

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000

(a capital stock company, herein referred to as the Company)

Policyholder: AAA Arizona
Policy Number: SRG 0009110428

BLANKET ACCIDENT INSURANCE

Description of Coverage

This Description of Coverage describes blanket accident insurance coverage provided to eligible persons of the policyholder named above (herein called the Policyholder) while those persons are participating in Covered Activities.

Who is Eligible

The persons eligible for coverage under the above referenced blanket accident insurance policy (herein called the Policy) issued to the Policyholder are: All Active members of the Policyholder who have purchased the coverage offered by the Policyholder.

What Activities Are Covered

Covered Activity(ies) are: While riding as a driver or passenger of any automobile or truck with a factory-rated gross vehicle weight (GVWR) over 8,000 pounds that is personally owned and is licensed non-commercial; or While riding as a paying passenger of a non-chartered common carrier or ocean-going liner ; or While being struck by a motor-driven or animal-drawn vehicle on a public street or highway and while a pedestrian; or While being struck by a motor-driven or animal-drawn vehicle on a public street or highway and while riding a bicycle; or While actually engaged in the performance of farm duties and involved in the wrecking of a motor-driven farm machine or implement which the member is operating; or While hunting in a field and being accidentally shot; or While playing golf, or as a spectator on a golf course and being struck by a golf ball or club; or While ice skating, snow-skiing, snow boarding or water-skiing; or While swimming at a public beach or pool during the time the lifeguard is on duty; or While engaged in non-commercial fishing or boating; while a spectator at an organized professional baseball game and being struck by a baseball ; or while dining as a sit-down customer on the premises of an eatery as a paying customer of the eatery.

PLEASE READ THIS DESCRIPTION OF COVERAGE CAREFULLY

TABLE OF CONTENTS

Schedule of Benefits.....	1
Definitions.....	2
Effective and Termination Dates.....	2
Description of Benefits.....	2
Exposure and Disappearance.....	2
Accident Medical Expense Benefit.....	2
Limitations.....	3
Exclusions.....	3
Claims Procedures.....	4

Schedule of Benefits

<u>Benefit</u>	<u>Maximum Amount</u>
Accidental Death and Dismemberment:	\$5,000.00
Accident Medical Expense	
Maximum Amount:	\$1,200.00
Deductible:	None
Aggregate Limit:	N/A

Accidental Death Benefit. If injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of	Percentage of Maximum Amount
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye.....	100%
One Hand or One Foot.....	50%
The Sight of One Eye.....	50%
Speech or Hearing in Both Ears.....	50%
Hearing in One Ear.....	25%
Thumb and Index Finger of Same Hand.....	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured's coverage is in force under this Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured has suffered accidental death within the meaning of this Policy.

Definitions

Benefit Schedule - means the Benefit Schedule section of the Master Application.

Covered Activity (ies) - means those activities set out in the Covered Activities section of the Master Application, with respect to which Insureds are provided accident insurance under this Policy.

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid; (3) while covered under this Policy; and (4) who has enrolled for coverage under this Policy, if required.

Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under this Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

Immediate Family Member – means a person who is related to You in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Physician – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) You; 2) an Immediate Family Member; or 3) retained by the Policyholder.

You, Your – means a person: (1) who is a member of an eligible class of persons as described in the Who is Eligible section of this Description of Coverage; (2) for whom premium has been paid; and (3) while covered under the Policy.

Your Effective and Termination Dates

Effective Date. Your coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for Your coverage is paid; or (3) the date You become a member of AAA Arizona, Inc.

A change in Your coverage under the Policy due to a change in Your eligible class or Covered Activity becomes effective on the later of (1) when the change in Your eligible class or Covered Activity occurs; or (2) if the change requires a change in premium, the date the first changed premium is paid. However, a change in coverage applies only with respect to accidents that occur once the change is effective.

Termination Date. Your coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated; (2) the premium due date if premiums are not paid when due; or (3) the date You cease to be a member of AAA Arizona, Inc.

Termination of coverage will not affect a claim for a covered loss that occurred while Your coverage was in force under the Policy.

Description of Benefits

The Maximum Amounts shown in the Schedule of Benefits are used to determine amounts payable under each Benefit.

If Your body has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which You were an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that You have suffered accidental death within the meaning of the Policy.

Accident Medical Expense Benefit. If You suffer an Injury that, within 90 days of the date of the accident that caused the Injury, requires You to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Maximum Amount per person for all Injuries caused by the same accident. This benefit is payable only for such charges incurred within 52 weeks after the date of the accident causing the Injury.

Covered Accident Medical Services(s) – means Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); use of an Ambulatory Medical Center; services of a Physician or a registered nurse (R.N.); ambulance service to or from a Hospital; laboratory tests; radiological procedures; anesthetics and the administration of anesthetics; blood, blood products and artificial blood products, and the transfusion thereof; physical therapy and occupational therapy; rental of Durable Medical Equipment; artificial limbs, artificial eyes or other prosthetic appliances; medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription; or home health services performed by a licensed home health agency, prescribed by a Physician in lieu of hospital services, providing the hospital services would have been covered.

In addition to the standard exclusions, Accident Medical Expense benefits are not payable for any expense for or resulting from any of the following: (1) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition; (2) new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury; (3) new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight; (4) new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing; (5) rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense); (6) personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals; or (7) any condition for which You are provided benefits under any Workers' Compensation Act or similar law.

Ambulatory Medical Center – means a licensed facility providing ambulatory, surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Durable Medical Equipment – refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of Injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital – means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s) and (4) is supervised by one or more Physicians. A hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Medically Necessary – means that a Covered Accident Medical Service is: (1) essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) – means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

Limitations

Limitation on Multiple Benefits. If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit or Accidental Dismemberment Benefit,

Limitation on Multiple Covered Activities. If an Insured Person's Injury is caused by an accident that occurs while the Insured is participating in more than one Covered Activity applicable to that Insured, and if the same Benefit applies to that Insured with respect to more than one such Covered Activity, then for Policy purposes the Maximum Amount for that Benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.

Exclusions

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism. 2. Sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these. 3. The Insured's commission of or attempt to commit a felony or crime. 4. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes. 5. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy. 6. Participation in any team sport or any other athletic activity, except participation in a Covered Activity. 7. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded). 8. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer. 9. The Insured being intoxicated under the applicable law of the jurisdiction where the accident occurred while operating any vehicle or means of transportation or conveyance. 10. The Insured voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the Insured's Physician for the Insured. 11. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment. 12. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm. 13. Any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law. 14. The Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.

Claims Procedures

Phone Number: 800-952-4320

Address:

NAHGA Claim Services
PO Box 189 - 88 Main Street
Bridgton, Maine 04009

Notice of Claim. Written notice of claim must be given to the Company within 90 days after an Insured's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at AIU Holdings, Inc. Accident and Health Claims Division, P. O. Box 189 – 88 Main Street, Bridgton, ME 04009, with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

IMPORTANT

If any conflict should arise between the contents of this Description of Coverage and the Master Policy SRG 0009110428, or if any point is not covered herein, the terms and conditions of the Master Policy will govern in all cases.