

Lloyd's

This insurance is underwritten by certain Underwriters at Lloyd's, London

Insured:

Certificate Number:

SHORT TERM MEDICAL

This Certificate of Insurance confirms that in return for payment of the Premium shown in the Schedule, certain Underwriters at Lloyd's have agreed to pay for Eligible Expenses in accordance with the terms set out in this Certificate.

In accepting this insurance, the Underwriters have relied on the information and statements that You have provided on the date which is stated in the Schedule. You should read this Certificate carefully and if it is not correct, please contact the Coverholder. It is an important document and You should keep it in a safe place with all other papers relating to this insurance.

Coverage under this certificate will begin on the effective date at 12:01 AM. Coverage will end on the expiry date at 12:01 AM. All times will be the Local Standard Time at the address stated above. For the insurance described in this Certificate to be effective there must not have been any material changes to Your health as described in Your application or online enrollment for coverage between the date You signed the application or completed the online enrollment and the Effective Date of the insurance described in this Certificate. If there have been any material changes in Your health during this time period, this Certificate must be immediately returned with a written description of such changes for Underwriters' review and consideration as to issuance of coverage.

Notice of Nonrenewability: This insurance is not renewable. New periods of insurance may be secured at the option of the Underwriters and then only upon submission of a new satisfactory application or online enrollment.

Important Notice regarding the Patient Protection and Affordable Care Act: This insurance is not subject to, and does not provide certain of the insurance benefits required by the United States' Patient Protection and Affordable Care Act ('ACA'). This insurance does not provide, and Insurers do not intend to provide, minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the contract documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the policy. ACA requires certain United States citizens and United States residents to obtain ACA compliant health insurance coverage. In some circumstances penalties may be imposed on persons who do not maintain ACA-compliant coverage. You should consult Your attorney or tax professional to determine if ACA's requirements are applicable to You.

The insurance described in this Certificate has coverage limitations and exclusions. Please review the Limitations and Exclusions section.

Read this Certificate carefully. It is a legal contract between the Owner and Us.

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DECLARATIONS

Certificate Number:

Name of Owner:

Address:

Name of Insured:

Geographical Area of Coverage: **USA**

Effective Date:

Expiry Date:

Issue Date:

Application Date:

Premium:

ESL Tax:

Stamping Fee:

Processing Fee:

Total:

Payment Mode:

Binding Authority Number:

Unique Market Reference:

SCHEDULE OF BENEFITS

Section 1:

Deductible (Per Certificate) \$ _____

Maximum Benefit (Per Certificate) \$ _____

Optional Benefits:

Hazardous Sports and Activity Coverage _____

Section 2:

Accidental Death Benefit \$ **50,000.00 Maximum** _____

SAMPLE

Forms and Endorsements that apply: Application, STMPP0110116.

Executed by Petersen International Underwriters on:

Date: _____

By: SAMPLE
W. Harold Petersen

DEFINITIONS

Accident means a sudden, unexpected event which occurs at an identifiable time and location during the Period of Insurance.

Common Carrier means any form of transportation certified for hire to carry passengers.

Coverholder means Petersen International Underwriters, a licensed surplus line broker who is a coverholder to Lloyd's, with limited authorization granted by Underwriters to place the insurance described in and to issue this Certificate.

Custodial Care means care provided primarily for the non-medical maintenance of a patient or which is designed to assist a patient in essential activities of daily living and which is not primarily provided for its therapeutic value. Activities of daily living include such things as bathing, feeding, dressing, walking and taking oral medicine.

CPT means the Current Procedural Terminology. The CPT utilizes codes to identify services performed by Providers.

Deductible means the amount of Eligible Expenses that must be incurred and paid prior to any amounts being paid by Underwriters.

Eligible Expenses means Usual, Customary and Reasonable charges for services and supplies which are Medically Necessary for You and for which coverage is provided under the insurance described in this Certificate.

Free Look means if You are not satisfied You can cancel this coverage for a full refund of any premium paid provided You do so within ten (10) days after the receipt of this Certificate. The Certificate will then be void from inception.

Geographic Area means the USA.

Home Health Care means part-time or intermittent home nursing care by a registered nurse or licensed vocational nurse in a place of residence, including medical supplies, drugs and medications prescribed by a Physician, and laboratory services, but only to the extent that they would have been covered when confined in a Hospital.

Hospital means a facility which is licensed under state and local laws and regulations to provide, on the order of a Physician, diagnostic and therapeutic services for the medical diagnosis, treatment and care of persons in need of acute inpatient hospital care. Hospital does NOT include health resorts, rest homes, nursing homes, Skilled Nursing Facilities, convalescent homes or other similar institutions.

Immediate Family Member means Your mother, father, spouse, brother, sister or children.

DEFINITIONS (Continued)

Injury means an Accidental bodily Injury which:

- a) is sustained by the Insured Person;
- b) is caused by an Accident, and
- c) is the direct cause of loss independent of Sickness, disease or bodily infirmity within twelve (12) months from the date of the Accident

Insured means You, being the person or persons covered by the insurance described in this Certificate.

Maximum Benefit means the total amount of Eligible Expenses reimbursable for Section 1 during the Period of Insurance.

Medically Necessary means services which You require due to Sickness or Injury and which are appropriate according to standards of medical practice generally accepted and provided by the medical community.

Medicaid means the program of medical coverage set forth in the Health Insurance for the Aged Act, Subchapter XVIII of the Social Security Amendments of 1965, including any amendments now or later enacted.

Mental or Nervous Disorders means any condition which includes any form of neurotic or psychotic condition or behavioral disorder. Conditions may include, but are not limited to: psychiatric disorders, manic disorders, paranoia, schizophrenia, personality disorders, depression, anxiety, due to any cause or any form of chemical imbalance affecting the brain.

Owner means the person or entity stated in the Declarations. The Owner has all the rights and privileges under this Certificate.

Payor is the person or entity who has paid the Provider.

Period of Insurance means the time period beginning with the Effective Date and ending with the Expiry Date.

Physician means an individual who is qualified to perform or prescribe surgical or manipulative treatment. A Physician must be recognized (licensed and chartered) by the state or country in which he or she is practicing, cannot be a relative of the Insured, and must practice within the scope of his or her license. Treatment of a Sickness or Injury must be within the knowledge or expertise of the Physician.

Pre-existing Condition means a condition caused or contributed to by a Sickness or Injury for which medical advice, diagnosis, care or treatment, including the use of prescription medication, including but not limited to ongoing condition(s), was recommended by or received from a licensed health care practitioner, and/or any symptom(s) and/or any condition(s) which would have caused a reasonably prudent person to seek medical attention during the twelve (12) months immediately preceding the Effective Date of the insurance described in this Certificate, whether disclosed or not on Your application or online enrollment.

DEFINITIONS (Continued)

Provider means a Physician, Hospital, or other person or entity that provides health care services which is licensed under state and local laws and regulations to provide, on the order of a Physician, diagnostic and therapeutic services for the medical diagnosis, treatment and care of persons in need of such care.

Sickness means an illness or disease.

Skilled Nursing Facility means a facility which is licensed under state and local laws and regulations to operate as a Skilled Nursing Facility.

Terrorism or Act of Terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including intention to influence any government and/or to put the public, or any section of the public, in fear.

Underwriters refers to certain Underwriters at Lloyd's, London.

Usual, Customary and Reasonable, UCR means the following: The "usual" charge is that fee usually charged by the Provider for a given service or supply. A charge is "customary" when it is within the range of the usual fees charged by Providers of similar training and experience, for the same service or supply within the same Geographic Area as determined by Underwriters. The charge is "reasonable" when it meets the above two (2) criteria or is justifiable as determined by Underwriters in consideration of the special circumstances of the particular case in question.

War means war, declared or undeclared, invasion, hostilities, acts of foreign enemies, civil war, rebellion, insurrection, military or usurped power, martial law or confiscation by order of any government or public authority.

We, Us means Underwriters.

You, Your means each named Insured.

BENEFIT PROVISIONS

The insurance described in this Certificate is short-term, major medical coverage intended to provide benefits for Eligible Expenses incurred within the USA. The insurance described in this Certificate is secondary to medical benefits, services or reimbursements from any other source except Medicaid.

SECTION 1:

MEDICAL EXPENSES

Underwriters will provide benefits for any Eligible Expenses listed below when Medically Necessary for the diagnosis and treatment of Your Sickness or Injury, subject to the terms and limitations described in this Certificate. The insurance described in this Certificate contains a Deductible which must be satisfied before any Section 1 benefits begin. After the Deductible is paid, Underwriters will pay one hundred percent (100%) of Eligible Expenses up to the Maximum Benefit as shown in the Schedule of Benefits.

Benefits are available for:

1. Hospital room and board limited to semi-private daily rate.
2. Hospital intensive care unit.
3. Other Medically Necessary Hospital services and supplies, such as emergency room care, outpatient surgery, diagnostic services, supplies and therapy.
4. Skilled Nursing Facility room and board, provided confinement begins within thirty (30) days following a Medically Necessary Hospital confinement of three (3) days or longer.
5. Home Health Care if hospitalization would have been required if Home Health Care were not provided and the care is provided in accordance with a written plan established and approved by a Physician.
6. Physician services consisting of home, office, and hospital visits, and other medical care and treatment.
7. Ground ambulance service from Your temporary residence to and from a Hospital in the USA.
8. Diagnostic services, supplies and therapy.

Rx COVERAGE

In addition, We will pay for the cost of outpatient prescription medication(s) prescribed by a Physician or surgeon for treatment of an Injury or Sickness, within the Period of Insurance, not to exceed a maximum of \$500.00 in Eligible Expenses in the aggregate during the Period of Insurance, and for a maximum prescribed period of ninety (90) days for any one prescription. Benefits are not provided for Pre-existing Conditions and are only for treatments for newly diagnosed Sicknesses or Injuries. We will not provide any benefits for the replacement of lost, stolen, damaged, expired or otherwise compromised prescription medication(s).

BENEFIT PROVISIONS (Continued)

PPO NETWORK

You may receive diagnosis and treatment of Your Sickness or Injury from a Provider within the PPO network, at Your option. To find a Provider within the PPO network please review the information on Your identification card.

By utilizing the PPO network You may receive discounts and savings for any incurred Eligible Expenses. Utilizing the PPO network is not required and it does not guarantee that benefits will be payable or that the Provider will bill Us directly. You have the option to see any Provider whether they are in network or out of network. PPO network discounts are only applicable to Eligible Expenses as defined in this wording. If benefits are not payable, You will be billed by the Provider at the full non-discounted rate.

SAMPLE

COVERED SPORTS AND ACTIVITIES

Sports or Activities included in Your coverage. Participation in the following sports or activities are covered at no additional premium and without the need for prior declaration, when participating on a recreational and non professional basis during the term of insurance. Any involvement in these sports and/or activities is subject to Your compliance with local laws and regulations and the use of recommended safety equipment (including but not limited to helmet, harness, knee and/or elbow pads).

- Aerobics
- Archery
- Badminton
- Banana boating
- Baseball
- Basketball
- Body boarding (boogie boarding) up to 10 foot waves
- Canoeing/kayaking/rafting (grade 1 only)
- Cross country running
- Curling
- Cycling (street)
- Deep sea fishing
- Elephant riding
- Fencing
- Fishing
- Go karting
- Golf
- Hot air ballooning (organized pleasure rides only)
- Indoor climbing (on climbing wall)
- Jet boating
- Paint balling/war games (wearing eye protection)
- Parasailing (over water)
- Rowing
- Running (non-competitive and not marathon)
- Sailing/yachting (if qualified or accompanied by a qualified person and no racing)
- Snorkeling
- Soccer
- Spear fishing up to 30 feet (without tanks)
- Swimming
- Swimming with dolphins
- Table tennis
- Tennis
- Trampolining
- Trap shooting
- Trekking/hiking (without the need for climbing equipment) up to 10,000 feet above sea level
- Tug of war
- Volleyball
- Zorbing/hydro zorbing/sphering

Covered Sports or Activities coverage does not include:

1. any sport and/or activity not listed above, or
2. any activity You do as a high school athlete, college athlete, semi-professional athlete, professional athlete, or in a race, or
3. any activity carried out against local warnings or advice, or
4. any activity if it is not carried out in a safe way, or
5. any activity if You act irresponsibly or put Yourself in needless danger.

OPTIONAL HAZARDOUS SPORTS AND ACTIVITIES COVERAGE

Optional Hazardous Sports or Activities Rider - Hazardous Sports or Activities are the following list of activities which are considered to be more than a standard risk. This optional rider will provide up to \$250,000 for eligible expenses incurred by participation in the following:

- Bungee Jumping
- Driving/Riding a motor scooter
- Hang Gliding
- Horseback Riding (no jumping)
- Hiking/Trekking (without the need for climbing equipment) up to 20,000 feet above sea level
- Jet Skiing
- Mountaineering up to 10,000 feet
- Paragliding
- Roller skating/ inline skating
- Scuba diving (up to depth of 60 feet if PADI or equivalent qualified or accompanied by qualified instructor and not diving alone)
- Skydiving with an instructor
- Snow Skiing/ Snowboarding (excluding back country and helicopter skiing/boarding)
- Snowmobiling (trail riding only)
- Surfing up to 10 foot waves
- Tree canopy tours / Zip lining / repelling
- Wake Boarding
- Waterskiing
- White Water Rafting / canoeing / kayaking (grades 2-4 only).
- Windsurfing

Optional Hazardous Sports or Activities Rider does not cover:

1. any sport and/or activity not listed in the Optional Hazardous Sports and Activities Coverage description, or
2. any activity You do as a high school athlete, college athlete, semi-professional athlete, professional athlete, or in a race, or
3. any activity carried out against local warnings or advice, or
4. any activity if it is not carried out in a safe way, or
5. any activity if You act irresponsibly or put Yourself in needless danger.

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SECTION 2:

ACCIDENTAL DEATH

If in the event that You suffer a fatal Injury We will pay Your estate \$25,000.00. If the Injury was sustained while riding as a passenger on a Common Carrier, We will pay Your estate \$50,000.00 (double indemnity). Limitations - Only one (1) benefit is available per Insured Person. The loss must occur while this Certificate is in force and within 365 days of the date of the Accident. We will pay benefits if the loss was caused by exposure to weather as a result of an Accident. If You are riding in a conveyance which is involved in an Accident which results in the disappearance or sinking of the conveyance and Your body is not found within 365 days of the Accident then We will pay benefits as if the loss occurred within 365 days after the date of the Accident.

SAMPLE

TERMINATION OF BENEFITS

The insurance described in this Certificate will terminate upon the Expiry Date of this Certificate or the date You have exceeded more than eleven (11) months of Short Term Major Medical coverage with Petersen International Underwriters out of the last thirteen (13) months, whichever occurs first.

If on the Expiry Date, You are a patient confined in a Hospital in the USA, benefits will continue until (i) the date You are discharged from the Hospital, or (ii) thirty (30) days beyond the Expiry Date, whichever occurs first.

SAMPLE

LIMITATIONS AND EXCLUSIONS

All policy limitations and exclusions contained in the certificate apply to all eligible benefits.

LIMITATIONS:

1. This insurance is not subject to, and does not provide certain of the insurance benefits required by, the United States' Patient Protection and Affordable Care Act ('ACA'). This insurance does not provide, and Insurers do not intend to provide, minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the contract documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the policy. ACA requires certain United States citizens and United States residents to obtain ACA compliant health insurance coverage. In some circumstances penalties may be imposed on persons who do not maintain ACA-compliant coverage. You should consult Your attorney or tax professional to determine if ACA's requirements are applicable to You.
2. The maximum Eligible Expense room and board charge for an intensive care unit is three (3) times the Provider's semi-private room and board charge.
3. The maximum Eligible Expense for outpatient prescription medication(s) is \$500.00 in the aggregate and during the Period of Insurance for a maximum prescribed period of ninety (90) days for any one (1) prescription.

LIMITATIONS AND EXCLUSIONS (Continued)

All policy limitations and exclusions contained in the certificate apply to all eligible benefits.

EXCLUSIONS – Section 1:

1. Any expense which You are not legally obligated to pay.
2. Services which are not Medically Necessary or are not furnished by and under supervision of a Physician.
3. Expenses for services and supplies for which You are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from any other source except Medicaid.
4. Out of network expenses in excess of UCR.
5. Intentional self-inflicted injuries while sane or insane.
6. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders and all related symptoms and side effects.
7. Rest cures, quarantine or isolation.
8. Cosmetic surgery unless necessitated by an accidental Injury.
9. Dental exams, dental x-rays and general dental care except as a result of an accidental Injury.
10. Eye glasses or eye examinations.
11. Hearing aids or hearing examinations.
12. General or routine examinations.
13. Injuries or Sicknesses sustained from participation in Hazardous Sports and Activities.*
14. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
15. Injuries or Sicknesses due to War or any act of War whether declared or undeclared.*
16. Injuries or Sicknesses due to Terrorism or Act of Terrorism whether declared or undeclared.*
17. Injuries or Sicknesses due to an Act of Terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).
18. Injuries or Sicknesses sustained while committing a criminal or felonious act.
19. Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
20. Cataract surgery.
21. Any elective surgery, including but not limited to complications of previous elective or cosmetic surgeries.
22. Custodial Care.
23. Expenses for supplies and services that were not incurred within the USA.
24. Pre-existing conditions.

* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement.

LIMITATIONS AND EXCLUSIONS (Continued)

All policy limitations and exclusions contained in the certificate apply to all eligible benefits.

EXCLUSIONS – Section 2:

1. Accidental Death benefit does not cover a fatal Injury caused or contributed to by:
 - war, declared or undeclared, or acts of terrorism (unless such coverage is applied for and the appropriate additional premium has been paid);
 - intentional self inflicted Sickness or Injury;
 - committing a criminal or felonious act;
 - taking of illegal or non-prescribed drugs, or addiction or misuse of prescription drugs;
 - being under the influence of alcohol, as defined by the vehicle code of the state or province in which the Accident has occurred.

SAMPLE

CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of a claim must be given to Us within twenty (20) days after the date Eligible Expenses are incurred, or as soon after that as reasonably possible. Notice given by You or on Your behalf to the Coverholder indicated in this certificate at the following address that identifies You will be sufficient notice: **PETERSEN INTERNATIONAL UNDERWRITERS, 23929 Valencia Boulevard, Second Floor, Valencia, CA 91355.**

CLAIMS FORMS: Underwriters will furnish forms for filing proof of loss upon receipt of notice of claim.

PROOF OF LOSS: Written proof of loss must be given to Underwriters within ninety (90) days after the date Eligible Expenses are incurred. Failure to furnish written proof of loss within that time will not reduce the claim if it was not possible to give proof within the time required. However, proof may not be furnished later than one (1) year from the time proof is normally required, except in the case of legal incapacity. Written proof of loss includes, but is not limited to:

- 1) Completed claim form.
- 2) Signed authorization for release of medical records.
- 3) Original receipts from Providers, or copies of canceled checks or credit card payments plus a copy of a Provider statement or bill. All receipts must contain legible information to determine the name and address of the Provider; the diagnosis; the treatment rendered; the date of service; and the payment made to Provider.

In addition, Underwriters reserve the right to verify Your proof of loss by obtaining any or all necessary medical records or other necessary information from other sources. This will be obtained at Underwriter's expense.

TIME OF PAYMENT OF CLAIMS: Underwriters will pay for all benefits due upon receipt of written proof of loss and verification of loss. The Insured is financially responsible for the expenses incurred by the Insured until the claim has been determined to be an Eligible Expense.

PAYMENT OF CLAIMS: Benefits are paid directly to the Payor to reimburse the Payor for eligible medical expenses which have been paid by the Payor unless Underwriters agree to pay the Providers directly.

ACTS OF THIRD PARTIES: In the event You are injured through the wrongful act, negligence or omission of another person, Underwriters will reimburse the Payor under the insurance described in this Certificate. However, Underwriters will have the right to recover the amounts Underwriters pay that You, the Payor or the Certificate Owner collect from the liable third party. The Certificate Owner agrees, as a condition of coverage, to reimburse Underwriters immediately upon collection of damages, whether by action at law, settlement or otherwise, and to cooperate with Underwriters fully by furnishing information, forms, assignments or liens which will enable Underwriters to recover from the liable third party.

CLAIM PROVISIONS (Continued)

RIGHT TO KNOW UCR: You have the right to know the Usual, Customary and Reasonable (UCR) rates for all Eligible Expenses. To determine the UCR, You must provide Underwriters with the appropriate CPT code which can be obtained from Your Provider. Providing UCR information to You prior to Your incurring and paying this amount, does not waive Underwriter's rights to adjust, negotiate, or investigate Your claim. Underwriters reserve the right to negotiate settlements and/or contracts with Providers instead of paying UCR.

PHYSICAL EXAMINATION: Underwriters have the right to examine You at Underwriter's expense during the length of any claim and Underwriters may do so as often as Underwriters find necessary. Underwriters further reserve the right to have any claim monitored by a claims manager in cooperation with Your Physician.

CLAIMS AFTER EXPIRY DATE: Expenses incurred after the Expiry Date are not covered. If You are hospitalized on the Expiry Date, benefits will continue for a maximum of thirty (30) days or until You are released from the Hospital, whichever is sooner.

SAMPLE

GENERAL PROVISIONS

PREMIUMS: Premiums must be paid in advance and are non-refundable.

GRACE PERIOD: After payment of the first premium installment, Underwriters will allow You a grace period of thirty-one (31) days following a premium installment due date to pay subsequent premiums. During this grace period, the insurance described in this Certificate will remain in force. You will be liable for payment of premium for the Period of Insurance described in this Certificate.

UNPAID PREMIUM: If unpaid premiums exist at the time benefits are paid under this Certificate the amount of premium unpaid may be deducted from any benefits paid.

TERMINATION FOR NONPAYMENT: If any premium is not paid before the end of the grace period, the insurance described in this Certificate will immediately cease to be in force as of the premium due date.

NEW PERIOD OF INSURANCE: A new Period of Insurance may be offered subject to full underwriting as long as You have not had coverage with Petersen International Underwriters for more than eleven (11) months out of the last thirteen (13). Additional Periods of Insurance may not be available in some States. A new Period of Insurance may contain new terms, new premium and/or other modifications, or be declined. No new Period of Insurance will be offered if there are any open claims. Underwriters reserve the right to not make any offers for a new Period of Insurance for any reason.

ASSIGNMENT: The insurance described in this Certificate may not be assigned, in whole or in part, without the prior written consent of Underwriters.

NOTICES: All notices, claims, proofs of loss and other communication must be sent to Underwriters in care of PETERSEN INTERNATIONAL UNDERWRITERS, 23929 Valencia Boulevard, Second Floor, Valencia, CA 91355.

CORRESPONDENCE TO CERTIFICATE OWNER

Any form of communications from Us shall be to the Certificate Owner. Communications to the Owner shall be considered communications to You.

FRAUD OR MATERIAL MISSTATEMENT OR CONCEALMENT: In issuing the insurance described in this Certificate, Underwriters are relying on the accuracy of the representations in Your application or online enrollment. Non-disclosed Pre-existing Conditions may be grounds for rescission of the insurance described in this Certificate. A copy of Your application or online enrollment becomes a part of this Certificate. Material misstatement or concealment of health information made by You or by any person acting on Your behalf may render the insurance null and void and no benefits will be payable.

MISSTATEMENT OF AGE: If Your age is incorrectly stated, We will adjust the benefits stated in the certificate to what the premiums would have purchased if the correct age had been given.

GENERAL PROVISIONS (Continued)

ENTIRE CONTRACT: The insurance described in this Certificate or in any attached endorsements or other papers, and Your application or online enrollment make up the entire contract. No agent or broker is allowed to change the insurance in any way. Changes will not be valid unless approved by Underwriters and recorded in writing to be attached to and form part of this Certificate. It is Your responsibility to attach any such endorsements which are mailed after the Coverage is issued.

UNDERWRITERS LIABILITY: You or Your representative can obtain further details of the syndicate numbers and the proportions of this insurance for which each of the Underwriters at Lloyd's is liable by requesting them from the Coverholder indicated in this certificate. In the event of a loss, each Underwriter (and their executors and administrators) is only liable for their own share of the loss.

GRIEVANCE PROCEDURES: Should You be dissatisfied with any claim or administration issue, the following steps apply. Notwithstanding any other item set forth herein, the parties hereby agree that any dispute which arises shall follow these procedures:

- 1. General Inquiry:** At any time You have the right to communicate with Us, either directly or through a representative, to seek clarification and assistance on any issue.
- 2. Informal Review:** Should You not be satisfied with the response from Your General Inquiry, You have the right to request an Informal Review. This Informal Review should be requested in writing, but may be verbally requested. The Informal Review should be requested within sixty (60) days following the claim or administrative decision, but in no case before such claim or administrative decision. Underwriters shall respond within a reasonable amount of time.
- 3. Formal Review.** Should You still not be satisfied with the response You received through an Informal Review, then You have the right to request a Formal Review. Please provide a written summary of the issue and any items which may be useful for Us to review. A Formal Review must be requested no more than ninety (90) days following an Informal Review. Underwriters shall respond to Your request within a reasonable amount of time.
- 4. Legal Action.** No legal action may be brought to recover under the insurance described in this certificate until after the response of a Formal Review. No action may be brought more than one (1) year after the date of the original claim or administrative decision. Legal Action shall not take place prior to a Formal Review.