

DESCRIPTION OF COVERAGE

THE PLAN: As a current United States Trotting Association (USTA) Member, you will be insured against accidental loss of life, limb, sight, speech or hearing and accidental medical expenses while participating in covered activities at a "Canadian Track" as specified in the policy.

ELIGIBILITY: This insurance plan is offered to current USTA drivers/trainers.

THE COST: This driver/trainer is responsible for the cost of the insurance.

BENEFICIARY: The Loss of Life benefit will be paid to the beneficiary designated by you. If no such designation has been made, that benefit will be paid to the first surviving beneficiary in the following order: a) your spouse, b) your children, c) your parents, d) your brothers and sisters, e) your estate. All other indemnities will be paid to you.

THE BENEFITS: The full Benefit Amount of \$10,000* is payable for accidental loss of life; loss of speech and loss of hearing; loss of speech and one of loss of hand, foot or sight of one eye; loss of hearing and one of loss of hand, foot or sight of one eye; loss of both hands, both feet, loss of sight or any combination thereof; 50% of the Benefit Amount is payable for accidental loss of hand, foot or sight of one eye (any one of each); loss of speech or loss of hearing. 25% of the Benefit Amount is payable of loss of thumb and index finger of the same hand "Loss" means, with respect to a hand, complete severance, as determined by a physician, of at least 4 fingers at or above the metacarpal phalangeal joint on the same hand or at least 3 fingers and the thumb on the same hand; with respect to a foot, complete severance through or above the ankle joint. The Company will consider it a loss of hand or foot even if they are later reattached. "Benefit Amount" means the Loss amount at the time of an accident. The loss must occur within one year of the accident. The Company will pay the single largest applicable Benefit Amount.

*Reduction of Benefit Amount

Age on Date of Accident	Amount of Benefit After Reduction
70-74	65%
75-79	45%
80-84	30%
Age 85 and older	15%

ADDITIONAL BENEFITS:

Option 1

Accident Medical Expense: reimburses medical expenses, up to \$100,000 if an accidental bodily injury causes you to first incur medical expenses for care and treatment within 30 days after an accident.

Option 2

Accident Medical Expense: reimburses medical expenses, up to \$250,000 if an accidental bodily injury causes you to first incur medical expenses for care and treatment within 30 days after an accident.

DEFINITIONS: Accident or Accidental means a sudden, unforeseen and unexpected event which happens by chance. Accidental Bodily Injury means bodily injury which is accidental, the direct cause of a loss and occurs while you are insured under this policy, which is in force. Medical Expense means the Reasonable and Customary charges for Medical Services for the care and treatment of Accidental Bodily Injuries sustained in a covered Accident. Medically Necessary means any medical or dental service, supply or course of treatment which: 1) is ordered or prescribed by a Physician or a dentist; 2) is appropriate and consistent with the patient's diagnosis; 3) is in accord with current accepted medical or dental practice; and 4) could not be eliminated without adversely affecting the patient's condition or quality of medical or dental care. Medical Services means medically necessary services, including, but not limited to medical care and treatment by a physician; hospital room and board and hospital care; drugs and medicine prescribed by a physician; diagnostic tests and x-rays prescribed by a physician; your transportation in an emergency transportation vehicle from the location where you become injured to the nearest hospital where appropriate treatment can be obtained; dental care and treatment due to an accidental bodily injury; physical therapy; treatment performed by a licensed medical professional when prescribed by a physician if hospitalization would have been otherwise required; rental of durable medical equipment; artificial limbs and other prosthetic devices; orthopedic appliances or braces; eyeglasses, contact lenses and other visions or hearing aids.

EXCLUSIONS: This insurance does not cover loss resulting from: **emotional** trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection (except bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria), or bodily malfunctions, **participation** in military action while in active military service, **suicide**, attempted suicide or intentionally self inflicted injuries; **declared** or undeclared war.

ADDITIONAL EXCLUSIONS: This insurance also does not apply to an accident resulting from: **being** in, entering or exiting any aircraft owned, leased or operated by the Policyholder, or operated by an employee of the Policyholder, on the Policyholder's behalf; **incarceration, entering**, or exiting any aircraft while acting or training as a pilot or crew member, but this exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency;

being intoxicated; **being** under the influence of any narcotic unless taken on the advice of a physician. This insurance does not apply to any accident when the United States of America has imposed any trade or economic sanctions prohibiting insurance of any accident or when there is any other legal prohibition against providing insurance for any accident.

EFFECTIVE DATE: Your insurance becomes effective on the latest of: the effective date of this policy, the date on which you first meet the eligibility criteria as the Insured Person or the beginning of the period for which required premium is paid. Insurance for you automatically terminates on the earliest of: the termination date of this policy, the expiration of the period for which required premium has been paid, or the date on which you no longer meets the eligibility criteria as the Insured Person.

CLAIM NOTICE: Written claim notice must be given to us or any of our appointed agents or brokers within 20 days after the occurrence of any loss covered by this policy or as soon as reasonably possible. Failure to give notice within 20 days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

CLAIM FORMS: When we receive notice of a claim, we will send you forms for giving proof of loss to us within 15 days. If you do not receive the forms, you should send us a written description of the loss.

CLAIM PROOF OF LOSS: For claims involving disability, complete proof of loss must be given to us within 30 days after commencement of the period for which we are liable. Subsequent written proof of the continuance of such disability must be given to us at intervals we may reasonably require. For all other claims, complete proof of loss must be given to us within 90 days after the date of loss, or as soon as reasonably possible. Failure to give complete proof of loss within these time frames will not invalidate any otherwise valid claim if notice is given as soon as reasonably possible and in no event later than 1 year after the deadline to submit complete proof of loss.

Plan Administrator:

Van Gundy Insurance

Gail McNeely

(309) 452-1156

Answers to specific questions can be obtained by calling the Plan Administrator. To make a claim please contact the Plan Administrator.



Plan Underwritten By
Federal Insurance Company
a member insurer of the
Chubb Group of Insurance Companies
15 Mountain View Road, P.O. Box 1615
Warren, NJ 07061-1615

Form No. CCA7000-Accident (Ed.09/06)

**Accident Insurance Program
While at a Canadian Track**

Provided to

Drivers/Trainers
by

United States Trotting Association
Policy #99066913

Description of Coverage

CLAIM PAYMENT: For benefits payable involving disability, we will pay you the applicable benefit amount no less frequently than monthly during the period for which we are liable, subject to our receipt of complete proof of loss. For all other benefits, we will pay you or your beneficiary the applicable benefit amount within 60 days after we receive complete proof of loss and if you, the Policyholder and/or the beneficiary have complied with all the terms of this policy.

As a handy reference guide, please read this and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, which can be obtained from the Policyholder.