Aegis Security Insurance Company
2407 Park Drive, Suite 200
Harrisburg, Pennsylvania 17106

BLANKET ACCIDENT ONLY POLICY
NON-PARTICIPATING

Policy Number: 7311000189

Policy Effective Date: 02/01/2010

Policy Term: 02/01/2010 - 02/01/2011

Policyholder: NASHVILLE CATHOLIC BASEBALL CLUB
4310 LEALAND LANE
NASHVILLE, TN 37204

The Policy is issued in the state of Tennessee and shall be governed by its laws.

The Policy contains the terms under which We agree to insure Eligible Persons and pay benefits in return for the payment of premium.

Effective Date and Policy Term: The Policy takes effect on the Policy Effective Date. The period of insurance begins and ends at 12:01 A.M. Standard Time at the Policyholder's address.

We have issued the Policy in consideration of the Application signed by the Policyholder and payment of the required premium. We and the Policyholder have agreed to all the terms of the Policy.

Signed by:

President

Corporate Secretary

THIS IS A LIMITED ACCIDENT ONLY POLICY

THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY. BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS.

THIS IS A SINGLE TERM POLICY AND IS NOT RENEWABLE.

READ IT CAREFULLY.

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Section 1. **DEFINITIONS**

The terms shown below shall have the meaning given in this section whenever they appear in the Policy. Additional terms may be defined within the provision to which they apply.

"Accident" means an unintended, unforeseen event, definite as to time and place, which:

(1) causes Injury to one or more Covered Persons; and

(2) occurs while coverage is in effect for the Covered Person.

"Benefit Period" means the period of time, as stated on the Schedule of Benefits, between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

"Covered Person" means a person eligible for insurance hereunder according to the eligibility and/or affiliation rules of the Policyholder, as set out in the Policy, for whom application has been accepted and proper premium payment has been made, and who is therefore insured under the Policy.

"Deductible" means the amount of Eligible Expenses which must be paid by the Covered Person before benefits are payable under the Policy. It applies separately to each Covered Person. The deductible is stated on the Schedule of Benefits.

"Doctor" means a licensed practitioner of the healing arts acting within the scope of his license, including a chiropractor.

"Eligible Expenses" means the Usual and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of Injury. Eligible Expenses must be incurred within the Benefit Period of the Policy.

"Emergency Medical Condition" means a medical condition that manifests itself by such acute symptoms of sufficient severity, including severe pain, that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

(1) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;

(2) serious impairment to bodily functions; or

(3) serious dysfunction of any bodily organ or part.

"He", "His" and "Him" includes "She", "Her" and "Hers".

"Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

(1) group or blanket insurance, whether on an insured or self-funded basis;
(2) hospital or medical service organizations on a group basis;
(3) Health Maintenance Organizations on a group basis;
(4) group labor management plans;
(5) employee benefit organization plan;
(6) professional association plans on a group basis;
(7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
(8) automobile no-fault coverage.

"Hospital" means an institution which:

(1) is operated pursuant to law;
(2) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
(3) is under the supervision of a staff of Doctors;
(4) provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
(5) has medical diagnostic and treatment facilities, with surgical facilities;
    (a) on its premises; or
    (b) available to it on a prearranged basis; and
(6) charges for its services.

Hospital does not include:

(1) a clinic or facility for:
    (a) convalescent, custodial, educational or nursing care;
    (b) the aged, drug addicts or alcoholics;
    (c) rehabilitation; or
(2) a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless:
    (a) the services are rendered on an emergency basis; and
    (b) a legal liability exists for the charges made to the individual for the services given in the absence of insurance.

With respect to outpatient surgery or diagnostic testing, an ambulatory surgical center or a clinic will be considered as a Hospital. Such facility must be properly accredited and, where required by law, hold a license allowing the facility to operate as such.

"Hospital Stay" means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

"Injury" means bodily harm which results, directly and independently of all other causes, from an Accident. All injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

"Intoxicated" means a blood alcohol level which equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred.

"Loss Period" means the period of time, as stated on the Schedule of Benefits, between the date of occurrence and the date within which the first Eligible Expense must be incurred.

"Medically Necessary" or "Medical Necessity" means the services or supplies provided by a Hospital, Doctor, or other covered provider that are required to identify or treat a covered loss and which, as determined by Us, are:

(1) consistent with the diagnosis and treatment of the covered loss;
(2) appropriate with the standards of good medical practice;
(3) not solely for the convenience of a Covered Person;
(4) the most appropriate supply or level of service which can be safely provided; and
(5) not considered experimental or investigative.

"Nurse" means a professional, licensed, graduate registered nurse (R.N.), a professional, licensed practical nurse (L.P.N.) or a Certified Registered Nurse Anesthetist C.R.N.A.).

"Orthopedic Appliances" means braces and appliances including durable medical equipment that:

(1) is primarily and customarily used to serve a medical purpose, can withstand repeated use; and
(2) generally is not useful to the person in the absence of a medical condition.

"Supervised and Sponsored Activity" means a Policyholder authorized function:

(1) in which the Covered Person participates;
(2) which is organized by or under its auspices; and
(3) which is within the scope of customary activities for such entity.

"Usual and Customary" means the fee(s) for medical services or supplies which is(are):

(1) the usual fee(s) charged by the provider for the service or supply given;
(2) the average fee charged for the service or supply in the locality in which the service or supply is received; and
(3) reasonable in relationship to the service or supply given and the severity of the condition.

"We, Our, or Us" means the Aegis Security Insurance Company.

Section 2. SCOPE OF COVERAGE

We will provide the benefits described in the Policy to all Covered Persons who suffer a covered loss which:

(1) results, directly and independently of all other causes, from bodily Injury which is suffered in an Accident; and
(2) occurs while the person is a Covered Person under the Policy; and
(3) is within the scope of the risks set forth in the DESCRIPTION OF HAZARDS provisions.

Full Excess Medical Expense

If an Insured Person incurs Eligible Expenses for Covered Services, We will pay the applicable benefit for the expenses incurred, subject to the Deductible Amount, Benefit Percentage and Benefit Period shown on the Schedule of Benefits, that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The first expense must be incurred within the Loss Period stated on the Schedule of Benefits.

The Maximum Benefit Amount payable and sub-limits under the Policy are shown on the Schedule of Benefits.

Failure by a Covered Person to follow the terms and conditions of His primary coverage will result in a benefit reduction of Eligible Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by the HMO, PPO or other similar arrangement for provision of benefits or services.

Section 3. PROVISIONS CONCERNING COVERED PERSONS

Eligibility:

Persons eligible to be insured under the Policy are those persons described in the Schedule of Benefits. This includes anyone who becomes eligible while the Policy is in force.

Effective Dates:

An Eligible Person will become a Covered Person under the Policy, provided proper premium payment is made, on the latest of:

(1) the Policy Effective Date; or
(2) the day He becomes eligible.

Termination:

Insurance for a Covered Person will end on the earliest of:

(1) the date He is no longer an Eligible Person;
(2) full time active duty in any Armed Forces. (Send Us proof of service. We will refund any premium paid for this time.) This does not include Reserve or National Guard duty for training unless it extends beyond 31 days;
(3) the end of the period for which the last premium contribution is paid; or
(4) the date the Policy is terminated.

Termination will not effect a claim for a covered loss due to an Accident which occurred while coverage was in effect.

Section 4. **DESCRIPTION OF HAZARDS**

SPORTS ONLY COVERAGE

Subject to all other provisions of the Policy, coverage is provided for a Covered Person while He is:

(1) taking part in:
  (a) a regularly scheduled athletic game or competition; or
  (b) a practice session for an athletic team or club; or
(2) traveling to or from such a game, competition or practice session provided He is;
  (a) traveling with the athletic team or club; and
  (b) under the direct and immediate supervision of:
    (i) the athletic team or club; or
    (ii) an adult authorized by the athletic team or club; or
(3) traveling directly, without interruption:
  (a) between His home and a scheduled game, competition or practice session;
  (b) in a vehicle which is:
    (i) designated or furnished by the athletic team or club;
    (ii) operated by a properly licensed, adult driver, or
    (iii) under the direct supervision of the athletic team or club; or
  (c) in a vehicle other than that described in (3)(b) when:
    (i) operated by a properly licensed driver, and
    (ii) travel time does not exceed an hour each way.

Travel time includes the time:

(1) to or from home, a scheduled game, competition or practice session;
(2) before required attendance time;
(3) after the Covered Person is dismissed; and
(4) after the Covered Person completes extra duties assigned by the Policyholder.

Covered athletic games or competitions are shown under Description of Hazards on the Schedule of Benefits.

Conditions which result over a period of time (such as blisters, tennis elbow, heat exhaustion, hernia, etc.), and which are a normal, foreseeable result of the sport, are not covered. These items are considered a sickness and are not covered.

Unless otherwise stated, We will pay benefits for a covered loss, only once, even if coverage was provided under more than one Description of Hazards.

Section 5. **DESCRIPTION OF BENEFITS**

ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT BENEFIT

If a Covered Person suffers a Loss listed below, within the Loss Period stated on the Schedule of Benefits, from an Accident, We will pay the Benefit Amount opposite such Loss. If the Covered Person sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which He is entitled. The Principal Sum is shown on the Schedule of Benefits.

LOSS	**BENEFIT AMOUNT**
Loss of Life	100 Percent of Principal Sum
Loss of Both Hands	100 Percent of Principal Sum
Loss of Both Feet	100 Percent of Principal Sum
Loss of Entire Sight of Both Eyes	100 Percent of Principal Sum
Loss of One Hand and One Foot	100 Percent of Principal Sum
Loss of One Hand and Entire Sight of One Eye	100 Percent of Principal Sum
Loss of One Foot and Entire Sight of One Eye	100 Percent of Principal Sum
Loss of One Arm or One Leg	50 Percent of Principal Sum
Loss of Entire Sight of One Eye	50 Percent of Principal Sum
Loss of One Hand or One Foot	50 Percent of Principal Sum
Loss of Thumb and Index Finger of same Hand	25 Percent of Principal Sum

"Loss of a Hand" means complete Severance at or above the wrist. "Loss of Foot" means complete Severance above the ankle. "Loss of Sight" means the total, permanent loss of sight of the eye or eyes. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. "Loss of a Thumb and Index Finger of the same Hand" means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand from the same Accident).

(In California, loss of a thumb and index means loss by complete Severance of at least one whole phalanx of each.)
(In South Carolina, the complete Severance of four whole fingers from one hand equals loss of that hand.)

“Severance” means the complete separation and dismemberment of the part from the body.

MEDICAL EXPENSE BENEFIT

If the first Eligible Expense is incurred within the Loss Period, We will pay up to the Maximum Benefit Amount, subject to the Deductible Amount, as shown on the Schedule of Benefits, for the following Covered Services when Medically Necessary:

(1) Hospital room and board charges, up to the most common semi-private daily room rate, for each day of the Hospital Stay.

(2) Intensive care room and board charges. This payment is in lieu of payment for Hospital room and board charges for those days.

(3) Hospital miscellaneous charges, during a Hospital Stay. Miscellaneous charges do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.

(4) Outpatient charges, by a Hospital for:
- (a) pre-admission testing (confinement must occur within 7 days of the testing); or
- (b) emergency room treatment.

(5) Charges for the treatment of Emergency Medical Conditions.

(6) Surgical charges for:
- (a) a Doctor, for primary performance of a surgical procedure. Two or more surgical procedures through the same incision will be considered as one procedure. However, We will pay up to 1.50 times the Surgical procedure charge when more than one surgical procedure through different operating fields are performed during the same surgical session.
- (b) a Doctor, for assistant surgeon duties, a second surgical opinion, or consultation.
- (c) anesthesia and its administration.
- (d) use of surgical facilities.

(7) Charges by a Doctor for other than pre- or post-operative care:
- (a) for in-Hospital visits; and
- (b) for office visits.

(8) Charges for X-ray and laboratory tests.

(9) Charges for nursing services, other than routine Hospital care, by or under the supervision of a licensed graduate registered nurse.

(10) Charges for physiotherapy:
- (a) while Hospital confined; or
- (b) as an outpatient.

Physiotherapy includes:
- (i) heat treatment;
- (ii) diathermy;
- (iii) microtherm;
- (iv) ultrasonic;
- (v) adjustment;
- (vi) manipulation;
- (vii) chiropractic care;
- (viii) massage therapy; and
- (ix) acupuncture.

(11) Ambulance service to and from the Hospital.

MEDICAL EXPENSE BENEFIT (Continued)

(12) Rental charges for medical equipment for:
  (a) a wheelchair;
  (b) an iron lung;
  (c) Orthopedic Appliances; or
  (d) other medical equipment for which prior approval by Us has been given.

(13) Charges for medical services and supplies for:
  (a) oxygen and its administration;
  (b) blood and blood transfusions.

(14) Charges for dental treatment, for Injury to a tooth which was sound and natural at the time of Injury.

Treatment which is covered on an inpatient basis will also be covered outside the Hospital by health care providers on the same basis as for those covered in the Hospital.

Section 6. **EXCLUSIONS**

Benefits will not be paid for a loss due to:

(1) intentionally self-inflicted Injury, suicide while sane or insane or any attempt thereat (in Missouri this applies only while sane);
(2) voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of the Covered Person's Doctor;
(3) committing or attempting to commit a felony;
(4) participation in a riot or insurrection;
(5) an act of declared or undeclared war (not including terrorism);
(6) active duty service in any Armed Forces of any country and, in such event, the pro-rata unearned premium will be returned upon proof of service. This does not include Reserve or National Guard active duty or training unless it extends beyond 31 days ;
(7) practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in the Policy;
(8) parachuting, except for self preservation;
(9) bungie jumping, flight in an ultralight aircraft, hang-gliding;
(10) sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning;
(11) services or treatment rendered by a Doctor, Nurse or any other person who is:
    (a) employed or retained by the Policyholder; or
    (b) is the Covered Person, His spouse, parent, child or sibling;
(12) flight in an aircraft, except as a fare-paying passenger;
(13) dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth;
(14) any loss for which benefits are paid under state or federal worker's compensation, employers liability, or occupational disease law;
(15) treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
(16) cosmetic surgery, except for reconstructive surgery due to a covered Injury;
(17) charges which the Covered Person would not have to pay if He did not have insurance;
(18) eyeglasses, contact lenses, hearing aids; and
(19) charges which are in excess of Usual and Customary charges.

Section 7. CLAIM PROVISIONS

NOTICE OF CLAIM:

Written notice must be given to Us within 90 days after covered loss occurs or begins or as soon as reasonably possible. Notice can be given at Our home office or to Our authorized representative. Notice should include the Policyholder's name, the Policy number and the Covered Person's name and address.

CLAIM FORMS:

When We or Our authorized representative receive the notice of claim, We will send forms for filing proof of loss. (Our authorized representative may have already supplied claim forms.) If claim forms are not sent within 15 days after notice is given, the proof requirements will be met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.

PROOF OF LOSS:

Written proof of loss must be furnished to Us at Our home office or to Our authorized representative within 90 days after the date of the loss or as soon as reasonably possible. Proof must, however, be furnished no later than twelve months from the time it is otherwise required, except in absence of legal capacity.

TIME OF PAYMENT OF CLAIMS:

Benefits for any loss covered by the Policy will be paid as soon as We receive proper proof.

PAYMENT OF CLAIMS:

If the Covered Person dies, We will pay any accrued benefits at the time of death to the beneficiary or, if no beneficiary is designated and surviving the Covered Person, then as follows:
(1) the Covered Person's parents or legal guardian, if a minor;
(2) otherwise to the Covered Person's estate.

If any benefits are payable to the estate or to a person who is incapable of giving a valid release, We may pay up to $1,000 to any relative by blood or marriage whom We find entitled to the payment. This good faith payment satisfies Our legal duty to the extent of the payment.

All other benefits will be paid to the Covered Person. All or a portion of the benefits, if any, provided by the policy may be paid directly to the Hospital, Doctor or person upon whose charges the claim is based. The Covered Person must make a written request to Us before We can do this. We must receive the request no later than the time for filing proof of loss.

Providers of covered ambulance services will be paid directly by Us if payment has not been received from any other source.

SELECTION AND CHANGE OF BENEFICIARY:

The Covered Person has the right to select or change the beneficiary at any time by giving Us written notice. The beneficiary's consent is not required for this or any other change which the Covered Person may make unless the designation of beneficiary is irrevocable.

INTOXICANTS AND CONTROLLED SUBSTANCES:

We will not be liable for any loss sustained or contracted in consequence of the Covered Person's being Intoxicated or under the influence of any controlled substance unless administered on the advice of a Doctor.

PHYSICAL EXAMINATION AND AUTOPSY:

We will pay the cost and have the right to have the Covered Person examined as often as reasonably necessary while the claim is pending. We can have an autopsy made at Our expense unless prohibited by law.

LEGAL ACTIONS:

No action at law or in equity shall be brought to recover benefits under the Policy less than 60 days after written proof of loss has been furnished as required by the Policy. No such action shall be brought after the expiration of three years from the time written proof of loss is required to be furnished.

SUBROGATION:

If We have paid benefits to a Covered Person for an Injury, and in Our opinion a third party may be liable, We will be subrogated to the extent of such payment and to all rights of the Covered Person regarding recovery of benefits paid or to any settlement or judgement which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever is necessary to transfer His rights to Us. We will exercise such rights on His behalf. The Covered Person further agrees to furnish Us with all relevant information and documents. In no case will we receive an amount greater than the total amounts of benefits We have paid for such Injury.

RECOVERY OF BENEFITS:

We reserve the right to recover from a Covered Person any benefits We have paid to Him for Injuries:

1) received in a covered Accident; and
2) which are covered under:
    a) Worker's Compensation; or
    b) Occupational Disease Law; or
    c) any Employer's Liability Insurance.

It will be assumed that the Covered Person is in receipt of such benefits unless He gives Us proof such benefits have been denied to Him.

Section 8. GENERAL POLICY PROVISIONS

ENTIRE CONTRACT; CHANGES:

The Policy, the Application of the Policyholder (a copy of which is attached), endorsements, riders and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, such application, at Our option, may also be made a part of this contract.

All statements made by the Policyholder or a Covered Person are, in the absence of fraud, deemed representations and not warranties. No such statement will cause Us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person or His beneficiary or representative. After two years from the Covered Person's effective date of coverage, no such statement, except in the case of fraud, will cause such coverage to be contested.

No change in the Policy will be valid unless signed by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

WORKERS' COMPENSATION INSURANCE:

The Policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation Insurance.

CONFORMITY WITH STATE LAW:

Any provision of the Policy which, on the Policy Effective Date, is in conflict with the law of the state in which the Policy is issued, is hereby amended to conform to the minimum requirements of such law.

RECORDS MAINTAINED:

The Policyholder or its authorized administrator will maintain records of the essential features of each Covered Person's insurance under the Policy.

EXAMINATION AND AUDIT:

We shall be permitted to examine and audit the Policyholder's records relating to coverage under the Policy at any reasonable time up to the later of:

1) the two year period after the expiration of the Policyholder's coverage; or
2) the final adjustment and settlement of all claims under the Policyholder's coverage.

CERTIFICATES OF INSURANCE:

Where required by law, We shall deliver to the Policyholder certificates of insurance to be provided to each Covered Person. The certificate will list the benefits, conditions and limits of the Policy and will state to whom benefits will be paid.

Section 9. **SCHEDULE OF BENEFITS**

ELIGIBILITY REQUIREMENTS:

An Eligible Person means: Eligible persons include all players and coaches for whom premium has been paid.

DESCRIPTION OF HAZARDS:

Sports Only Coverage: Subject to all other provisions of the Policy, coverage is provided for a Covered Person while He is:

(1) taking part in
  (a) a regularly scheduled athletic game or competition; or
  (b) a practice session for an athletic team or club; or
(2) traveling directly, without interruption:
  (a) traveling with the athletic team or club; and
  (b) under the direct and immediate supervision of;
    (i) the athletic team or club; or
    (ii) an adult authorized by the athletic team or club; or
(3) traveling directly, without interruption:
  (a) between His home and a scheduled game, competition or practice session;
  (b) in a vehicle which is:
    (i) designated or furnished by the athletic team or club;
    (ii) operated by a properly licensed adult driver, or
    (iii) under the direct supervision of the athletic team or club; or
  (c) in a vehicle other that described in (3)(b) when:
    (i) operated by a properly licensed driver, and
    (ii) travel time does not exceed an hour each way.

DESCRIPTION OF BENEFITS:

Accidental Death, Dismemberment, or Loss of Sight Benefit	
Principal Sum	$10,000
Loss Period	One Year
Medical Expense Benefit	
Plan Type:	
Full Excess Medical Expense	
Loss Period	60 days
Maximum Benefit Amount Per Covered Person	$100,000
Sub-Limits	N/A
Benefit Percentage	100% of Usual and Customary
Benefit Period	One Year
Deductible Amount Per Covered Person:	
Per Occurrence	$100

PREMIUM: $ 43.00

Enrollment for Blanket Accident Insurance

Enrollment Form for Accidental Death & Dismemberment and Accident Medical Benefits

Part I **Proposed Policyholder**

a. **Full Legal Name of Proposed Policyholder**

NASHVILLE CATHOLIC BASEBALL CLUB

b. **Address**

4310 LEALAND LANE, NASHVILLE, TN 37204

c. **Proposed Policyholder is** Baseball

Please describe type of entity who will own policy (baseball league, youth group, camp, etc.)

d. **Requested Effective Date** 02/01/2010

Policy will become effective on the Requested Effective Date only if (a) all required information is provided and (b) the Company has received the initial premium on or before that date.

Part II **Plan of Insurance and Premium Calculation**

a. **Plan of Benefits**

Accidental Death & Dismemberment Principle Sum	**$** 10,000
Accident Medical Expense Benefit	**$** 100,000
Deductible Amount	**$** 100
Length of Coverage (Months)	12

Scope of Coverage

☐ **Primary** ☑ **Full Excess** ☐ **Primary Excess**

b. **Premium Calculation**

Classification of Insured Persons or Group	Number of Eligible or Teams		Rate		Total Rate
Age Range: 13-14	1	x	$ 43.00	=	43.00
		x	$	=	
		x	$	=	
		x	$	=	
		x	$	=	
		x	$	=	
	Total Premium:		$		43.00

Part III **Acknowledgements and Signatures**

a. **Fraud Warning** Any person who, knowingly and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, may be guilty of insurance fraud.

b. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Dated at 01:50:54 PM **on the** 30th **day of** January **, 20** 10

BILL STEJSKAL
Signed for the Proposed Policyholder

Anthony L. Smith
Signed by Licensed Agent

Title

700753
Agent License Number

Underwritten by: Aegis Group

American Sentinel Insurance Company
2407 Park Drive • P.O. Box 61140, Harrisburg, PA 17106-1140
(800) 692-7338 • FAX (717) 657-9499 • www.americansentinel.cc

Aegis Group
American Sentinel Insurance Company
Aegis Security Insurance Company

Notice of Privacy Policy

The trust of our customers is The Aegis Group's most valuable asset. The Aegis Group safeguards that trust by keeping nonpublic personal information about customers in a secure environment and using that information in accordance with this Privacy Policy. We value you as a customer and take your personal privacy seriously. We will inform you of our policies for collecting, using, securing, and sharing nonpublic personal information ("customer information") the first time we do business and every year that you are an Aegis customer.

This Privacy Policy includes examples of the types of nonpublic personal information we collect and the kinds of companies with whom we share such information. These examples are illustrative and should not be considered a complete inventory of our information collection, use, and sharing practices. In addition, you may have other privacy protections under some state laws. We will comply with applicable state laws regarding information about you. For example, certain state laws may restrict the types of information we may disclose about you or require us to provide you with additional notices.

Please note that this Privacy Policy will not apply to your relationships with other financial service providers, such as banks, credit card issuers, finance companies, and independent insurance agents that are not a part of The Aegis Group companies listed at the end of the Privacy Policy. Their privacy policies will govern how they collect, use, and disclose personal information that you allow them to access.

Below is The Aegis Group's privacy pledge to our customers:

Information We May Collect

The Aegis Group may collect nonpublic personal information about you from the following sources:

- Information we receive from you (or is provided to us on your behalf) on applications and other forms, such as your name, address, telephone number, employer, and income. This includes information received through telephone or in-person interviews, your Aegis agent, and/or our Customer Service representatives;

- Information about your transactions with the companies of The Aegis Group or other nonaffiliated parties, such as your name, address, telephone number, age, credit card usage, insurance coverage, transaction history, claims history, and premiums;

- Information from consumer reporting agencies, public records, and data collection agencies, such as your obligations with others and your creditworthiness;

- Information you provide to us on applications or from health care providers, such as doctors and hospitals, to determine your past or present health condition. Health information will be collected as we deem appropriate to determine eligibility for coverage, to process claims, to prevent fraud, and as authorized by you, or as otherwise permitted or required by law.

How We Use Information About You

We use customer information to underwrite your policies, process your claims, ensure proper billing, service your account, and offer you other Aegis insurance products that we believe may suit your needs.

Information Disclosure

The Aegis Group may disclose all of the nonpublic personal information described above, as permitted by law. For example, we may use affiliated and nonaffiliated parties to perform services for us, such as providing customer assistance, handling claims, protecting against fraud, and maintaining software for us. We may also disclose information in response to requests from law enforcement agencies or State Insurance authorities.

We do not sell lists of our customers, nor do we disclose customer information to marketing companies outside The Aegis Group of companies.

Information Regarding Former Customers

The Aegis Group does not disclose nonpublic personal information about former customers or customers with inactive accounts, except in accordance with this Privacy Policy.

Changes To This Privacy Policy

We reserve the right to modify or supplement this Privacy Policy at any time. If we make material changes, we will provide current customers with a revised notice that describes our new practices.

The Aegis Group Protects Customer Information

We maintain physical, electronic, and organizational safeguards to protect customer information. We continually review our policies and practices, monitor our computer networks, and test the strength of our security in order to help us ensure the safety of customer information.