



APPENDIX B

PASSENGER ACCIDENT COVERAGE

ELIGIBILITY

Class I: All guest passengers 5 years of age and over of the employee drivers and independent contractors operating under lease to the Participating Company of the Policyholder who accompany the drivers on a trip authorized by the Policyholder whose names are on file with the Policyholder.

The term "passenger" shall mean an individual riding as a passenger, who is neither an employee of the Policyholder nor one who is receiving remuneration or compensation of any kind for this activity.

Guest Restrictions and limitations:

- 1) No passengers under 5 years of age.
- 2) Helpers and co-drivers are not covered.
- 3) Hitchhikers are not covered.

COVERAGE

Coverage A: Coverage while riding as an authorized passenger and not as an operator or member of the crew while in or on, or immediately boarding or alighting from the covered vehicle.

Guest passenger coverage is provided only while the operator of the vehicle is performing his/her occupational duties.

BENEFIT SCHEDULE OPTION 1

<u>Benefit</u>	<u>Benefit Maximum</u>
Accidental Death & Dismemberment:	\$100,000.00*
Felonious Assault	\$100,000.00
Coma	\$100,000.00
Paralysis	\$100,000.00
ID Theft Services**	Yes
Concierge Services**	Yes
Maximum Accident Medical Expense (Primary):	\$ 50,000.00
Deductible:	\$ 0.00
Maximum Benefit Period:	52 Weeks
Maximum Accident Dental Expense:	\$ 250.00 per tooth per accident to a maximum of \$100,000.00
Aggregate:	\$200,000.00
Policy Issuance Company:	National Union Fire Insurance Company of Pittsburgh, PA

* The Accidental Death/Accidental Dismemberment maximum for children ages 5 through 17 is \$50,000.00.

** Available only on a mandatory participation basis

Mandatory Participation means all drivers are enrolled in the program and for whom premium is paid.

Voluntary Participation means each driver who has passengers will have the option to purchase coverage on a monthly basis.

COVERAGE

Accidental Death and Dismemberment Indemnity

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from injury, provided that:

- (a) such loss occurs within 365 days after the date of accident causing such loss; and
- (b) the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated there in shall be the amount stated as Principal Sum applicable to such person and this Coverage; and
- (c) if more than one loss stated in the Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

TABLE OF LOSSES

Description of Loss Indemnity

Life	100%
Both Hands or Both Feet or Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye.....	100%
Speech and Hearing in Both Ears.....	100%
One Hand or One Foot or the Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Thumb & Index Finger of the Same Hand.....	25%

The term "Loss" as used herein shall mean with regard to hands and feet, actual severance through or above the wrist or ankle joints; with regard to eyes, entire irrevocable loss of sight; with regard to thumb and index finger, severance through or above the metacarpophalangeal joint.

Felonious Assault Benefit

The Company will pay 100% of the Maximum Amount under this Rider when the Insured suffers one or more losses for which benefits are payable under the Accidental Death Benefit, Accidental Dismemberment Benefit, Coma Benefit, or Paralysis Benefit provided by the Policy as a result of a Felonious Assault:

- 1 that is not a moving violation as defined under the applicable state motor vehicle laws; and

2. that is not an act of an Immediate Family Member, another Insured or an individual who resides with the Insured on a permanent basis.

Only one benefit is payable under this Rider for all losses as a result of the same Felonious Assault.

Felonious Assault - means any willful or unlawful use of force upon the Insured: (1) with the intent to cause bodily injury to the Insured; and (2) that results in bodily harm to the Insured; and (3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.

Coma Benefit

If Injury renders an Insured Comatose within 365 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 equal to 1% of the Maximum Amount. No benefit is provided for the first 30 days of the 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 the Maximum Amount. 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.

Coma/Comatose - means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Paralysis Benefit

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Maximum Amount shown below for that type of paralysis:

<u>Type of Paralysis</u>	<u>Percentage of Maximum Amount</u>
Quadriplegia	100%
Paraplegia	50%
Hemiplegia.....	75%
Uniplegia.....	25%

“Quadriplegia” means the complete and irreversible paralysis of both upper and both 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 of the same side of the body.

“Uniplegia” means the complete and irreversible paralysis of one limb. “Limb” means entire arm or entire leg.

If the Insured suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

Accident Medical Expense Benefit

The Company will pay up to a maximum benefit as stated in the schedule of benefits, if injuries require the Insured Person to be treated by a physician. The Company will pay benefits for usual and reasonable expenses provided the first expense is incurred within 90 days after the accident happens for any of the services listed below:

1. Charges for semi-private hospital room and board, use of the operation room, emergency room, ambulatory medical center.
2. Fees of physicians.
3. Medical expenses, in or out of the hospital, including:
 - a. Laboratory tests
 - b. Ambulance service (to or from hospital)
 - c. Prescription medicines or drugs
 - d. Therapeutics
 - e. Anesthetics (including administration of anesthetics)
 - f. Transfusions
 - g. X-Rays
 - h. Artificial limbs or eyes (excluding repair or replacement of these items)
 - i. Prosthetic appliances
4. Charges of a registered nurse (R.N.)

Company will pay all usual and reasonable expenses incurred as the result of any one accident up to the maximum benefit amount. The expenses must be incurred within 52 weeks in a row, after the date of accident. The services must be recommended and approved by the attending physician. If the expense incurred is greater than the usual and reasonable expense amount, no payment will be made on those expenses over the usual and reasonable expense amount.

ADDITIONAL DEFINITIONS

AMBULATORY MEDICAL CENTER

A licensed facility providing ambulatory surgical or medical treatment, other than a hospital, clinic or physician's office.

HOSPITAL

A facility which:

1. is operated according to law for the care and treatment of injured and sick persons;
2. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
3. has 24-hour nursing service by registered nurses (R.N.); and
4. is supervised by one or more physicians.

"HOSPITAL" does not include:

1. a nursing convalescent or geriatrics unit of a hospital when a patient is confined mainly to receive nursing care; or
2. a facility which is mainly a rest home, nursing home, convalescent home, or home for the aged.

INSURED PERSON

The class(es) or person(s) as shown on the application, while they are covered under this Policy.

PHYSICIAN

A licensed practitioner of the healing arts acting within the scope of his/her license to treat the injury that causes the loss for which claim is made.

USUAL AND REASONABLE EXPENSE

An expense which:

1. is charged for treatment, supplies or medical services medically necessary to treat the Insured Person's condition; and
2. does not exceed the usual level of charges made for similar treatment, supplies, or medical services in the locality where the expense is incurred; and
3. does not include expense that would not have been incurred if no insurance has existed.

EXCLUSIONS

The Plan does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. the Insured's commission of or attempt to commit a crime.
4. 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. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy.
6. participation in any team sport or any other athletic activity, except participation in Covered Activity.

7. 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.)
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft;
 - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.
9. the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law.
14. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
15. any loss incurred while outside the United States, its Territories or Canada.

LIMITATION ON MULTIPLE BENEFITS
--

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

AGGREGATE LIMIT OF INDEMNITY

The Aggregate Limit of Indemnity shall be the total limit of the Company's liability for all indemnities payable under Accidental Death Indemnity, Accidental Dismemberment Indemnity coverages of the Policy with respect to all classes of Insured Persons arising out of injury sustained by two or more Insured Persons as the result of any one accident.

If the total of such indemnities exceed the Aggregate Limit of Indemnity, the Company shall not be liable to any one Insured Person for a greater proportion of such Insured Person's indemnity afforded by the Accidental Death Indemnity, the Accidental Dismemberment Indemnity coverages than said Aggregate Limit of Indemnity bears to the total indemnities afforded by the Accidental Death Indemnity, the Accidental Dismemberment Indemnity coverages to all such Insured Persons.

BENEFICIARY DESIGNATION

The beneficiary of an Insured Person shall be that person or those persons designated by the Insured Person for this insurance.

Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at anytime without the consent of the beneficiary by filing with the Insurance Company a written request at the General Office of the Insurance Company. When such a request is received by the Insurance Company whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Insurance Company on account of any payment theretofore made by it.

AIG Theft Service Description

Subject to the conditions described herein, AIG Solutions Travel Assist (herein called the "Company") makes the following services ID Theft Services (herein called "Services") available for the policyholder or the participating organization, where indicated, and to those eligible insureds described in the policy (herein called "Eligible Persons"). Not all Services described herein are provided to all Eligible Persons.

I. EFFECTIVE DATE OF SERVICES

Services shall be provided effective at 12:01 A.M. Standard Time at the policyholder's or participating organization's address as of the date the policy takes effect (herein the "Effective Date") and shall continue in force until the termination of the policy.

II. CONDITIONS OF AVAILABILITY OF SERVICES

The Company will provide the Services within the United States, *except for New York*.

III. DEFINITIONS

Account Takeover – “Account Takeover” means the takeover by a third party of one or more existing deposit accounts, credit card accounts, debit card accounts, ATM cards, utility or telecommunication accounts or lines of credit in the name of an eligible person. An Eligible Person will receive service due to an Account Takeover that occurs while the policy is in effect.

Identity Theft – “Identity Theft” means the creation of one or more new financial service accounts, or new identities in public records (such as a driver’s license) or elsewhere, by a third party in the name of and without the knowledge of the victim, to commit fraud or other crimes and/or to disguise the third party’s true identity. An Eligible Person will receive Service due to an Identity Theft that occurs while the policy is in effect.

Identity Theft Customer Service Center – Identity Theft Customer Service Center means that live, trained identity theft service representatives will answer Eligible Persons’ calls on a 24 X 7 basis. Service representatives will provide assistance to the Eligible Person in restoring his/her identity by educating the Eligible Person on the process required, providing pertinent contact information for the credit reporting agencies, Federal Trade Commission and other organizations as indicated. Service representatives will collect all required data to document the service call and provide follow up.

Identity Theft Recovery Kit- Identity Theft Recovery Kit means a booklet that explains in detail the process of identity theft recovery, and also includes form letters that can be sent to credit bureaus, financial institutions and government agencies to assist an Eligible Person in combating identity theft.

IV. DESCRIPTION OF SERVICES

The following Services will be provided to Eligible Person(s):

- Use of the Identity Theft Customer Service Center,
- A copy of the Identity Theft Recovery Kit if requested, and
- Restoration Services.

As used herein, “Restoration Services” consists of one or more of the following services to be performed for an Eligible Person in the event of an Identity Theft or Account Takeover that first occurs while the policy is in effect:

1. Provide Eligible Person with a package of information which includes a description of the resolution process, educational articles, and guidance for avoiding future complications.
2. Notify the three major credit bureaus, and the Eligible Person's affected creditors, financial institutions, and utility providers of the identity fraud.
3. Provide assistance with filing a police report.
4. When appropriate, provide assistance with requesting that a fraud alert be placed on the Eligible Person’s credit files and affected credit accounts.
5. When necessary, notify merchants that a fraudulent transaction occurred.

6. When appropriate, collect information regarding misuse of the Eligible Person's accounts.
7. Create and maintain a case file to document the identity fraud.
8. Review the Eligible Person's credit files with the Eligible Person to determine the accuracy of the file and potential areas of fraud.
9. When appropriate, provide assistance with obtaining and reviewing the Eligible Person's Social Security Personal Earnings and Benefits Statement.
10. Provide information to the Federal Trade Commission and to other government agencies as appropriate.
11. Research and investigate potential damage to Eligible Person's identity.
12. Other assistance as the Company might reasonably be able to offer Eligible Persons on a case by case basis as determined by the provider of the Services in its sole discretion.

V. LIMITATION

The Company reserves the right to suspend, curtail, or limit any or all of the Services at any time in the event of war, riot, insurrection, opposition by legal and administrative authorities of the country in which the Identity Theft or Account Takeover occurs or acts of God. The Company will, however, provide services to the best of its ability during such occurrence.

The Company reserves the right to suspend, curtail, or limit any or all of the Services at any time with written notice to the policyholder or the participating organization if the Company determines that to provide or continue to provide the Services would put the Company in violation of any applicable laws, regulations or ordinances.

VI. DISCLAIMER

The Company assumes no responsibility for any advice or counsel given by the service representatives or other persons contracted for the described Services. The Eligible Person shall not have any recourse to Company by reason of its suggestion of such service representatives or other persons or due to any legal or other determination resulting there from.

VII. SUBROGATION

The Company shall be subrogated, up to the value of the Services it has provided, to the rights and causes of action of the Eligible Person against any party responsible for Identity Theft or Account Takeover or any acts or omissions related thereto for which the Company renders assistance or for any other matter for which the Company incurs costs in providing Services under this Agreement.

CONCIERGE SERVICES

Restaurant referrals and reservations - Worldwide dining referrals and reservations made on behalf of the customer, based on availability.

Event Ticketing - Assistance with obtaining tickets to sporting, theater, concert and other events, based on availability.

Ground transportation coordination – Coordination of car or limo arrangements including transportation to and from the airport, hotel, meetings and more.

Golf tee time reservations and referrals - Assistance with scheduling tee times and making course recommendations, based on availability.

Wireless device assistance- Assistance with cell phones, personal digital assistants (PDAs) and other wireless devices, such as locating carrier stores, technicians, repair shops, replacement services when device is lost, stolen, or inoperable

Latest worldwide weather and ski reports- 24/7 update on destination weather as well as ski conditions throughout the world

Floral Services - Coordination of flower delivery for birthdays, anniversaries, holidays and other special occasions.

Private air charter assistance- Coordination with Private air charters to gain access, availability and booking.

Cruise charter assistance- Assistance with establishing availability and booking of cruise charters.

Latest sports scores- 24/7 updates on sports scores.

Find, wrap, and deliver one-of-a-kind gifts- Assistance in finding unique gifts for friends and family, including gift wrapping and delivery

Movie and theater information- Assistance with obtaining information about movie or theater events playing within a specific area. Travel Assist also obtains the tickets to theater or movie events, based on availability.

Latest stock quotes- Up-to-the-minute stock quotes

Special occasion reminders and gift ideas- Never miss a birthday, anniversary or special day while traveling. All special occasions are kept within Travel Guard Client Services database and a reminder is sent 48 hours prior to the day. Coordination of finding unique gifts for friends and family, including gift wrapping and delivery are included.

Lottery results- Up-to-the-minute lottery results

Local activity recommendations- Worldwide local activity referrals and reservations made on behalf of customer, based on availability

THE INSURANCE COMPANY

Throughout the years, National Union Fire Insurance Company of Pittsburgh, PA., a member company of the American International Group, Inc., has earned a reputation for service efficiency and reliability. It is licensed in all 50 states, the District of Columbia and Puerto Rico. In collaboration with American International Underwriters, National Union Fire Insurance Company of Pittsburgh, PA also underwrites tailor made coverages in 130 countries and jurisdictions around the world.

In 80 years, we have become one of the world's largest and most successful multi-national insurance organizations. American International Group, Inc. is a New York based holding company whose subsidiaries employ more than 86,000 people and write all classes of Property, Casualty, Life and Accident and Health insurance in more than 130 countries.

NOTICE TO PROPOSED MASTER POLICYHOLDER:

This proposal provides a summary of the policy features only and does not cover all the terms, conditions and limitations. The policy will contain the actual terms, conditions and limits of the coverage to be provided. If there is any conflict between this proposal and the policy, the policy will govern in all cases. Acceptance of this quote is contingent upon and subject to the actual terms of the policy as issued.