Insurance Company:
Federal Insurance Company – A++
Chubb Group of Insurance Companies

Policy Effective Dates:
July 1, 2019 to June 30, 2020
Policy Number: GLM-N06564655

Policyholder's Name and Address:
Board of Supervisors of Louisiana State University and Agricultural and Mechanical College
213 Thomas Boyd Hall
Baton Rouge, LA 70803

Covered Persons:
- All U. S. Faculty, Staff and Guests of the Policyholder who are in Active Service.
- All students and program participants who are United States citizens, permanent residents of the United States or international students.
- "Guests" means individuals invited and authorized to participate in a Covered Activity that is under the control or at the direction of LSU

Schedule of Benefits:

<table>
<thead>
<tr>
<th>Medical Expense Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Maximum per covered accident or sickness per person:</td>
<td>$250,000</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 Pregnancy:</td>
<td>Treated as any other medical condition</td>
</tr>
<tr>
<td>Maximum for Room &amp; Board Charges:</td>
<td>100% of the average daily semi-private room rate</td>
</tr>
<tr>
<td>Maximum for ICU Room &amp; Board Charges:</td>
<td>200% of the average daily 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 usual and customary charges</td>
</tr>
<tr>
<td>Maximum Benefit Period:</td>
<td>The earlier of the date the Covered Person’s Trip ends, or 52 weeks from the date of a Covered Accident or Sickness</td>
</tr>
<tr>
<td>Maximum Period of Coverage:</td>
<td>365 days</td>
</tr>
</tbody>
</table>

Emergency Medical Benefits: up to $10,000
Emergency Medical Evacuation Benefit: 100% of the Covered Expenses
Repatriation of Remains Benefit: 100% of the Covered Expenses
Emergency Reunion Benefit: $5,000
  Daily Benefit Maximum: $500 Maximum
  Number of Days: 10
Home Country Extension Benefit: $10,000
  Deductible: $0
  Maximum Benefit Period: 30 days
Security Evacuation Expense Benefit: $100,000
Aggregate Limit per Occurrence: $500,000

Additional Benefits
Trip Cancellation
  Benefit Amount: $2,500

Trip Interruption
  Benefit Amount: $2,500

Trip Delay Benefit
  Benefit Amount: $2,500
  Time Period: 24 hours
  Daily Benefit Limit: $500
  Maximum Benefit period: 5 days

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

SCHEDULE OF BENEFITS:

Accidental Death & Dismemberment
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.
Section IV – Maximum Payment for Multiple Losses and Multiple Benefits
For any Benefit Amount identified as subject to this provision in the Schedule of Benefits, payment of such Benefit Amount will reduce the Principal Sum. If, subject to all the terms and conditions of this policy, an Insured Person is entitled to receive payment of multiple Benefit Amounts as the result of one (1) Accident, then the maximum we will pay for all benefits shall not exceed the Principal Sum.

For any Benefit Amount identified as not subject to this provision in the Schedule of Benefits, payment of such Benefit Amount will be in addition to any Principal Sum payable under this policy.

If, subject to all the terms and conditions of this policy, an Insured Person suffers multiple covered Losses as the result of one (1) Accident, then we will only pay the single largest Benefit Amount applicable to all such covered Losses.

SECTION V – 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 para-gliding; 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.
**Specialized Aviation**
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the Insured Person traveling or flying on any aircraft that is in a category listed by the Federal Aviation Administration as requiring a Special Airworthiness Certificate. This exclusion applies regardless of whether or not the Special Airworthiness Certificate has been issued and regardless of whether the Insured Person is on such aircraft within or outside of the United States of America. However, this exclusion does not apply to an aircraft that is in a category listed by the Federal Aviation Administration as requiring a Primary Special Airworthiness Certificate.

**Suicide or Intentional Injury**
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an Insured Person’s suicide, attempted suicide or intentionally self-inflicted injury.

**War**
This insurance does not apply to any loss caused by or resulting from, directly or indirectly, war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

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

**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.*