

**PROVIDENT
LIFE AND ACCIDENT
INSURANCE COMPANY**

1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402

(A STOCK COMPANY)

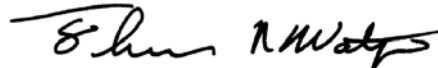
Emergency Organization Trust,
SunTrust Bank, Chattanooga, N.A., Trustee,
for the benefit of
Prince George's County Government, U.S.A.
Policy Number ESO-7784190

**BLANKET ACCIDENT INSURANCE POLICY
FOR EMERGENCY SERVICE ORGANIZATIONS**

All provisions on this and the attached pages are a part of your policy.



Corporate Secretary



President and Chief Executive Officer

PLEASE READ THIS POLICY CAREFULLY

In this policy, the word "organization" means the Emergency Organization named on Page 4. The words "we", "our" and "us" mean Provident Life and Accident Insurance Company. "**Insured Person**" is defined on Page 6.

We will pay benefits for loss resulting from **Covered Injury** or **Covered Illness**, subject to all of the provisions of this policy.

10 day right to examine the policy - We want the organization to fully understand and be entirely satisfied with the policy. If the organization is not satisfied for any reason, the policy may be returned within 10 days of its receipt. We will refund any premiums already paid within 10 days after we receive the organization's notice of cancellation and the policy. It will be considered never to have been issued.

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Policy Schedule Page

Policy Number:	ESO-7784190	Effective Date:	02/01/12
		Expiration Date:	02/01/15
Payment Method:	Installments	Premium:	\$66,526.00

Organization: Prince George's County Government, U.S.A.
Landover Hills, Princes George's Co., MD

Benefits

Section I: *Death Benefits*

I.A.	Covered Injury Death Benefit	\$50,000
I.B.	Covered Illness Death Benefit	\$50,000
I.C.	HIV Positive Benefit – Optional	\$50,000
I.D.	Bereavement Benefit	\$5,000
I.E.	Dependent Child Benefit – (each child)	\$10,000
I. F.	Seat Belt Benefit.....	\$12,500

Section II: *Impairment Benefits*

II.A.	Dismemberment, Loss of Speech or Hearing Benefit	\$50,000
II.B.	Vision Impairment Benefit	\$50,000
II.C.	Cosmetic Disfigurement from Burns Benefit.....	\$50,000
II.D.	Permanent Physical Impairment Benefit	\$50,000
II.E.	Felonious Assault Benefit.....	\$12,500
II.F.	Impairment Modification Benefit	\$15,000

Section III: *Income Protection*

III.A.	Maximum Weekly Total Disability Benefit.....	\$300
	III.A.i. Minimum Weekly Total Disability Benefit.....	\$100
	III.A.ii. Earned Income Replacement Benefit	\$200
III.B.	Partial Disability Benefit.....	\$300
III.C.	First Week Total Disability Benefit.....	\$1,000
III.D.	Cost of Living Adjustments	\$900
III.E.	Transition Benefit	\$300
III.F.	Retraining Benefit.....	\$20,000

Section IV: *Medical Expenses Benefit*

IV.A.	Medical Expense Benefit	\$50,000
IV.B.	Plastic Surgical Expense Benefit.....	\$12,500

Section V: Family Assistance

V.A.	Weekly Hospital Confinement Benefit	\$105
V.B.	Critical Care Benefit	\$210
V.C.	Family Expense Benefit.....	\$10,000
V.D.	Rehabilitation Benefit	\$2,500
V.E.	Mental Stress Management Benefit	\$10,000
V.F.	Traumatic Incident Benefit.....	\$2,500
V.G.	Health Insurance Premium Benefit.....	\$10,000

Section VI: Optional Auxiliary Person and/or Community Volunteer Coverage

VI.A.	Covered Injury – Death, Dismemberment, Loss of Speech or Hearing, Vision Impairment Benefit	Full Coverage
VI.B.	Weekly Total Disability Benefit	Full Coverage
VI.C.	Weekly Hospital Confinement Benefit	Full Coverage
VI.D.	Medical Expense Benefit.....	Full Coverage
VI.E.	Special Illness Benefit	Full Coverage

Section VII: Organized League Athletics Benefits

VII.A.	Covered Injury – Death, Dismemberment, Loss of Speech or Hearing, Vision Impairment Benefit	Not Covered
VII.B.	Weekly Total Disability Benefit	Not Covered
VII.C.	Weekly Hospital Confinement Benefit	Not Covered
VII.D.	Organized League Athletics Medical Expense Benefit.....	Not Covered

If “Primary” we will pay covered medical expenses incurred by an **Insured Person** on a primary basis without regard to benefits that may be paid or payable under any other Valid and Collectible Insurance

If “Excess” we will not pay covered medical expenses incurred by an **Insured Person** that are paid or payable under any Other Valid and Collectible Insurance, including Workers’ Compensation.

DEFINITIONS

Auxiliary Person means any person who is a member of the auxiliary to the organization named on the Policy Schedule page at the time of **Covered Injury**. All recognized classes of membership are included.

Community Volunteer is a non-member who helps the organization named on the Policy Schedule page and/or the auxiliary of the organization, in a non-emergency capacity such as fund raisers, banquets, etc.

Covered Activity means any activity, which is normal for an **Insured Person** and includes travel directly to and from such activity. This includes all calls to active duty (as an **Insured Person** of the organization) that requires immediate action in the field of public safety as well as at the scene of an emergency regardless of the organization's involvement. **Covered Activity** also means all athletic events sponsored by the organization with the exception of Organized League Athletics unless such coverage is purchased.

Covered Injury means an accidental bodily injury, which is sustained by any **Insured Person** during and/or resulting directly from a **Covered Activity** while this policy is in force.

Covered Illness means any disease, sickness or infection, other than those related to psychiatric illness or mental stress, contracted or suffered by any **Insured Person** during or resulting from a **Covered Activity** while this policy is in force.

CPI-U means the Consumer Price Index for all Urban Consumers. It is published by the United States Department of Labor.

Dependent Child means any unmarried child of the **Insured Person** who was dependent upon the **Insured Person** and claimed on the **Insured Person's** most current federal income tax return or qualified court document showing at least 50% financial responsibility.

Emergency Volunteer is a person present at the time of the emergency that has been specifically requested to assist by the Chief, Line Officer or other officer in charge of the emergency.

Home Health Care is the continued care, treatment, and/or plan of treatment established and approved by the attending physician of an **Insured Person**, for care received in his or her residence following hospitalization. **Home Health Care** must be due to a **Covered Injury** or **Covered Illness**, which requires an **Insured Person's** institutionalization that would otherwise have been required if home health care was not provided.

Hospice Care is the health care or service provided to an **Insured Person** due to a **Covered Injury** or **Covered Illness**, to ease the pain associated with death, rather than medical treatment to cure a condition. A **Hospice Care** plan must be written by the attending physician and approved by us as meeting established standards. **Hospice Care** also includes a benefit for bereavement counseling for the immediate family of an **Insured Person** receiving **Hospice Care** benefits. Benefits for bereavement counseling shall not exceed \$1,000.

Insured Person means any person who is a member of the organization. All classes of membership may be included, as well as any other party designated by the policyholder including Volunteer Member, Career or Part-time Personnel, Emergency Volunteer, Auxiliary Member, Community Volunteer, Board Members, Trustees, Administrative Personnel, Junior Members, Members in Training or Probationary Members.

Loss of Earnings Coverage means any disability benefits received from:

- 1.) any state disability benefits statute, including Workers' Compensation; and
- 2.) any formal written income continuance or group insurance plan.

Loss of Earnings Coverage does not include disability benefits received from individual disability insurance paid for by the **Insured Person**, or any disability benefits payable under the United States Federal Social Security Act.

Permanent Physical Impairment is a physical impairment or functional abnormality of a body part or parts or loss of at least 10% which remains after maximum medical rehabilitation has been achieved and which is considered stable, or non-progressive by the examining physician at the time of evaluation.

Principal Sum is an amount equal to the **Covered Injury Death Benefit** or **Covered Illness Death Benefit**, whichever is applicable.

Reasonable Occupation means any occupation for which the **Insured Person** is reasonably fitted based on education, training or experience and the **Insured Person** could expect to generate the lesser of \$75,000 or at least 70% of **Weekly Earned Income**.

Review Date means each anniversary of the start of a disability.

Total Disability or **Totally Disabled** means that for the first five years from the date of a **Covered Injury** or **Covered Illness**, the **Insured Person**:

- 1.) is not able to perform the substantial and material duties of his or her occupation; and
- 2.) is receiving care by a physician, which is appropriate for the condition causing the disability.

After five years from the date of a **Covered Injury** or **Covered Illness**, **Total Disability** or **Totally Disabled** means that, due to a **Covered Injury** or **Covered Illness**, the **Insured Person**:

- 1.) is not able to engage in any **Reasonable Occupation**; and
- 2.) is not working at any other occupation; and
- 3.) is receiving care by a physician, which is appropriate for the condition causing the disability.

Traumatic Incident Stress Management Team means an organized group of mental health professionals and peer support individuals trained to provide support services to Emergency organization personnel. Such support services include traumatic incident stress defusing, debriefing, demobilization, stress reduction education, spousal support, one-on-one interviews, or on the scene support.

Weekly Earned Income will be the greater of the **Insured Person's**:

- 1.) **Weekly Earned Income** at the time the disability starts; or
- 2.) average **Weekly Earned Income** for the period of one year prior to the start of disability for which a claim is made.

If an employer other than himself employs the **Insured Person**, we will compute **Weekly Earned Income** from the **Insured Person's** regular, over-time and shift differential wages. **Weekly Earned Income** shall be substantiated by pay stubs, W-2 Forms, other employment records, tax records, and/or any other records which we may reasonably request.

If the **Insured Person** is Self-Employed, we will compute **Weekly Earned Income** from the amount reported by the **Insured Person** on Page 1 of the IRS Form 1040 series, from Schedules C and F, and from qualifying income included on Schedule E which is included in the amount reported by the **Insured Person** on Page 1 of IRS Form 1040 series.

Weekly Earned Income does not include rent, royalties, investment income, passive income, estate and trust income and REIT/REMIC income regardless of the **Insured Person's** active involvement in generating said forms of income, or any other income not derived directly from the **Insured Person's** occupational activities.

EXCLUSIONS AND LIMITATIONS

- 1.) We will not pay benefits for loss caused by war or act of war.
- 2.) Disability claims resulting from athletic events will be limited to a maximum period of 1,092 days (156 weeks).
- 3.) In no event will benefits be payable to an **Insured Person** for more than one disability at the same time.
- 4.) If the **Insured Person** is covered under more than one Emergency Organization's Blanket Accident Policy issued by us, the total benefits payable will not exceed those payable under the policy that provides the greatest benefit.
- 5.) An **Insured Person** may reopen their claim at any time up to five years following a period of **Total** or **Partial Disability** for either injuries or illness for which payments were made under this policy.

SECTION I – DEATH BENEFITS

I.A. COVERED INJURY DEATH BENEFIT - If the **Insured Person** sustains a **Covered Injury** that directly causes the loss of life, we will pay the amount shown on the Policy Schedule page for Section I.A.

I.B. COVERED ILLNESS DEATH BENEFIT - If the **Insured Person** suffers a **Covered Illness** that directly causes the loss of life, we will pay the amount shown on the Policy Schedule page for Section I.B.

I.C. OPTIONAL HIV POSITIVE BENEFIT - If as a direct result of participation in a **Covered Activity** an **Insured Person** tests HIV Positive, we may pay 100% of the amount shown on the Policy Schedule page for Section I.C. The **Insured Person** may choose to receive the **Optional HIV Positive Benefit** in lieu of the **Permanent Physical Impairment Benefit** and/or **Covered Illness Death Benefit** or **Covered Injury Death Benefit**.

If an **Insured Person** receives the **Optional HIV Positive Benefit**, the **Covered Injury Death Benefit**, **Covered Illness Death Benefit**, or **Permanent Physical Impairment Benefit** will not be applicable for the same **Covered Activity**.

I.D. BEREAVEMENT BENEFIT – If a **Covered Injury Death Benefit** or **Covered Illness Death Benefit** is payable under this policy, an additional amount equal to 10% of the **Covered Injury Death Benefit** or **Covered Illness Death Benefit**, not to exceed \$10,000.00, will be paid for out of pocket costs actually incurred for expenses directly associated with the **Insured Person's** loss of life. Such expenses include, but are not limited to, bereavement counseling, travel and other expenses of the immediate family or expenses related to funeral services for the **Insured Person** of the organization.

I.E. DEPENDENT CHILD BENEFIT - If a **Covered Injury Death Benefit** or **Covered Illness Death Benefit** is payable under this policy, we will pay \$10,000.00 for each **Dependent Child** of the **Insured Person**.

I.F. SEAT BELT BENEFIT - If a **Covered Injury Death Benefit** or **Covered Illness Death Benefit** is payable under this policy and the death occurs while the **Insured Person** is wearing a properly fastened seat belt, then we will pay an additional sum equal to (25%) of the **Covered Injury Death Benefit** or **Covered Illness Death Benefit**.

SECTION II – IMPAIRMENT BENEFITS

II.A. DISMEMBERMENT, LOSS OF SPEECH OR HEARING BENEFIT

If the **Insured Person** sustains a **Covered Injury** that directly causes any of the losses shown in the Table of Losses below, we will pay the amount shown for such loss. Only the greater of the amounts shown below will be paid as the result of any one accident. Unless provided otherwise in this policy, these benefits will be paid in addition to any other payment for a **Covered Injury** or **Covered Illness** to which the **Insured Person** may be entitled under this policy. The maximum amount payable for any combination of death, dismemberment or loss of speech or hearing resulting from any one accident is the **Principal Sum**.

TABLE OF LOSSES

Loss of Life.....	Principal Sum
Loss of Both Hands or Both Feet.....	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Complete Loss of Speech.....	Principal Sum
Complete Loss of Hearing of Both Ears.....	Principal Sum
Loss of One Arm or One Leg.....	75% of Principal Sum
Loss of One Hand.....	50% of Principal Sum
Loss of One Foot	50% of Principal Sum
Loss of Thumb or Index Finger of Either Hand	25% of Principal Sum
Loss of Second, Third or Fourth Finger of Either Hand	12.5% of Principal Sum
Loss of any Joint on either Hand or Foot.....	6.25% of Principal Sum

Loss of hand or **foot** means complete severance through or above the wrist or ankle joint. **Loss of arm** or **leg** means complete severance through or above the elbow or knee joint. **Loss of thumb** or **index finger** means actual severance through or above the metacarpi-phalangeal joints. **Loss of second, third or fourth finger of either hand** means actual severance of two or more phalanges. However, if one complete phalange but less than two phalanges is severed, we will pay 50% of the sum shown above. **Loss of speech** means the entire and irrecoverable loss of speech. **Loss of hearing** means the entire and irrecoverable loss of hearing.

When medical expenses are incurred in an effort to prevent one of these losses, the amount payable for such loss may be used for such medical expenses if the maximum **Medical Expense Benefit** on the Policy Schedule page has been paid. Any benefits paid for medical expenses will be deducted from the benefits payable if the medical treatment fails to prevent the specific loss.

II.B. VISION IMPAIRMENT BENEFIT

Loss of Sight means the permanent, irrecoverable loss of sight. If the **Insured Person's** sight was less than 20/20 before the **Covered Injury** or **Covered Illness**, we will measure the **Loss of Sight** or partial **Loss of Sight** based upon the additional impairment measured after the **Covered Injury** or **Covered Illness**.

TABLE OF VISION IMPAIRMENT

Vision Impairment	% of Principal Sum Payable For Each Eye
20/20	0.00
20/30	2.75
20/40	5.50
20/50	8.25
20/60	11.00
20/80	16.50
20/100	22.00
20/120	28.00
20/150	36.00
20/180	45.50
20/200 or worse	50.00
Loss of Sight of Both Eyes (20/200 or worse in both eyes)	Principal Sum
Loss of Sight of One Eye (20/200 or worse)	50% of Principal Sum

II.C. COSMETIC DISFIGUREMENT FROM BURNS BENEFIT

Cosmetic Disfigurement from Burns Benefit means a cosmetic disfigurement that is due to a burn that is classified as a third degree or full thickness burn.

If an **Insured Person** suffers a **Cosmetic Disfigurement from Burns** as a result of a **Covered Injury** as defined in this policy, we will pay a **Cosmetic Disfigurement from Burns Benefit**. The amount of benefit payable will be based on a formula, the product of which will be multiplied by the **Principal Sum**. The formula will take into account the area of the body, which was burned.

The benefit payable for any one loss is determined by the following formula:

- 1.) First, the burned area is assigned an Area Classification Factor as set forth in the Cosmetic Burn Schedule below. We have based the Area Classification Factor on the visible exposure of each body part, with higher classifications given to the more visible body parts;
- 2.) The Area Classification Factor is multiplied by the percentage of body surface actually burned. The attending physician will determine the percentage applicable to each burn, up to the Maximum Allowable Percentage for Area Surface Burned for each Area Classification Factor, as set forth in the Cosmetic Burns Schedule below;
- 3.) Steps 1 and 2 above determine the product that will be multiplied by the **Principal Sum** to determine the percentage of the **Principal Sum** payable under this benefit. The percentage is then multiplied by the **Principal Sum** to determine the benefit amount payable.

The Cosmetic Burn Schedule shown below is the schedule from which benefits will be determined. This Schedule only represents the maximum percentage of the **Principal Sum** payable for any one covered loss.

If the **Insured Person** suffers burns in more than one area as a result of any one **Covered Injury**, benefits will not exceed 100% of the **Principal Sum**.

This benefit will be paid in addition to any other benefit payable by this policy with the exception of dismemberment for the same area burned.

COSMETIC BURNS SCHEDULE

Body Part	Area Classification Factor	Maximum Allowable Percentage For Area Surface Burned	Maximum Percentage of Principal Sum Payable*
Face, Neck, Head	11	9%	100%
Hand & Forearm (Right).....	5	4.5%	22.5%
Hand & Forearm (Left)	5	4.5%	22.5%
Upper Arm (Right).....	3	4.5%	13.5%
Upper Arm (Left)	3	4.5%	13.5%
Torso (Front)	2	18%	36%
Torso (Back)	2	18%	36%
Thigh (Right)	1	9%	9%
Thigh (Left)	1	9%	9%
Lower Leg (Right/below knee)	3	9%	27%
Lower Leg (Left/below knee).....	3	9%	27%

* The percentage shown is based on 100% of the Body Part identified being burned.

II.D. PERMANENT PHYSICAL IMPAIRMENT BENEFIT

If an **Insured Person** suffers a **Covered Injury** or **Covered Illness**, which results in a **Permanent Physical Impairment** of a body part(s), we will pay a **Permanent Physical Impairment Benefit**.

The **Permanent Physical Impairment Benefit** will be determined by the product of the impairment percentage assigned by an examining physician of our choice, multiplied by the **Principal Sum**. The impairment value shall be expressed as a percentage taking into account the body part(s) permanently impaired as that part(s) relates to the **Insured Person's** whole person. The examining physician will determine the impairment value by use of the American Medical Association's "Guide to Evaluation of Permanent Impairment," most current at the time of claim.

If the **Insured Person** had a pre-existing physical impairment prior to the **Covered Injury** or **Covered Illness**, the Impairment value of the pre-existing condition will be deducted from the impairment value calculated after the **Covered Injury** or **Covered Illness**.

If benefits are payable under Sections II.A., II.B., II.C. and II.D., we will pay both benefits not to exceed 100% of the **Principal Sum**.

II.E. FELONIOUS ASSAULT BENEFIT

If the **Insured Person** is participating in a **Covered Activity** and sustains a **Covered Injury**, which is payable under Section I.A. or Section II. and the **Covered Injury** was caused by a criminal act of violence directed at the **Insured Person**, we will pay an additional benefit equal to 25% of the total benefit paid, not to exceed \$50,000.

If benefits are payable under Section III.A. or III.B. we will pay an additional lump sum equal to the amount shown in the schedule.

Criminal act of violence includes, but is not limited to: robbery, theft, hijacking, assault and battery, sniping, murder or civil disturbance.

II.F. IMPAIRMENT MODIFICATION BENEFIT

If, due to **Covered Injury** or **Covered Illness**, an **Insured Person** receives a benefit payment or could reasonably expect to receive a benefit payment under Section II, **Impairment Benefits**, and a physical limitation or impairment poses a safety risk or inhibits the **Insured Person's** ability to maintain independence in their current transportation or living situation, this benefit will be paid in accordance with the following:

The **Impairment Modifications Benefit** will be voluntary on the **Insured Person's** part and on our part. If the **Insured Person** and we agree upon a program of alteration to a residence or modification to a vehicle in advance and the modifications are carried out by an individual experienced in such modification, we will pay for the program of alterations as set forth in a written agreement. The benefits payable under such a program are:

- 1.) The cost of alterations to the **Insured Person's** residence to make it wheelchair accessible and/or habitable; and/or
- 2.) The cost of modifications necessary to a motor vehicle, owned by the **Insured Person**, to make the vehicle accessible or operable for the **Insured Person**.

The maximum payable under both Items 1.) and 2.) combined will not exceed \$15,000.

SECTION III – INCOME PROTECTION

III.A. MAXIMUM WEEKLY TOTAL DISABILITY BENEFITS

III.A.i. Minimum Weekly Total Disability Benefit

We will pay the **Minimum Weekly Total Disability Benefit** shown on the Policy Schedule page if an **Insured Person** is **Totally Disabled** as a result of a **Covered Injury** for a period of up to Lifetime.

We will pay the **Minimum Weekly Total Disability Benefit** shown on the Policy Schedule page if an **Insured Person** is **Totally Disabled** as a result of a **Covered Illness** up to the later of age 67 or five years.

III.A.ii. Earned Income Replacement Benefit

If an **Insured Person** is **Totally Disabled**, and the **Minimum Weekly Total Disability Benefit** is payable pursuant to Section III.A.i., we will pay, a weekly **Earned Income Replacement Benefit**, up to the amount listed on the Policy Schedule page while the **Insured Person** is **Totally Disabled** and the **Minimum Weekly Total Disability Benefit** is payable.

The amount payable under this Section III.A.ii. shall be computed by determining the **Insured Person's Weekly Earned Income**, and by subtracting there from, the combined total of:

- 1.) the **Minimum Weekly Total Disability Benefit**; and
- 2.) the **Loss of Earnings Coverage** as defined on Page 7.

III.B. PARTIAL DISABILITY BENEFIT

Partial Disability means the inability to perform one or more, but not all, of the important daily duties of the insured's occupation. If a **Covered Injury** or **Covered Illness** permits the **Insured Person** to return to any **Reasonable Occupation**, but at a lower rate of **Weekly Earned Income**, or if the **Insured Person** is receiving any **Weekly Earned Income** from any source, we will pay, such weekly benefit, but not to exceed the **Maximum Weekly Total Disability Benefit**, which had been, or would have been paid, had the **Insured Person** been **Totally Disabled**. The **Partial Disability Benefit** is payable for as long as the **Insured Person** is **Partially Disabled** up to the later of:

- 1.) age 67 or normal retirement age, whichever comes first; or
- 2.) five years.

III.C. FIRST WEEK TOTAL DISABILITY BENEFIT

For the first week of **Total Disability** only, we will pay a benefit of up to \$1,000 to replace an amount equal to the **Insured Person's Weekly Earned Income**. The **First Week Total Disability Benefit** will be reduced by any **Loss of Earning Coverage** that may be payable. In no event will we pay a benefit less than the **Minimum Weekly Total Disability Benefit**.

III.D. COST OF LIVING ADJUSTMENTS

After each **Review Date**, we will make **Cost of Living Adjustments** as set forth below:

- 1.) If only the **Minimum Weekly Total Disability Benefit** is payable, we will increase the **Minimum Weekly Total Disability Benefit** by the greater of: a) five percent (5%) or b) the **CPI-U**. In no event will the increase be greater than eight percent (8%).
- 2.) If the **Minimum Weekly Total Disability Benefit** and the **Earned Income Replacement Benefit** are payable, we will increase the combined benefit amount paid by the greater of a) five percent (5%) or b) the **CPI-U**, of the **Weekly Earned Income** at the time the **Insured Person's** disability began. In no event will the increase be greater than eight percent (8%).

The **Cost of Living Adjustments** will apply to benefits payable under Sections III. A. and III. B.

These adjustments will be made after each **Review Date**, and will be compounded. Any increased benefits apply to the 52 weeks of continuous disability immediately following the date of adjustment. In no event, will any computed benefit exceed three times the **Maximum Weekly Total Disability Benefit** shown in the Policy Schedule.

III.E. TRANSITION BENEFIT

If an **Insured Person** is given a release to return to his or her primary employer after having received benefits under this policy for a **Covered Injury** or **Covered Illness**, but his or her primary employer has terminated his or her employment due to the **Covered Injury** or **Covered Illness**, we will continue to pay disability benefits previously payable for a period of up to 26 weeks while the **Insured Person** actively seeks employment.

III.F. RETRAINING BENEFIT

Retraining will be voluntary on the part of the **Insured Person** and on our part. If the **Insured Person** and we agree upon a program of retraining in an institution of higher learning, we will pay tuition and books as charged by the institution and as set forth in a written agreement between the **Insured Person** and us. The goal of the program of retraining must be to return the **Insured Person** to work in an occupation to which he or she is suited as a result of the program.

We will review the program and the progress of the **Insured Person** in the program at the end of each of the Institution's terms. We will continue to pay for the program as long as we determine that it is helping return the **Insured Person** to work.

Participation in the program by an **Insured Person** will not in and of itself be considered a recovery from **Covered Injury** or **Covered Illness**, and benefits for disability will continue as provided by the policy while the **Insured Person** is actively participating in the program.

We will pay the **Retraining Benefit** up to the amount listed in the Policy Schedule.

SECTION IV – MEDICAL EXPENSES

IV.A. MEDICAL EXPENSE BENEFIT

If a **Covered Injury** or **Covered Illness** requires medical or surgical treatment, preventative inoculation, hospital confinement, **Home Health Care**, the employment of a trained nurse or **Hospice Care** we will pay the actual cost to the **Insured Person**. We will not pay these benefits in excess of the maximum **Medical Expense Benefit** shown on the Policy Schedule page. The benefit limit is the maximum amount payable for each **Insured Person** as the result of any one **Covered Injury** or **Covered Illness**.

IV.B. PLASTIC SURGICAL EXPENSE BENEFIT

An additional 25% of the **Medical Expense Benefit** may be used for **Plastic Surgical Expense Benefit** as the result of a **Covered Injury**, but not less than \$10,000.

SECTION V – FAMILY ASSISTANCE

V.A. WEEKLY HOSPITAL CONFINEMENT BENEFIT

If, due to a **Covered Injury** or **Covered Illness**, an **Insured Person** is hospital confined as a resident patient for at least a full day, we will pay 1/7 of the **Weekly Hospital Confinement Benefit** shown on the Policy Schedule page for each full day of hospital confinement, but not to exceed 730 days.

If the **Insured Person** is confined in a hospital as a resident patient for at least a full day, and requires outpatient physical therapy, rehabilitation and/or follow-up physician visits, the maximum number of days payable under this benefit will not exceed 730.

If, due to a **Covered Injury** or **Covered Illness**, an **Insured Person** does not require confinement as a resident patient, but does require outpatient physical therapy, rehabilitation and/or follow-up physician visits, we will pay 1/7 of the **Weekly Hospital Confinement Benefit** shown on the Policy Schedule page for each day of such treatment, but not to exceed 365 days. We will only make one payment per day, regardless of the number of appointments the **Insured Person** attends.

V.B. CRITICAL CARE BENEFIT

If, due to a **Covered Injury** or **Covered Illness**, an **Insured Person** is hospital confined to an Intensive Care, Trauma, Critical Care, Burn, or similar specialty unit, we will pay 2/7 of the **Weekly Hospital Confinement Benefit** shown on the Policy Schedule page for each full day of such confinement, but not to exceed 730 days.

V.C. FAMILY EXPENSE BENEFIT

If, as a result of a **Covered Injury** or **Covered Illness**, an **Insured Person** requires medical treatment that causes one or more of their immediate family to accompany the **Insured Person** for treatment or to help treat the **Insured Person**, we will pay reasonable expenses actually incurred subject to the maximum **Family Expense Benefit** shown on the Policy Schedule. Expenses may include, but are not limited to; loss of wages, out of pocket expenses, hotel accommodations, parking, and childcare.

V.D. REHABILITATION BENEFIT

Rehabilitation will be voluntary on the **Insured Person's** part and on our part. If the **Insured Person** and we agree upon a program of occupational rehabilitation in advance, we will pay for the program as set forth in a written agreement. The goal of the program will be to return the **Insured Person** to the workforce in an occupation for which he or she is reasonably suited considering the **Covered Injury** or **Covered Illness** sustained.

The extent of our role will be determined by the written agreement. The services and expenses that might be provided may include, but are not limited to:

- 1.) Coordination of physical rehabilitation and medical services;
- 2.) Financial and business planning;
- 3.) Vocational evaluation and transferable skills analysis;
- 4.) Career counseling and retraining;
- 5.) Labor market surveys and job placement services;
- 6.) Evaluation of necessary worksite modifications and adaptive equipment.

We can periodically view the program and the **Insured Person's** progress, and continue to pay for the program for as long as we determine that the program is helping the **Insured Person** return to the workforce.

The **Insured Person's** participation in the program will not itself be considered a recovery from **Covered Injury** or **Covered Illness**, and benefits for disability will continue as provided by the policy while the **Insured Person** is actively participating in the program.

V.E. MENTAL STRESS MANAGEMENT BENEFIT

If, as a direct result of either being actively engaged in a single emergency incident involving the organization or repeated active engagement in emergency incidents involving the organization, an **Insured Person** suffers a psychiatric or mental stress related illness, we will pay a **Mental Stress Management Benefit**, in accordance with Sections III, IV and V, subject to the maximum shown on the Policy Schedule page. The **Insured Person** must be receiving care by a physician, which is appropriate for the condition causing the disability.

V.F. TRAUMATIC INCIDENT BENEFIT

We will pay the reasonable expenses for the services provided by a **Traumatic Incident Stress Management Team** if such services are requested and authorized by the organization. Expenses must be incurred within one year of the traumatic incident and are subject to the **Traumatic Incident Benefit Aggregate Limit** shown in the Policy Schedule page. The **Traumatic Incident Benefit Aggregate Limit** is the maximum that will be paid per accident regardless of the number of persons treated.

V.G. HEALTH INSURANCE PREMIUM BENEFIT

If medical or health insurance premiums previously paid by the employer have been discontinued as a result of an **Insured Person's Covered Injury** or **Covered Illness** and the **Insured Person** incurs out of pocket costs for those medical or health insurance premiums, we will pay the out of pocket cost not to exceed the amount shown on the Policy Schedule page.

SECTION VI – OPTIONAL AUXILIARY PERSON and/or COMMUNITY VOLUNTEER COVERAGE

VI.A. COVERED INJURY – DEATH, DISMEMBERMENT, LOSS OF SPEECH OR HEARING, VISION IMPAIRMENT BENEFIT

We will pay benefits in accordance with the terms of the policy on Page 4 under Section I.A. **Covered Injury Death Benefit** and Section II.A. **Dismemberment, Loss of Speech or Hearing Benefit**, and II.B. **Vision Impairment Benefit**, except that the benefits payable will be based on amount shown on the Policy Schedule Page 5 under Section VI.A.

VI.B. WEEKLY TOTAL DISABILITY BENEFIT

We will pay 1/7 of the **Weekly Total Disability Benefit** shown on Page 5 for each full day an **Auxiliary Person** or **Community Volunteer** is **Totally Disabled**.

Total Disability or **Totally Disabled** means that due to a **Covered Injury** the **Auxiliary Person** or **Community Volunteer**:

- 1.) is not able to perform the substantial and material duties of his or her occupation; and
- 2.) is receiving care by a physician which is appropriate for the condition causing the disability.

If the **Auxiliary Person** or **Community Volunteer** is able to perform some but not all of his or her daily major responsibilities, then we will pay 50% of the **Weekly Total Disability Benefit**.

In no event will the total number of days that benefits are paid (either **Total** or **Partial Disability** benefits, or any combination thereof) exceed more than 1,092 days as the result of the **Covered Injury**.

VI.C. WEEKLY HOSPITAL CONFINEMENT BENEFIT

We will pay benefits in accordance with the terms of the provision on Page 15 under Section V.A. **Weekly Hospital Confinement Benefit**, except that the benefits payable will be based on the amount shown on the Policy Schedule Page 5 under Section VI.C.

VI.D. MEDICAL EXPENSE BENEFIT

We will pay benefits in accordance with the terms of the provision on Page 14 under Section IV.A. **Medical Expense Benefit**, except that the benefits payable will be based on the amount shown on the Policy Schedule Page 5 under Section VI.D.

VI.E. SPECIAL ILLNESS BENEFIT

If as a result of a **Covered Activity**, an **Auxiliary Person** or **Community Volunteer** suffers a **Covered Illness** which causes disability or death, we will pay benefits for death, disability, medical expense, and hospital confinement not to exceed the **Special Illness Benefit** maximum shown on the Policy Schedule.

SECTION VII: ORGANIZED LEAGUE ATHLETICS COVERAGE

VII.A. COVERED INJURY – DEATH, DISMEMBERMENT, LOSS OF SPEECH OR HEARING, VISION IMPAIRMENT BENEFIT

We will pay benefits in accordance with the terms of the policy under Section I.A., Section II.A. and Section II.B., except that the benefits payable will be based on the benefit amount shown on the Policy Schedule page under Section VII.A.

VII.B. WEEKLY TOTAL DISABILITY BENEFIT

We will pay 1/7 of the **Weekly Total Disability Benefit** shown on the Policy Schedule page under Section VII.B. for each full day an **Insured Person** is **Totally Disabled**.

Totally Disabled as used in this provision means that due to **Covered Injury** the **Insured Person** is:

- 1.) not able to perform the substantial and material duties of his or her occupation; and
- 2.) is receiving care by a physician which is appropriate for the condition causing the disability.

If the **Insured Person** is able to perform some but not all of his or her daily major responsibilities, we will pay 50% of the **Weekly Total Disability Benefit**.

In no event will the total number of days that benefits are paid (either **Total** or **Partial Disability** benefits, or any combination thereof) exceed more than 1,092 days as the result of the same accident.

VII.C WEEKLY HOSPITAL CONFINEMENT BENEFIT

We will pay benefits in accordance with the terms of the provision in Section V.A. titled **Weekly Hospital Confinement Benefit**, except that these benefits will be subject to the **Weekly Hospital Confinement Benefit** shown on the Policy Schedule page under Section VII.C.

VII.D. ORGANIZED LEAGUE ATHLETICS MEDICAL EXPENSE BENEFIT

If, as a result of an **Insured Person** being actively engaged in an organized league athletic event, the **Insured Person** suffers a bodily injury we will pay reasonable medical expenses subject to the **Organized League Athletics Medical Expense Benefit** Maximum shown on the Policy Schedule page under Section VII.D.

PREMIUMS AND RENEWALS

POLICY TERM AND RENEWAL

The first term of this policy starts on the Effective Date shown on Page 4. It ends on the first **Renewal Date** also shown. Later terms will be the periods for which the organization pays renewal premiums when due. All terms will begin and end at 12:01 A.M., Standard Time, at the location of the organization.

Premiums are payable to us at our office in Pittsburgh, Pennsylvania or to our home office in Chattanooga, Tennessee. The first premium is due on the Effective Date. The renewal premium for each term will be due on the day the preceding term ends, subject to the Grace Period.

We may change the premium rate on any renewal date of this policy or whenever the terms and conditions of the policy are changed.

The organization or we may terminate this policy on any anniversary of the first **Renewal Date** by giving written notice at least 30 days prior to that date. In that event, this policy will terminate on the specified anniversary date at 12:01 A.M., Standard Time. Any nonrenewal will be without prejudice to the rights of any **Insured Person** as respects any claim as may begin while this policy is in force.

GRACE PERIOD

Unless we have given notice of our intention not to renew this policy in accordance with the "Policy Term and Renewal" provision shown above, this policy will have a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the grace period, the policy will stay in force.

CLAIMS

NOTICE OF CLAIM

Written notice of claim must be given within 20 days after a **Covered Injury** or **Covered Illness**, or as soon as reasonably possible. The notice can be given to us at our office in Pittsburgh, Pennsylvania, our home office in Chattanooga, Tennessee, or to our agent. Notice should include the **Insured Person's** name and the name of the organization, and should be made on our Claim Form.

CLAIM FORMS

When we receive the notice of claim, the **Insured Person** will be sent forms for filing proof of loss. If we do not provide these forms to the **Insured Person** within 20 days, the proof of loss requirements will be met by giving us a written statement of the nature and extent of the loss. Proof must be given within the time set forth in the **Proof of Loss** section.

PROOF OF LOSS

In case of claim for loss of time from disability, initial written proof of loss must be furnished within 30 days of the date of loss. Subsequent written proofs of the continuance of such disability must be furnished at such time, in such manner and at such place as we may reasonably require. In no event, will the initial written proof of loss, or any continued written proof of loss be acceptable as proof of continuing loss for a period of more than thirty (30) days from the date written. For any loss other than a disability loss, written proof must be furnished within 90 days after such loss.

PAYMENT OF CLAIMS

After we receive written proof of disability loss, we will pay monthly, all disability benefits then due the **Insured Person**. Benefits for any other loss covered by this policy will be paid as soon as we receive proper written proof. The balance of any unpaid benefits will be paid promptly at the end of the claim. Any payment we make in good faith will end our liability to the extent of the payment.

PAYMENT OF LOSS OF LIFE CLAIMS

All benefits for loss of life will be payable to the person or persons whose name or names shall be listed by the **Insured Person** with the Secretary of the organization on our beneficiary designation card which was executed by the **Insured Person** during any time this policy is in effect.

If upon the death of an **Insured Person**, there is no beneficiary of record on file with the Secretary of the organization as set forth above, benefits for loss of life shall be payable in one sum to be divided equally among members (if more than one) of the first surviving class of the following classes of beneficiaries of the **Insured Person**:

- 1.) Wife or husband
- 2.) Child or children
- 3.) Mother or father
- 4.) Brothers or sisters

If there are no surviving classes of beneficiaries, benefits for loss of life will be payable to the estate of the **Insured Person**. The payment of benefits for any other type of loss will be payable to the **Insured Person**.

RIGHT TO OFFSET

If we determine that an overpayment of any benefit payable under this policy has been made to an **Insured Person**, we reserve the right to offset said overpayment against any benefit payable to the **Insured Person**, to request reimbursement from the **Insured Person** for any overpayment made, and/or bring legal action against the **Insured Person** to recover any overpayment.

PHYSICAL EXAMINATIONS AND AUTOPSY

We, at our expense, have the right to have the **Insured Person** examined, as often as is reasonable while a claim is pending and to make an autopsy in the case of death where it is not forbidden by law.

LEGAL ACTIONS

The **Insured Person** may not start a legal action to recover on this policy within 60 days after the required proof of loss is furnished. Such action may not be started after three years from the time proof of loss is required.

LEGAL EXPENSE

If, while receiving benefits under this policy, an **Insured Person** incurs legal expenses for the denial or appeal of a Workers' Compensation claim related to **Covered Injury** or **Covered Illness** with the in-force Workers' Compensation carrier, we will reimburse the **Insured Person** for such expenses up to a maximum of \$1,000. In no event will benefits be payable for liability, negligence or any other related lawsuit or action other than those specifically stated in this policy. This benefit is payable for up to one year following the date of the **Covered Activity**.

GENERAL PROVISIONS

ENTIRE CONTRACT

This policy and the application, if any, is the entire contract between the organization and us. All statements made by the officers or trustees of the organization shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under this policy unless it is contained in a written application. No change in this policy will be effective until approved by one of our officers. This approval must be noted on or attached to this policy. No agent can change this policy or waive any of its provisions.

CONFORMITY WITH STATE STATUTES

Any provision of this policy, which on its effective date, is in conflict with the laws of the state in which the **Insured Person** resides on that date, is changed to conform to the minimum requirements of those laws.

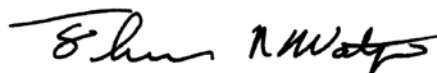
**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
1 Fountain Square, Chattanooga, Tennessee 37402**

BLANKET ACCIDENT INSURANCE POLICY ENDORSEMENT

Effective 02/01/12...It is hereby mutually understood and agreed that the following participating organizations are Named Insureds covered under the below captioned blanket accident policy:

Accokeek Volunteer Fire Department & Rescue Squad
Allentown Road Volunteer Fire Department, Inc.
Baden Volunteer Fire Department
Beltsville Volunteer Fire Department, Inc.
Berwyn Heights Volunteer Fire Department & Rescue Squad
Bladensburg Volunteer Fire Department and Rescue Squad, Inc.
Boulevard Heights Volunteer Fire Department
Bowie Volunteer Fire Department & Rescue Squad, Inc.
Branchville Volunteer Fire Company & Rescue Squad, Inc.
Brandywine, Maryland Volunteer Fire Department, Inc.
Brentwood Volunteer Fire Department
Capitol Heights Volunteer Fire Department
Chapel Oaks Volunteer Fire Department & Rescue Squad, Inc.
Chillum-Adelphi Volunteer Fire Department, Inc.
Clinton Volunteer Fire Department, Inc.
College Park Volunteer Fire Department, Inc.
Cottage City Fire Company, Inc.
District Heights Volunteer Fire Department, Inc.
Forestville Volunteer Fire Department
Glenn Dale Fire Association, Inc.
Greenbelt Volunteer Fire Department & Rescue Squad, Inc.
Hyattsville Volunteer Fire Department
Kentland Volunteer Fire Department, Inc.
Landover Hills Volunteer Fire Department, Inc.
Laurel Volunteer Fire Department #1, Inc.
Laurel Volunteer Rescue Squad
Marlboro Volunteer Fire Department, Inc.
Morningside Volunteer Fire Department, Inc.
Mt. Rainer Volunteer Fire Department
Oxon Hill Volunteer Fire & Rescue Company, Inc.
Ritchie, Maryland Volunteer Fire Company, Inc.
Riverdale Fire Department, Inc.
Riverdale Heights Volunteer Fire Department & Rescue Squad, Inc.
Seat Pleasant Volunteer Fire Company, Inc.
Silver Hill Volunteer Fire Department & Rescue Squad, Inc.
Underwater Rescue and Recovery Team
West Lanham Hills Volunteer Fire Department & Rescue Squad

Except as may be modified by the above, the policy remains subject to all conditions, agreements and limitations thereof. Attached to and forming part of Policy No. ESO-7784190 issued by the **PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY, CHATTANOOGA, TENNESSEE** to Prince George's County Government – Volunteer Firefighters and Ladies Auxiliary, U.S.A.



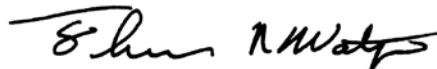
President and Chief Executive Officer

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
1 Fountain Square, Chattanooga, Tennessee 37402

BLANKET ACCIDENT INSURANCE POLICY ENDORSEMENT

EFFECTIVE 02/01/12...IT IS HEREBY MUTUALLY UNDERSTOOD AND AGREED THAT THE BENEFITS PROVIDED UNDER THE BELOW CAPTIONED BLANKET ACCIDENT POLICY ARE FOR THE VOLUNTEER MEMBERS, AUXILIARY MEMBERS, COMMUNITY VOLUNTEERS AND PART-TIME EMPLOYEES WHO WORK LESS THAN 30 CUMULATIVE HOURS PER WEEK FOR THE NAMED INSURED.

Except as may be modified by the above, the policy remains subject to all conditions, agreements and limitations thereof. Attached to and forming part of Policy No. ESO-7784190 issued by the **PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY, CHATTANOOGA, TENNESSEE** to Prince George's County Government, U.S.A.



President and Chief Executive Officer

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
1 Fountain Square, Chattanooga, Tennessee 37402**

BLANKET ACCIDENT INSURANCE POLICY ENDORSEMENT

EFFECTIVE 02/01/12...IT IS HEREBY MUTUALLY UNDERSTOOD AND AGREED THAT THE POLICY IS ENDORSED AS FOLLOWS:

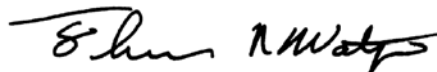
The following definition replaces:

DEFINITIONS

Permanent Physical Impairment

Permanent Physical Impairment is a physical impairment or functional abnormality of a body part or parts or loss of at least [1%] which remains after maximum medical rehabilitation has been achieved and which is considered stable, or non-progressive by the examining physician at the time of evaluation.

Except as may be modified by the above, the policy remains subject to all conditions, agreements and limitations thereof. Attached to and forming part of Policy No. ESO-7784190 issued by the **PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY, CHATTANOOGA, TENNESSEE** to Prince Georges County Government - Volunteer Firefighters & Ladies Auxiliary, U.S.A.



President and Chief Executive Officer

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
1 Fountain Square, Chattanooga, Tennessee 37402**

BLANKET ACCIDENT INSURANCE POLICY RENEWAL CERTIFICATE

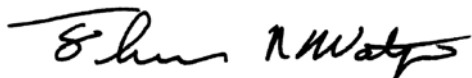
In consideration of the payment of the premiums listed in the policy to which this certificate is attached, it is mutually agreed and understood that subject to all the terms of this policy, the insurance will be provided as stated in the policy for an additional two years.

Attached to and forming part
of Policy Number: **ESO-7784190**

Policyholder: **Prince George's County Government**

Effective Date: **02/01/15**

Except for the above, this certificate does not vary, alter, waive or extend any of the terms of the policy to which it is attached.



President and Chief Executive Officer