

# Blanket Accident Policy

**POLICYHOLDER:** Trustee of the Paper, Printing &  
Publishing Manufacturer Industry Trust on  
behalf of the Participating Organization

**PARTICIPATING ORGANIZATION:** Donnelley Financial

**POLICY NUMBER:** ADD N10846638

**POLICY EFFECTIVE DATE:** October 1, 2019

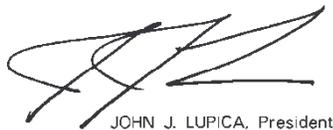
**POLICY TERM:** October 1, 2019 to October 1, 2022

**STATE OF DELIVERY:** Delaware

This Policy takes effect at 12:00 a.m. (midnight) at the Participating Organization's address on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 12:00 a.m. (midnight) at the Participating Organization's address, on the last day of the Policy Term unless the Participating Organization and We agree to continue coverage under this Policy for an additional Policy Term. If coverage is continued for an additional Policy Term and the required premiums are paid on or before the Premium Due Date, We will issue an amendment to identify the new Policy Term.

This Policy is governed by the laws of the state in which it is delivered.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

**THIS IS A BLANKET ACCIDENT INSURANCE POLICY. IT PAYS BENEFITS FOR SPECIFIC  
LOSSES FROM ACCIDENT ONLY.  
BENEFITS ARE NOT PAID FOR LOSS DUE TO SICKNESS.  
PLEASE READ THE POLICY CAREFULLY.**

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## SCHEDULE OF BENEFITS

**PREMIUM DUE DATE:** On or before the Policy Effective Date, and subsequently, on the Renewal Date, if the Policy is renewed for an additional term.

**AGGREGATE LIMIT:**

Benefit Maximum:

per Covered Accident due to Bomb Scare, Bomb Search and Bomb Explosion: \$5,000,000

per aircraft accidents: \$5,000,000

We will not pay more than the Benefit Maximum for all Accidental Death & Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

**CLASSES OF ELIGIBLE PERSONS:**

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

Class 1 All employees of the Participating Organization who are in Active Service.

\*Dependents of Class(es) 1 Insureds are eligible for Coverage under this Policy.

**PLAN BENEFITS & COVERED ACTIVITIES:**

**Accidental Death & Dismemberment Benefits**

Class 1 Principal Sum	Three (3) times Annual Salary to a maximum of \$750,000 Alternative Commuting Business Travel including Limited Personal Deviation Hijacking and Air Piracy for Business Travel Owned, Leased or Controlled Aircraft Including Business Travel Including Limited Personal Deviation for travel on the following Covered Aircraft: As declared Relocation including Limited Personal Deviation
Spouse of Class 1	\$25,000
Dependents of Class 1	\$10,000

Business Travel including Limited Personal Deviation  
Hijacking and Air Piracy for Business Travel Owned, Leased or Controlled Aircraft Including Business Travel Including Limited Personal Deviation for travel on the following Covered Aircraft: As declared  
Relocation including Limited Personal Deviation

“Annual Salary” means an employee’s annual wage or salary as reported by the Policyholder for work performed for the Policyholder as in effect just prior to the date of the Covered Loss. It does not include amounts received as bonus, commissions, overtime pay, or other extra compensation.

For hourly employees, Annual Salary means an employee’s earnings as reported by the Policyholder for work performed for the 12 months immediately prior to the date of the Covered Loss. If the employee was not employed by the Policyholder for the full 12 months, Annual Salary means the employee’s average monthly earnings from the employer for the months employed times twelve. It does not include amounts received as bonus, commissions, overtime pay, or other extra compensation.

**Child Care Center Benefit**

Benefit Maximum: 10% of the Covered Person’s Principal Sum up to a Maximum Benefit of \$25,000

**Coma Benefit**

Benefits are payable initially as 1% of the Principal Sum per Month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum.

**Emergency Medical Benefits**

Benefit Maximum: up to \$10,000

**Emergency Medical Evacuation Benefit**

Benefit Maximum: 100% of Covered Expenses

**Home Alteration and Vehicle Modification Benefit**

Benefit Maximum: 10% of the Covered Person’s Principal Sum up to a Maximum Benefit of \$25,000

**Rehabilitation Benefit**

Benefit Amount: 10% of the Covered Person’s Principal Sum up to a Maximum Benefit of \$25,000

**Repatriation of Remains Benefit**

Benefit Maximum: 100% of Covered Expenses

**Seatbelt and Airbag Benefit**

Seatbelt Benefit Amount: 20% of the Covered Person's Principal Sum up to a Maximum Benefit of \$100,000

Airbag Benefit Amount: 20% of the Covered Person's Principal Sum up to a Maximum Benefit of \$100,000

Default Benefit Amount: \$2,000

**Special Counseling Benefit**

Benefit Amount: 10% of the Covered Person's Principal Sum up to a Maximum Benefit of \$25,000

**Spouse Retraining Benefit**

Benefit Maximum: 10% of the Covered Person's Principal Sum up to a Maximum Benefit of \$25,000

**INITIAL PREMIUM RATES:** \$9,380 per Annual Installment

## DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the *Schedule of Benefits*.

**“Active Service”** means a Covered Person is either 1) actively at work performing all regular duties at his or her employer’s place of business or someplace the employer requires him or her to be; 2) employed, but on a scheduled holiday, vacation day, or period of approved paid leave of absence; or 3) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.

**“Covered Accident”** means an accident that occurs while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

**“Covered Activity”** means any activity in which a Covered Person must be engaged when a Covered Accident occurs in order to be eligible for benefits under the Policy. These Covered Activities are listed in the *Schedule of Benefits* and described in the Hazards section of the Policy.

**“Covered Loss” or “Covered Losses”** means an accidental death, dismemberment, or other Injury covered under the Policy.

**“Covered Person”** means any eligible person, including Dependents if eligible for coverage under the Policy, for whom the required premium is paid. If the cost for this insurance is paid for by the Policyholder, individual applications are not required for an eligible person to be a Covered Person.

**“Dependent”** means an Insured’s lawful spouse or an Insured’s unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

**“Dependent”** also means an Insured’s Domestic Partner. **“Domestic Partner”** means a person of the same or opposite sex of the Insured who:

- 1) shares the Insured’s primary residence;
- 2) has resided with the Insured for at least 12 months prior to the date of enrollment and is expected to reside with the Insured indefinitely;
- 3) is financially interdependent with the Insured in each of the following ways;

- a. by holding one or more credit or bank accounts, including a checking account, as joint owners;
  - b. by owning or leasing their permanent residence as joint tenants;
  - c. by naming, or being named by the other as a beneficiary of life insurance or under a will;
  - d. by each agreeing in writing to assume financial responsibility for the welfare of the other.
- 4) has signed a Domestic Partner declaration with Insured, if recognized by the laws of the state in which he or she resides with the Insured;
  - 5) has not signed a Domestic Partner declaration with any other person within the last 12 months.
  - 6) is 18 years of age or older;
  - 7) is not currently married to another person;
  - 8) is not in a position as a blood relative that would prohibit marriage.

**“Doctor”** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person’s Immediate Family or household.

**“Hospital”** means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

**“Injury”** means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**“Insured”** means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.

**“Medical Emergency”** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

**“Medically Necessary”** means a treatment, service or supply that is: 1) required to treat an Injury; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person’s condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more

appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

**“Sickness”** means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**“We,” “Our,” “Us”** means the insurance company underwriting this insurance or its authorized agent.

## **ELIGIBILITY FOR INSURANCE**

Each person in one of the Classes of Eligible Persons shown in the *Schedule of Benefits* is eligible to be insured on the Policy Effective Date, or the day he or she becomes eligible, if later. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

An Insured's Dependent is eligible on the date:

1. the Insured is eligible, if the Insured has Dependents on that date; or
2. the date the person becomes a Dependent, if later.

In no event will a Dependent be eligible if the Insured is not eligible.

## **EFFECTIVE DATE OF INSURANCE**

An Eligible Person will be insured on the later of Policy Effective Date or the date he or she is eligible, if not required to contribute to the cost of this insurance.

If an Eligible Person or Dependent is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to Active Service. A Dependent's insurance will not be in effect prior to the date an Eligible Person is insured.

## **TERMINATION DATE OF INSURANCE**

An Insured's coverage will end on the earliest of the date:

1. the Policy terminates;
2. the Insured is no longer eligible; or
3. the period ends for which premium is paid.

A Dependent's coverage will end on the earliest of the date:

1. he or she is no longer a Dependent;
2. the Insured's coverage ends; or
3. the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

## DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under the Policy. Please see the *Schedule of Benefits* for the applicability of these benefits on a class level.

### Accidental Death and Dismemberment Benefits

If Injury to the Covered Person results in any one of the losses shown below within 365 days from the date of a Covered Accident, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

#### Schedule of Covered Losses

Covered Loss	Benefit Amount
Life.....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Quadriplegia .....	100% of the Principal Sum
One Member.....	75% of the Principal Sum
Hemiplegia.....	75% of the Principal Sum
Paraplegia .....	50% of the Principal Sum
Thumb and Index Finger of the Same Hand .....	25% of the Principal Sum
Uniplegia.....	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

### Child Care Center Benefit

We will pay benefits shown in the Schedule of Benefits for the care of each surviving Dependent child in a Child Care Center if death of the Insured results directly and independently of all other causes from a Covered Accident and all of the following conditions are met:

1. coverage for the Dependent children was in force on the date of the Covered Accident causing the Insured’s death: and
2. one or more surviving Dependent child is under Age 13; and
  - a. was enrolled in a Child Care Center on the date of the Covered Accident; or
  - b. enrolls in a Child Care Center within 90 days from the date of the Covered Accident.

This benefit will be payable to the surviving spouse if the spouse has custody of the child. If the surviving spouse does not have custody of the child, benefits will be paid to the child's legally appointed guardian. Payments will be made at the end of each 12 month period that begins after the date of the Insured's death. A claim must be submitted to Us at the end of each 12 month period. A 12-month period begins:

1. when the Dependent child enters a Child Care Center for the first time, within the period specified in (2b) above, after the Insured's death; or
2. on the first of the month following the Insured's death, if the Dependent child was enrolled in a Child Care Center before the Insured's death.

Each succeeding 12-month period begins on the day immediately following the last day of the preceding period. Pro rata payments will be made for periods of enrollment in a Child Care Center of less than 12 months.

"Child Care Center" is a facility that:

1. is licensed and run according to laws and regulations applicable to child care facilities; and
2. provides care and supervision for children in a group setting on a regular, daily basis.

A Child Care Center does not include any of the following:

1. a Hospital;
2. the child's home;
3. care provided during normal school hours while a child is attending grades one through twelve.

### **Coma Benefit**

We will pay the Coma Benefit shown in the *Schedule of Benefits* if a Covered Person becomes Comatose within 31 days of a Covered Accident and remains in a Coma for at least 31 days.

We reserve the right, at the end of the first 31 days of Coma, to require proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense.

We will pay this benefit in periodic payments and a lump sum as shown in the *Schedule of Benefits*. Periodic payments will end on the first of the following dates:

1. the end of the month in which the Covered Person dies;
2. the end of the 11th month for which this benefit is payable;
3. the end of the month in which the Insured recovers from the Coma.

A person is deemed "Comatose" or in a "Coma" if he or she is in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

### **Emergency Medical Benefits**

We will pay Emergency Medical Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for emergency medical services to treat a Covered Person. Benefits are payable up to the Maximum Benefit shown in the *Schedule of Benefits* if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip; and
2. is traveling 100 miles or more away from his or her place of permanent residence.

Covered Expenses:

1. Medical Expense Guarantee: expenses for guarantee of payment to a medical provider.
2. Hospital Admission Guarantee: expenses for guarantee of payment to a Hospital or treatment facility.

Benefits for these Covered Expenses will not be payable unless:

1. the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

**Emergency Medical Evacuation Benefit**

We will pay Emergency Medical Evacuation Benefits as shown in the Schedule of Benefits for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable up to the Benefit Maximum shown in the Schedule of Benefits if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling 100 miles or more away from his or her place of permanent residence.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member, or companion who is traveling with the Covered Person, to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.
5. Transportation After Stabilization: if We have evacuated the Covered Person to a medical facility due to an emergency Medical Evacuation, We will pay the Covered Person's transportation costs to: a) his or her Home Country, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation;

2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event the Covered Person refuses to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

### **Home Alteration and Vehicle Modification Benefit**

We will pay benefits shown in the *Schedule of Benefits*, subject to the following conditions, when the Covered Person suffers a Covered Loss, other than a Loss of Life, resulting directly and independently of all other causes from a Covered Accident.

This benefit will be payable if all of the following conditions are met:

1. prior to the date of the Covered Accident causing such Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. as a direct result of such Covered Loss, the Covered Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. the Covered Person requires home alteration or vehicle modification within one year of the date of the Covered Accident.

### **Rehabilitation Benefit**

We will pay the Rehabilitation Benefits shown in the *Schedule of Benefits*, if:

1. the Insured is receiving Total Disability benefits under the Policy;
2. the Insured is participating in a Rehabilitation Program due to a spinal cord, nervous system or closed head Injury that results directly from, and from no other cause, but a Covered Accident; and
3. a Doctor prescribes the Rehabilitation Program.

Benefits are payable for:

1. the facility providing the Rehabilitation Program in which the Insured is participating; and
2. Immediate Family Members who incur expenses for travel to and from the location at which the Insured is participating in a Rehabilitation Program provided actual receipts are submitted with the claim.

Benefits will end when the first of the following events occur:

1. the date the Insured completes the Rehabilitation Program;
2. the date the Insured is no longer Totally Disabled;
3. the date Total Disability benefits are no longer payable under the Policy; or
4. the date the Insured dies.

“Immediate Family Member” means a Covered Person’s parent, grandparent, spouse, child, brother, sister or in-laws.

“Rehabilitation Program” means a specialized, intensive program for rehabilitation or assimilation at an accredited medical facility specializing in research, surgery and training of persons with spinal cord, nervous system or closed head injuries.

### **Repatriation of Remains Benefit**

We will pay Repatriation of Remains Benefits as shown in the *Schedule of Benefits* for preparation and return of a Covered Person’s body to his or her home if he or she dies as a result of a Medical Emergency while traveling 100 miles or more away from his or her place of permanent residence.

Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains.
4. Escort Services: expenses for an Immediate Family Member, or companion who is traveling with the Covered Person, to join the Covered Person body during the repatriation to the Covered Person’s place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

### **Seatbelt and Airbag Benefit**

We will pay benefits shown in the *Schedule of Benefits*, subject to the conditions described below, when a Covered Person dies or is dismembered directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional benefit is provided, if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person’s claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay a default benefit shown in the *Schedule of Benefits* to the Covered Person’s beneficiary.

In the case of a child, seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Covered Accident.

"Supplemental Restraint System" means an airbag that inflates upon impact for added protection to the head and chest areas.

"Automobile" means a self-propelled, private passenger motor vehicle with four or more wheels that is a type both designed and required to be licensed for use on the highway of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor home type. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

### **Special Counseling Benefit**

We will pay the Special Counseling Benefit shown in the *Schedule of Benefits* for mental health counseling to assist a Covered Person in dealing with a Covered Loss, if he or she:

1. suffers an Injury that results in a loss as outlined in the *Schedule of Covered Losses* for which the Accidental Death and Dismemberment Benefit is payable; and
2. obtains mental health counseling.

### **Spouse Retraining Benefit**

We will pay expenses incurred, as described below, up to the Maximum Benefit shown in the *Schedule of Benefits*, to enable the Insured's spouse to obtain occupational or educational training needed for employment if the Insured dies directly and independently of all other causes from a Covered Accident. An insured spouse must have been insured under the Policy the date of the Insured's death to be eligible for this benefit. This benefit is subject to the conditions described below.

This benefit will be payable if the Insured dies within one year of a Covered Accident and is survived by his or her spouse who:

1. enrolls, within one year after the Insured's death in any accredited school for the purpose of retraining or refreshing skills needed for employment; and
2. incurs expenses payable directly to, or approved and certified by, such school.

## **HAZARDS INSURED AGAINST**

We will pay benefits described in this Policy when a Covered Person suffers a loss or Injury as a result of a Covered Accident during one of the Covered Activities listed in the *Schedule of Benefits*. We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident occurs. Unless otherwise specified, We pay benefits only once for any one Covered Accident, even if it is covered by more than one hazard.

### **Exposure & Disappearance**

Coverage under this hazard includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by this Policy; and
2. the body is not found within one year of the Covered Accident.

## **Alternative Commuting**

The Covered Accident must take place:

1. while the Insured is using an alternate means of transportation for commuting directly between his or her home and the Policyholder's premises where he or she normally works; and
2. when such use is necessitated by discontinuance of service, strike, or major breakdown of one or more public conveyance transportation systems that the Insured regularly uses in commuting.

Benefits will not be payable for Covered Accidents that occur more than two hours after the Insured leaves his or her home or place of employment, unless it can be conclusively established that:

1. the delay was caused by conditions beyond the Insured's control; or
2. more time was needed for normal direct commuting.

## **Business Travel including Limited Personal Deviation**

The Covered Accident must take place while traveling:

1. on business for the Policyholder; and
2. in the course of the Policyholder's business.

This coverage does not include commuting between home and the place of work.

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person's Personal Deviation is more than 7 day(s).

"Personal Deviation" means:

1. an activity that is not reasonably related to the Policyholder's business; and
2. not incidental to the purpose of the trip.

## **Hijacking and Air Piracy**

The Covered Accident must:

1. take place during the:
  - a) hijacking of an Aircraft;
  - b) air piracy; or
  - c) unlawful seizure or attempted seizure of an Aircraft; and
2. take place while the Insured is in the course of the Policyholder's business.

Coverage begins with the onset of the hijacking or air piracy and continues while the Covered Person is subject to the control of the person or persons responsible for the Hijacking/Air Piracy and during travel directly to his or her home or scheduled destinations.

“Hijacking” or “Air Piracy,” as used here, means the unlawful seizure or wrongful exercise of control of an aircraft or conveyance, or the crew thereof, in which the Covered Person is traveling solely as a passenger.

### **Owned, Leased, or Controlled Aircraft including Limited Personal Deviation**

The Covered Accident must take place while:

1. the Covered Person is riding in, or getting on or off of, a covered aircraft; or
2. as a result of a Covered Person being struck by a covered aircraft.
3. away from the Policyholder's premises in the Covered Person's city of permanent assignment;
4. on business for the Policyholder; and
5. in the course of the Policyholder's business.

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person's Personal Deviation is more than 7 day(s).

“Personal Deviation” means:

1. an activity that is not reasonably related to the Policyholder's business; and
2. not incidental to the purpose of the trip.

An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.

**Description of Aircraft Covered:** The *Schedule of Benefits* will list type of Aircraft, license number, and passenger seating capacity.

### **Aircraft Restrictions**

If the Covered Accident happens while a Covered Person is riding in, or getting on or off of, an aircraft, We will pay benefits, but only if:

1. he or she is riding as a passenger only, and not as a pilot or member of the crew (except as provided by the Policy); and
2. the aircraft has a valid certificate of airworthiness; and
3. the aircraft is flown by a pilot with a valid license; and
4. the aircraft is not being used for: (i) crop dusting, spraying, or seeding; firefighting; skywriting; skydiving or hang gliding; pipeline or power line inspection; aerial photography or exploration; racing, endurance tests, stunt or acrobatic flying; or (ii) any operation which requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).
5. the aircraft is a military transport aircraft flown by the Air Mobility Command, or similar air transport service of another country.

Covered Aircraft also includes Newly Acquired Aircraft and Substitute Aircraft. Automatic coverage is provided for Newly Acquired Aircraft. The Policyholder is required to notify the company within 180 days of the delivery date of such aircraft, or policy anniversary date, whichever is later, and, unless aircraft is purchased to replace existing aircraft, pay the required

additional premium. In the event that a Policyholder aircraft is temporarily withdrawn from normal use for any reason, including but not limited to mechanical breakdown, servicing or accident, any substitute aircraft will be considered a Covered Aircraft. The Policyholder is not required to report such substitute.

### **Relocation including Limited Personal Deviation**

The Covered Accident must take place while the Covered Person is traveling on a Relocation Trip at the expense and direction of the Policyholder.

“Relocation Trip” means a trip in connection with the Insured’s transfer or proposed transfer by the Policyholder to a new worksite.

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person’s home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person’s Personal Deviation is more than 7 day(s).

“Personal Deviation” means:

1. an activity that is not reasonably related to the Policyholder’s business; and
2. not incidental to the purpose of the trip.

## EXCLUSIONS

We will not pay benefits for any loss or Injury that is caused by, or results from:

- intentionally self-inflicted Injury. (applicable to Accidental Death and Dismemberment Benefit only)
- suicide or attempted suicide. (applicable to Accidental Death and Dismemberment Benefit only)
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
- commission of, or attempt to commit, a felony.
- commission of or active participation in a riot or insurrection.
- an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license.
- Injury or loss contributed to the use of any drug or narcotic, except as prescribed by a Doctor.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

## CLAIM PROVISIONS

**Notice Of Claim:** A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number.

**Claim Forms:** Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

**Proof Of Loss:** Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

**Claimant Cooperation Provision:** Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

**Time Payment Of Claims:** Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

**Payment Of Claims:** If the Insured dies, any death benefits or other benefits unpaid at the time of the Insured's death will be paid to the beneficiary our records indicate the Insured designated for these plan benefits. If no named beneficiary or surviving beneficiary is on record with Us or Our authorized agent, death proceeds will be paid to the beneficiary the Insured has designated under the Group Life Insurance Policy issued to the Policyholder and in effect at the time of the Insured's death.

If there is no named beneficiary or surviving beneficiary on record under the Group Life Insurance Policy issued to the Policyholder or with us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following: 1) Spouse; 2) Children; 3) Parents; 4) Brothers and sisters. If there are no survivors in any of these classes, We will pay the Insured's estate.

All other benefits will be paid to the Insured. If the Insured is: (1) a minor; or (2) in Our opinion unable to give a valid release because of incompetence, We may pay any amount due to a parent, guardian, or other person actually supporting him or her. Any payment made in good faith will end Our liability to the extent of the payment.

If a Covered Loss is suffered by a Covered Person who resides outside of the United States, its territories and possessions and in a Country where the Company is not permitted to provide insurance without a License, the Company will pay benefits under the Policy to the Policyholder, who:

1. will hold such payment in trust for the sole use and benefit of the insured person or his or her beneficiary or other person to whom such benefits are payable ("Payee"); and
2. will remit such payment to the Payee in accordance with applicable law.

Any such payment the Company makes to the Policyholder is a full discharge of the Company's liability for the claim for which payment is made.

"Country" includes any political jurisdiction that independently regulates the licensing of insurance companies.

"License" or "Licensed" means with respect to any Country, authorized or otherwise permitted in accordance with applicable law to conduct the business of accident and sickness insurance in such Country.

**Beneficiary:** The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

The Insured is the beneficiary for any covered Dependent.

**Assignment:** At the request of the Insured or his or her parent or guardian, if the Insured is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment.

**Physical Examinations And Autopsy:** We have the right to have a Doctor of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

**Legal Actions:** No lawsuit or action in equity can be brought to recover on this Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

## ADMINISTRATIVE PROVISIONS

**Premiums:** The premiums for this Policy will be based on the rates currently in force, the plan and amount of insurance in effect.

**Changes In Premium Rates:** We may change the premium rates from time to time with at least 31 days advanced written, or authorized electronic or telephonic notice. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization or eligible class is added or deleted from the Policy.
3. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.
4. There is a change in the market factors or factors bearing on the risk assumed.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

**Payment of Premium:** The first Premium is due on the Policy Effective Date. If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

**Policy Grace Period:** A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last Premium Due Date on which required premiums were paid. The Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

**Schedule of Affiliates:** Eligible Persons employed by any affiliate or subsidiary corporation of the Policyholder as of the Policy Effective Date are covered under the Policy. Their coverage will begin and end in accordance with the Effective Date of Insurance and Termination Date of Insurance provisions in the Policy. A list of these affiliates and subsidiaries must be kept on file with the Company.

**Newly Acquired Organizations:** The premium shown on the Schedule of Benefits applies only to the Policyholder and any affiliates or subsidiary corporations covered on the Policy Effective Date. However, eligible employees of organizations acquired by the Policyholder during the Policy Term may be covered based on the following terms. The Policyholder must: (1) report to Us within 60 days of the acquisition the name of the newly acquired organization and any underwriting information we may need to calculate the premium; and (2) the required additional premium, if any, must be paid.

## GENERAL PROVISIONS

**Entire Contract; Changes:** The Policy (including any endorsements or amendments), the signed application of the Policyholder, and any individual applications of Covered Persons, are the entire contract. Any statements made by the Policyholder or Covered Persons will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application.

To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communications). It must be signed by our president or secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

**Policy Effective Date And Termination Date:** The Policy begins on the Policy Effective Date shown on page 1 of the Policy. We may terminate this Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Policyholder. The Policyholder may terminate this Policy on any Premium Due Date by giving 31 days advance written (or authorized electronic or telephonic) notice to Us. This Policy terminates automatically on the earlier of: 1) the last day of the Policy Term; or 2) the Premium Due Date if Premiums are not paid when due. Termination takes effect at 12:00 a.m. (midnight) at the Policyholder's address on the date of termination.

**Clerical Error:** If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the Policy terms.

**Examination Of Records And Audit:** We shall be permitted to examine and audit the Policyholder's books and records at any time during the term of the Policy and within 2 years after the final termination of the Policy as they relate to the premiums or subject matter of this insurance.

**Certificates Of Insurance:** Where it is required by law, or upon the request of the Policyholder, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

**Conformity With State Laws:** On the effective date of this Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

**Not In Lieu Of Workers' Compensation:** This Policy is not a workers' compensation policy. It does not provide workers' compensation benefits.

Chubb. Insured.<sup>SM</sup>

**CHUBB**

ACE American Insurance Company  
(A Stock Company)  
Philadelphia, PA 19106  
(Herein called We, Us, Our)

# Blanket Accident Insurance Policy Amendment

**Policy Number: ADDN10846638**

**Effective Date: October 1, 2019**

**For: Donnelley Financial**

This Amendment form is made a part of the Policy to which it is attached and applies as of the Effective Date shown above. If no Effective Date is shown, this Amendment takes effect as of the Policy Effective Date. Any changes in premium apply as of the first premium due date on or after the effective date of this form.

The Policy has been changed as follows:

If the Policyholder has or enters into an agreement with an assistance provider, other than the Company's authorized assistance provider, to provide services insured under the policy, the following provisions apply.

- "Our assistance provider" as referenced in the Description of Benefits refers to the Policyholder's assistance provider.
- Benefits for Covered Expenses will be payable to the Policyholder's assistance provider upon receipt of any required proof. Any payment made in good faith to the Policyholder's assistance provider will end our liability to the extent of the payment.
- No benefits will be paid for services rendered by the Policyholder's assistance provider that are not included in the Covered Expenses listed in the Policy.
- We assume no liability for the services provided by the Policyholder's assistance provider to a covered person under the Policy, nor any liability for any negligence or any wrongful acts or omissions of any of the persons providing these services to a covered person.

This form ends at the same time as the Policy. It is subject to all of the terms, limitations and conditions of the Policy except as they are changed by it.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

**CHUBB** ACE American Insurance Company  
(A Stock Company)  
Philadelphia, PA 19106  
(Herein called We, Us, Our)

## Kidnap and Extortion Expense Benefit Rider

**Policy Number: ADD N10846638**

**Effective Date: October 1, 2019**

**For: Donnelley Financial**

**Rider #: 1**

This Rider form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Rider takes effect as of the Policy Effective Date. This form is subject to all of the terms, limitations, and exclusions of the Policy, except as they are changed by it.

### KIDNAP AND EXTORTION EXPENSE BENEFIT

#### SCHEDULE OF BENEFITS

**Aggregate Limit for All Covered Losses:** \$50,000 per incident

**Extortion/Ransom Money Payment Benefit**

Benefit Maximum per Covered Person: \$50,000 per incident

**In-Transit Extortion or Ransom Money Loss Benefit**

Benefit Maximum per Covered Person: \$50,000 per incident

**Expense Benefit**

Benefit Maximum per Covered Person: \$50,000 per incident

**Incident Response Benefit:**

100% of Covered Expenses

**Legal Costs Benefit**

Benefit Maximum per Covered Person: \$50,000 per incident

#### COVERED EVENTS

Coverage is provided under this Rider for one or more of the Covered Losses identified below arising solely and directly from the following specific Covered Events that commence during the Policy Period:

1. Kidnap
2. Extortion

#### DESCRIPTION OF BENEFITS

We will pay the following benefits if a Covered Person is a victim of a Kidnap or Extortion. The Covered Person's coverage must be in effect at the time the incident occurs.

**Extortion/Ransom Money Payment Benefit**

We will reimburse the Kidnap/Ransom Money paid by the Policyholder or a Covered Person resulting directly from the following Covered Events:

1. a Kidnap or alleged Kidnap; and
2. Extortion upon a Covered Person.

### **In-Transit Extortion/Ransom Money Loss Benefit**

We will reimburse the In-Transit Extortion/Ransom Money Loss Benefit for a loss due to confiscation, destruction, disappearance, seizure or usurpation of Extortion/Ransom Money resulting from a covered Kidnap or Extortion of the Covered Person.

### **Expense Benefit**

We will reimburse Covered Expenses incurred resulting directly from a Kidnap or Extortion of the Covered Person.

### **Incident Response Benefit**

We will reimburse the:

1. reasonable and customary fees and expenses of Our approved security consultant or of other independent security consultants retained by the Policyholder for the exclusive function of responding to a Covered Event, provided that We have given our prior consent to the use of such other independent security consultant(s); and
2. any other reasonable and customary fees and expenses of other specialist consultants retained by the Policyholder for the exclusive function of responding to a Covered Event, including but not limited to, public relations consultants or private investigation consultants, provided We have given our prior consent to the use of such specialist consultant.

### **Legal Costs Benefit**

We will reimburse the amount paid for any Suit brought against a Covered Person directly as a result of a Kidnap or Extortion, for:

1. the sums that a Covered Person becomes legally obligated to pay as damages as a result of a judgment or settlement approved by Us for a Suit;
2. all reasonable and customary expenses incurred by the Covered Person in defense of such Suit; and
3. all costs levied against the Covered Person in the Suit.

## **DEFINITIONS**

**“Covered Expenses”** means:

With regard to a Covered Event, We will pay benefits for:

1. the reasonable payment made by a Covered Person to an Informant who provides information which contributes to the resolution of the Covered Event; and
2. the reasonable and customary loan costs incurred by a Covered Person from a financial institution for obtaining money to be used for Extortion/Ransom Money payment; and

3. the reasonable and customary travel and accommodation costs incurred by the Covered Person as a result of a Covered Event as follows:
  - a. directly related to the resolution of a Covered Event;
  - b. for a Covered Person who is the victim of a Kidnap, to join his/her immediate family upon his/her release, and the travel accommodation costs, including lodging and meals, of a newly hired individual to replace the Covered Person who is a victim of a Kidnap. These costs will apply only once per Covered Person and replacement person(s); and/or
  - c. to evacuate, a Covered Person and/or his or her spouse and/or children living in the same household as the Covered Person who is the victim of a Kidnap, Hijack or Wrongful Detention; and
4. Employee Compensation paid by the Policyholder to the Covered Person or on behalf of the Covered Person:
  - a. up to thirty (30) days after the release of the Covered Person from a Kidnap; or
  - b. up to discovery of the death of the Covered Person; or
  - c. up to one hundred twenty (120) days after we receive the last reasonably credible evidence that the Covered Person is still alive; or
  - d. up to sixty (60) months after the date of the Kidnap, a victim has not been released.
5. the Personal Financial Loss suffered by Covered Person; and
6. the reasonable and customary fees expenses of a qualified interpreter retained directly to assist the Covered Person as a result of a Covered Event; and
7. reasonable and necessary expenses of independent forensic analysts engaged by the Policyholder; and
8. increased costs of security resulting directly from Kidnap or Extortion threats including, but not limited to, hiring of security guards, hiring of armored vehicles and overtime pay to existing security staff, for a period of up to ninety (90) consecutive days, provided that Our approved security consultant or other independent security consultant has specifically recommended such security measures; and
9. job retraining costs for a Kidnap including, but not limited to, the salary of the Kidnap victim while being retrained, and costs of external training courses; and
10. reasonable rest and recovery expenses, including travel, lodging, meals and recreation, for a Covered Person who is a victim of a Kidnap, with his/her spouse and/or children, for a period not exceeding thirty (30) consecutive days, and incurred by the Policyholder within six (6) months following the conclusion of the Covered Event; provided, however, that we will pay no more than the Benefit Maximum shown in the *Schedule of Benefits* for all victims and family members for any one Covered Event; and
11. other reasonable and customary expenses incurred by the Policyholder directly related to negotiating the release of a Covered Person.

**“Extortion”** means a threat or series of threats to Kidnap, cause bodily Injury, Property Damage, Product Adulteration, or disclose the Covered Person’s Proprietary Information, including any personal, private, or confidential information about the Policyholder or the Covered Person for the purpose of demanding Extortion/Ransom Money as a condition not to carry out such threat.

**“Extortion/Ransom Money”** means a consideration paid for the return of a Kidnap victim or consideration paid to terminate or end an Extortion to a person(s) believed to be responsible for the Kidnap or Extortion and includes, but is not limited to, cash, securities, marketable goods or services, property, or monetary instruments.

**“Informant”** means any person, other than the Covered Person, providing information not otherwise obtainable, solely in return for compensation

**“Kidnap”** means the illegal abduction and holding hostage of one or more Covered Person(s) for the purpose of demanding Extortion/Ransom Money as a condition of release. A Kidnap in which more than one Covered Person is abducted will be considered a single Kidnap.

**“Personal Financial Loss”** means the financial loss suffered by the Covered Person solely and directly as the result of the physical inability of a Covered Person to attend to personal financial matters while a victim, and as a direct result, of a Covered Event..

**“Product Adulteration”** means the intentional act of contaminating, polluting, or rendering harmful or unfit for their intended use, products or goods manufactured, handled or distributed by the Policyholder, or publicity implying or stating the same.

**“Property”** means any building and contents or equipment (fixed or mobile) owned or leased by the Policyholder as a place to conduct business or a residence occupied by any director officer or employee and for which the Policyholder or the Covered Person is legally liable.

**“Property Damage”** means physical loss of or damage to Property or electronic data, including the corruption or modification of data or denial of access to computer or network services.

**“Proprietary Information”** means any information which the Covered Person maintains as a trade secret and includes methods, processes, devices and techniques particular to the conduct of his or her business.

**“Suit”** means a civil lawsuit or arbitration arising from a Covered Event, provided that such proceeding is brought within twelve (12) months after the release or death of a kidnapped or detained Covered Person or the last reasonably credible Extortion threat occurring during the Policy Period, but in no event longer than sixty (60) months after the inception of the Kidnap, Extortion or Wrongful Detention.

## **EXCLUSIONS AND LIMITATIONS**

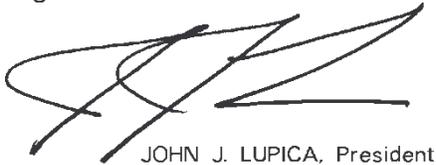
We will not pay Kidnap and Ransom Benefits for:

1. Any loss caused by fraudulent, illegal or dishonest act committed by the Policyholder, a Covered Person or any other person acting at the direction or authorization of the Policyholder or a Covered Person.
2. Any loss resulting from the surrender of money or Property as the result of a face to face encounter involving the use or threat of force or violence, unless surrendered by a person in possession of such money at the time of such surrender for the sole purpose of conveying it to pay an Extortion or demand for Extortion/Ransom Money previously communicated to the Policyholder or to the Covered Person.

3. Money or property surrendered on the Property unless brought onto the Property after receipt of the Extortion, or demand for Extortion/Ransom Money, for the purpose of paying such demand.
4. Any loss that occurs in any of the following countries: Afghanistan, Algeria, Angola, Brazil, Chad, Chechnya, Colombia, Cuba, Georgia, Haiti, Indonesia, Iran, Iraq, North Korea, Liberia, Libya, Mexico, Nepal, Nigeria, Pakistan, Peru, Philippines, Saudi Arabia, Sri Lanka, East Timor, Russia, Sierra Leone, Somalia, Sudan, Syria, Trinidad, Tobago, Venezuela, Yemen and Zimbabwe.

Additional Exclusions that apply to this benefit are shown in the Exclusions section of the Policy.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary



ACE American Insurance Company  
(A Stock Company)  
Philadelphia, PA 19106  
(Herein called We, Us, Our)

## Out-of-Country Medical Expense Benefit Rider

**Policy Number: ADD N10846638**

**Effective Date: October 1, 2019**

**For: Donnelley Financial**

**Rider #: 2**

This Rider form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Rider takes effect as of the Policy Effective Date. It applies only to Covered Accidents and Sickesses that occur on or after that date. This form is subject to all of the terms, limitations, and exclusions of the Policy, except as they are changed by it.

In return for payment of the required premium, the Policy is changed as follows.

### ELIGIBILITY

Classes of Eligible Persons are defined in the Policy.

Dependents of Class(es) 1 Insureds are also eligible for coverage. A person may not be insured as a Dependent and an Insured at the same time.

We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

### COVERED ACTIVITY

We will pay the benefits described in this Rider only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. outside of his or her Home Country or Country of Permanent Assignment;
2. up to 365 days;
3. on business for the Policyholder; and
4. in the course of the Policyholder's business.

"Home Country" means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one Country, his or her Home Country will be the country that he or she has declared to Us in writing as his or her Home Country.

"Country of Permanent Assignment" means a country, other than a Covered Person's Home Country, in which the Policyholder requires a Covered Person to work for a period of time that exceeds 365 continuous days.

### TERM OF COVERAGE

This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. The date the Covered Person returns to his or her Home Country or Country of Permanent Assignment
2. The date the Covered Person makes a Personal Deviation for more than 7 day(s).

**“Personal Deviation”** means:

1. An activity that is not reasonably related to the Policyholder's business; and
2. Not incidental to the purpose of the Trip.

## SCHEDULE OF BENEFITS

### Medical Expense Benefits

Total Maximum per Covered Accident or Sickness, per Covered Person:

Class1	\$250,000
Spouse of Class 1	\$250,000
Children of Class 1	\$250,000

Maximum for Preexisting Conditions:	treated as any other medical condition
Maximum for Dental Treatment (Injury Only):	\$1,000
Maximum for Emergency Medical Treatment of Pregnancy:	Treated as any other medical condition
Maximum for Room & Board Charges:	The average semi-private room rate per day
Maximum for ICU Room & Board Charges:	Two (2) times the average semi-private room rate per day
Deductible:	\$0 per Covered Accident or Sickness
Co-insurance Rate:	100% of the Usual and Customary Charges
Incurral Period:	90 days after the date of Covered Accident or Sickness
Maximum Benefit Period:	The earlier of the date the Covered Person returns to his or her Home Country or Country of Permanent Assignment, or 52 Weeks from the date of a Covered Accident or Sickness
Maximum Period of Coverage:	365 days

**Emergency Medical Benefits**

Benefit Maximum: up to \$10,000

**Emergency Medical Evacuation Benefit**

Benefit Maximum: 100% of Covered Expenses

**Repatriation of Remains Benefit**

Benefit Maximum: 100% of Covered Expenses

**DESCRIPTION OF BENEFITS****Medical Expense Benefits**

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the Policy and this Rider.

Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Covered Person incurs;
3. for charges incurred for services rendered to the Covered Person while traveling outside of his or her Home Country or Country of Permanent Assignment; and
4. provided the first charge is incurred within the Incurral Period shown in the Schedule of Benefits.

**Covered Medical Expenses**

1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room);
2. Services of a Doctor or a registered nurse (R.N.);
3. Ambulance service to or from a Hospital;
4. Laboratory tests;
5. Radiological procedures;
6. Anesthetics and their administration;
7. Blood, blood products, artificial blood products, and the transfusion thereof;
8. Physiotherapy;
9. Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription;
10. Dental charges for Injury to sound, natural teeth;
11. Emergency medical treatment of pregnancy;
12. Artificial limbs or eyes (not including replacement of these items);
13. Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces);
14. Oxygen or rental equipment for administration of oxygen;
15. Rental of a wheelchair or hospital-type bed; and
16. Rental of mechanical equipment for treatment of respiratory paralysis.

## **Emergency Medical Benefits**

We will pay Emergency Medical Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for emergency medical services to treat a Covered Person. Benefits are payable up to the Maximum Benefit shown in the *Schedule of Benefits* if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip; and
2. is traveling outside of his or her Home Country or Country of Permanent Assignment.

Covered Expenses:

1. Medical Expense Guarantee: expenses for guarantee of payment to a medical provider.
2. Hospital Admission Guarantee: expenses for guarantee of payment to a Hospital or treatment facility.

Benefits for these Covered Expenses will not be payable unless:

1. the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

## **Emergency Medical Evacuation Benefit**

We will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits*, if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling outside of his or her Home Country or Country of Permanent Assignment.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member, or companion who is traveling with the Covered Person, to join the Covered Person during the Covered

Person's emergency medical evacuation to a different hospital, treatment facility, or the Covered Person's place of residence.

5. Transportation After Stabilization: if We have evacuated the Covered Person to a medical facility due to an emergency Medical Evacuation, We will pay the Covered Person's transportation costs to: a) his or her Home Country, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event the Covered Person refuses to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

### **Repatriation of Remains Benefit**

We will pay Repatriation of Remains Benefits as shown in the *Schedule of Benefits* for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country or Country of Permanent Assignment. Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains;
4. Escort Services: expenses for an Immediate Family Member, or companion who is traveling with the Covered Person, to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

### **EXCLUSIONS AND LIMITATIONS**

In addition to the Policy Exclusions, We will not pay benefits for any loss, treatment, or services resulting from or contributed to by:

- Routine physicals and care of any kind.
- Routine dental care and treatment.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.

- Routine nursery care.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as medically necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- Treatment or service provided by a private duty nurse.
- Treatment by any Immediate Family Member or member of the Insured's household.
- Expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's business (unless Personal Deviations are specifically covered).
- Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
- Any expense paid or payable by any other valid and collectible group insurance plan.
- Injury or sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law.

If we determine the benefits paid under this Rider are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of policy remain unchanged.

## DEFINITIONS

**"Immediate Family Member"** means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.

**"Medical Emergency"** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

**"Preexisting Condition"** means an illness, disease, or other condition of the Covered Person that in the 3 months period before the Covered Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

**"Sickness"** means an illness, disease, or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Trip” means Policyholder sponsored travel by air, land, or sea from the Covered Person’s Home Country or Country of Permanent Assignment.

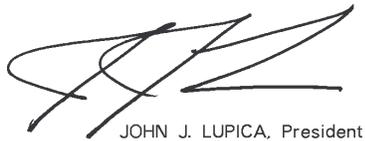
“Usual and Customary Charge” means the average amount charged by most providers for treatment, service, or supplies in the geographic area where the treatment, service, or supply is provided.

### ASSIGNMENT OF BENEFITS

We may pay benefits directly to any Hospital or person rendering covered services, unless the Covered Person requests otherwise in writing no later than the time he or she submits written proof of loss.

This form ends at the same time as the Policy to which it is attached.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

### IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov).

**Policy Number: ADD N10846638**

**Effective Date: October 1, 2019**

**For: Donnelley Financial**

**Rider #: 3**

This Rider form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Rider takes effect as of the Policy Effective Date. It applies only to Covered Accidents that occur on or after that date. This form is subject to all of the terms, limitations, and exclusions of the Policy, except as they are changed by it.

In return for payment of the required premium, the Policy is changed as follows.

The war exclusion is deleted to the extent coverage is provided by the terms and conditions described in this Rider. We will pay benefits as described in the Policy for Losses resulting from a Covered Accident caused by war or acts of war.

The Covered Accident may occur anywhere in the world, except the following countries:

- The United States
- The Covered Person's Home Country
- The Covered Person's Country of Permanent Assignment
- Specific Countries: Afghanistan, Algeria, Burkino Faso, Central African Republic, Chad, Democratic Republic of Congo, Chechnya, Egypt, Guinea, India (Jammu & Kashmir), Iraq, Ivory Coast, Lebanon, Libya, Mali, Nigeria, Pakistan, Somalia, Sudan, Syria, and Yemen

"Home Country" means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one Country, his or her Home Country will be the country that he or she has declared to Us in writing as his or her Home Country.

"Country of Permanent Assignment" means a country, other than a Covered Person's Home Country, in which the Policyholder requires a Covered Person to work for a period of time that exceeds 180 continuous days.

**Total Limit of Liability:** We will not pay more than \$5,000,000 per occurrence for the war risk benefits provided by this Rider. This limit shall apply to Injuries sustained in a Covered Accident from all acts of war in any consecutive 72-hour period. If, but for this provision, We would pay more than \$5,000,000, then the benefits We will pay under this Rider to each Covered Person will be reduced in the same proportion, so that the total amount We will pay for war risk coverage is \$5,000,000.

**Premiums and Coverage Subject to Change:** The premiums, benefits, and areas in which coverage is provided may be changed at any time, by sending written notice to the Policyholder at its most recent address in Our records at least 10 days prior to the date of change. These changes may be done as needed to reflect conditions that, in Our opinion, change the war risk exposure.

**Termination:** The Policyholder may cancel war risk coverage at any time by sending written notice to Us. The coverage will be cancelled on the later of: (1) the date We receive the notice; or (2) the termination date specified in the notice.

We may cancel coverage at any time by sending written notice to the Policyholder at its most recent address in Our records at least 10 days prior to the termination date. We will return any unearned premium that has been paid for this coverage. However, the return of premium is not a condition of termination.

Change or termination of this coverage will not affect a claim that begins while this coverage is in force.

The Policyholder must submit at least annual reports of war risk exposure. We may require additional premium for war risk coverage to remain in effect.

This form ends at the same time as the Policy to which it is attached.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary