Faculty Foreign Business Travel Accident Insurance

Insurance Company:
ACE America Insurance Company – A++ IV (Superior)

Policy Effective Dates:
July 1, 2016 to June 30, 2017
Policy Number: ADD N06564665

Policyholder’s Name and Address:
Board of Supervisors of Louisiana State University and Agricultural and Mechanical College

Eligible Persons: All U.S. Faculty and Staff of the Policyholder who are in Active Service.

DESCRIPTION OF COVERAGE:

Covered Activities:
Foreign Business Travel Including Limited Personal Deviation (14 Days)
Hijacking and Air Piracy for Business Travel

Benefits: Accidental Death & Dismemberment
Emergency Medical Benefit
Emergency Medical Evacuation Benefit
Repatriation of Remains Benefit
Security Evacuation Benefit

SCHEDULE OF BENEFITS:

Accidental Death & Dismemberment Benefits
Benefit Maximum: $100,000
Aggregate Limit per Occurrence: $1,000,000

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>Two or more Members</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>Loss of Use of Four Limbs</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>Loss of Use of Three Limbs</td>
<td>75% of the Principal Sum</td>
</tr>
<tr>
<td>Loss of Use of Two Limbs</td>
<td>67% of the Principal Sum</td>
</tr>
<tr>
<td>One Member</td>
<td>50% of the Principal Sum</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50% of the Principal Sum</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>50% of the Principal Sum</td>
</tr>
<tr>
<td>Loss of Use of One Limb</td>
<td>50% of the Principal Sum</td>
</tr>
<tr>
<td>Thumb and Index Finger of the Same Hand</td>
<td>25% of the Principal Sum</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25% of the Principal Sum</td>
</tr>
</tbody>
</table>
Emergency Medical Benefits
Benefit Maximum: Up to $10,000

Emergency Medical Evacuation Benefit
Benefit Maximum: 100% of Covered Expenses
$250,000 for travel in Antarctica and Greenland

Repatriation of Remains Benefit
Benefit Maximum: 100% of Covered Expenses
$250,000 for travel in Antarctica and Greenland

Security Evacuation Expense Benefit
Benefit Maximum: $100,000
Aggregate Limit per Occurrence: $500,000

Medical Expense Benefits

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 180 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 180 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 14 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:

<table>
<thead>
<tr>
<th>Medical Expense Benefits</th>
<th>Total Maximum per Covered Accident or Sickness, per Covered Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>$250,000</td>
</tr>
<tr>
<td>Spouse of Class 1</td>
<td>$250,000</td>
</tr>
<tr>
<td>Children of Class 1</td>
<td>$250,000</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Maximum for Pre-existing Conditions:</td>
<td>Treated as any other medical condition</td>
</tr>
<tr>
<td>Maximum for Dental Treatment (Injury Only):</td>
<td>$1,000</td>
</tr>
<tr>
<td>Maximum for Emergency Medical Treatment of</td>
<td>Treated as any other medical condition</td>
</tr>
<tr>
<td>Pregnancy:</td>
<td></td>
</tr>
<tr>
<td>Maximum for Room &amp; Board Charges:</td>
<td>The average semi-private room rate</td>
</tr>
<tr>
<td>Maximum for ICU Room &amp; Board Charges:</td>
<td>Two (2) times the average semi-private room rate</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0 per Covered Accident or Sickness</td>
</tr>
<tr>
<td>Co-Insurance Rate:</td>
<td>100% of the Usual and Customary Charges</td>
</tr>
<tr>
<td>Incurred Period:</td>
<td>30 days after the date of Covered Accident or Sickness</td>
</tr>
<tr>
<td>Maximum Benefit Period:</td>
<td>The earlier of the date the Covered Person returns to his or her Home Country or Country of Permanent Assignment, or 26 weeks from the date of a Covered Accident or Sickness</td>
</tr>
<tr>
<td>Maximum Period of Coverage:</td>
<td>180 Days</td>
</tr>
</tbody>
</table>

**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

**Emergency Reunion Benefit**
- Benefit Maximum: $5,000
- Daily Benefit Maximum: $500
- Maximum Number of Days: 10

**Trip Cancellation Benefit**
- Benefit Maximum: $2,500

**Trip Delay Benefit**
- Benefit Maximum: $2,500
- Time Period: 24 hours
- Daily Benefit Limit: $100
- Maximum Benefit Period: 3 days

**Trip Interruption Benefit**
- Benefit Maximum: $2,500

**POLICY DEFINITIONS:**

**Foreign Business Travel including Limited Personal Deviation**
The Covered Accident must take place while:
1. traveling or making a short stay away from the Covered Person’s Home Country; and
2. on business for the Policyholder; and
3. in the course of the Policyholder’s business.

This coverage does not include commuting between home and the place of work.
1. 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:
2. the date a Covered Person returns to his or her home;
3. The date a Covered Person returns to his or her place of work; or
4. The date a Covered Person’s Personal Deviation is more than 14 day(s).

"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.

"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.
- Suicide or attempted suicide.
- 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.
- The Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- Riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- 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.

Additional Exclusions and Limitations:
In addition to the Policy Exclusions, we will not pay medical expense 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.

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.

The above is a summary of the policy details; please refer to the policy for specific coverage, terms and conditions.

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.