

THE AMERICAN DOG SHOW JUDGES, INC.

IS PLEASED TO OFFER THE FOLLOWING INSURANCE TO ALL MEMBERS

ACCIDENTAL DEATH AND DISMEMBERMENT PROGRAM



ACE American Insurance Company
1601 Chestnut Street
Philadelphia, PA 19103

COMPANY: Burnham & Flower Insurance Company

ELIGIBILITY: All ADSJ Members

COVERAGE: Business Travel Only (see description of coverage)

PRINCIPAL SUM: \$25,000.00 per insured

BENEFITS:

Loss of Life.....	The Principal Sum
Loss of both Hands or both Feet or sight of both Eyes.....	The Principal Sum
Loss of one Hand and one Foot.....	The Principal Sum
Loss of one Hand and sight of one Eye or one Foot and sight of one Eye.....	The Principal Sum
Loss of Speech and Hearing.....	The Principal Sum
Loss of one Hand or one Foot or sight of one Eye.....	One-Half The Principal Sum
Loss of Speech or Hearing.....	One-Half The Principal Sum
Loss of Thumb and Index Finger of the same Hand.....	One-Quarter The Principal Sum

COVERAGE

WHILE PARTICIPATING IN POLICYHOLDER JUDGING TRIPS
(including Scheduled Airline & Military Airlift Command Aircraft)

This coverage applies only to those insureds who are in a Class to which such Coverage applies as shown in item (5) of Section 1.

BENEFITS BY CLASS

For insureds who have attained age 70, the Maximum Amount of Benefits shown above shall be reduced to the following:

Upon attainment of age 70 through age 74.....	70% of the above amount
Upon attainment of age 75 through age 79.....	45% of the above amount
Upon attainment of age 80 through age 84.....	30% of the above amount
Upon attainment of age 85 and thereafter.....	15% of the above amount

Such trip will begin at the actual start of the trip from the original point of departure. Such trip will end when the insured arrives at the return destination point. Maximum days of coverage begins forty-eight (48) hours before an assignment and ends forty-eight (48) hours after the last day of judging.

DEFINITION

The term "Scheduled Airline" means an airline with a license for civil scheduled air transport issued by the country in which its aircraft are registered. Such airline must file and publish schedules and fares for regular passenger service between cities.

NOTICE TO ALL MEMBERS

THE ABOVE INFORMATION IS FOR YOUR REFERENCE ONLY. THE ACTUAL POLICY IS HELD BY THE ADSJ SECRETARY AND IS AVAILABLE UPON REQUEST.

PLEASE KEEP THIS COVERAGE NOTICE WITH YOUR IMPORTANT PAPERS

BENEFICIARY FORM

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFICIARY FORM

Policy Holder's Name _____

Address _____

City _____ State _____ Zip _____

I designate the following person as my beneficiary:

Beneficiary _____ Relationship _____

Signed _____ Date _____

(Policy coverage remains in effect only to members in good standing)

PLEASE DETACH AND RETURN THE ABOVE FORM

- (8) **NOTICE OF CLAIM:** Written notice of claim must be given to us within 20 days after a covered loss occurs or begins. If such notice cannot be given during such time, then it must be done as soon as reasonably possible. The notice must include your name, the Insured's name and policy number. It should be sent to us in care of: Pan-American Life Insurance Company, P. O. Box 60056, New Orleans, Louisiana 70160-0056.
- (9) **CLAIM FORMS:** When we receive written notice of claim, we will send the claimant forms for filing proof of loss within 15 days. If we don't, written proof of loss will be met by the Insured or beneficiary by sending us written proof, as described below.
- (10) **WRITTEN PROOF OF LOSS:** Proof of loss must describe the incident, extent and the type of loss. For death claims, proof of loss means certified copies of the death certificate, autopsy if performed, Coroner, Medical Examiner or Justice of the Peace reports. Police Motor Vehicle Accident Report or Police Incident Report, if applicable, are also proof of loss documents.
- Written proof of loss must be sent to us at the address shown above, or to one of our agents. If the claim is for a continuing loss for which we make periodic payments, the claimant must give us written proof of loss within 90 days after the end of each period that benefits are payable.
- For any other loss, written proof must be given to us within 90 days after the date of loss. If proof of loss cannot be given in that time, such proof of loss must be given as soon as reasonably possible. Except in the absence of legal capacity, the claimant must give written proof within one year of the time otherwise required.
- (11) **TIME OF PAYMENT OF CLAIMS:** We will pay any benefits due once we receive written proof of loss. Benefits that provide for periodic payment will be paid monthly.
- (12) **PAYMENT OF CLAIMS:** We will pay death benefits to the beneficiary designated by the Insured and on file with the holder of beneficiary records. If a beneficiary has not been designated, death benefits will be paid to the estate of the Insured. All other benefits will be paid to the Insured except for medical benefits (if applicable). These may be paid directly to the provider of medical services.
- Any payments we make in good faith will end our liability to the extent of the payment.
- (13) **PHYSICAL EXAMINATION AND AUTOPSY:** We have the right to have the Insured examined by a physician of our choice. This may be done as often as reasonably necessary while a claim is pending or while we are paying benefits. We may also have an autopsy made unless the law forbids it. We will pay the cost of both the exam and autopsy.
- (14) **LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by the policy. No such action may be brought after 3 years from the time written proof of loss is required to be given.
- (15) **BENEFICIARY DESIGNATION AND CHANGE:** The Insured may choose one or more beneficiaries. We will furnish forms for this use. Such forms shall be filed with the holder of the beneficiary records as shown in item (8) of Section I. The Insured may change beneficiaries at any time. The beneficiary's consent is not required unless an irrevocable beneficiary has been named. The change will be effective only upon receipt by the holder and it will take effect on the date the Insured signs it. Any payment made by us in good faith prior to our receipt of any beneficiary change will end our liability to the extent of such payment.
- (16) **ASSIGNMENT:** An Insured may assign his or her interest under this policy. In the case of an irrevocable beneficiary, that person must give written consent. No assignment will be binding on us unless it is in writing and a copy sent to us. We accept no responsibility for the validity of an assignment.