Appalachian Mountain Club
Participant Accident & Emergency Sickness Medical including Emergency Evacuation Policy
Summary of Benefits

Insurer: National Union Fire Insurance Company of Pittsburgh, PA
Policy No: SRG 0009157651
Policy Term: 6/15/2020 to 6/15/2021
Insured Persons:
Class 1: All registered Participants of AMC while participating in domestic activities –
  Full Excess* Medical for Injury or Emergency Sickness.
Class 2: All registered Participants of AMC while participating in activities internationally
  Primary Medical** for Injury or Emergency Sickness

Covered Activities: Specified Trip (24 Hour Coverage) includes all trips sponsored by the PH. Trips will start at the
  Covered Person’s home or other place designated by the PH. It will end on the first of the
  following dates to occur: the date a Covered Person returns home; the date a Covered Person
  returns to a place designated by the PH.

Accident & Emergency Sickness Medical:
  Coverage Type:
  Medical Maximum: $5,000.00
  Medical Deductible: $0.00
  Maximum Benefit Period: 1 year from date of covered accident
  Incurred Period: Within 30 days from date of covered accident

Class 1: * With Excess Medical Expense coverage, the insured must first submit bills to their own health insurance. This
  insurance will then coordinate claims to pay the deductibles, co-insurance limitations, and/or balances up to the policy
  limits. If there is no other valid and collectible insurance available, then this policy becomes primary medical coverage for
  injury due to an accident while participating in Policyholder sponsored activity. This policy does not cover medical expenses
due to sickness nor illness.

Class 2: *With Primary Medical Expense: If an injury results in incurring eligible expenses for any of the services on the
  Schedule of Benefits, this plan will provide eligible medical benefits after the deductible.

Accidental Death Principal Sum: $5,000.00
Accidental Dismemberment Principal Sum: $5,000.00
Paralysis Principal Sum $5,000.00

Accidental Dismemberment
For the loss of: Principal Sum
  Both Hands: 100 %
  Both Feet: 100 %
  Sight of Both Eyes: 100 %
  One Hand & One Foot: 100 %
  Speech & Hearing: 100%
  Hand or Foot & Sight of One Eye: 100%
  Hand or Foot: 50 %
  Sight of One Eye: 50 %
  Speech or Hearing in Both Ears: 50 %
  Thumb & Index Finger of One Hand: 25 %
### Paralysis

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Triplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Aggregate Limit:** $300,000.00  
**Aggregate Applies to:** Accidental Death & Dismemberment

### Additional Information:

- **Emergency Sickness Benefit:** $5,000 max. Both Classes
- **Emergency Evacuation Benefit:** $200,000 max. (Covered Accident)  
  - Outside 50-mile radius of Participants home
- **Repatriation Benefit:** $200,000 max. (Covered Accident)  
  - Outside 100-mile radius of Participants home

**Premium:** $500.00 Minimum Premium with Trip Audits and additional premium due each Quarter

### Disclaimers:

This policy does not meet Minimum Creditable Coverage standards and will not satisfy the mandate for health insurance. It does not cover medical expenses due to sickness nor illness.

This summary provides a brief overview of coverage due to an injury caused by an accident while participating in activities sponsored by the policyholder. It neither modifies nor supersedes the insuring agreement, terms, conditions and exclusions of the referenced policy, which constitutes the sole agreement between the insurer and the insured. Fred C. Church's authority to act on behalf of an insurer varies. As a result, your Fred C. Church representative will confirm in writing when changes to your coverage, including the placement of new coverage, have been effectuated. This policy is based on underwriting information provided by you and your carriers and/or vendors. In the event there have been significant changes, or we are missing material data, you must supply the data to us so that we, in turn, can forward to the underwriters.

### Fred C. Church, Inc. Contacts:

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Manager</td>
<td>Mary Ellen Zaher</td>
<td>(978) 322-7235</td>
<td>mzá<a href="mailto:her@fredcchurch.com">her@fredcchurch.com</a></td>
</tr>
<tr>
<td>Account Executive</td>
<td>Sam Daume</td>
<td>(978) 322-7233</td>
<td><a href="mailto:sdaume@fredcchurch.com">sdaume@fredcchurch.com</a></td>
</tr>
</tbody>
</table>