



THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

A CAPITAL STOCK COMPANY INCORPORATED 1794

Philadelphia, Pa.

(Herein called the Company)

POLICY NUMBER 9017445-A

Hereby agrees with the Pathfinders Clubs named in the Schedule (Herein called Unit) to insure each member of the Class for whom application is made (Herein called Insured Member), and promises to pay for loss resulting from injury; to the extent herein provided.

Section I

DECLARATIONS

1. Name of Policyholder: Crestar Bank N.A. (as Trustees), General Conference of Seventh Day Adventists
(Pathfinders)

Address: 1445 New York Avenue, NW
Washington, DC 20005-2108

2. Policy Effective Date: APRIL 1

Policy Expiration Date: APRIL 1

3. Eligible Persons

The following persons shall be eligible for insurance hereunder:

Class

Description of Class

I

All active Members of the Unit of the Participating Organization.

4. Schedule of Benefits:

	Loss of Life Accident Indemnity (Part I)	Specific Loss Accident Indemnity (Part II)	Physician, Surgeon Hospital and Nurse Expense (Part III) Maximum Amount Payable
Option I	\$5,000.00	\$5,000.00	\$1,000.00
Option II	\$5,000.00	\$5,000.00	\$2,000.00
Option III	\$10,000.00	\$10,000.00	\$1,000.00
Option IV	\$20,000.00	\$20,000.00	\$2,000.00

5. Premium:

The premium for this Policy shall be determined as follows:
Unit of Exposure: (each Insured Member, travel expenses, payroll or other):

Option	Rate per person per year
I	\$1.00
II	\$1.75
III	\$1.25
IV	\$2.00

This Policy is issued in consideration of the payment by the Unit of total annual premium calculated and payable as herein provided.

The annual premium for Members of the Unit shall be payable to the Company prior to the effective date of this Policy. Thereafter premium is payable within ten 10 days after each subsequent anniversary date. The total unit premium is calculated on the basis of the amount stated in the Schedule per Insured Member times the number of Members named on the Membership roster of such Unit on the first day of each Policy year.

A Minimum & Deposit Premium for each policy year will be based on the estimated number of individuals.
Minimum & Deposit Premium for this policy term is \$47,925.00

Part I. LOSS OF LIFE ACCIDENT INDEMNITY

When Injury results in loss of life of the Insured Member within one hundred (100) days after the date of the accident, the Company will pay the loss of life stated in Section I, Item #4, Schedule of Benefits.

Part II. SPECIFIC LOSS ACCIDENT INDEMNITY

When Injury does not result in loss of life of the Insured Member within one hundred and eighty (180) days after the date of the accident but does result in any of the following losses within said one hundred and eighty (180) days, the Company will pay for:

Loss of Both Hands or Both Feet	The Specific Loss Accident Indemnity
Loss of the Entire Sight of Both Eyes	The Specific Loss Accident Indemnity
Loss of One Hand and One Foot	The Specific Loss Accident Indemnity
Loss of One Hand and the Sight of One Eye	The Specific Loss Accident Indemnity
Loss of One Foot and the Sight of One Eye	The Specific Loss Accident Indemnity
Loss of One Arm or One Leg	75% of the Specific Loss Accident Indemnity
Loss of One Hand or One Foot	50% of the Specific Loss Accident Indemnity
Loss of the Entire Sight of One Eye	50% of the Specific Loss Accident Indemnity

"LOSS" as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint. As used with reference to arm or leg means complete severance through or above the elbow or knee joint. And as used with reference to eye means the irrecoverable loss of the entire sight thereof. Indemnity provided in this part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured Member as the result of any one accident.

Part III. PHYSICIAN, SURGEON, DENTAL, HOSPITAL NURSE AND AMBULANCE EXPENSE

When Injury shall require treatment by a legally qualified physician or surgeon, dental treatment (up to a maximum of \$250.00 per tooth and \$500.00 total for two or more teeth), confinement within a hospital, employment of a licensed or graduate nurse, x-ray examination or use of an ambulance, the Company will pay, in addition to any other indemnity payable, the expense actually incurred by the Insured Member within twenty-six (26) weeks after the date of the accident for such treatment, hospital confinement, ambulance, x-rays or nurse services not to exceed the maximum amount payable stated in the Schedule as the result of any one accident to any one Insured Member.

Part IV. EXCLUSIONS

This Policy does not cover any loss caused by or resulting from (1) suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane; (2) riding as a passenger or otherwise in any vehicle or device for aerial navigation; (3) the expense of replacing eyeglasses or prescriptions therefore; (4) abdominal hernia, however caused.

Part V. EFFECTIVE DATE AND POLICY TERM

This Policy takes effect on the date stated in Section I, Item #4, from which date all anniversary dates shall be computed. It continues in effect so long as premium is paid as herein agreed; provided, however, that either the Unit or

the Company may terminate this Policy as of any anniversary date by giving notice to the other at least ten (10) days prior to such anniversary date.

All periods of insurance hereunder shall begin and end at 12:01 A.M. Standard Time, at the Unit's address stated in Section I, Item #1.

Part VI. EFFECTIVE DATE OF INSURANCE

Insurance of each eligible member of the Unit shall take effect on the date such member commences active participation in the Unit activities as a member of such unit, but in no event prior to the effective date of this Policy.

The Company shall have the right and opportunity to, inspect the records of the Unit pertaining to this insurance at all reasonable times and within two years after the expiration of this Policy or settlement of all claims hereunder, whichever last occurs.

Part VII. INDIVIDUAL TERMINATION

The insurance of any Insured Member shall immediately terminate on the earliest of the following dates:

- (A) on the date this Policy is terminated; or
- (B) on the date the Insured Member ceases to be an active Member of the Unit.

Part VIII. GENERAL PROVISIONS

This Policy and the application of the Unit, constitute the entire contract between the parties.

All statements made by the Unit shall be deemed representations and not warranties and no such statement shall void the insurance or reduce the benefits under this Policy or be used in defense to a claim hereunder unless it is contained in a written application.

No agent has authority to change this Policy or to waive any of its provisions. No change in this Policy shall be valid unless approved by an Executive Officer of the Company and such approval be endorsed hereon.

Written notice of claim must be given to the Company within twenty (20) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured Member of the beneficiary to the Company at its General Office in New York, New York or to any authorized agent of the Company with information sufficient to identify the Insured Member, shall be deemed notice to the Company.

The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Written proof of loss must be furnished to the Company at its said office within ninety (90) days after the termination of the period for which the Company is liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. Provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity later than one year from the time proof is otherwise required.

Indemnities payable under this Policy will be paid immediately upon receipt of due written proof of such loss.

The Company at its own expense shall have the right and opportunity to examine the person of the Insured Member when and so often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

Indemnity for loss of life of the Insured Member is payable to the spouse or parent of the Insured Member, if surviving the Insured Member, and otherwise to the estate of the Insured member. All other indemnities of this Policy are payable to the Insured Member except in the event the Insured member is a minor, the Company may pay any amount otherwise payable to the Insured Member to the parent, parents or guardian of the Insured Member or other person actually supporting the Insured Member.

The Insured Member shall have the sole right to select their own physician, surgeon and hospital and physician patient relationship shall be maintained.

The Company shall have the right and opportunity to inspect the records of the Unit pertaining to this insurance and at all reasonable times and within two (2) years after the expiration of this Policy or settlement of all claims hereunder, whichever last occurs.

SCOPE OF COVERAGE

"INJURY" wherever used in this Policy means bodily injury caused by an accident occurring while this Policy is in force as to the Insured Member and resulting directly and independently of all other causes in loss covered by this Policy, provided such injury is sustained by the Insured Member while and in consequence of:

- (1) Participating in, or attendance at, any regularly approved unit activity as a group, under the Supervision of the duly designated Unit Leader, or
- (2) Traveling directly to and from such regularly scheduled and approved group activity with other Members of the unit as a group provided such group is at the time under the Supervision of the proper authority of the unit, or
- (3) Traveling directly to or from the Insured Members residence and meeting place for the purpose of participating in such regularly scheduled unit activity.

EMERGENCY EVACUATION

The Company will pay benefits for covered expenses incurred if any injury or illness commencing during the course of a trip results in the necessary emergency evacuation of the Insured Person. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Insured Persons' injury or illness warrants the emergency evacuation of the Insured Person.

Emergency Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest hospital where appropriate medical treatment can be obtained; or b) after being treated at a local hospital, the Insured Person's medical condition warrants transportation to his/her then current place of residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route. Expenses for special transportation must be: (a) recommended by the attending physician or (b) required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the

attending physician. Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency evacuation.

REPATRIATION OF REMAINS

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body home (to his/her Home Country) if he or she dies.

Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

DEFINITIONS

The term "hospital" as used in this rider or any rider attached hereto shall mean, except as may otherwise be provided, a hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery and having 24 hour nursing service and medical supervision.

The term "physician" as used in this rider or any rider attached hereto shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the state where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

The term "injury" wherever used in this rider means bodily injury caused solely and directly by violent, accidental, external, and visible means occurring while this policy is in force and resulting directly and independently of all other causes in loss covered by this policy.

The term "illness" wherever used in this rider means sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by this policy.