

Travel Accident Insurance Plan

Eligible Persons and Principal Sum

Class	Description of Class	Principal Sum
I	All registered U.S. faculty, staff, and chaperones of the Policyholder for whom premium has been paid.	\$250,000
II	All registered students of the Policyholder for whom premium has been paid.	\$50,000
III	All Eligible Spouse who are traveling with Class I Insured at the direction and expense of the Policyholder, who are not in any other Class.	\$125,000
IV	All Eligible Dependent Children who are traveling with Class I Insured at the direction and expense of the Policyholder, who are not in any other Class.	\$50,000



High Point University
GLB 0009159934

Insurance underwritten by:
National Union Fire Insurance Company of Pittsburgh, Pa.

Covered Activities

Class I: 24 Hour Coverage for registered faculty, staff and chaperones while traveling outside the United States for study abroad educational travel, including but not limited to attending classes and participating in scheduled and sponsored activities of the Policyholder. Online, distance education and Interscholastic Sports activities are all excluded. Coverage expires the earlier of the day the education trip ends or the expiration of the Policy.

Class II: 24 Hour Coverage for registered students while traveling outside the United States for study abroad educational travel, including but not limited to attending classes and participating in scheduled and sponsored activities of the Policyholder. Online, distance education and Interscholastic Sports activities are all excluded. Coverage expires the earlier of the day the education trip ends or the expiration of the Policy.

Class III: All Eligible Spouse who are traveling with the eligible Class I faculty or staff and who is traveling at the direction and expense of the Policyholder outside the United States, as part of a sponsored study abroad educational Trip of the participating organization outside their country of residence.

Class IV: All Eligible dependent children, up to age 21 years, who are traveling with the eligible Class I faculty or staff and who is traveling at the direction and expense of the Policyholder outside the United States, as part of a sponsored study abroad educational Trip of the participating organization outside their country of residence.

Benefits

The Policy is excess of all other valid and collectible insurance or indemnity for the following benefits: Security Evacuation Benefit and Medical Expense Benefit. The Policy is primary for all other benefits.

Accidental Death

If Injury sustained by an Insured during a Covered Trip results in death within 365 days of the date of accident that caused the Injury, the Company will pay 100% of the Principal Sum.

Accidental Dismemberment and Paralysis

If Injury sustained by an Insured during a Covered Trip results within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

Loss of	Percentage of Principal Sum
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing in both ears	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing in both ears	50%
Hearing in One Ear	25%
Thumb and index finger of same hand	25%

Paralysis	Percentage of Principal Sum
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

"Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs on the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.

If more than one loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Attendor Benefit

If a Repatriation of Remains benefit becomes payable under the Policy, the Company will also pay for expenses reasonably incurred for one person (referred to as the Attendor) to accompany (on the same vehicle where possible) the deceased Insured's remains from the place where death occurred to the deceased Insured's place of primary residence, but not to exceed \$1,500 for one round-trip economy airfare ticket. The Company will also pay for the Attendor's lodging and meals for up to 7 days, but (a) only while the Attendor is away from his or her place of primary residence in connection with accompanying the deceased Insured's remains as described above, and (b) not to exceed \$150 per day for lodging and \$50 per day for meals. ISOS must make all arrangements and must authorize all expenses in advance for this benefit to be payable.

Bedside Visitor Benefit

If, during the course of a Covered Trip, an Insured suffers an Injury or becomes ill with a Sickness and is confined to a Hospital or other medical facility for 3 days or more due to such Injury or Sickness, the Company will pay for expenses reasonably incurred to bring one person chosen by the Insured to and from the Hospital or other medical facility where the Insured is confined, if the Insured is alone and if the place of confinement is outside a 50 mile radius from the Insured's current place of primary residence in the Host Country; but not to exceed \$1,500 for one round-trip economy airfare ticket. The Company will also pay for lodging and meals for up to 7 days for such person in the area of such place of confinement, but: (a) only while the Insured remains so confined; and (b) not to exceed \$100 per day for lodging and \$100 per day for meals. ISOS must make all arrangements and must authorize all expenses in advance for this benefit to be payable.

In addition to the exclusions in the General Exclusions section, benefits payable under this Benefit are deemed to exclude losses caused in whole or in part by, or resulting in whole or in part from pregnancy, childbirth, miscarriage, elective abortion or any complications thereof, except Complications of Pregnancy.

Bereavement and Trauma Counseling Benefit

If, during the course of a Covered Trip, the Insured suffers a covered accidental death, accidental dismemberment or paralysis, or coma the Company will pay benefits for Covered Bereavement and Trauma Counseling Expenses for the Insured and all of his or her immediate family members for up to 10 sessions combined, with a maximum of \$100 per session. The expenses must be incurred within one year of the date of the accident.

In addition to the exclusions in the General Exclusions section, Covered Bereavement and Trauma Counseling Expenses do not include any expenses for or resulting from any condition for which the Insured is entitled to Bereavement and Trauma Counseling benefits under any workers' compensation act or similar law.

Coma Benefit

If an accident occurring during the course of a Covered Trip causes an Injury that renders an Insured Comatose within 30 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Insured's Principal Sum. No benefit is provided for the first 30 days of Coma. The benefit is payable monthly as long as the Insured remains Comatose due to that Injury, but ceases on the earliest of: (1) the date the Insured ceases to be Comatose due to that Injury; (2) the date the Insured dies; or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Security Evacuation Benefit

If, as a result of an Occurrence that takes place during the course of a Covered Trip outside of an Insured's Home Country, an Insured requires a Security Evacuation, the Company will pay benefits for eligible expenses up to a \$100,000 benefit maximum to take an Insured to the Nearest Place of Safety, as determined by the Designated Security Consultant. Security Evacuation benefits are payable only once per Covered Trip. Covered Occurrences include:

- expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
- political or military events involving a Host Country if the Appropriate Authorities issue an Advisory;
- Natural Disaster within 7 days of an event;
- Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
- A Designated Security Consultant recommends a Security Evacuation.

The benefit also includes options to return to the Insured's Host Country if return is safe and permitted or to the Insured's Home Country within 7 days of Security Evacuation. All arrangements must be made through ISOS.

Security Evacuation Benefit Exclusions

In addition to the General Exclusions, no benefits are payable under the Security Evacuation Expense Benefit for charges, fees or expenses:

1. payable under any other provision of the Policy;
2. that are recoverable through the Insured's employer;
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured, acting alone or in collusion with others;
4. arising from or attributable to an alleged:
 - a. violation of the laws of the Host Country by an Insured; or
 - b. violation of the laws of the Insured's Home Country by an Insured;
 unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured;
5. due to the Insured's failure to maintain and possess duly authorized and issued required travel documents and visas;
6. arising from an Occurrence which took place in an Excluded Country;
7. for repatriation of remains expenses;
8. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
9. for medical services;
10. for monies payable in the form of a ransom if a Missing Person case evolves into a kidnapping;
11. for consulting services seeking information on Missing Person or kidnapping cases;
12. arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
13. arising from or attributable, in whole or in part to non-compliance by the Insured with regard to any obligation specified in a contract or license;
14. due to military or political issues if the Insured's Security Evacuation request is made more than 7 days after the Appropriate Authority(ies) Advisory was issued.

The maximum amount payable may be reduced if more than one Insured suffers a loss as a result of the same Occurrence. The maximum amount payable for all such losses for all Insureds combined will not exceed the Aggregate Limit of \$2,000,000 per Occurrence. If the combined maximum amount otherwise payable for all Insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses.

Trip Cancellation/Interruption Benefit

Trip Cancellation Benefit: If an Insured is prevented from taking a Covered Trip due to any of the Covered Reasons listed below, occurring on or prior to the Departure, the Company will reimburse the Insured for the cost of the fare or Travel Arrangements, up to the Trip Cancellation Maximum of \$5,000.

Covered Reasons:

- a) Injury or Sickness of the Insured or Immediate Family Member, if a Physician has recommended in writing, that due to the severity of the condition of the Insured or the Insured's Immediate Family Member, it is necessary that the Insured cancel the Trip. The Insured or Immediate Family Member must be under the direct care and attendance of a Physician;
- b) Injury or Sickness of a Group Leader or Immediate Family Member of a Group Leader causing that Group Leader to cancel his or her participation in the Trip; and if no suitable replacement can be found;
- c) Death of the Insured or Immediate Family Member, if the death has been certified by a Physician or other person legally qualified to certify a person's death. Death of the Insured's Immediate Family Member must occur within 30 days before the Departure of the Insured's Covered Trip;
- d) The United States Department of State issues a Level 4 travel warning requiring that travel to the Insured's destination during the time of the Covered Trip, be avoided. The travel warning must be issued and be in force on or after the Insured's effective date of Trip Cancellation coverage and while this coverage is in effect for the Insured.

Trip Interruption Benefit: If the Insured is unable to continue the Covered Trip due to any of the Covered Reasons listed below occurring prior to the return, the Company will reimburse the Insured for the unused, non-refundable portion of the fare or Travel Arrangements, up to the Trip Interruption Maximum of \$5,000.

Covered Reasons:

- a) Injury or Sickness of the Insured, if a Physician has recommended, that due to the severity of the condition of the Insured, it is necessary that the Insured interrupt the Covered Trip. The Insured must be under the direct care and attendance of a Physician;
- b) Death of the Insured or Immediate Family Member, while on the Covered Trip, if the death has been certified by a Physician or other person legally qualified to certify a person's death;
- c) The United States Department of State issues a Level 4 travel warning requiring that travel to the Insured's destination during the time of the Insured's Covered Trip, be avoided. The travel warning must be issued and be in force on or after the Insured's effective date of Trip Cancellation coverage and while this coverage is in effect for the Insured.

Trip Cancellation/Interruption Benefit Exclusions

In addition to the exclusions in the General Exclusions section, benefits payable under this Benefit are deemed to exclude losses caused in whole or in part by, or resulting in whole or in part from:

1. Pre-existing Conditions;
2. pregnancy, childbirth, miscarriage, elective abortion or any complications thereof, except Complications of Pregnancy;
3. accidental bodily injuries arising from participation in interscholastic, professional or semi-professional sports events, racing or speed contests, including testing, practicing or training, in or on a motorized vehicle, bodily contact sports, professional athletic events; semi-professional, organized or interscholastic team sports, participation in organized athletic activities;
4. cosmetic surgery, unless such cosmetic surgery is rendered necessary as a result of a loss covered under the Policy;
5. traveling against the advice of a Physician;
6. traveling while on a waiting list for specified medical treatment;
7. traveling for the purpose of obtaining medical treatment;
8. traveling in the third trimester (seventh month or after) of pregnancy;
9. emotional trauma, mental illness; mental, emotional, psychological or nervous disorders including anxiety, depression, neurosis or psychosis, panic attacks and post-traumatic stress disorder, except if treated at a Hospital;
10. the Insured's commission of or attempt to commit a crime;
11. Injury sustained while mountain, rock, or ice-climbing while unsupported by a harness, cliff jumping, base jumping, speed flying (parascending in a winged suit), paragliding, scuba diving below 30 meters, sports involving horses, hang gliding, ultralight flying.
12. alcohol or substance abuse or treatment for same;
13. any unlawful acts, committed by the Insured, an Immediate Family Member or traveling companion;
14. elective or non-emergency treatment or surgery, except for necessary treatment or surgery due to a covered Injury.
15. dental treatment to teeth, gums or structures directly supporting the teeth except as a result of Injury to teeth or non-elective, emergency dental surgery;
16. venereal disease or syphilis;
17. a Trip for which the Insured's tickets do not contain specific travel dates(open tickets);
18. failure of a provider of travel related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due the Insured;
19. Injury sustained while traveling in or on any two or three-wheeled motor vehicle operated by a person who does not hold a valid operators license;
20. participation in a riot, insurrection or civil disturbance;
21. Loss incurred as a result of travel in or upon a snowmobile or off-road motorized vehicle not requiring a license as a motor vehicle.

The maximum amount payable under the Trip Cancellation/Interruption Benefits combined during any one policy term may not exceed the Aggregate Limit of \$500,000. Once that limit has been reached, no further benefits are payable under the Policy for Trip Cancellations or Trip Interruptions that commence during the remainder of that policy term.

Medical Expense Benefit

If, during the course of a Covered Trip, an Insured suffers an Injury or attempted suicide or becomes ill with a Sickness that requires him or her to be treated by a Physician within 90 days of the date of the accident that caused the Injury, the Company will pay the percentage payable of the Usual and Customary Charges incurred for Covered Medical Services received due to that Injury or Sickness, subject to any Limitations noted below, and up to the Medical Expense Maximum per Insured of \$500,000, for any Injuries caused by the same accident or for Sickness. This benefit is payable for such charges: (1) incurred outside the Insured's Home Country (except as specifically provided hereafter); and (2) incurred within 52 weeks after the date of the accident causing the Injury or the onset of the Sickness.

Covered Medical Service(s) means any of the following services and subject to any specified Limitations below, if the service is Medically Necessary:

1. Hospital room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room);
2. services of a Physician;
3. ambulance service to or from a Hospital;

4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof;
8. Physiotherapy and occupational therapy;
9. rental of Durable Medical Equipment, or purchase thereof if less expensive;
10. artificial limbs, artificial eyes or other prosthetic appliances; or
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription;
12. repair of eye glasses, contact lenses or hearing aids when required as a direct result of a covered Injury.

Note: Covered Medical Services will also include charges for a hotel room, when the Insured is under the care of a Physician in such hotel room because a Hospital room is not available by reason of capacity or distance or any other circumstances beyond the control of the Insured.

Medical Expense Benefits are subject to the following limitations:

- Hospital charges for room and board in excess of the Hospital's average daily charge for semi-private room and board accommodation are not covered.

Medical Expense Benefit Exclusions

In addition to the Exclusions in the General Exclusions section, benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rented existing Durable Medical Equipment unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment in the underlying bodily condition.
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as may be provided above.
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless the Injury or Sickness has caused impairment of sight; or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of sight.
4. new hearing aids or hearing examinations unless the Injury or Sickness has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of hearing.
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Medical Expense in lieu of such rental expense).
6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
7. private duty nursing services.
8. services, supplies or treatment, which were not recommended, approved and certified as necessary and reasonable by the attending, onsite Physician.
9. cosmetic care, except for reconstructive plastic surgery required as a result of Injury.
10. elective surgery which can be postponed until the Insured returns to his or her country of residence.
11. treatment of temporomandibular joint (TMJ) dysfunction.
12. treatment of congenital anomalies and conditions arising out of or resulting therefrom.
13. services and supplies which are not due to an Injury or Sickness except as may be specifically provided.
14. Injury sustained while driving any vehicle for wage, compensation, or profit.
15. services or supplies which are experimental or investigative in nature; including the treatment, procedure, facility, equipment, drugs, drug usage, devices or supplies not recognized as accepted medical practice and any such items requiring federal or other governmental agency approval not received at the time services were rendered.
16. Injury sustained or Sickness contracted as a result of the Insured's commission of or attempt to commit a felony.
17. services rendered by a member of the Insured's Immediate Family or by a person who resides with the Insured.
18. treatment of weak, strained or flat feet, corns, calluses, bunions or toenails.
19. treatment rendered within the Insured's Home Country, except as otherwise provided herein.
20. treatment in connection with birth control, sterilization or sterilization reversal, including surgical procedures and devices.
21. diagnostic or surgical procedures in connection with infertility unless caused by a covered Injury or Sickness.
22. maintenance therapy which is defined as therapy services rendered to an Insured who is no longer making documentable progress, to maintain the level of progress previously attained.
23. treatment for weight increase or reduction, or hair growth or removal.
24. routine physical examinations and related medical services.
25. vocational therapy, recreational therapy, music therapy or speech therapy.
26. Injuries for which benefits are payable under any no-fault automobile Insurance Policy.
27. diagnosis or treatment of acne.
28. treatment of any condition for which the Insured is entitled to benefits under any workers' compensation act or similar law;
29. any charge for medical care for which the Insured is not legally obligated to pay;
30. human organ or tissue transplants or treatment thereof.

31. Injury sustained while participating in professional, semi-professional, interscholastic, intercollegiate, intramural, club athletics, including officiating or coaching; or racing any type vehicle in an organized event;
32. pregnancy, childbirth, miscarriage elective abortion or any complications thereof, except Complications of Pregnancy;
33. Injury sustained while mountain, rock, or ice-climbing while unsupported by a harness, cliff jumping, base jumping, speed flying (parascending in a winged suit), paragliding, scuba diving below 30 meters, sports involving horses, hang gliding, ultralight flying;
34. outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing the nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column;
35. a motor vehicle accident if the Insured is not properly licensed to operate the motor vehicle in the jurisdiction in which the accident takes place. (This exclusion will not apply to an Insured who is a passenger.)

Medical Emergency Guarantee Charge Expense Benefit. If during the course of a Covered Trip, an Insured suffers an Emergency Medical Condition for which Medical Expense benefits become payable and such person incurs a Hospital Admission Guarantee Charge and/or a Medical Expense Guarantee Charge, the Company will pay the actual expenses incurred for guarantee of the payment to the Hospital or the medical provider up to \$5,000 per accident or Sickness.

- "Hospital Admission Guarantee Charge" means any charge or expense made by a Hospital prior to and as a condition of an Insured'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 an Insured's being provided with the medical service or treatment by that provider.

The Medical Expense Maximum Benefit will be reduced by any amounts paid or payable under this Medical Emergency Guarantee Charge Expense Benefit.

Repatriation of Remains with Family Travel Benefit

Pays benefits for covered expenses to return the Insured's body to his or her home if the Insured suffers a covered loss of life due to Injury or Emergency Sickness while on a Covered Trip, up to a maximum of \$1,000,000. All arrangements must be made through ISOS.

Family Travel Benefit. Following an Insured's death for which a Repatriation of Remains benefit is payable, the Company will pay for expenses reasonably incurred, up to the Repatriation of Remains Maximum of \$1,000,000:

1. to return to their Home Country place of primary residence the Insured's Spouse and any of the Insured's Dependent Children who were accompanying the Insured when his or her death occurred, with an attendant for the children if necessary and if they are not accompanied by the Spouse; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person; and
2. for lodging and meals for up to 7 days for the Insured's Spouse and Dependent Children in the area where the Insured's death occurred, if they were accompanying the Insured at that time. The Company will only pay for such expenses for days in excess of the days that had been planned for the Covered Trip prior to the Insured's death, and only prior to the repatriation of his or her remains. The Company will not pay for such expenses in excess of, for the Spouse and Dependent Children combined, \$100 per day for lodging and \$75 per day for food.

Emergency Evacuation with Family Travel Benefit

Pays for Covered Emergency Evacuation Expenses if an Insured suffers an Injury or Emergency Sickness or attempted suicide while on a Covered Trip and the Injury or Emergency Sickness or attempted suicide warrants a medically necessary emergency evacuation, up to a maximum of \$1,000,000. All arrangements must be made through ISOS.

Family Travel Benefit. Following an Emergency Evacuation for which an Emergency Evacuation benefit is payable under the Policy, the Company will pay for expenses reasonably incurred:

1. to return the Insured's Spouse and any of the Insured's Dependent Children who were accompanying the Insured when his or her Injury or Emergency Sickness occurred, with an attendant for the children if necessary and if they are not accompanied by the Spouse; to the location to which the Insured is being evacuated or, at the Company's discretion, to the Insured's Spouse's or Insured's Dependent Child's place of primary residence in their Home Country, but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.
2. for lodging and meals for up to 7 days for the Insured's Spouse and Dependent Children in the area where the Insured is confined, if: (a) they were accompanying the Insured when the Emergency Evacuation became necessary; and (b) the place of confinement is outside a 50 mile radius from the Insured's current place of primary residence in the Host Country. The Company will only pay for such expenses for days in excess of the days that had been planned for the trip prior to the Insured's Emergency Evacuation, and only while he or she remains so confined. The Company will not pay for such expenses in excess of, for the Spouse and Dependent Children combined, the Spouse and Child Per Day Allotments of \$100 for lodging and \$100 for meals.

Medical Repatriation Benefit

If an Insured who has suffered an Injury or Sickness or attempted suicide while on a Covered Trip has sufficiently recovered to travel, to, at the option of the Insured, his or her current place of primary residence in the Host Country or Home Country with minimal risk to his or

her health, the Company will pay for Covered Medical Repatriation Expenses reasonably incurred for a non-scheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel to return such Insured to, at the option of the Insured, his or her current place of primary residence in the Host Country or Home Country. Benefits will be payable up to \$100,000 for all Covered Medical Repatriation Expenses due to all Injuries from the same accident or all Sicknesses from the same or related causes. All arrangements must be made through ISOS.

Severe Burn Benefit

If, during the course of a Covered Trip, an Insured suffers an Injury that is a Severe Burn, the Company will pay a benefit based on the Maximum Percentage of Principal Sum shown below with respect to the Specified Body Area shown below:

Specified Body Area	Maximum Percentage of Principal Sum
Face, neck and head	99%
Hand and forearm below elbow joint (right)	22.5%
Hand and forearm below elbow joint (left)	22.5%
Upper arm below shoulder joint to elbow joint (right)	13.5%
Upper arm below shoulder joint to elbow joint (left)	13.5%
Torso below neck to shoulder joints and hip joints (front)	36%
Torso below neck to shoulder joints and hip joints (back)	36%
Thigh below hip joint to knee joint (right)	9%
Thigh below hip joint to knee joint (left)	9%
Foot and lower leg below knee joint (right)	27%
Foot and lower leg below knee joint (left)	27%

If only one of the Insured’s Specified Body Areas is severely burned and 100% of the surface of that Specified Body Area is Severely burned, 100% of the Maximum Percentage of Principal Sum is payable for that Specified Body Area. If less than 100% of the surface of that Specified Body Area is Severely Burned, the same lesser proportion of the Maximum Percentage of Principal Sum is payable for that Specified Body Area.

If more than one of the Insured’s Specified Body Areas are severely burned as a result of the same accident, the maximum amount payable is the lesser of the sum of the maximum percentage amounts, calculated separately, for each such Specified Body area or 100% of the Insured’s Principal Sum.

Quarantine Benefit

Daily Quarantine Benefit: If an Insured's Covered Trip is delayed 48 or more hours due to the Insured's being in Quarantine, the Company will pay the Per Day Quarantine Benefit of \$200 for each calendar day the Insured remains in Quarantine.

The Company will also reimburse the Insured for the following expenses if they are incurred as a direct result of the Insured being in Quarantine:

1. unused, non-refundable travel arrangements or accommodations;
2. any Reasonable Additional Expenses; and
3. a one-way economy ticket from the point where the Insured left his or her Covered Trip to a destination where the Insured can rejoin the Covered Trip or a one-way economy ticket to return the Insured to the Insured's Home Country.

The Per Day Quarantine Benefit and the expense incurred benefits set out above are subject to the combined overall Trip Quarantine Maximum of \$2,500.

In addition to the exclusions in the General Exclusions section, benefits will not be provided when:

1. Quarantine is mandatory for all arriving travelers;
2. Quarantine mandates exist for travelers from a particular country/region of origin.

The maximum amount payable under these Benefits combined during any one policy term may not exceed the Aggregate Limit of \$500,000. Once that limit has been reached, no further benefits are payable under the Policy for Daily Quarantines, that commence during the remainder of that policy term.

Pre-Trip Vaccinations Benefit

If prior to a Covered Trip, an Insured is required to have pre-trip vaccinations, the Company will pay up to the Pre-Trip Vaccination Benefit Expense Maximum of \$1,000 for Required Vaccines. This benefit does not pay for travel expenses to where the vaccinations will be administered. The maximum benefit is payable only once per Covered Trip regardless of the number of times required to receive all pre-trip vaccinations.

Emergency Reunion Benefit

If, during the course of a Covered Trip, an Insured is the victim of a Criminal Act of Violence and the Insured filed a police or incident report with the appropriate authorities within 24 hours of the Criminal Act of Violence, the Company will pay for expenses reasonably incurred to bring one person chosen by the Insured to and from the Insured's location, if the Insured is alone and if the place of confinement is outside a 50 mile radius from the Insured's current place of primary residence in the Host Country, but not to exceed the one round-trip economy Airfare Ticket Maximum of \$1,500.

The Company will also pay for lodging and meals for up to 7 days for such person in the area of the Insured's location, but not to exceed the \$100 Per Day Allotments.

ISOS must make all arrangements and must authorize all expenses in advance for this benefits to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact ISOS in advance.

Aggregate Limit: \$5,000,000

The maximum amount payable under the Policy may be reduced if more than one Insured suffers a loss as a result of the same accident and if the amounts are payable for those losses under one or more of the following Benefits provided by the Policy: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit, Severe Burn Benefit. The maximum amount payable for all such losses for all Insureds under all those Benefits combined will not exceed the amount shown above as the Aggregate Limit. If the combined maximum amount otherwise payable for all Insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses under all those Benefits combined.

Definitions

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Covered Trip: means a trip taken by an Insured which begins when the Insured leaves his or her Home Country for the purpose of going on the Trip to the Host Country and is deemed to end when the Insured returns from the Trip to his or her Home Country. For Classes I and II only, this includes up to 14 days of Personal Deviation / Sojourn travel. No Insured in any Class can be covered for more than 364 days.

Dependent Child means an Insured's natural, step, foster, or adopted child or grandchild who is travelling with that Insured who is under age 25 and, except for a grandchild, who is primarily dependent on an Insured for support and maintenance. It will also include

an Insured's child over the above limiting age who is incapable of self-sustaining employment by reason of mental or physical incapacity, and who is primarily dependent on an Insured for support and maintenance, and who is travelling with such Insured.

Departure: means the travel date, as indicated on the ticket or in the Travel Itinerary, upon which the Insured is scheduled to leave on the Covered Trip.

Designated War Risk Territory: means Russia, Ukraine as recognized by the UN, Belarus, Afghanistan, Iraq, Libya, Somalia, Yemen, Iran, Israel-Gaza/West Bank, Sudan, Syria, Venezuela or any country subject to the OFAC trade sanctions/embargoes. A Designated War Risk Territory does not include the United States of America or the Insured's Home Country.

Emergency Sickness: means an illness, infection or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and during the course of a Covered Trip.

Excluded Country: means the following countries from which Security Evacuations are not available under this Benefit: Russia, Ukraine as recognized by the UN, Belarus, Afghanistan, Iraq, Libya, Somalia, Yemen, Iran, Israel-Gaza/West Bank, Sudan, Syria, Venezuela or any country subject to the OFAC trade sanctions/embargoes.

Home Country: means the country of citizenship of the Insured. If the Insured has dual citizenship, his or her Home Country is the country of the passport he or she used to enter the Host Country.

Hospital: means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis except a duly licensed state tax supported institution which is not required to maintain surgical facilities; (3) has 24 hour nursing service by or under the supervision of registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, unless there is a legal obligation to pay.

Host Country: means any country in which an Insured is traveling while covered under the Policy.

Injury(ies): means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while the Insured is on the Trip or Trips specified hereafter (not applicable for the Trip Cancellation Benefit); and (3) which directly (independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss under one or more of the Benefits described herein.

Insured: means a person: (1) who is a member of an eligible class of persons as described in the Eligible Persons and Principal Sums section of this document; 2) for whom premium has been paid; and 3) while covered under the Policy.

Policyholder: means High Point University.

Spouse: means an Insured's legal spouse.

General Policy Exclusions

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or auto-eroticism except as provided herein.
2. declared or undeclared war, or any act of declared or undeclared war unless specifically provided by the Policy.
3. with respect to any benefit that is triggered by an Injury only: Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
4. with respect to any benefit that is triggered by an Injury only: infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying Sickness, disease or condition including but not limited to diabetes.
5. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
6. the Insured's commission of or attempt to commit a felony.
7. with respect to any benefit that is triggered by an Injury only: medical or surgical treatment of Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
8. with respect to any benefit that is triggered by an Injury only: stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
9. mountain, rock or ice-climbing while unsupported by a harness, cliff jumping, base jumping, speed flying (parascending in a winged suit), paragliding, scuba diving below 30 meters, sports involving horses, hang gliding, ultralight flying.

War Risk Coverage

Policy exclusions are waived for an Insured's loss caused in whole or in part by, or resulting in whole or in part from: (1) an act of declared or undeclared war within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a

Designated War Risk Territory; or (2) if not an act of declared or undeclared war (regardless of where the act of declared or undeclared war occurs): (a) riot; (b) rebellion; (c) insurrection; (d) civil strife; or (e) student unrest; which requires that national security forces be called to intervene.

Termination Date. War Risk Coverage ends on the earliest of: (1) the date the Policy terminates; (2) the date the Company receives written notice from the Policyholder of the Policyholder's intent to terminate War Risk Coverage (or on the date specified in the written notice, if later); or (3) the date specified in the Company's written notice to the Policyholder of its intent to terminate War Risk Coverage (or 10 days after the date the written notice is received by the Policyholder, if later). Termination of War Risk Coverage will not affect a claim for a covered loss that occurred while War Risk Coverage was in effect.

Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following benefits provided by the Policy, the maximum amount payable under all of the benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit, Severe Burn Benefit.

Terms capitalized in this document are defined terms in this brochure or in the Policy.

Travel Assistance Services

Please note: the policyholder has a service agreement with International SOS:

All charges incurred must be medically necessary and authorized in advance by the Insuring Company or its agent, ISOS. Questions regarding Medical payments should be directed to Intl.SOS at:

Philadelphia +1.215.942.8226

London +44.20.8762.8008

Singapore +65.6338.7800

Sydney +61.2.9372.2468

Any travel assistance services such as medical or security evacuation or repatriation must be authorized by the assistance services provider, Intl.SOS.

The underwriting risks, financial and contractual obligations, and support functions associated with insurance products issued by National Union Fire Insurance Company of Pittsburgh, Pa., are its responsibility. National Union Fire Insurance Company of Pittsburgh, Pa. currently authorized to conduct insurance business in all states and the District of Columbia. NAIC No. 19445. Travel assistance services are provided by International SOS.

This is only a brief description of the insurance coverage(s) available under Policy Series S30708NUFIC (Rev. 06/21)-NC. The policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the policy. If there are any conflicts between this document and the Policy, the Policy shall govern in all cases.

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