

**CHUBB®**

**ACE Property & Casualty Insurance Company**

Home Office Address: 436 Walnut Street • Philadelphia, PA 19106  
Policyholder Service Address: P. O. Box 6700, Scranton, PA 18505-0700  
Telephone Number: 1-866-445-8874

**GROUP INSURANCE POLICY**

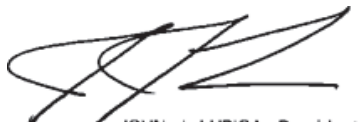
**POLICYHOLDER:** GULF RESERVE, LLC.  
**POLICY NUMBER:** ZKH000000  
**POLICY EFFECTIVE DATE:** 04/01/2022  
**POLICY ANNIVERSARY DATE:** April 01, 2023 and each following April 01  
**PREMIUM DUE DATE:** April 01, 2022 and the first day of each calendar month thereafter  
**RATE GUARANTEE DATE:** April 01, 2024  
**GOVERNING JURISDICTION:** FL  
**ELIGIBLE CLASS(ES):** ALL ELIGIBLE EES

ACE PROPERTY & CASUALTY INSURANCE COMPANY (referred to as We, Us, Our, or the Company) will provide benefits under this Policy. We make this promise subject to all of this Policy's provisions. The telephone number listed above may be used to make inquiries, obtain information about coverage, or receive assistance with resolving complaints.

The Policyholder should read this Policy carefully and contact Us promptly with any questions. This Policy is delivered in and is governed by the laws of the Governing Jurisdiction.

This Policy may be changed in whole or in part. Only an officer of the Company can approve a change. The approval must be in writing and endorsed on or attached to this Policy. No other person, including an agent, may change this Policy or waive any part of it.

For ACE Property & Casualty Insurance Company

  
JOHN J. LUPICA, President

  
REBECCA L. COLLINS, Secretary

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## **POLICYHOLDER PROVISIONS**

### **CLERICAL ERROR**

Clerical error on the part of the Policyholder or Us will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an adjustment will be made in the Premiums and/or benefits available. Complete proof must be supplied by the Policyholder documenting any clerical errors.

### **EFFECTIVE DATE OF COVERAGE**

This Policy becomes effective on the Policy Effective Date shown in the Policy Specifications. Coverage for each Covered Person begins on their Certificate Effective Date.

### **ENTIRE CONTRACT**

The Entire Contract consists of:

- This Policy;
- The Policyholder's application;
- Any amendments and attachments issued;
- The Certificate(s) and any Certificate Rider(s); and
- All enrollment data and evidence of insurability if any.

Changes to this Policy will not be effective until approved by the President, a Vice President, or the Secretary of our Company. This approval must be noted on or attached to this Policy. No agent or broker has the authority to change this Policy or to waive any of its provisions.

The Policy may be modified by Us with at least 60 days advance written notice delivered to the Policyholder.

### **INFORMATION REQUIRED FROM THE POLICYHOLDER**

The Policyholder must provide Us with detailed information about persons who are eligible to become insured under this Policy, information about Insureds, and any other information that may be reasonably required.

Policyholder's duties include, but are not limited to, the following:

- Providing Us any and all information We determine is necessary for the enrollment of Eligible Classes and for the determination of their eligibility. Policyholder must provide Us with all information necessary to underwrite the coverage, to calculate premiums and to maintain necessary administrative records.
- Maintaining records pertaining to the insurance of Eligible Classes, for whom We may reasonably require information while this Policy is in force and for 2 years after this Policy terminates. Policyholder must also allow us to examine these records at any reasonable time during normal business hours.
- Cooperating fully with Us in preparing and/or delivering any required notices regarding this insurance to Eligible Classes.

### **INSPECTION OF POLICY**

Policyholder must make this Policy available for inspection by all Eligible Classes during normal business hours.

### **LEGAL ACTION**

No legal action can be brought to recover benefits under this Policy for at least 60 days after written Proof of Loss has been furnished to Us; nor after the expiration of five (5) years after the date written Proof of Loss is required to be given.

## **PREMIUM**

### **PAYMENT OF PREMIUM**

This Policy is issued in consideration of the Policy application and payment of the first Premium. The first Premium is based on the initial rate(s) shown in the Rate Table and is due on the Premium Due Date shown in the Policy Specifications. The Policyholder must send all Premiums to Us on or before their respective Premium Due Dates.

Payments must be paid in United States dollars. We may use any reasonable method to compute Premiums due under this Policy. Premium is due for everyone covered under this Policy.

## **GRACE PERIOD**

After payment of the first Premium, if a Premium is not paid on or before the Premium Due Date, it may be paid during the next 31 days. These 31 days are called the Grace Period. If any Premium is unpaid at the end of the Grace Period, coverage shall automatically terminate and this Policy will no longer be in force. This Grace Period does not apply if the Policyholder requested this Policy be terminated.

If the full Premium is not paid by the Premium Due Date, We will provide written notice to the Policyholder that if the Premium is not paid by the end of the Grace Period; this Policy will terminate on the last day of the Grace Period. If We fail to give written notice, the insurance provided under this Policy will continue in effect until the date such notice is given.

If the Policyholder replaces this Policy with another group policy but does not give Us written notice of intent to end this Policy, the Grace Period provision of this Policy will still apply.

The Policyholder is required to pay a pro rata Premium for any period this Policy was in force during the Grace Period. Premium is required for any period, including the Grace Period or any extension of the Grace Period, for which insurance under this Policy was in force and Premium was not paid.

The Policyholder is responsible for the payment of Premiums to the last day of the Grace Period. If any Premium owed is not paid before the Grace Period ends, this Policy will lapse. If We accept Premium after the Policy lapses, such acceptance shall not automatically reinstate this Policy.

At our option, We may require the Policyholder to apply for reinstatement.

- If We require the Policyholder to apply for reinstatement, and that reinstatement is approved by Us, We will reinstate this Policy.
- If We require the Policyholder to apply for reinstatement, and that reinstatement is not approved by us, We shall refund any unearned Premium as soon as reasonably possible but in no event later than 30 days following receipt of the unearned Premium.

## **INITIAL RATE GUARANTEE AND CHANGES IN PREMIUM**

We have the right to adjust the Premium for this Policy as determined necessary by Us. A change in Premium will not take effect before the Rate Guarantee Date shown in Policy Specifications. However, We may change Premium rates at any time for reasons which affect the risk assumed, including but not limited to:

- A change occurs in the Policy design;
- The number of Insureds changes by 25%; or
- A new law or a change in an existing law affecting premium taxes or premium-based fees or other fees or assessments affecting Us.

A Premium adjustment will take effect on the next monthly anniversary of this Policy following the adjustment. A change may take effect on an earlier date when both We and the Policyholder agree. Written notice of a Premium adjustment will be delivered to the Policyholder and Insureds at least 30 days in advance.

If a Premium adjustment involves a return of unearned Premium, the refund will be limited to the prior 12 month period.

## **REINSTATEMENT OF INDIVIDUAL CERTIFICATES**

If an Individual Certificate terminates for failure to pay Premium, the Insured may apply for reinstatement subject to the reinstatement provision in the Individual Certificate.

## **POLICY RENEWAL**

This Policy shall automatically renew on each anniversary of the Policy Anniversary Date, subject to the Termination of Policy provision.

## **TIME LIMIT ON CERTAIN DEFENSES**

After 2 years from the Policy Effective Date, no misstatements, except fraudulent misstatements, of the Policyholder can be used to void this Policy. After 2 years from the Certificate Effective Date of an Individual Certificate, no misstatements, except fraudulent misstatements, of the Insured can be used to void coverage or deny a claim for Loss incurred or disability commencing after the expiration of the 2 year period.

## DEFINITIONS

**Active Employee, Actively at Work** means the Insured is at work for pay on a permanent basis at least 20 hours per week performing the normal duties of the Insured's job.

**Certificate** means the document that explains the parts of this Policy which apply to the Insured and defines benefits and provisions for each Covered Person.

**Covered Person** means a person covered under the Certificate.

**Eligible Class(es)** means the people who may apply for coverage. The Eligible Class(es) are shown in the Policyholder Specifications.

**Eligible Employee** means a person in an Eligible Class who is an Active Employee of the Policyholder.

**Dependent** means a person for whom the Insured has elected coverage and who is:

- The Insured's Spouse;
- The Insured's newborn child;
- The Insured's unmarried natural child, legally adopted child, child in the waiting period prior to finalization of adoption by the Insured, or stepchild under age 27; or
- The Insured's unmarried grandchild under age 27 who is a dependent for federal income tax purposes.

**Insured** means the Eligible Employee covered under the Certificate.

**Loss** means an event for which a benefit may become payable under this Policy.

**Spouse** means the person to whom the Insured is legally married, or the Insured Domestic Partner, and for whom the Insured has elected coverage. Spouse also means the Insured's Civil Union partner.

**We, Our, Us or the Company** means ACE Property & Casualty Insurance Company.

## TERMINATION AND PORTABILITY PRIVILEGE

### TERMINATION OF POLICY

This Policy terminates on the earliest of:

- The date there are no longer any Insureds covered under it;
- The end of the period for which Premium is paid, subject to the Grace Period.

Coverage under this Policy may also be terminated:

- By the Policyholder with at least 60 days advance written notice delivered or mailed to Us; or
- By Us with at least 60 days advance written notice delivered to the Policyholder.

When both We and Policyholder agree, this Policy can be canceled on an earlier date.

If this Policy is terminated or canceled, it will be the responsibility of the Policyholder to provide written notice of termination to all Insureds as soon as reasonably possible.

The Policyholder shall pay all Premiums due and unpaid through and including the termination and cancellation date. The 60 day notice period begins running from the date the written notice is delivered to the Policyholder.

Termination of the Policy will not affect benefits otherwise payable for a claim incurred while this Policy is in force.

### PORTABILITY PRIVILEGE

If the Insured's coverage under the Policy terminated because the Policy was cancelled or the Insured was no longer in an Eligible Class, the Insured has the option to continue coverage. To continue coverage:

- We must receive the Insured's request and payment of the first Premium for the portability coverage no later than 60 days after such termination; and
- The request must be made on a form or through a process We approve for that purpose.

## CERTIFICATES

The Certificates designated in Appendix A, and any amendments thereto, are attached to and made part of this Policy. Any discrepancy or inconsistency between the attached Certificate(s) and any individual Certificate issued to an Insured is governed by the attached Certificate.

The Certificate(s) apply to Covered Persons in accordance with the coverages and benefits elected by the Policyholder in its application and accepted by Company.

### INDIVIDUAL CERTIFICATES

An individual certificate of insurance which sets forth (a) a description of the benefits and coverages; and (b) exclusions or limitations that apply to such benefits and coverages shall be available to the Policyholder for distribution to each Insured.

# CHUBB®

## ACE Property & Casualty Insurance Company

Home Office Address: 436 Walnut Street • Philadelphia, PA 19106  
Policyholder Service Address: P. O. Box 6700, Scranton, PA 18505-0700  
Telephone Number: 1-866-445-8874

### CRITICAL ILLNESS INSURANCE CERTIFICATE

#### THIS IS A LIMITED BENEFIT CERTIFICATE. PLEASE READ IT CAREFULLY.

This is Your Certificate while You are insured. You are the Certificateholder. This Certificate is in force as of the Certificate Effective Date. The Certificate Effective date is defined under this Certificate. The telephone number listed above may be used to make inquiries, obtain information about coverage, or receive assistance with resolving complaints.

The Company certifies that You are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. The Policy issued to the Policyholder includes a copy of this Certificate. The Policy is a contract between Us and the Policyholder. The Policy constitutes the agreement under which payments are made. Benefit payment is governed by all the terms, conditions and limitations of the Policy. We will pay the benefits set forth in this Certificate. If the terms and provisions of the Certificate are different from the Policy, the Policy will govern. The Policy may be inspected at the office of the Policyholder during normal business hours.

This Certificate may be delivered in electronic format to your email address or by being posted to a secure on-line portal. Upon request, the Policyholder or its plan administrator will deliver a paper copy of the Certificate to You.

This Certificate was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete. If any information is not correct or complete, please let Us know within 10 days of receipt of this Certificate. Incorrect or incomplete information can result in the denial of a claim, rescission, or termination of coverage.

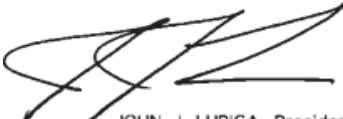
#### RENEWABILITY

This Certificate is conditionally renewable. Your coverage is automatically renewed if at the time of renewal You are an Eligible Employee and the Policy is in force.

#### PRE-EXISTING CONDITION LIMITATIONS

A Pre-existing Condition is not covered unless the date of diagnosis for such condition is at least 12 months after the Certificate Effective Date.

For ACE Property & Casualty Insurance Company

  
JOHN J. LUPICA, President

  
REBECCA L. COLLINS, Secretary

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## CERTIFICATE IDENTIFICATION

Policyholder: GULF RESERVE, LLC.

Policy Number: ZKH000000

Policy Effective Date: 04/01/2022

Governing Jurisdiction: FL

Policyholder Address: 235 W. AIRPORT  
PENSACOLA, FL 32505

Annual Enrollment Date: April 01

Eligible Class: Eligible Employees

### SCHEDULE OF BENEFITS

**COVERED PERSON(S):**

**FACE AMOUNT:**

**Insured**  
Contributory

\$5,000 - \$100,000 as elected

**Spouse**

50% of Insured Face Amount as elected

**Child**

50% of Insured Face Amount as elected

**STANDARD CRITICAL ILLNESS BENEFIT**

**PERCENTAGE OF FACE AMOUNT**

**Covered conditions:**

	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
Alzheimer's Disease	25%	25%	25%
Amyotrophic Lateral Sclerosis (ALS)	100%	100%	100%
Aneurysm (Ruptured Cerebral or Aortic)	10%	10%	10%
Benign Brain Tumor	100%	100%	100%
Cancer	100%	100%	100%
Coma	100%	100%	100%
End Stage Renal (Kidney) Failure	100%	100%	100%
Heart Attack (Myocardial Infarction)	100%	100%	100%
Loss of Sight, Hearing or Speech	100%	100%	100%
Major Organ Failure	100%	100%	100%
Multiple Sclerosis	25%	25%	25%
Paralysis or Dismemberment	100%	100%	100%
Parkinson's Disease	25%	25%	25%
Severe Burns	100%	100%	100%
Stroke	100%	100%	100%
Sudden Cardiac Arrest	100%	100%	100%

**OCCUPATIONAL CRITICAL ILLNESS BENEFIT**

This benefit is payable only for the Insured or Spouse. No benefits are payable for Covered Child(ren).

	<b>PERCENTAGE OF FACE AMOUNT</b>	
	<b>Insured</b>	<b>Spouse</b>
<b>Covered conditions:</b>		
Occupational Hepatitis B, C or D	100%	100%
Occupational Human Immunodeficiency Virus (HIV)	100%	100%
Occupational Invasive MRSA Infection	100%	100%
Occupational Rabies	100%	100%
Occupational Tetanus	100%	100%
Occupational Tuberculosis	100%	100%

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**PARTIAL CRITICAL ILLNESS BENEFITS**

**Covered conditions:**

	<b>PERCENTAGE OF FACE AMOUNT</b>		
	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
Carcinoma In Situ (Non Invasive Cancer)	25%	25%	25%
Coronary Artery Obstruction	100%	100%	100%
Transient Ischemic Attack	10%	10%	10%

	<b>BENEFIT AMOUNT</b>		
	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
Skin Cancer	\$250.00	\$250.00	\$250.00

This benefit is payable once per Calendar Year per Covered Person.

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**RECURRENCE CRITICAL ILLNESS BENEFIT**

	PERCENTAGE OF FACE AMOUNT		
	Insured	Spouse	Child
<b>Covered conditions:</b>			
Aneurysm – Ruptured Cerebral or Aortic	10%	10%	10%
Benign Brain Tumor	100%	100%	100%
Cancer	100%	100%	100%
Carcinoma In Situ (Non Invasive Cancer)	25%	25%	25%
Coma	100%	100%	100%
Coronary Artery Obstruction	100%	100%	100%
Heart Attack (Myocardial Infarction)	100%	100%	100%
Major Organ Failure	100%	100%	100%
Severe Burns	100%	100%	100%
Stroke	100%	100%	100%
Sudden Cardiac Arrest	100%	100%	100%

Payable twice per covered person.

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**CHILDHOOD CRITICAL ILLNESS BENEFIT:**

This benefit is payable only for the Covered Child(ren)

	<b>Child(ren)</b>
<b>Covered conditions:</b>	
Autism Spectrum Disorder	
DSM-V Severity Level 1	100%
DSM-V Severity Level 2	100%
DSM-V Severity Level 3	100%
Cerebral Palsy	100%
Congenital Birth Defects	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Gaucher Disease	100%
Muscular Dystrophy	100%
Sickle Cell Disease	100%
Type 1 Diabetes Mellitus	100%

Childhood Critical Illness Benefit is payable once per Covered Child.

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**Additional Benefit Riders:**

<b>Bariatric Surgery Critical Illness Benefit Certificate Rider</b>	
<b>Cancer Treatment Benefit Certificate Rider</b>	Not Covered
<b>Diabetes Benefit Certificate Rider</b>	Not Covered
<b>Family Care Benefit Certificate Rider</b>	Not Covered
<b>Hospital Admission Benefit Certificate Rider</b>	Not Covered
<b>Membership Endorsement for Health Care Referral,     Consultation and Administration Services</b>	Covered
<b>Disability Benefit Certificate Rider</b>	Not Covered
<b>Waiver of Premium Benefit Certificate Rider</b>	Covered
<b>Wellness Benefit Certificate Rider</b>	Covered

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## DEFINITIONS

**Active Employee, Actively at Work** means You are at work for pay on a permanent basis at least 20 hours per week performing the normal duties of Your job.

**Alzheimer's Disease** means a progressive degenerative disease of the brain and memory, resulting in the inability to perform 2 or more of the following activities of daily living:

- **Bathing:** The Insured's ability to wash himself/herself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower.
- **Contenance:** The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- **Dressing:** The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **Eating:** The Insured's ability to feed himself/herself by getting food into his/her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- **Toileting:** The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
- **Transferring:** The Insured's ability to move into or out of a bed, chair or wheelchair.

**Amiotrophic Lateral Sclerosis (ALS)**, also known as Lou Gehrig's disease, means motor neuron disease, marked by muscular weakness and atrophy with spasticity and hyperreflexia due to a loss of motor neurons of the spinal cord, medulla and cortex.

**Benign Brain Tumor** means a non-cancerous tumor of the brain. The tumor must result in persistent neurological deficits including, but not limited to:

- Loss of vision;
- Loss of hearing; or
- Balance disruption.

**Cancer** means leukemia or a malignant tumor characterized by uncontrolled cell growth and invasion or spread of malignant cells to distant tissue. Cancer is also defined as Cancer which meets the diagnosis criteria of malignancy established by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

The following are not considered Cancer:

- Pre-malignant conditions or conditions with malignant potential;
- Stage 0 Cancer, Carcinoma In Situ or Non-invasive Cancer; or
- Noninvasive basal cell carcinoma of the skin; or
- Noninvasive squamous cell carcinoma of the skin; or
- Melanoma diagnosed as Clark's Level I or II or Breslow less than .75mm.

For the purposes of this certificate, any cancer of the breast classified as Stage 0 or higher, Carcinoma In Situ or Non-invasive Cancer will be considered Cancer.

**Carcinoma In Situ (Non-invasive Cancer)** means a malignant tumor which is typically classified as Stage 0 cancer, wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue.

For the purposes of this certificate, any cancer of the breast classified as Stage 0 or higher, Carcinoma In Situ or Non-invasive Cancer will be considered Cancer.

**Certificate Effective Date** means the date coverage under this Certificate becomes effective. The Certificate becomes effective:

- On the Policy Effective Date if You are in an Eligible Class on or before the Policy Effective Date and Your enrollment was approved by Us; or
- On the first day of the month following the date Your enrollment was approved by Us if You enter into an Eligible Class after the Policy Effective Date.

**Child** means Your child who is a Dependent for whom You elected coverage.

**Chronic Kidney Disease Stage 6 (CKD6)** means End Stage Renal Failure.

**Coma** means a disorder of consciousness resulting in a continuous altered state of consciousness no less than 30 days, with complete failure of the arousal system characterized by

- no spontaneous eye opening or
- inability to be awakened by application of vigorous sensory application.

A medically or pharmacologically induced altered state of consciousness at any level is excluded for this benefit.

**Complete Remission** is defined as having no Symptoms and no Signs that can be identified to indicate the presence of Cancer.

**Contributory Coverage** means coverage for which You pay a portion of the premium.

**Coronary Artery Obstruction** means a cross-sectional occlusion greater than 70% to one or more major coronary arteries, including left main, left anterior descending, circumflex and right coronary artery, determined by interpretation of coronary angiography, or the prevailing standard test being utilized at the time of diagnosis.

**Covered Person** means a person covered under this Certificate.

**Dependent** means:

- Your Spouse;
- Your newborn child;
- Your unmarried natural child, legally adopted child, child in the waiting period prior to finalization of adoption by You, or step-child under age 27; or
- Your unmarried grandchild under age 27 who is a dependent for federal income tax purposes.

**Domestic Partner** means a person who resides with and is financially interdependent with You.

**End Stage Renal Failure** means Chronic Kidney Disease Stage 6 (CKD6), resulting in irreversible loss of renal function requiring renal replacement therapy in the form of dialysis or transplant.

**Eligible Employee** means a person who is an Active Employee of the Policyholder.

**Heart Attack** means acute heart muscle death confirmed by a Physician.

A Heart Attack diagnosis includes:

- electrocardiogram (EKG) changes; and
- high specificity blood biomarker rise and fall such as Troponin I, or any such biomarker providing equal specificity; or
- Imaging techniques demonstrating new function loss.

At least one abnormal biomarker value is required to distinguish from other cardiac or non-cardiac origin.

**Immediate Family** means You, Your Spouse, and any of Your, or Your Spouse's children, parents, grandparents, brothers, sisters, and their respective spouses.

**Insured** means the Eligible Employee covered under this Certificate. Insured also means the Certificateholder.

**Loss of Hearing, Sight or Speech.** “Loss of Hearing” means total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by use of any hearing aid or device shall not be considered an irrevocable loss. “Loss of Sight” means total and irreversible loss of sight in both eyes. “Loss of Speech” means damage to vocal cords due to injury that results in the total and permanent inability to speak.

The Loss of Hearing, Sight or Speech must be diagnosed after the Certificate Effective Date.

If We pay one of the following conditions: Loss of Hearing, Sight or Speech for a Covered Person, We will not pay the Standard Critical Illness Benefit for the other two conditions for that Covered Person.

**Maintenance Drug Therapy** means a course of systemic medication given to a patient after a Cancer goes into Complete Remission because of primary Treatment. Maintenance Drug Therapy includes ongoing hormonal therapy, immunotherapy, or chemo-prevention therapy. Maintenance Drug Therapy is meant to decrease the risk of Cancer recurrence; it is not meant to treat a Cancer that is still present.

**Major Organ Failure** means chronic and irreversible failure of a major organ to function and the Covered Person being placed on the UNOS (United Network of Organ Sharing) list for a transplant. For this benefit, a major organ is defined as:

- Heart
- Liver
- Lung
- Pancreas

Major Organ Failure must be diagnosed after the Certificate Effective Date.

If the Covered Person is determined to be too ill for a transplant, but otherwise meets the criteria for placement on the UNOS list, the network requirement will be waived. The network requirement will also be waived if the Covered Person receives a Major Organ transplant prior to placement on the network.

If multiple organs are to be replaced at the same time, only one benefit for Major Organ Failure is payable.

**Multiple Sclerosis** means the occurrence of at least two episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within the central nervous system.

**Non-invasive Cancer (Carcinoma In Situ)** means a diagnosis by a pathologist of a malignant tumor which is typically classified as Stage 0 cancer, wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue.

For the purposes of this certificate, any cancer of the breast classified as Stage 0 or higher, Carcinoma In Situ or Non-invasive Cancer will be considered Cancer.

**Paralysis or Dismemberment** “Paralysis” means complete and irrecoverable loss of sensory and motor functions of two or more limbs which is diagnosed after the Certificate Effective Date.

“Dismemberment” means the loss by actual and complete severance of two or more limbs which occurred after the Certificate Effective Date. Limb means an entire hand or foot at or above the wrist or ankle.

If we pay for either the following conditions: Paralysis or Dismemberment for a Covered Person, We will not pay the Standard Critical Illness Benefit for the other condition for that Covered Person.

**Parkinson's Disease** means a chronic, progressive neurodegenerative disorder characterized by at least two of the four cardinal signs: rest tremor, rigidity, bradykinesia and gait disturbance, resulting in the inability to perform 2 of the following activities:

- Bathing
- Dressing
- Toileting
- Transferring
- Continence
- Eating

**Physician** means a person performing tasks that are within the limits of his or her medical license and is:

- Licensed to practice medicine and prescribe and administer drugs or to perform surgery in his or her governing jurisdiction; or
- A legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

A Physician cannot be You or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business interest with You.

**Policyholder** means the entity to whom the Policy is issued. The Policyholder is shown in the Certificate Identification.

**Pre-existing Condition** means a condition for which a Covered Person received medical advice or treatment within the 6 months preceding the Certificate Effective Date. Routine follow-up care to determine whether a Covered Person has a reoccurrence of a breast cancer, if the Covered Person has been previously determined to be free of breast cancer, is not a pre-existing condition unless evidence of breast cancer is found during or as a result of the follow-up care.

**Ruptured Aneurysm** means a ruptured aortic aneurysm or a cerebral aneurysm. A Ruptured Aortic Aneurysm means a leak to an already widened aorta section. A Ruptured Cerebral Aneurysm is a leak from a bulge in the wall of an artery that supplies blood to the brain.

If a Ruptured Aneurysm and a Stroke are diagnosed in the same event, only one benefit is payable.

**Spouse** means the person to whom You are legally married, or Your Domestic Partner, and for whom You have elected coverage. Spouse also means Your Civil Union partner.

**Severe Burns** means third degree burns covering at least 20% of your body.

**Skin Cancer** means:

- Melanoma diagnosed as Clark's Level I or II or Breslow less than .75mm; or
- Noninvasive basal cell carcinoma of the skin; or
- Noninvasive squamous cell carcinoma of the skin.

**Stroke** means an acute or subacute event of a sudden neurologic impairment of sensory or motor functions due to acute occlusion or hemorrhage of a cerebral artery, resulting in permanent damage to the nervous system, confirmed by new neuroimaging.

Stroke does not mean transient ischemic attack, or chronic cerebrovascular insufficiency.

If a Stroke and a Ruptured Aneurysm are diagnosed in the same event, only one benefit is payable.

**Sudden Cardiac Arrest** means the heart suddenly and unexpectedly ceases to function, as a result of a disturbance in the heart's rhythm, with no evidence of structural heart disease.

**Transient Ischemic Attack (TIA, Mini-Stroke)** means a sudden, transient neurologic dysfunction lacking neuroimaging or clinical symptoms suggesting an acute infarction or stroke.

**Treatment-Free from Cancer** refer to the period of time without the consultation, care, or services provided by a Doctor. This includes receiving diagnostic measures and taking prescribed drugs and medicines. Treatment does not include Maintenance Drug Therapy or routine follow-up visits to verify whether Cancer or Carcinoma in Situ has returned.

**We, Our, Us or the Company** means ACE Property & Casualty Insurance Company.

**You or Your** means the Insured.

## BENEFITS

Benefits are paid according to the Schedule of Benefits and are limited to the Maximum Benefit Amount for each Covered Person and subject to the conditions, limitations, exclusions, and waiting periods of this Certificate.

### STANDARD CRITICAL ILLNESS BENEFIT

We will pay this benefit when a Covered Person's date of diagnosis for a covered condition occurs while this coverage is in force. Diagnosis must be made by a Physician.

If a Covered Person has been diagnosed with and received a benefit for a covered condition and is subsequently diagnosed with a **different** covered condition we will pay a benefit if:

- The date of diagnosis of the subsequent covered condition is 6 months or more after any previous date of diagnosis for a covered condition; and
- The subsequent date of diagnosis is while coverage under this Certificate is in force. ;and
- The Maximum Benefit Amount has not been paid for that Covered Person.

If the Standard Critical Illness claim is for a Diagnosis of Cancer, the Covered Person:

- Must be Treatment-Free From Cancer for at least 12 months before the Diagnosis Date; and
- Must be in Complete Remission prior to the date of a subsequent Diagnosis as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the Cancer.

The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

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## **OCCUPATIONAL CRITICAL ILLNESS BENEFIT**

We will pay this benefit when You or Your Spouse is diagnosed with a covered condition while this coverage is in force. Diagnosis must be made by a Physician.

The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

This benefit is payable once per Insured or Spouse.

**Occupational Hepatitis B, C, or D** means a viral hepatitis, types B, C, and D contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace to blood or other bodily fluids from a person known to be infected with Hepatitis. Hepatitis under this provision does not include type-A Hepatitis. In order for Occupational Hepatitis to be covered under this Certificate:

- The Covered Person had not tested positive for Hepatitis prior to Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace; and
- The diagnosis of Hepatitis must be confirmed by blood testing administered under the direction of a Physician.

Hepatitis infection acquired outside the workplace is not considered Occupational Hepatitis.

**Occupational Human Immunodeficiency Virus (HIV)** means HIV contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace to blood or other bodily fluids from a person known to be infected with HIV. In order for Occupational HIV to be covered under this Certificate:

- The Covered Person had not tested positive for HIV prior to the Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace;
- The diagnosis of HIV infection must be confirmed by blood testing administered under the direction of a Physician; and
- The date of a positive HIV antibody test for HIV must be subsequent to a prior negative test with a lapse of between 90 and 180 days between the two tests.
- HIV infection acquired outside the workplace is not considered Occupational HIV.

**Occupational Invasive MRSA Infection** means an infection with Methicillin-resistant Staphylococcus aureus (MRSA) contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace to blood or other bodily fluids from a person known to be infected with MRSA. In order for Occupational Invasive MRSA to be covered under this Certificate:

- The Covered Person had not tested positive for MRSA prior to the Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace;
- The diagnosis of Invasive MRSA must be diagnosed by a Physician; and
- Invasive MRSA acquired outside the workplace is not considered Occupational Invasive MRSA.

**Occupational Rabies** means viral disease of mammals transmitted through the bite of an animal infected with the rabies virus contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace from an animal known to be infected with Rabies. In order for Occupational Rabies to be covered under this Certificate:

- The Covered Person had not tested positive for Rabies prior to the Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace;
- The diagnosis of Rabies must be diagnosed by a Physician; and
- Rabies acquired outside the workplace is not considered Occupational Rabies.

**Occupational Tetanus** means an infectious disease caused by contamination of wounds with the bacteria *Clostridium tetani* contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace. In order for Occupational Tetanus to be covered under this Certificate:

- The Covered Person had not shown signs or symptoms or diagnosed by a Physician for Tetanus prior to the Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace;
- The diagnosis of Tetanus must be diagnosed by a Physician; and
- Tetanus acquired outside the workplace is not considered Occupational Tetanus

**Occupational Tuberculosis** means an infection by the bacteria *Mycobacterium tuberculosis* contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace bodily fluids from a person known to be infected with Tuberculosis. In order for Occupational Tuberculosis:

- The Covered Person had not tested positive for Tuberculosis prior to the Covered Person's effective date of coverage under this Certificate;
  - The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
  - The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace;
  - The diagnosis of Tuberculosis must be diagnosed by a Physician; and
- Tuberculosis acquired outside the workplace is not considered Occupational Tuberculosis.

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**PARTIAL CRITICAL ILLNESS BENEFIT**

We will pay this benefit when a Covered Person is diagnosed with a covered condition while this coverage is in force. Diagnosis must be made by a Physician.

The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

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## **CHILDHOOD CRITICAL ILLNESS BENEFITS**

We will pay this benefit when a Child is diagnosed with a covered condition while this coverage is in force. Diagnosis must be made by a Physician.

The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

This benefit is payable once per Child.

**Autism Spectrum Disorder** means a biological based neurodevelopment disorder characterized by impairment in two major domains:

- Deficits in social communication and interaction; and
- Restricted repetitive patterns of behavior, interests, and activities.

A Physician must diagnose Autism Spectrum Disorder based on current DSM-V diagnostic criteria. The diagnosis must include the DSM-V severity level specifier for both major domains listed above.

**Cerebral Palsy** means a group of permanent disorders of the development of movement and posture, causing activity limitation that is attributed to non-progressive disturbances, which occurred in the developing fetal or infant brain. The motor disorders of Cerebral Palsy are often accompanied by disturbances of sensation, perception, cognition, communication, and behavior, by epilepsy, and by secondary musculoskeletal problems.

**Congenital Birth Defects** means the malformation of an organ or organ system.

Examples include but are not limited to the following:

- Heart defects
- Lung defects
- Spina Bifida
- Cleft lip or palate
- Limb malformations
- Development disorders of the brain

Congenital Birth Defects includes a newborn child who is born with Loss of Sight. Congenital Birth Defects does not include prematurity.

**Cystic Fibrosis** means a genetic disorder primarily affecting the lung, but also the pancreas, liver, kidney, and the intestines.

**Down Syndrome** means a genetic disorder finding all or part of a third copy of chromosome 21.

**Gaucher Disease** means a genetic disorder characterized by the abnormal accumulation of glucocerebroside, a class of lipids (fats), in cells and certain organs—spleen, liver, kidneys, lungs, brain, and bone marrow.

**Muscular Dystrophy** means a group of genetic disorders leading to progressive skeletal muscle weakness and breakdown.

**Sickle Cell Disease** means a severe hereditary form of anemia in which a mutated form of hemoglobin distorts the red blood cells.

Sickle Cell Disease does not mean the sickle cell trait, or heterozygous form.

**Type 1 Diabetes Mellitus** once known as juvenile diabetes or insulin diabetes, means a chronic condition in which the pancreas produces little or no insulin. The diagnosis of Type 1 Diabetes Mellitus must be made by a Physician.

## EXCLUSIONS

No benefits will be paid for losses that are caused by, contributed to, or occur as a result of a Covered Person's:

- Injuring oneself intentionally or committing or attempting to commit suicide, whether sane or not;
- Committing or attempting to commit a felony or engaging in an illegal occupation or activity;

## PREMIUMS

### PAYMENT OF PREMIUM

The first premium is due on the Certificate Effective Date. Subsequent premiums are due and payable on the monthly anniversary of the Certificate Effective Date. If premiums are not paid when due, this Certificate will terminate subject to the Grace Period.

All premiums are payable to Us or as otherwise designated in writing by Us.

The Policyholder is responsible for remitting Premiums as they become due. Payment of any Premium will not keep insurance in effect beyond the due date of the next Premium, except as stated in the Grace Period.

### GRACE PERIOD

A Grace Period of 31 days will be allowed for the payment of each Premium. The Certificate will remain in effect during the Grace Period, unless the Policyholder gives Us advance notice of termination. If We receive advance notice of termination, the Grace Period does not apply and coverage will be terminated.

If any premium is unpaid at the end of the Grace Period, coverage shall terminate retroactively to the last day for which premium is paid, on the day after the Grace Period ends, and this Certificate will no longer be in force.

### PREMIUM CHANGES

We have the right to change the premium rates on any premium due date in accordance with the terms of the Policy. If the rates are changed, We will give at least 60 days advance notice to the Policyholder, or to You if the portability coverage is in effect.

### UNPAID PREMIUM

Upon payment of a claim under this Certificate, any premium then due and unpaid will be deducted from Your claim payment. This includes but is not limited to claims incurred during the Grace Period.

### REFUND OF PREMIUM AT DEATH

Upon notice of Your death, We will refund to the Beneficiary the portion of any premium that applies to a period beyond the end of the Certificate month in which death occurred.

## ELIGIBILITY, EFFECTIVE DATE, TERMINATION OF COVERAGE AND PORTABILITY PRIVILEGE

### ELIGIBILITY FOR COVERAGE

You are eligible for coverage under this Certificate if:

- Your enrollment is approved by Us; and
- You are an Eligible Employee on the Certificate Effective Date.

A Dependent is eligible for coverage on the later of:

- The date You are eligible for insurance; or
- The date You acquire the Dependent.

A Dependent is deemed to be acquired as follows:

1. Spouse: On the date of the marriage or the date the domestic partnership is established.
2. Natural Child: On the date of birth.
3. Adopted Child: On the date of adoption or placement for adoption.
4. Stepchild: On the date of the Your marriage to the child's parent.
5. Grandchild: On the date the child is dependent on You or Your Spouse for Federal Income Tax purposes.

#### **ADDITION OF DEPENDENTS**

1. Newborns: Coverage for a newborn is effective from the moment of birth provided that We receive notice of the newborn within 60 days after birth. If notification of a newborn is received more than 60 days after birth, coverage will be effective from the moment of birth, however, We may charge an additional premium from the date of birth. .
2. Newly Adopted Children: Coverage for an adopted child is effective from the date of adoption or placement for adoption if You apply for coverage within sixty (60) days after adoption or placement for adoption. In the case of a newborn child, coverage begins at the moment of birth if a written agreement to adopt such child has been entered into prior to the birth of the child, whether or not the agreement is enforceable. For coverage to continue We must receive notice within 60 days after the date of adoption or placement for adoption whichever is earlier; and You must pay all required premiums within 60 days after receiving a notice of amount due. Failure to provide notice within the required time period will not end coverage if it is shown that the notice was furnished as soon as reasonably possible. If notification of the adoption or placement for adoption is received more than 60 days after the date of adoption or placement for adoption, coverage will be effective on the date notification is received by Us, provided You pay all required premiums within 45 days after receiving a notice of amount due.
3. Court-Ordered Custody: A child placed in court-ordered custody, including a foster child, will be covered on the same basis as an adopted child.
4. Other than a Newborn or Newly Adopted Child: To add other eligible Dependents You must apply for coverage during an open enrollment period. If approved by Us, coverage will be effective on the monthly anniversary of the Policy Effective Date following approval.

#### **EFFECTIVE DATE**

Your coverage will start on the Certificate Effective Date.

#### **TERMINATION OF COVERAGE**

Your coverage will terminate at the earliest of:

- The end of the period for which premium is paid, subject to the Grace Period;
- The monthly anniversary of the Certificate Effective Date following the date We receive the Policyholder's request to terminate Your insurance coverage;
- The date of Your death;
- The date a new Critical Illness Insurance Certificate issued by the Company becomes effective.
- The date You cease to be in an Eligible Class;
- The date the Policy terminates.

Dependent coverage will terminate at the earliest of:

- The end of the period for which premium is paid, subject to the Grace Period;
- The monthly anniversary of the Certificate Effective Date following the date a Dependent ceases to be a Dependent as defined; or
- The date Your coverage terminates.

#### **CONTINUATION FOR INCAPACITATED CHILDREN**

Dependent children insured hereunder who are incapable of self-sustaining employment due to intellectual or physical incapacity, and who became incapacitated prior to the age at which Dependent coverage would otherwise terminate and who are chiefly dependent on the Insured for support and maintenance, may continue to be covered regardless of age.

You must submit a notice of the Dependent child's incapacity. Coverage for an incapacitated Dependent child will end on the earliest of:

- The date the Dependent obtains self-sustaining employment;
  - The date the Dependent ceases to be incapacitated; or
  - The date the Dependent ceases to be chiefly dependent upon You for support and maintenance;
- or
- The monthly anniversary of the Certificate Effective Date following the date We receive Your request to terminate Dependent coverage for Your Dependent child(ren).

**PORTABILITY PRIVILEGE**

We will provide critical illness insurance portability coverage subject to this provision.

You may continue Your coverage in a separate class subject to the following conditions:

- Your coverage under the Policy terminated because the Policy was cancelled or You are no longer in an Eligible Class;
- We receive Your request and payment of the first premium for the portability coverage no later than 60 days after Your Active Employment with the Policyholder ends; and
- The request is made on a form or through a process We approve for that purpose.

No portability coverage will be provided if Your coverage was terminated due to failure to pay premium.

The benefits, terms, and conditions of the portability coverage will be the same as those provided under the Policy when Your Active Employment with the Policyholder ended. Portability coverage may include any Covered Persons. Benefits for portability coverage will be determined as if the Policy had remained in full force and effect.

Portability coverage will be effective on the date Your coverage under the Policy terminates or the date Your Active Employment membership with Policyholder ends.

Coverage continued under this provision will end on the earliest of the following:

- The end of the period for which You paid premiums, if You stop making a required premium contribution, subject to the Grace Period.
- The date of Your death.

**Total Disability** means that You are:

1. Unable to perform Your Occupation;
2. Not working at any occupation for pay or benefits; and
3. Under the Regular Care of a Physician for covered Injury or covered Sickness causing such Total Disability.

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# CLAIM PROVISIONS

## NOTICE OF CLAIM

A notice of claim must be given to Us at Our Policyholder Service Address, Policyholder Service Web Portal, or Our Telephone Number as shown on the first page of this Certificate or as otherwise designated by Us within 20 days after loss covered by this Certificate occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us. The notice should include Your name, address, telephone number, and Certificate Number as shown in the Group Number shown on the Certificate Identification page.

## CLAIM FORMS

When We receive notice of a claim in writing, We will provide the claimant forms for filing Proof of Loss. If these forms are not sent to the claimant within 15 days of our receipt of the notice of claim, the claimant will meet the Proof of Loss requirement by giving Us a statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision below. Claim forms are also available through Our Policyholder Service Web Portal, or by calling Our Telephone Number as shown on the first page of this Certificate.

## PROOF OF LOSS

Proof of Loss means the claim form (or electronic equivalent) and other information requested by Us substantiating the nature and extent of the loss. Proof of Loss must be completed and returned to Us within 120 days after the covered loss begins or as soon as reasonably possible. Except for absence of legal capacity, no claim for benefits will be accepted after one year from the date Proof of Loss is otherwise required. You must give us the information We need to determine the reasonableness of any delay, if a benefit is payable, and how much the benefit should be. Proof of Loss must be in English.

## TIME OF PAYMENT OF CLAIMS

Benefits payable under this Certificate will be paid immediately upon Our receipt of Proof of Loss that is satisfactory to Us.

We will notify You within 45 days after receipt of due proof of the status of the claim.

If We deny the claim You will be informed in writing, the reasons for denying it. Upon receipt of any requested additional information We will pay or deny the contested claim within 60 days.

All claims will be paid or denied no later than 120 days after receiving the claim. Overdue payments, if any, will be paid with simple interest at the rate of 10% per year.

## PAYMENT OF CLAIMS

After We receive Proof of Loss and process Your claim, We will pay any benefits due. Any accrued benefits unpaid at Your death will be paid to the Beneficiary. If You did not name a Beneficiary, or if no Beneficiary survives You, any benefits due will be paid to Your estate. If benefits are payable to an estate or to a person who cannot give a valid release, We may in our discretion pay up to \$3,000 to someone related to You or Beneficiary by blood or marriage. We will be discharged from all liability for any such payment made in good faith.

## RECOVERY OF CLAIM OVERPAYMENT

We reserve the right to recover any payment made by Us that were:

- Made in error;
- Made to You and/or any party on Your behalf, where We determine that such payment made is greater than the amount payable under this Certificate; or
- Made to You and/or any party on Your behalf based on fraudulent or misrepresented information.

If benefits are overpaid or paid in error, We have the right to recover the amount overpaid, or paid in error, including but not limited to, by any of the following methods:

- A request for You and/or the Covered Person to make a lump sum payment of the amount overpaid or paid in error; and/or,
- A reduction of any proceeds payable under this Certificate for a then-current or future claim(s) by any amounts overpaid or paid in error.

## GENERAL PROVISIONS

### ENTIRE CONTRACT

This Certificate is a legal contract between You and Us. The entire contract consists of the Policy, the Certificate(s), Certificate Identification and any enrollment forms, endorsements, riders or amendments. No change in this Certificate will be effective until approved by the President, a Vice President, or the Secretary of our Company. This approval must be noted on or attached to this Certificate. No agent or broker has the authority to change this Certificate or to waive any of its provisions.

### TIME LIMIT ON CERTAIN DEFENSES

After two (2) years from the Certificate Effective Date, We cannot use misstatements, except fraudulent misstatements, provided by the Policyholder or You to void coverage or deny a claim for loss incurred after the expiration of the two (2) year period.

### LEGAL ACTIONS

You cannot bring a legal action to recover benefits under Your Certificate for at least 60 days after You have given Us Proof of Loss. You cannot start such an action after the expiration of the 5 year statute of limitations from the date Proof of Loss is required.

### CONFORMITY WITH STATE STATUTES

Any provision of this Certificate which, on its effective date, is in conflict with the laws of the Florida on that date is amended to conform to the minimum requirements of such laws.

### MISSTATEMENT OF ISSUE AGE OR TOBACCO USAGE

If a Covered Person's age has not been stated correctly, an adjustment in premium, coverage, or both, will be made. The adjustment will correct the coverage to what the premium paid would have bought at the Covered Person's true issue age.

If the Covered Person did not accurately state that he or she used tobacco, an adjustment in premium, coverage, or both, will be made.

### BENEFICIARY

The Beneficiary for benefits payable upon Your death will be the Beneficiary named during enrollment, or later changed by You. You may change the Beneficiary designation by notice satisfactory to Us. An irrevocable Beneficiary designation may only be changed with the consent of such irrevocable Beneficiary. Unless You specify otherwise, the Beneficiary change will take effect as of the date the notice was signed by You, subject to any payment or other action taken by Us prior to receipt of such notice. The consent of any Beneficiary, other than an irrevocable Beneficiary, is not required to surrender or assign this Certificate, or to make any other changes in this Certificate.

If any Beneficiary dies before You, that Beneficiary's interest will pass to any other designated Beneficiaries according to their respective interests. If more than one Beneficiary is designated in a class, each Beneficiary who survives You will receive an equal portion of any benefits payable unless otherwise set forth in the Beneficiary designation.

If You do not survive, and no Beneficiary is designated, benefits will be paid to the first of the following beneficiary classes in which there is a surviving person:

- Your spouse
- Your children
- Your parents
- Your brothers and sisters
- The executors or administrators of Your estate

We may require any affidavits or statements We deem necessary in making payment under this provision. The Company's decision from such information will be final. Before We receive the affidavits or statements referenced above, We may, at Our option, pay up to \$3,000.00 of any benefits to any person We deem to be entitled thereto by reason of having incurred funeral or other expenses related to the last illness or death of the person insured.

**PHYSICAL EXAMINATION AND AUTOPSY**

We have the right to have a Covered Person examined when and as often as is reasonable during the handling of a claim and do an autopsy where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

**NOTICE**

If there are any questions about this Certificate, please contact the Policyholder or Us.

# CHUBB®

## ACE Property & Casualty Insurance Company

Home Office Address: 436 Walnut Street • Philadelphia, PA 19106  
Policyholder Service Address: P. O. Box 6700, Scranton, PA 18505-0700  
Telephone Number: 1-866-445-8874

### WELLNESS BENEFIT CERTIFICATE RIDER

#### RIDER SCHEDULE

**Rider Issue Date:** 4/1/2022

**Benefit Amount:** \$50

**Maximum Days of Service:** 1 day(s) of service per Covered Person per calendar year

The first calendar year begins on the Certificate Effective Date and continues through December 31 of that year.

Subsequent calendar years begin on January 1 and continue through December 31.

**Waiting Period:** 30 days

#### RIDER PROVISIONS

This Certificate Rider ("Rider") is attached to and forms part of the Accident Insurance Certificate ("Certificate"). This Rider was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete.

This Rider is in force as of the Rider Effective Date. The Rider Effective Date is the later of the Rider Issue Date or Your Certificate Effective Date.

This Rider is subject to all the terms, conditions, exclusions and limitations of the Certificate except as otherwise stated herein. No other Policy or Certificate provision or condition is changed in any way by this Certificate Rider.

#### DEFINITIONS

**Rider Issue Date** means the date the Rider is issued to the Policy and shown in the Rider Schedule.

#### WELLNESS BENEFIT

We will pay this benefit if a Covered Person undergoes one or more of the following health screening tests or procedures after the waiting period up to the maximum Days of Service.

Wellness Tests are:

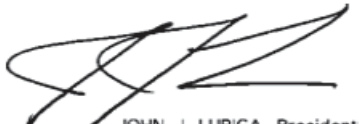
Blood test for triglycerides	Hemocult stool analysis
Bone marrow aspiration or biopsy	Mammography
CA 15-3 (blood test for breast cancer)	Pap smear
CA-125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)
Carotid Doppler	Serum cholesterol test to determine HDL and LDL levels
Chest x-ray	Serum protein electrophoresis (blood test for myeloma)
Colonoscopy	Skin cancer biopsy

Echocardiogram	Stress test on a bicycle or treadmill
Fasting blood glucose test	Thermography
Fasting plasma glucose (FPG)	Thin prep pap test
Hemoglobin A1C(HbA1c)	Two hour post-load plasma glucose
Flexible sigmoidoscopy	Virtual colonoscopy.
CEA (carcinoembryonic antigen – blood test for colon cancer)	Lipid Panel
Doppler screening for carotids	Endoscopy
Doppler screening for peripheral vascular disease	Human Papillomavirus (HPV) Testing
Whole Body Skin Cancer Screening	Immunizations
Routine Eye Exam	Routine Physicals
Well child/preventive exams ages birth through 18	

Over time, We may add covered Wellness Tests at our option to adjust to advances in medical technology.

The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

For ACE Property & Casualty Insurance Company



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary



**Combined Insurance Company of America**  
A Legal Reserve Stock Corporation  
(herein called Combined, We, Our or Us)

Home Office: 111 East Wacker • Suite 700 • Chicago, Illinois 60601

Policyholder Service Center: P. O. Box 1160 • Glenview, IL 60025-8160  
1-800-544-9382

**MEMBERSHIP ENDORSEMENT  
FOR HEALTH CARE REFERRAL SERVICE**

This Endorsement is made part of the Certificate to which it is attached. Benefits provided under this Endorsement are subject to the terms of the Certificate, except as stated herein. This Endorsement is effective as of the Certificate Effective Date.

Combined Insurance Company of America will provide a membership to You and any of your Eligible Dependents in a health care referral and advocacy service.

Membership in health care referral and advocacy services allow Covered Persons to access the following services:

A review of the medical file of a Covered Person by a Physician which will result in a written report defining diagnosis of that Covered Person and identifying treatment options;

Identification and referral to Physicians who are suited to perform medical treatment of the medical condition of the Covered Person

Additional services may be available with this membership. For specific details, You may contact the health care referral and advocacy service vendors directly.

The services provided under this Membership Endorsement are intended only as referral and advocacy services. No medical advice or treatment are being offered or provided by Us, nor are We endorsing the quality of any Physician or other health care provider selected through these services. You are not required to use these services to receive benefits under the Policy.

**Termination of Endorsement and Vendor Changes.** This Endorsement is annually renewable by Us at our discretion. We reserve the right to change vendors for the above services, terminate a service, or terminate this Endorsement, including membership, at any time.

This Endorsement, including membership, will terminate at the earliest of the following:

- Termination of the Certificate to which this Endorsement is attached; or
- Forty-five (45) days after written notice of termination by Us has been sent to You at Your last known address.

All other provisions remain unchanged.

For Combined Insurance Company of America

A handwritten signature in black ink, appearing to read "Brad Bennett", with a long horizontal flourish extending to the right.

Brad Bennett, President

A handwritten signature in black ink, appearing to read "Rebecca L. Collins", with a long horizontal flourish extending to the right.

Rebecca L. Collins, Secretary

CHUBB®

**ACE Property & Casualty Insurance Company**

Home Office Address: 436 Walnut Street • Philadelphia, PA 19106

Policyholder Service Address: P. O. Box 6700, Scranton, PA

Telephone Number: 1-800-544-9382

**APPLICATION FOR GROUP POLICY**

**Name of Employer: Gulf Reserve LLC**

**Address: 8417 Old Country Road 54, New Port Richey, FL 34653**

The Employer hereby applies for the following ACE Property & Casualty Insurance Company (ACE) Policy/Policies:

Listing of Policies Applied for: ACE Accident, Critical Illness and Hospital

Classes of Eligible Employees: All

Deduction Method/Payroll Frequency: \_\_\_ Weekly X Bi-weekly \_\_\_ Semi-monthly \_\_\_ Monthly \_\_\_ Other: \_\_\_\_\_

Billing Frequency: \_\_\_ Weekly \_\_\_ 28 Day X Monthly \_\_\_ Other: \_\_\_\_\_

The Employer hereby authorizes ACE, its licensed agents or enrollers, to offer all of the eligible employees the opportunity to enroll for coverage under the Policy/Policies issued to Employer.

An eligible employee is one who works at least 20 hours per week and who has been actively employed by Employer for at least months.

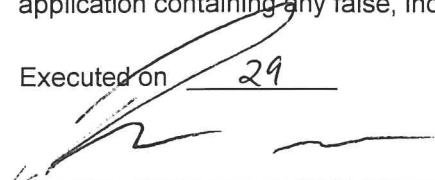
The Employer agrees to provide ACE's licensed agents or enrollers direct access to its employees to solicit individual applications.

The Employer further agrees to deduct any premiums for this coverage from employees' paychecks and forward these premiums to ACE when due.

Employer agrees to reimburse ACE for any and all premiums, and costs associated with the loss thereof, which are misappropriated by Employer or any of its employees, agents, or representatives.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Executed on 29 day of March 20 22

  
\_\_\_\_\_  
Signature of Officer of Employer

Richard Platschek, Member  
\_\_\_\_\_  
Print Name and Title of Officer

\_\_\_\_\_  
ACE Property & Casualty Insurance Company  
Authorized Agent and License Identification Number

## Gulf Reserve CI Rates

*Annual Rates*

*Per \$1000*

Attained Age

	EE N	EE S	EE+SP N	EE+SP S	EE+CH N	EE+CH S
18	24	<b>2.59</b>	<b>2.59</b>	<b>3.89</b>	<b>3.89</b>	<b>2.59</b>
25	29	<b>3.89</b>	<b>3.89</b>	<b>5.83</b>	<b>5.83</b>	<b>3.89</b>
30	34	<b>4.79</b>	<b>4.79</b>	<b>7.19</b>	<b>7.19</b>	<b>4.79</b>
35	39	<b>6.22</b>	<b>6.22</b>	<b>9.33</b>	<b>9.33</b>	<b>6.22</b>
40	44	<b>8.55</b>	<b>8.55</b>	<b>12.83</b>	<b>12.83</b>	<b>8.55</b>
45	49	<b>9.97</b>	<b>9.97</b>	<b>14.97</b>	<b>14.97</b>	<b>9.97</b>
50	54	<b>17.10</b>	<b>17.10</b>	<b>25.65</b>	<b>25.65</b>	<b>17.10</b>
55	59	<b>17.88</b>	<b>17.88</b>	<b>26.81</b>	<b>26.81</b>	<b>17.88</b>
60	64	<b>32.12</b>	<b>32.12</b>	<b>48.18</b>	<b>48.18</b>	<b>32.12</b>
65	69	<b>71.24</b>	<b>71.24</b>	<b>106.86</b>	<b>106.86</b>	<b>71.24</b>
70	120	<b>71.24</b>	<b>71.24</b>	<b>106.86</b>	<b>106.86</b>	<b>71.24</b>

EE+FAM		<i>Annual Rates</i>		EE	EE	EE+SP	EE+SP	EE+CH
N	S	<i>Flat</i>		N	S	N	S	N
		Attained Age						
<b>3.89</b>	<b>3.89</b>	18	24	<b>16.19</b>	<b>16.19</b>	<b>32.37</b>	<b>32.37</b>	<b>16.19</b>
<b>5.83</b>	<b>5.83</b>	25	29	<b>16.19</b>	<b>16.19</b>	<b>32.37</b>	<b>32.37</b>	<b>16.19</b>
<b>7.19</b>	<b>7.19</b>	30	34	<b>16.19</b>	<b>16.19</b>	<b>32.37</b>	<b>32.37</b>	<b>16.19</b>
<b>9.33</b>	<b>9.33</b>	35	39	<b>16.19</b>	<b>16.19</b>	<b>32.37</b>	<b>32.37</b>	<b>16.19</b>
<b>12.83</b>	<b>12.83</b>	40	44	<b>16.19</b>	<b>16.19</b>	<b>32.37</b>	<b>32.37</b>	<b>16.19</b>
<b>14.97</b>	<b>14.97</b>	45	49	<b>16.19</b>	<b>16.19</b>	<b>32.37</b>	<b>32.37</b>	<b>16.19</b>
<b>25.65</b>	<b>25.65</b>	50	54	<b>16.19</b>	<b>16.19</b>	<b>32.37</b>	<b>32.37</b>	<b>16.19</b>
<b>26.81</b>	<b>26.81</b>	55	59	<b>16.19</b>	<b>16.19</b>	<b>32.37</b>	<b>32.37</b>	<b>16.19</b>
<b>48.18</b>	<b>48.18</b>	60	64	<b>16.19</b>	<b>16.19</b>	<b>32.37</b>	<b>32.37</b>	<b>16.19</b>
<b>106.86</b>	<b>106.86</b>	65	69	<b>16.19</b>	<b>16.19</b>	<b>32.37</b>	<b>32.37</b>	<b>16.19</b>
<b>106.86</b>	<b>106.86</b>	70	120	<b>16.19</b>	<b>16.19</b>	<b>32.37</b>	<b>32.37</b>	<b>16.19</b>

