

The Policyholder's insurance records will be open for our inspection at any reasonable time.

Failure on the part of the Policyholder to:

- a) give us the name of an Insured Person will not invalidate the insurance;
- b) report termination of an Insured Person will not continue the coverage beyond the date of termination.

**Certificates:** If required by the laws of the state where this policy is delivered, we will give certificates to the Policy-holder for delivery to Insured Persons.

The certificates will state the features of this policy which are important to Insured Persons.

Countersigned by

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Licensed Resident Agent

**Cancellation:** This policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

If we cancel, it becomes effective on the later of:

- a) the date stated in the notice; or
- b) the 6th day after we mail or deliver the notice.

If the Policyholder cancels, it becomes effective on the later of:

- a) the date we receive the notice; or
- b) the date stated in the notice.

In either event:

- a) we will promptly return any unearned premium paid; or
- b) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will not effect any claim for loss due to an accident which occurs before the effective date of cancellation.

**Conformity With State Statutes:** On the Policy Date, any part of the policy which is in conflict with a statute of the state in which the policy is:

- a) delivered; or
- b) issued for delivery;

is hereby amended to agree with the statute's minimum requirements.

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

**Effective Date:** Each person becomes an Insured Person on the date he or she meets the qualifications stated in the Schedule.

**Termination:** Coverage of each Insured Person ceases on the first to occur of:

- a) the date the policy terminates; or
- b) the date he or she ceases to qualify as an

Insured Person.

Termination will not affect any claim for loss due to an accident which occurs before the termination date.

### **DEFINITIONS**

**Injury** means bodily injury of an Insured Person which results directly and independently of all other causes from accident which occurs while he or she is participating in a Covered Activity.

Loss resulting from sickness or disease, except a pus-forming infection which occurs through an accidental wound, is not considered as resulting from injury.

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

### **EXCLUSIONS**

This policy does not cover loss resulting from:

- a) intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
- b) injury sustained while:
  - i) in or on;
  - ii) boarding or alighting from;
  - iii) being struck down by; any aircraft in motion except as an airline passenger on an aircraft:
    - i) operated by a passenger airline
    - ii) on a regularly scheduled trip over its established route;
- c) war or act of war, whether declared or not;
- d) injury sustained while in the armed forces (land, water or air) of any country or international authority.

### **BENEFITS PROVIDED**

The following benefits are provided under this policy only if an amount is stated in the Schedule opposite the name of the benefit. "None" shown in the Schedule opposite the name of a benefit means that the policy does not provide that benefit.

If an Insured Person's injury results in loss for which, in the absence of this provision, we would pay an amount under:

- a) the Accidental Death Benefit; and
- b) the Accidental Dismemberment Benefit;

we will pay the amount for only one Benefit which provides the larger amount.

### ACCIDENTAL DEATH BENEFIT

If an Insured Person's injury results in loss of life within 180 days after the date of accident, we will pay the Principal Sum for this benefit.

The amount of the Principal Sum is shown in the Schedule.

### ACCIDENTAL DISMEMBERMENT BENEFIT

If an Insured Person's injury results in any of the following losses within 180 days after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

The amount of the Principal Sum is shown in the Schedule.

For Loss of:

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

**Loss** means with regard to:

- a) hands and feet, actual severance

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

### CLAIM PROVISIONS

**Notice of Claim:** The person who has the right to claim benefits (the claimant, beneficiary, or his or her representative) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the policy number. Notice should be given to our agent or sent to our office in Hartford, Connecticut.

**Claim Forms:** When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and extent of the loss is sent to us.

**Proof of Loss:** Proof of loss must be sent to us within 90 days after the date of the loss. If the claimant is not able to send proof within that time it may be sent as soon as reasonably possible without affecting the claim.

The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

**Time of Payment of Claims:** We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately after we receive the proof of loss.

**Payment of Claims:** We will pay any benefit due for loss of life:

- a) according to the beneficiary designation in effect at the time of payment; otherwise
- b) to Insured Person's estate.

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

Otherwise, the benefits may, at our option, be paid:

- a) according to the beneficiary designation; or
- b) to Insured Person's estate.

If a benefit due is payable to:

- a) Insured Person's estate; or
- b) 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 \$1,000 of the benefit due to some other person. The other person will be one who we believe is entitled to the payment and who is related to 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.

We may pay benefits directly to any hospital or person rendering covered services, unless the Insured Person requests otherwise in writing. The Insured Person must make the request no later than the time he or she files a proof of loss.

**Physical Examinations and Autopsy:** While a claim is pending we have the right at our expense:

- a) to have the Insured Person examined by a physician when and as often as is reasonably necessary; and
- b) in case of death, to make an autopsy where not forbidden by law.

**Legal Actions:** Legal action cannot be taken against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 3 years following the date proof of loss is due.

**Naming a Beneficiary:** An Insured Person may name a beneficiary or change a named beneficiary by giving a written request to us. The Insured Person's request takes effect on the date it is executed, regardless of whether the Insured Person is living when we receive it. We will be relieved of further responsibility to the extent of any payment we made in good faith before we received such request.

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

### PARALYSIS BENEFIT

If an Insured Person's Injury results in any of the following losses within 365 days after the date of the accident, we will pay the sum shown opposite the loss, provided that the Paralysis:

- (a) continues for 1 consecutive month; and
- (b) is diagnosed by a Physician as reasonably expected to continue for the duration of his or her lifetime.

We will not pay more than the Principal Sum for each Insured Person for all losses due to the same accident. No benefits are payable for any loss due to Sickness under this benefit. The Principal Sum amount is shown in the Schedule.

#### LOSS: BENEFIT:

- Movement of Both Upper and Lower Limbs (Quadriplegia).....Principal Sum
- Movement of Both Lower Limbs (Paraplegia).....Three Quarters the Principal Sum
- Movement of Upper and Lower Limbs on One Side Of the Body (Hemiplegia).....One half the Principal Sum
- Movement of One Upper Limb or One Lower Limb (Uniplegia).....One quarter the Principal Sum

**SCHEDULE**

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Policy Premium: \$28,722.00  
Minimum Policy Premium: \$340.00

**POLICY NO:** 40-SR-121130

**POLICYHOLDER'S NAME AND ADDRESS:**

INTERNATIONAL ASSOCIATION OF ARSON  
INVESTIGATORS, INC.  
2111 BALDWIN AVENUE SUITE 203  
CROFTON , MD 21114

Policy Period: From (Policy Date): 8/1/2020 To: 8/1/2021  
12:01 A.M. Standard Time at the address of the Policyholder

<b>Producer's Name and Address:</b>	<b>Agent Code</b>	<b>Form Numbers of the Policy, Riders and attached papers at issue</b>
PROVIDENT AGENCY INC 272 Alpha Drive Pittsburgh , PA 15238	523921	Form 7692 (HLA) PA-5948 (HLA) PA-5956 (HLA) PA-6562 (HLA) PA-8801-5

**INSURED PERSON** means any person who is a member of the Policyholder.

**COVERED ACTIVITIES** means

This policy covers each Insured Person 24 hours a day during the policy period.

**BENEFITS AND AMOUNTS**

<b>Accidental Death Benefit</b>	Principal Sum:	\$11,000.00
<b>Accidental Dismemberment Benefit</b>	Principal Sum:	\$11,000.00
<b>Paralysis Benefit</b>	Maximum Amount:	\$11,000.00

**Form PA-5948**

**Printed in U.S.A.**

**ADDITIONAL  
EXCLUSIONS RIDER # 1**

This rider forms a part of Policy Number 40-SR-121130 issued to INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS, INC. and all certificates furnished in connection with the Policy.

This rider becomes effective on the effective date of the Policy or certificate to which this rider is attached.

The Policy and all certificates are hereby amended by the addition of the following to Exclusions:

- (j) expenses incurred for services, treatment, supplies or facilities rendered by:
  - (1) the Policyholder's health service or infirmary; or
  - (2) any physician or nurse employed or retained by the Policyholder.

In all other respects, the Policy and certificates remain the same.

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

**Form PA- 5956 (HLA)**

**Printed in U.S.A.**

## **AMENDATORY RIDER # 2**

This rider forms a part of the Policy and all certificates furnished in connection with the Policy.

This rider becomes effective on the effective date of the Policy or certificate to which this rider is attached.

The Payment of Claims provision under the CLAIM PROVISIONS section is hereby deleted and replaced by the following:

Payment of Claims: We will pay any benefit due for Loss of the Insured Person's Life:

- a) according to the beneficiary designation in effect at the time of his or her death;  
otherwise
- b) to the survivors in equal shares, in the first of the following classes to have a survivor at the insured person's death:
  - (1) spouse
  - (2) children
  - (3) parents
  - (4) brothers & sisters.

If there is no survivor in these classes, 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 paragraph.

If the benefit due is payable to:

- a) the Insured Person's estate or;
- b) 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 \$1000 of the benefit due to some other person. The other person will be one who we believe is entitled to the payment and who is related to 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.

We may pay benefits directly to any hospital or person rendering covered services, unless the Insured Person requests otherwise in writing. The Insured Person must make the request no later than the time he or she files a proof of loss.

In all other respects, the Policy and certificates remain the same.

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

## **NOTICE OF PROTECTION PROVIDED BY MARYLAND LIFE AND HEALTH INSURANCE GUARANTY CORPORATION**

This notice provides a brief summary of the Maryland Life and Health Insurance Guaranty Corporation (the Corporation) and the protection it provides for policyholders. This safety net was created under Maryland law, which determines who and what is covered and the amounts of coverage.

The Corporation is not a department or unit of the State of Maryland and the liabilities or debts of the Life and Health Insurance Guaranty Corporation are not liabilities or debts of the State of Maryland.

The Corporation was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Corporation will typically arrange to continue coverage and pay claims, in accordance with Maryland law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Corporation are:

- Life Insurance
  - \$300,000 in death benefits
  - \$100,000 in cash surrender or withdrawal values
- Health Insurance
  - \$500,000 for basic hospital, medical, and surgical insurance or major medical insurance provided by health benefit plans
  - \$300,000 for disability insurance
  - \$300,000 for long-term care insurance
  - \$100,000 for a type of health insurance not listed above, including any net cash surrender and net cash withdrawal values under the types of health insurance listed above
- Annuities
  - \$250,000 in the present value of annuity benefits, including net cash withdrawal values and net cash surrender values
  - With respect to each payee under a structured settlement annuity, or beneficiary of the payee, \$250,000 in present value annuity benefits, in the aggregate, including any net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of basic hospital, medical, and surgical insurance or major medical insurance
- \$500,000 in aggregate for basic hospital, medical, and surgical insurance or major medical insurance.



**NOTE: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Maryland law.

To learn more about the above protections, please visit the Corporation's website at [www.mdlifega.org](http://www.mdlifega.org), or contact:

Maryland Life and Health Insurance Guaranty Corporation	Maryland Insurance Administration
8817 Belair Road	200 St. Paul Place, Suite 2700
Suite 208	Baltimore, Maryland.21202
Perry Hall, Maryland 21236	1-800-492-6116, ext. 2170
410-248-0407	

**Insurance companies and agents are not allowed by Maryland law to use the existence of the Corporation or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Corporation coverage. If there is any inconsistency between this notice and Maryland law, then Maryland law will control.**