

Certificate of Insurance
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
 Hartford, Connecticut
 Policyholder: The Johns Hopkins University
 Policy Number: ETB-102067
 Policy Effective Date: January 1, 2000
 Certificate Effective Date: The date you enter a Class



Hartford Life

We have issued a policy to the Policyholder. Our name, the Policyholder name and the Policy Number are shown above. The provisions of the policy which are important to you are summarized in this Certificate; consisting of this Certificate and any additional forms which have been made a part of this Certificate. This Certificate replaces all certificates which may have been given to you earlier for the policy. The policy alone is the only contract under which payment will be made. Any difference between the policy and this Certificate will be settled according to the provisions of the policy.

Christine Hayer Repasy, *Secretary*

Thomas M. Marra, *President*

SCHEDULE

Eligible Persons: **Class 1:** All Full-time professional and faculty employees and staff members of the Policyholder who are on the payroll of the Policyholder. **Class 2:** All visiting faculty and visiting staff of the Policyholder. **Class 3:** All Full-time bargaining unit employees of the Policyholder who are on the payroll of the Policyholder. **Class 4:** All trustees and members of the board of directors of the Policyholder. **Class 5:** All guests, including students, of the Policyholder traveling at the invitation and expense of the Policyholder. **Class 6:** All persons designated by the Policyholder who participate in scuba diving activities sponsored by the Policyholder.

Full-time employee means a person who: a) is regularly employed by the Policyholder in the usual course of their business; and b) works at least 28 hours per work week. Full-time employee also includes an employee on an authorized leave of absence, provided that half salary or more is being continued during such leave.

Class:	Hazard:	Benefit:	Amount:
1	C-12	ADD	\$200,000
	C-19	ADD	\$200,000
	C-44	ADD	\$200,000
2	C-12	ADD	\$200,000
	C-19	ADD	\$200,000
	C-44	ADD	\$200,000
3	C-12	ADD	\$50,000
	C-19	ADD	\$50,000
	C-44	ADD	\$50,000
4	C-12	ADD	\$200,000
	C-19	ADD	\$200,000
	C-44	ADD	\$200,000
5	C-12	ADD	\$200,000
	C-19	ADD	\$200,000
	C-44	ADD	\$200,000
6	C-31	ADD	\$25,000

AME

\$10,000

If you are covered under more than one Hazard (other than Hazard C-31) or Class (other than Class 6) on the date of accident, you will be considered to be covered under the one Hazard or Class with the largest Benefit Amount. Injury, resulting from an accident which occurs while you are participating in scuba diving activities sponsored by the Policyholder, is payable under Hazard C-31 Scuba Diving Activity Coverage only.

Aggregate Limitation: Hazard: C-12, C-19, C-31, C-44

Aggregate Amount: \$2,000,000

\$2,000,000 shall be the total limit of the Company's liability for all benefits payable under the policy because of Injury sustained due to any one accident.

Form PA-6056 A2 (HLA) (102067)
Printed in U.S.A.

Benefit Description: Accidental Death and Dismemberment Benefit: Loss Period: 365 days* (*For residents of Pennsylvania, the 365 day Loss Period does not apply to Loss of Life); Accident Medical Expense Benefit: Deductible Amount: \$0.00.

DEFINITIONS: **ADD** means Accidental Death and Dismemberment Benefit. **AME** means Accident Medical Expense Benefit. **We, Us** or **Our** means the insurance company named on the face page. **You, Your** or **Insured Person** means an Eligible Person while he or she is covered under the policy. **Injury** means, and you are covered for, bodily injury resulting directly and independently of all other causes from accident which occurs: a) while you are covered under; and b) in the manner specified in; a Hazard applicable to your Class. Loss resulting from: a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or b) medical or surgical treatment of a sickness or disease; is not considered as resulting from Injury. **Business Trip** means: a) a bona fide trip: 1) while on assignment or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder; 2) which begins when you leave your residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; 3) which ends when you return to your residence or place of regular employment, whichever first occurs; b) Homewood employees traveling beyond the Homewood campus and the buildings considered part of that campus; c) a University employee at the medical institutions traveling beyond the buildings of the medical complex; d) travel between the Homewood campus and the medical complex; e) travel to Hopkins facilities which require leaving the campus or the medical complex; and f) travel at the assignment or at the direction of the Policyholder in a ground ambulance/vehicle for patient transportation. Business Trip does not mean: a) travel to and from work; b) bona fide leaves of absence and vacations; c) travel between the Homewood campus and University buildings in the immediate area which are considered part of the campus; d) travel between the buildings of the medical complex in East Baltimore; and e) travel within the Homewood campus. **Trip** means a trip which: a) begins when you leave your residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and b) ends when you return to your residence or place of regular employment, whichever first occurs. **Passenger** means a person who is not: a) the operator or driver; or b) the pilot, student pilot, or a crewmember; of a conveyance at the time of accident. **Common Carrier** means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern. **Civil Aircraft** means a civil or public aircraft which: a) has an Airworthiness Certificate; b) is piloted by a person who has: 1) a current pilot certificate with the appropriate aircraft category rating for that aircraft; and 2) a current medical certificate which is appropriate for the operation of that aircraft; and c) is not operated by the militia, or armed forces of any state, national government or international authority. **Scheduled Aircraft** means a Civil Aircraft operated by a scheduled airline which: a) is licensed by the FAA for the transportation of passengers for hire; and b) publishes its flight schedules and fares for regular passenger service. **Military Transport Aircraft** means a transport aircraft operated by: a) the United States Air Mobility Command (AMC); or b) a national military air transport service of any country. **Policyholder Aircraft** means an aircraft which is owned, leased, or operated by or on behalf of the Policyholder. **Airworthiness Certificate** means a valid and current "Standard Airworthiness Certificate" issued by the FAA. **FAA** means: a) the Federal Aviation Administration of the United States; or b) the similar aviation authority for the country of the aircraft's registry, if the country is recognized by the United States. **Extra-Hazardous Aviation Activity** means an aircraft while it is being used for one or more of the following activities: Acrobatics or Stunt Flying, Racing or any Endurance Test, Crop Dusting or Seeding, Spraying, Exploration, Pipe or Power Line Inspection, Any Form of Hunting, Bird or Fowl Herding, Aerial Photography or Banner Towing, Any Test or Experiment, Firefighting, Any flight which requires: a) a special permit; or b) waiver; from the FAA, even though granted.

DETERMINATION OF INDIVIDUAL COVERAGE: Effective Date: You become an Insured Person on the later of: a) the Policy Effective Date; or b) the date you enter a Class of Eligible Persons. **Termination:** Your coverage terminates on the earlier of: a) the date the policy terminates; or b) the date you do not qualify in any Class of Eligible Persons. Termination will not affect any claim for loss due to an accident which occurs before the effective date of the termination. The Policyholder's failure to report that a person ceased to qualify in a Class of Eligible Persons will not continue coverage in that Class beyond the date he or she ceased to qualify. **Hazards and Benefits Determined By Class:** You are covered under the Hazard and for the Benefits applicable to the Class in which you qualify: a) beginning on the date you enter the Class; and b) ending on the date you leave the Class. If you qualify in more than one Class on the date of accident, you will be considered to qualify in the one Class with the largest Benefit Amount.

EXCLUSIONS: Exclusions: The policy does not cover any loss resulting from: 1) intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane (in Missouri, while sane); 2) war or act of war, whether declared or not, which occurs within the geographical limits, territorial waters, or airspace above: a) the United States, Canada, Afghanistan, Algeria, Chechnya, Iran, Iraq, Israel, Libya, North Korea, Pakistan, Somalia, Tajikistan, Turkmenistan,

Uzbekistan, Yemen; and b) any country of which you are a Permanent Resident; 3) Injury sustained while in the armed forces of any country or international authority; 4) Injury sustained while on any aircraft, unless, and only to the extent, a Hazard specifically describes such coverage; 5) Injury sustained by you as a result of your being under the influence of drugs, sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless prescribed for or administered by a licensed physician; 6) Injury sustained while committing or attempting to commit a felony. **Permanent Resident** means a person who is: a) a resident of; or b) regularly employed in; a country for 3 months or longer.

AGGREGATE LIMITATION: If: a) two or more persons, in the same or different classes, are injured as the result of any one accident, which occurs in the manner specified in the Hazard(s) identified in the Schedule; and b) the total of all amounts payable for all persons, in the absence of this provision, exceeds the Aggregate Amount shown opposite the Hazard; the amount for each person will be proportionately reduced so that the total will equal the Aggregate Amount.

HAZARD C-12: 24-Hour Coverage Business Trip: Coverage: This Hazard covers Injury resulting from an accident which occurs anywhere in the world during a Business Trip, including: a) an Injury resulting from an accident which occurs while you are a passenger on, boarding, or alighting from a Civil Aircraft or Military Transport Aircraft; or b) Injury resulting from being struck by an aircraft. **Exclusions:** This Hazard does not cover Injury resulting from an accident which occurs while you are on, boarding, or alighting from: a) an aircraft engaged in an Extra-Hazardous Aviation Activity; or b) a Policyholder Aircraft. Refer to the Certificate Modifications, Definitions, and Exclusions sections for modifications, limitations, and exclusions affecting this coverage.

HAZARD C-19: Specified Aircraft Coverage Trip: Coverage: This Hazard covers Injury resulting from accident which occurs anywhere in the world while you are on a Trip as a passenger, pilot, operator, or member of the crew on, boarding or alighting from, or being struck by: a) an FAA approved fixed-wing aircraft or helicopter which is operated at the direction of Michael E. Bloomberg and operated on behalf of the Policyholder and which is piloted by Michael E. Bloomberg or substitute pilot approved by Michael E. Bloomberg holding a current and valid certificate of competency of a rating authorizing him or her to pilot this fixed-wing aircraft or helicopter; b) a 1998 Piper Malibu Mirage which is owned by William Brody and piloted by William Brody and/or Richard Rochfort; and c) a 2001 Piper Meridian which is owned by William Brody and piloted by William Brody and/or Richard Rochfort and/or Michael Bollinger. This Hazard also covers Injury resulting from accident which occurs anywhere in the world while William Brody is on a Business Trip as a passenger, pilot, operator, or member of the crew on, boarding or alighting from, or being struck by a 1998 Cessna 1925, SN N4197Q which is owned and piloted by William G. Brody or substitute pilot approved by William G. Brody holding a current and valid certificate of competency of a rating authorizing him or her to pilot this single engine aircraft, and which is operated on behalf of the Policyholder. This coverage is not extended to passengers or crewmembers other than William G. Brody. **Exclusions:** This Hazard does not cover injury resulting from accident which occurs while the above aircraft is: a) carrying passengers for hire; or b) engaged in an Extra-Hazardous Aviation Activity. Refer to the Certificate Modifications, Definitions, and Exclusions section for modifications, limitations, and exclusions affecting this coverage.

HAZARD C-31: Scuba Diving Activity Coverage: Coverage: This Hazard covers Injury from an accident which occurs while you are participating in scuba diving activities sponsored by the Policyholder. Refer to the Certificate Modifications, Definitions, and Exclusions section for modifications, limitations, and exclusions affecting this coverage.

HAZARD C-44: Extra-Hazardous Aviation Activity: Coverage: This Hazard covers Injury resulting from an accident which occurs while you are engaged in the following Extra-Hazardous Activity: Aerial Photography. **Exclusions:** This Hazard does not cover Injury resulting from accident which occurs while you are on, boarding, alighting from an aircraft engaged in any Extra-Hazardous Aviation Activity other than that for which this Hazard provides coverage. Refer to the Certificate Modifications, Definitions and Exclusions sections for modifications, limitations, and exclusions affecting this coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: If your Injury results in any of the following losses within the Loss Period after the date of accident, we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident. Your amount of Principal Sum and the Loss Period are shown in the Schedule.

For Loss of:	Life	The Principal Sum
	Both Hands or Both Feet or Sight of Both Eyes	The Principal Sum
	One Hand and One Foot	The Principal Sum
	Speech and Hearing	The Principal Sum
	Either Hand or Foot and Sight of One Eye	The Principal Sum
	Movement of Both Upper and Lower Limbs (Quadriplegia)	The Principal Sum
	Movement of Both Lower Limbs (Paraplegia) Three-Quarters	The Principal Sum
	Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia)	One-Half The Principal Sum
	Either Hand or Foot	One-Half The Principal Sum
	Sight of One Eye	One-Half The Principal Sum
	Speech or Hearing	One-Half The Principal Sum
	Thumb and Index Finger of Either Hand	One-Quarter The Principal Sum

Loss means with regard to: a) hands and feet, actual severance through or above wrist or ankle joints; b) sight, speech or hearing, entire and irrecoverable loss thereof; c) thumb and index finger, actual severance through or above the metacarpophalangeal joints; d) movement of limbs, complete and irreversible paralysis of such limbs. **EXPOSURE:** Exposure to the elements will be presumed to be Injury if: a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which you were an occupant at the time of the accident; and b) the policy would have covered Injury resulting from the accident.

DISAPPEARANCE: You will be presumed to have suffered loss of life if: a) your body has not been found within one year after the disappearance of a conveyance in which you were an occupant at the time of its disappearance; b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and c) the policy would have covered Injury resulting from the accident.

ACCIDENT MEDICAL EXPENSE BENEFIT: We will pay the Reasonable Expenses incurred for Medical Care, in excess of the Deductible Amount and any benefits provided by Workers' Compensation. The first expense must be incurred within 26 weeks after the accident. The Deductible Amount will be applied separately to each accident. We will not pay: a) for expenses which are not incurred by you; b) more than the Maximum Benefit for all expenses incurred as the result of any one accident; or c) for expenses incurred more than 5 years after the accident. An expense is considered to be incurred on the date the Medical Care is rendered. The Deductible Amount and Maximum Benefit are shown in the Schedule. **Medical Care** means necessary: a) medical or surgical treatment, services and supplies; and b) hospital, nursing and ambulance services. Each item of Medical Care must be: a) prescribed by a legally qualified physician; b) for the sole purpose of treating the Injury. **Reasonable Expenses** means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by you.

CLAIMS: Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary, or his or her representative) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include your name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent. **Claim Forms:** When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim. If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us. **Proof of Loss:** Proof of loss must be sent to us in writing within 90 days after: a) the end of a period of our liability for periodic payment claims; or b) the date of the loss for all other claims. If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated. **Time of Claim Payment:** We will pay any daily, weekly or monthly benefit due: a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or b) immediately after we receive the proof of loss following the end of our liability. We will pay any other benefit due immediately, but not later than 60 days, after we receive the proof of loss. **Payment of Claims:** We will pay any benefit due for loss of life: a) according to the beneficiary designation in effect at the time of death; or b) if no beneficiary is designated, according to the beneficiary designation under the Group Life Insurance Policy issued to the Policyholder and in effect at the time of your death; or c) to the survivors, in equal shares, in the first of the following classes to have a survivor at your death: 1) spouse, 2) children, 3) parents, 4) brothers and sisters. If there is no survivor in these classes, payment will be made to your estate. All other benefits due and not assigned will be paid to you, if living. Otherwise, the benefits will be paid according to the above. Benefits will be paid into a checking account which will be owned by: a) you; or b) the beneficiary or beneficiaries named in writing by you. The checking account owner may elect a lump sum payment by writing a check for the full amount in the checking account. However, a checking account will not be established for a benefit payable to your estate or for a Principal Sum that is less than \$10,000 or for any claim that the claim department determines is more appropriately adjudicated through the issuance of a lump sum payment. If a benefit due is payable to: a) your estate; or b) you or a beneficiary who is either a minor or not competent to give a valid release for the payment; we may pay up to \$1,000 (\$3,000 for residents of Florida) of the benefit due to some other person. The other person will be someone related to you or the beneficiary by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith. **Physical Examinations and Autopsy:** While a claim is pending we have the right at our expense: a) to have the person who has a loss examined by a physician when and as often as is reasonably necessary; and b) in case of death to make an autopsy, where it is not forbidden by law. **Legal Actions:** No legal action may be taken against us: a) before 60 days following the date proof of loss is sent to us; b) after 3 following the date proof of loss is due. **Naming a Beneficiary:** You may name a beneficiary or change a revocably named beneficiary by giving your Written Request to the Policyholder. Your request takes effect on the date you execute it, regardless of whether you are living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received your request. A designation of beneficiary or absolute Assignment, if any, in effect on December 31, 1999 for the prior policy is considered to be a designation of beneficiary or an absolute Assignment under this policy, which shall take effect on the effective date of this policy. However, any designation of beneficiary or absolute Assignment made on or before the effective date of this policy in connection with the insurance provided by this policy, in lieu of the designation of beneficiary or absolute Assignment made under the prior policy, shall take effect on the effective date of this policy. **Assignment:** The insurance under the policy is not assignable, but benefits may be assigned in accordance with the Payment of Claims provision of the Claims section of the policy.
