Student Travel Accident – Study Abroad Insurance

Insurance Company:
Federal Insurance Company – A++ IV (Superior)
Chubb Group of Insurance Companies

Policy Effective Dates:
July 1, 2016 to June 30, 2017
Policy Number: 9908-0296

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

Insured Persons and Hazards:
Students of the Policyholder sponsored Travel or Study Abroad Programs – Study Abroad Hazard. Study Abroad Hazard means all circumstances, subject to the terms and conditions of the policy, arising from and occurring while an Insured Person is participating in a Study Abroad program including all travel between the United States and the Study Abroad Program.

Benefits:

A) Accidental Death & Dismemberment

Class 1 - Principal Sum: $25,000.
The following are losses insured and the corresponding Benefit Amount expressed as a percentage of the Principal Sum:

<table>
<thead>
<tr>
<th>Accidental:</th>
<th>Benefits Amounts (% of Principal Sum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Life</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of Speech and Loss of Hearing</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of Hand, Loss of Foot or Loss of Sight of One Eye (Any one of each)</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of Speech or Loss of Hearing</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of Thumb and Index Finger of the same hand</td>
<td>50%</td>
</tr>
</tbody>
</table>
If an Insured Person has multiple Losses as the result of one Accident, then we will pay only the single largest Benefit Amount applicable to the Losses suffered, as described in Section IV - Maximum Payment for Multiple Losses and Multiple Benefits and Multiple Benefits of the Contract.

If more than one (1) Insured Person suffers a Loss in the same Accident, then we will not pay more than $1,000,000 per Accident. If an Accident results in Benefit Amounts becoming payable, which when totaled, exceed $1,000,000 then the $1,000,000 will be divided proportionally among the Insured Persons, based on each applicable Benefit Amount.

_This Benefit Amount is subject to Section IV – Maximum Payment for Multiple Losses and Multiple Benefits of the Contract._

B) **Medical Expense Benefits**

Medical Expense Benefits During Study Abroad
Maximum Benefit Amount: $250,000.
Deductible: $0

<table>
<thead>
<tr>
<th>Co-Insurance Percentage</th>
<th>Company</th>
<th>Insured Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>First $25,000 of Medical Expenses</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Medical Expenses Up to the Maximum Benefit Amount</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Dental Maximum Benefit Amount: $500
Orthopedic Appliance Maximum Benefit Amount: $1,000
Physical Therapy Maximum Benefit Amount: $1,000
Prescription Drugs Maximum Benefit Amount: 100% of Covered Expenses

The Benefit Amounts shown above for Dental, Orthopedic Appliance, Physical Therapy, and Prescription Drugs are part of, and not in addition to, the Maximum Benefit Amount for Medical Expense. Payment of these Benefit Amounts reduces and does not increase the Benefit Amount for Medical Expense.

_This Benefit Amount is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract._

Evacuation and Repatriation during Study Abroad
Maximum Benefit Amount: $100% of the Covered Expenses; $250,000 for travel in Antarctica and Greenland
Benefit Amount for Hospital Admission Guaranty: $5,000
Benefit Amount for Family Travel Expense:
  - Maximum Per Day: $300
  - Maximum Number of Days: 7

_This Benefit Amount is not subject to Section IV – Maximum Payment for Multiple Losses and Multiple Benefits of the Contract._
C) **Additional Benefits**

*Study Abroad Cancellation*
Benefit Amount: $2,500.

*Study Abroad Interruption*
Benefit Amount: $5,000

*Study Abroad Interruption Ticket Reimbursement*
Benefit Amount: $2,500
Maximum Benefit Amount: $2,500

*These Benefit Amounts are not subject to Section IV – Maximum Payment for Multiple Losses and Multiple Benefits of the Contract.*

Insurance only applies for the Classes, Hazards, Benefits and Losses that are specifically indicated within the policy as insured.

**General Exclusions and Limitations:**

The following exclusions apply to all benefits or Hazards under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits or Hazards. Please read this entire policy carefully.

**Aircraft Pilot or Crew**
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an Insured Person entering, or exiting any aircraft while acting or training as a pilot or crew member.
This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.

**Extreme Sports**
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an Insured Person’s participation in scuba diving to depths of more than 100 feet; skydiving; hang-gliding or paragliding; parascending other than over water; bungee jumping; mountaineering or rock climbing normally requiring the use of guides or ropes; or caving.

**Illegal Acts**
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the Insured Person’s commission or attempted commission of a felony or being engaged in an illegal occupation.

**Incarceration**
This insurance does not apply to any loss caused by or resulting from, directly or indirectly any occurrence while an Insured Person is incarcerated after conviction.

**Narcotic**
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the Insured Person being under the influence of any narcotic or other controlled substance at the time of a loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.

**Operation of a Motor Vehicle Without A License**
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an Insured Person operating a motor vehicle without the required license to operate such vehicle in the jurisdiction where the Accident occurs.
Owned Aircraft, Leased Aircraft Or Operated Aircraft
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an Insured Person being in, entering, or exiting any aircraft:
   1) owned, leased or operated by the Policyholder or on the Policyholder’s behalf; or
   2) operated by an employee of the Policyholder on the Policyholder’s behalf.

Participation in Organized Sports
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an Insured Person being engaged in or participating in professional, club, intercollegiate or interscholastic sports.

Participation in a Race or Speed Contest
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an Insured Person being engaged in or participating in a motorized vehicular race or speed contest.

Rocket Propelled or Rocket Launched Conveyance
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the Insured Person traveling or flying on any rocket propelled or rocket launched conveyance.

Service in the Armed Forces
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.

Claim Notice:
Written claim notice must be given to the carrier or any of its appointed producers within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.