This is a summary of the accident insurance We provide on behalf of the Policyholder to You if You are within a class of eligible persons described in Section I - Schedule and if the required premiums are paid when due.

THE INSURANCE EVIDENCED BY THIS CERTIFICATE PROVIDES ACCIDENT COVERAGE ONLY

THIS IS A SUMMARY OF COVERAGE ONLY WHICH SUMMARIZES AND EXPLAINS THE PARTS OF THE POLICY WHICH APPLY TO YOU.

FOR ALL TERMS AND CONDITIONS OF COVERAGE, PLEASE REVIEW THE POLICY ISSUED TO THE POLICYHOLDER AND ON FILE WITH THEM AT THEIR PLACE OF BUSINESS. YOU CAN OBTAIN A COPY OF THE POLICY FROM THE POLICYHOLDER.

THIS CERTIFICATE IS NOT AN INSURANCE POLICY. IN THE EVENT OF A CONFLICT OF PROVISIONS BETWEEN THE POLICY AND THIS CERTIFICATE, THE PROVISIONS OF THE POLICY WILL GOVERN

PLEASE READ THIS CERTIFICATE CAREFULLY

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SECTION I - SCHEDULE

I. POLICYHOLDER: Wearsafe Labs LLC
   1429 Park St.
   Hartford, CT 06106

II. POLICY NUMBER: MCB 0553307

III. POLICY INCEPTION DATE: December 3, 2019

IV. POLICY PERIOD: December 3, 2019 to Continuous
   (All Insurance begins and ends at 12:01 a.m. at the Policyholder’s address)

V. CONTRACT SITUS: Connecticut

VI. ELIGIBILITY AND CLASSIFICATION OF INSUREDS:

The following individuals are eligible to become Insureds upon the submission of completed enrollment material, if required:

Class I: All registered Device Holders of the Policyholder’s Personal Emergency Response Tag device. A Device Holder is defined as any individual assigned by the account holder to a specific device.

Class II: All registered Device Holders of a mobile phone or personal safety device active and supported by the Policyholder’s personal safety platform. A Device Holder is defined as any individual assigned by the Policyholder to a specific mobile phone or personal safety device.

If an Insured suffers a Covered Injury resulting in a Covered Loss, and he or she is covered under more than one Class, We will pay only one benefit, the largest benefit.

VII. COVERED ACTIVITY(IES):

Class I: While the Insured has the device near or on his/her person, the Insured encounters a verifiable personal safety threat or is physically attacked and activates the device unless the Insured is immobilized or circumstances otherwise don’t allow for activation.

Class II: While the Insured has the device near or on his/her person, the Insured encounters a verifiable personal safety threat or is physically attacked and activates the device unless the Insured is immobilized or circumstances otherwise don’t allow for activation.

VIII. AGGREGATE LIMIT OF LIABILITY: $100,000 per Covered Accident.

IX. BENEFITS:

<table>
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<tr>
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<th>CLASS COVERED</th>
<th>COVERAGE AMOUNT</th>
<th>FORM NUMBER</th>
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<tr>
<td>Accidental Death Benefit</td>
<td>All</td>
<td>$10,000</td>
<td>U-BMC-302-B CT (04/16)</td>
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<tr>
<td>Exposure and Disappearance Benefit</td>
<td>All</td>
<td>$10,000</td>
<td>U-BMC-302-B CT (04/16)</td>
</tr>
<tr>
<td>Accident Medical Expense - Indemnity Benefit</td>
<td>All</td>
<td>See Benefit Rider</td>
<td>U-BMC-377-A CT (09/11)</td>
</tr>
</tbody>
</table>

X. REPORTING AND NOTICE ADDRESSES:

Claim Reporting:
Claims Department
Zurich American Insurance Company,
P.O. Box 968041, Schaumburg, IL. 60196
1-877-287-4805

XI. PREMIUMS:

Benefits under this Policy are Non-Contributory.
SECTION II – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

INSURED’S EFFECTIVE DATE

Your coverage under the Policy begins on the latest of:

1. the Policy Inception Date shown in the Schedule;
2. the date for which the first premium for Your coverage is paid; or
3. the date You become a member of an eligible class of persons as described in the ELIGIBILITY AND CLASSIFICATION OF INSUREDS section on the Schedule;

A change in Your coverage under the Policy due to a change in Your eligible class becomes effective on the later of:

1. when the change in Your eligible class 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 after the change becomes effective.

SECTION III – DEFINITIONS

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the Policy term.

Active means a member as defined by the Policyholder based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

Aggregate Limit of Liability means the total Accidental Death Benefit, Accidental Dismemberment Benefit, and Exposure and Disappearance Benefit, We will pay for a Covered Accident set forth in the Schedule. For purposes of the Aggregate Limit of Liability provision, a Covered Accident will arise out of a single event and include a resulting Covered Loss. If the total benefits under the Aggregate Limit of Liability is not enough to pay full benefits to each Insured, We will pay each one a reduced benefit based upon the proportion that the Aggregate Limit of Liability bears to the total benefits which would otherwise be paid. The Aggregate Limit of Liability only applies if the benefits are provided on a Non-Contributory basis.

Certificate means this Blanket Accident Insurance Certificate.

Contributory means the Insured is required to pay all or a portion of the premium. Whether the benefits are Contributory or Non-Contributory is stated in the Schedule.

Covered Accident means an Accident that results in a Covered Loss.

Covered Activity(ies) means those activities set out in the COVERED ACTIVITIES section of the Schedule.

Covered Injury means bodily injury directly caused by Accidental means which is independent of all other causes, results from a Covered Accident, occurs while the Insured is insured under the Policy and participating in a Covered Activity, and results in a Covered Loss.

Covered Loss means a loss which meets the requisites of one or more benefits or additional benefits, results from a Covered Injury, and for which benefits are payable under the Policy.

Domestic Partner means as defined in the Policyholder’s medical plan as on file and approved by Us.

To qualify as a Domestic Partner, the following requirements must be met:

1. You and Your Domestic Partner must have an intimate, committed relationship of mutual caring, and have agreed to be responsible for each other’s welfare;
2. You and Your Domestic Partner must have lived together in such a relationship for a period of not less than six consecutive months at the same residence address;
3. You and Your Domestic Partner must both be at least 18 years of age;
4. neither You nor Your Domestic Partner are legally married;
5. You and Your Domestic Partner are not Related by blood or adoption;
6. You and Your Domestic Partner are each other’s sole Domestic Partner and intend to remain so indefinitely; and
7. You and Your Domestic Partner must be of the same sex, and if applicable law permitted, would be married.
The existence of the relationship between Your Domestic Partner and You must be evidenced by:

1. Your Domestic Partner being named as the primary beneficiary in the event of Your death under Your retirement plan or 401(k) plan, if You maintain such a plan;
2. at least one of the following:
   a. designation of Your Domestic Partner as a primary beneficiary under Your will; or
   b. designation of Your Domestic Partner as a primary beneficiary for Your life insurance;
3. at least one of the following:
   a. joint ownership of real estate (whether by mortgage, lease or deed);
   b. joint ownership of a motor vehicle;
   c. joint ownership of a bank account; and
4. a completed, active certification of Domestic Partner status form on file with the Policyholder.

To be active, You will not have completed a Termination of Domestic Partner status form with respect to Your Domestic Partner.

Foreign National means a person who is a citizen of a country or other jurisdiction other than the United States of America and who is not a resident of the United States of America.

Insured means any person who is eligible for coverage under the Policy as provided in the ELIGIBILITY AND CLASSIFICATION OF INSUREDS section of the Schedule, and who completes the enrollment material, if required.

Limb means an arm or a leg.

Non-Contributory means the Insured is not required to contribute toward the premium. Whether the benefits are Contributory or Non-Contributory is stated in the Schedule.

Physician means a person who is:
   1. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that We recognize or are required by law to recognize;
   2. licensed to practice in the jurisdiction where care is being given;
   3. practicing within the scope of that license; and
   4. not related to You by blood or marriage.

Plan means the coverages and/or benefits selected in the Schedule.

Policy means the Blanket Accident Insurance Policy issued to the Policyholder.

Policyholder means the entity named as such in the Schedule.

Spouse means Your legally married Spouse.

We, Us, and Our means Zurich American Insurance Company or Our authorized representative.

You or Your means the Insured to whom a Certificate is issued.

SECTION IV – GENERAL EXCLUSIONS

A loss will not be a Covered Loss if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service.
4. illness or disease; except for Accidental ingestion or consumption of a controlled drug.
5. participation in the commission or attempted commission of any felony, an assault, insurrection or riot. Participation means taking part in or sharing in. Riot means a violent or turbulent disturbance of the public peace by three or more people.
6. parasailing, bungee jumping, heli-skiing, or scuba diving or any other extra-hazardous activity.
7. being intoxicated.
   a. An Insured will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Insured’s intoxication.

8. the 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 a Physician for the Insured.

9. a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident.

10. participation in any team sport or any other competitive athletic activity unless mentioned in the Covered Activities.

11. any condition for which the Insured is entitled to benefits under any Workers’ Compensation Act, No Fault Auto Coverage or similar law.

12. 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.

SECTION V – GENERAL LIMITATIONS

Benefits are payable only for Covered Losses incurred as a result of participation in Covered Activities.

LIMITATION ON MULTIPLE COVERED LOSSES: If You suffer more than one Covered Loss as a result of the same Accident, We will pay only one benefit, the largest benefit.

LIMITATION ON MULTIPLE COVERED ACTIVITIES: If You suffer a Covered Loss while participating in more than one Covered Activity, We will pay only one benefit, the largest benefit unless there is a specific written exception in the Policy.

LIMITATION ON MULTIPLE BENEFITS: If You can recover benefits under more than one of the Benefits stated in the Schedule, as a result of the same Accident, We will pay only one benefit, the largest benefit.

LIMITATION ON MULTIPLE COVERED POLICIES: If You can recover benefits under more than one accident policy written by Zurich American Insurance Company, We will pay under only one policy, the policy which offers You the largest benefit.

SECTION VI – PREMIUMS

A. PREMIUMS: Premiums are due and payable to Us at the rates and in the manner described in the Schedule.

B. GRACE PERIOD: Premiums are due for the Policy on or before the premium due date or renewal date, whichever applies. If a renewal premium is not paid when it is due, there is a thirty-one (31) day Grace Period (the “Grace Period”) to pay. During the Grace Period, the Policy will stay in force. There will not be a Grace Period if We have given notice, at least thirty (30) days in advance, that We are going to terminate the Policy.

SECTION VII - TERMINATION OF INSURANCE

A. POLICY RENEWAL AND TERMINATION:

RENEWAL: The Policy will automatically renew for an additional twelve-month (12) period unless either party expresses its intent to terminate as specified herein.

TERMINATION BY POLICYHOLDER: The Policyholder may terminate the Policy by delivering to Us a written notice to end the Policy at least thirty (30) days in advance of such termination. We will calculate and return the unearned premium, if any, using a standard short rate table. The Policyholder will send Us any additional amounts owed, if any, between the Policy’s paid to date and the official date of termination.

TERMINATION BY US: We may terminate the Policy by giving the Policyholder at least thirty (30) days notice of Our intent to terminate. Such notice will state the exact date the Policy will terminate. We will mail a notice of such termination to the Policyholder’s last address shown in Our records.

We may also, at any time, end the Policy for non-payment of premium on any premium due date if the payment is not received prior to the end of the Grace Period. We will mail a notice of such termination to the Policyholder’s last address shown in Our records.

Termination will be without prejudice to any claim which commenced prior to the effective date of termination.
SECTION VIII - HOW TO FILE A CLAIM

A. NOTICE: You or Your beneficiary, or someone on Your behalf, must give Us written notice of the Covered Loss within ninety (90) days of such Covered Loss, or as soon thereafter as reasonably possible. The notice must name You and the Policy Number. To request a claim form, You or Your beneficiary, or someone on Your behalf may contact Us at 1-877-287-4805. The notice must be sent to the address shown on the Schedule, or any of Our agents. Notice to Our agents is considered notice to Us.

B. CLAIM FORMS: We will send the claimant Proof of Covered Loss forms within fifteen (15) days after We receive notice. If the claimant does not receive the Proof of Covered Loss form in fifteen (15) days after submitting notice, he or she can send Us a detailed written report of the claim and the extent of the Covered Loss. We will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.

C. PROOF OF COVERED LOSS: Written Proof of Covered Loss, acceptable to Us, must be sent within ninety (90) days of the Covered Loss. Failure to furnish Proof of Covered Loss acceptable to Us within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of Covered Loss, and the proof was provided as soon as reasonably possible.

SECTION IX - PAYMENT OF CLAIMS

A. TIME OF PAYMENT: We will pay claims for all Covered Losses, other than Covered Losses for which the Policy provides any periodic payment, immediately upon receipt of written proof of loss that is acceptable to Us. Unless an optional periodic payment is stated or chosen, any Covered Loss to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance, which remains when Our liability ends, will then be paid when We receive the Proof of Covered Loss that is acceptable to Us.

B. WHO WE WILL PAY:

1. LOSS OF YOUR LIFE: Covered Losses resulting from Your death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as You, We will pay the benefit to the beneficiary named by You for Your Life Insurance policy. If there is no beneficiary named by You for Your Life Insurance policy, or the named beneficiary predeceases or dies at the same time as You, We will pay the benefit to Your survivors in the following order:
   a. Your Spouse or Domestic Partner;
   b. Your child(ren);
   c. Your parents;
   d. Your brothers and sisters;
   e. Your estate.

2. ALL OTHER CLAIMS: Benefits are to be paid to You.

3. If a Foreign National is entitled to benefits for a Covered Loss and We are unable to make payment directly to him or her because of legal restrictions in the country or jurisdiction where such Foreign National is located, We will either: (1) pay the benefits to a bank account owned by the Foreign National in the United States of America; or (2) if no such bank account is established or maintained, We will pay the benefits to the Policyholder on behalf of the Foreign National. It will then be the responsibility of the Policyholder to remit the benefit to such Foreign National. Payment of the benefit to the Policyholder will release Us from any further liability to the Foreign National. If the Policyholder does not remit the payment to the Foreign National, the Policyholder will indemnify Us and hold Us harmless against any and all liability incurred by Us including, but not limited to, interest, penalties, and attorneys’ fees in connection with, arising or resulting from such failure to remit payment. The Policyholder will not be considered the beneficiary under the Policy if payment is made to the Policyholder in accordance with this provision.

4. Any payment We make will fully discharge Us to the extent of the payment.

SECTION X - GENERAL POLICY CONDITIONS

A. BENEFICIARIES: You have the sole right to name a beneficiary. The beneficiary has no interest in the Policy other than to receive certain payments. Unless an irrevocable beneficiary is named, You may change the beneficiary at any time unless he or she has assigned the interest in the Policy. In such case, the person to whom You have assigned the interest in the Policy may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed. Any beneficiary designation must be in writing on a form acceptable to Us.
B. CHANGE OR WAIVER: A change or waiver of any terms or conditions of the Policy must be issued by Us in writing and signed by one of Our executive officers. No agent has authority to change or waive Policy terms or conditions. A failure to exercise any of Our rights under the Policy will not be deemed as a waiver of such rights in the same or future situations.

C. CLERICAL ERROR: A clerical error or omission will not increase or continue Your coverage, which otherwise would not be in force. If You apply for insurance for which You are not eligible, We will only be liable for any premiums paid to Us.

D. SUIT AGAINST US: No action on the Policy may be brought until sixty (60) days after written Proof of Covered Loss has been sent to Us. Any action must commence within three (3) years, (five (5) years in Kansas and Tennessee; and six (6) years in South Carolina and Wisconsin) of the date the written Proof of Covered Loss was required to be submitted. If the law of the state where You live makes such limit void, then the action must begin within the shortest time period permitted by law.

E. PHYSICAL EXAMINATION AND AUTOPSY: We have the right to examine You when and as often as We may reasonably request while the claim is pending. Such examination will be at Our expense. We can have an autopsy performed unless forbidden by law.

F. CHOICE OF SERVICE PROVIDER: You have the sole right to choose Your duly licensed Physician and hospital.

G. ARBITRATION: Any contest to a claim denial under the Policy may be settled by non-binding arbitration at Your option. Arbitration will be administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The arbitration will occur at the offices of the American Arbitration Association nearest to You. The arbitrator(s) will not award consequential or punitive damages in any arbitration under this section. This provision does not apply if You are a resident of a state where the law does not allow arbitration in an insurance policy, but only if the Policy is subject to its laws. In such a case, arbitration does not apply.

H. TIME LIMIT ON CERTAIN DEFENSES: In the absence of fraud, statements made by the Policyholder or You are deemed representations and not warranties. No such statement will cause Us to deny or reduce the benefits due under the Policy or be used as a defense of a claim, unless it is contained in a signed written application. After two years from the date coverage starts no such statement (except age) will cause the Policy to be contested.

SECTION XI – BENEFITS

ACCIDENTAL DEATH BENEFIT

If You suffer a loss of life as a result of a Covered Injury, We will pay the applicable amount shown in the Schedule. The death must occur within 365 days of the Covered Injury.

EXPOSURE AND DISAPPEARANCE BENEFIT

If an Insured is exposed to weather because of an Accident and this results in a Covered Loss, We will pay the applicable amount shown in the Schedule subject to all Policy terms.

If the conveyance in which an Insured is riding disappears, is wrecked, or sinks, and the Insured is not found within 365 days of the event, We will presume that the person lost his or her life as a result of injury. If travel in such conveyance was covered under the terms of this Policy, We will pay the applicable amount shown in the Schedule, subject to all Policy terms. We have the right to recover the benefit if We find that the Insured survived the event.

EMERGENCY AMBULANCE SERVICES COVERAGE

If a Covered Injury to You results in any Covered Loss that requires medically necessary ambulance transportation to a hospital, We will pay the medically necessary ambulance services directly to the ambulance provider, provided the ambulance provider has not received payment from any other source. In no event will benefits payable for medically necessary ambulance services exceed the maximum allowable rate established by the Department of Public Health in accordance with section 19a-177 of the Connecticut General Statutes. If You are covered under more than one policy, the hospital policy is primary.
EMERGENCY MEDICAL CARE FOR ACCIDENTAL INGESTION OR CONSUMPTION OF A CONTROLLED DRUG

If an Insured accidentally ingests or consumes a Controlled Drug, We will pay the Usual and Customary expenses for Medically Necessary expense(s) incurred by You as a direct result of the accidental ingestion or consumption of a Controlled Drug, up to:

1. thirty (30) days per calendar year for an inpatient confinement at a Hospital; and
2. $500.00 per calendar year for services rendered on an outpatient basis.

For the purposes of this coverage, the following definitions apply:

Controlled Drug(s) means those drugs which contain any quantity of a substance which has been designated as subject to the federal Controlled Substances Act, or which has been designated as a depressant or stimulant drug pursuant to federal food and drug laws, or which has been designated by the Commissioner of Consumer Protection pursuant to section 21a-243, as having a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and as having a tendency to promote abuse or psychological or physiological dependence, or both. Such controlled drugs are classifiable as amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type and other stimulant and depressant drugs. Specifically excluded from controlled drugs and controlled substances are alcohol, nicotine and caffeine.

Hospital means a facility that:

1. operates under the law of the state in which it is situated;
2. is approved by the United States Department of Health and Human Services or its successor;
3. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
4. has 24-hour nursing service by registered nurses on duty or on call; and
5. 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, or any ward, room, wing or other section of a 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 the service or treatment:

1. is essential for the diagnosis, treatment or care for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. is ordered by a Physician.

Usual and Customary means an amount(s) that:

1. does not exceed the usual cost for similar treatment, services or supplies in the locality in which it is incurred; or for a Hospital room and board charge other than for stay in an intensive care unit, does not exceed the Hospital’s most common charge for semi-private room and board or the fee set by the workers’ compensation insurance fee schedule, if applicable;
2. does not include charges that would not have been made if no insurance existed; and
3. does not exceed the cost of a generic drug, if available. We will only pay up to seventy-five percent (75%) of a non-generic drug if a generic drug is available.
Accident Medical Expense - Indemnity Benefit

Zurich American Insurance Company
1299 Zurich Way
Schaumburg, Illinois 60196

THIS RIDER CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This rider modifies insurance provided under the Blanket Accident Insurance Policy

It is hereby understood and agreed that the following changes are made and incorporated into the Policy:

If an Insured suffers a Covered Injury resulting in a Covered Loss under this Policy, We will pay the following benefits as applicable per Insured for each Covered Accident. The Covered Injury must be independent of Sickness or the medical or surgical treatment of Sickness, or of any cause other than a Covered Accident. A Covered Loss must also occur while coverage is in force.

Emergency Room Treatment

We will pay $1,000 once per forty-eight (48) hour period per Covered Accident, per Insured when that Insured receives emergency room treatment for Injuries sustained in a Covered Accident. This benefit is for treatment by a Physician or treatment received in a Hospital emergency room. Treatment must be received within forty-eight (48) hours of the Accident for benefits to be payable.

X-Rays Related to an Accident

We will pay $500 once per Covered Accident per Insured when an Insured requires an X-ray while receiving emergency room treatment in a Hospital for Injuries sustained in a Covered Accident. This benefit is not for X-rays received in a Physician’s office.

Emergency Room Follow Up Treatment

We will pay $250 for one treatment per day, up to a maximum of two (2) treatments per Covered Accident for an Insured when that Insured receives emergency room treatment for Injuries sustained in a Covered Accident and later requires additional treatment in addition to the original emergency room treatment administered in the first forty-eight (48) hours following the Covered Accident. The emergency room follow up treatment must begin within thirty (30) days of the Covered Accident or discharge from the Hospital, the Hospital Confinement which must be related to the same Covered Accident for which the subsequent treatment is being sought. Treatments must be furnished by a Physician in a Physician’s office or in a Hospital on an outpatient basis. This benefit is not payable for days wherein additional emergency room treatment benefits are payable.

Limitations and Exclusions

For purposes of this rider only, the following additional exclusions apply:

1. We will not pay benefits for services rendered by a person Related to the Insured.
2. We will not pay benefits for treatment or loss due to Sickness, including
   a. any bacterial, viral, or microorganism infection or infestation, or
   b. any condition resulting from insect, arachnid, or other arthropod bites or stings; or
   c. an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any Sickness.
3. We will not pay benefits for cosmetic surgery or other elective procedures that are not Medically Necessary or are unrelated to the Injury caused by the Covered Accident.
4. We will not pay benefits for dental treatment except as a result of a Covered Injury.
For purposes of this rider only, the following additional definitions apply:

**Chip Fracture** means a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a Physician through the use of an X-ray or other similar diagnostic exam.

**Coma** means a continuous state of profound unconsciousness, diagnosed or treated after the Insured's Effective Date of coverage, lasting for a period of seven (7) or more consecutive days, and characterized by the absence of (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance. Coma does not include medically induced coma.

**Dislocation** means a completely separated joint due to an Injury. The Dislocation must be diagnosed by a Physician within seventy-two (72) hours after the date of the Injury and require correction by a Physician.

**Fracture** means a break in a bone due to an Injury and that can be seen by X-ray or other similar diagnostic exam. The Fracture must be diagnosed by a Physician within fourteen (14) days after the date of the Covered Injury and require correction by a Physician.

**Hospital** means an institution which:

1. operates under the law of the state in which it is situated;
2. is approved by the United States Department of Health and Human Services or its successor;
3. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; and
4. has 24-hour nursing service by registered nurses on duty or on call; and
5. is supervised by one or more physicians.

**Hospital** does not include:

1. a nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care; or
2. a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged, or any ward, room, wing or other section of a hospital that is used for such purposes.

**Hospital Confinement (Hospitalization)** means a stay by the Insured confined to a bed in a Hospital for which a room charge is made. The Hospital Confinement must be on the advice of a Physician, it must be Medically Necessary, and the result of Injuries sustained in a Covered Accident or for rehabilitative care and treatment for Injuries sustained in a Covered Accident. Hospital Confinement also means the period of Hospital Confinement that starts while this policy is in force. If the Hospital Confinement follows a previously covered Hospital Confinement, it will be deemed a continuation of the first Hospital Confinement unless (1) the later Hospital Confinement is the result of an entirely unrelated Injury or (2) the Hospital Confinements are separated by thirty (30) days or more. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one Hospital Confinement.

**Injury** means a bodily Injury caused directly by a Covered Accident, independent of Sickness, disease, bodily infirmity, or any other cause, occurring on or after the Insured's Effective Date of coverage and while coverage is in force for the Insured.

**Intensive Care Unit (ICU)** means a specifically designated facility of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. ICU includes Cardiac Intensive Care Units and Infant (Neonatal) Intensive Care Units.

**Medically Necessary** means health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

1. in accordance with generally accepted standards of medical practice;
2. clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and
3. not primarily for the convenience of the patient, **Physician** or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

**Physical Therapist** means a licensed specialist in physical therapy other than a person **Related** to the **Insured**.

**Prosthetic Appliance** means a replacement or artificial substitution for a missing **Limb** or eye. This does not include a dental prosthetic device such as dentures or crowns.

**Reduction** means open (surgical) or closed (manipulative) repair of a **Fracture** or **Dislocation**.

**Rehabilitation Unit** means a unit of a **Hospital** providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a **Physician** who is knowledgeable and experienced in rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.

**Related** means the **Insured's Spouse/Domestic Partner** or other adult living with the **Insured**, sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild or similar relationship in law.

**Sickness** means an illness, disease, infection, or any other abnormal physical condition, independent of **Injury**, occurring on or after the **Insured's Effective Date of coverage** and while coverage is in force for the **Insured Person**. Complications of Pregnancy will be covered to the same extent as a **Sickness**.

This rider is subject to the limitations in Section V General Limitations of the **Policy**.

Except for the above, this rider does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

**Effective Date:** December 3, 2019 

Attached to and forming a part of **Policy No. MCB 0553307**
Dependent Children Definition Endorsement

ZURICH AMERICAN INSURANCE COMPANY
1299 Zurich Way
Schaumburg, Illinois 60196

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Wearsafe Labs LLC Policy/Certificate.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy/Certificate:

PURPOSE:
Connecticut law requires that accident and sickness insurers extend coverage to children until the age of twenty-six (26) or until such time as the child becomes covered under a group health plan through the dependent's own employment, regardless of financial dependency, student status, or employment. This endorsement is part of and amends the policy, contract or certificate to comply with Connecticut law.

DEFINITIONS:
The definition of Dependent Child(ren) in the policy, contract, certificate and/or riders and endorsements to which this mandatory endorsement is attached is hereby deleted in its entirety and replaced with the following:

Dependent Child(ren) means those natural or adopted child(ren) and stepchild(ren) of the Insured and those natural or adopted child(ren) and stepchild(ren) of his or her Spouse/Domestic Partner. The child will no longer be a Dependent Child on the Policy anniversary date on or after whichever of the following occurs:
1) The date the child becomes covered under a group health plan through the child's own employment; or
2) The date the child attains the age of 26 (twenty-six).

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the Policy/Certificate to which it is attached.

Effective Date: December 3, 2019

Attached to and forming a part of Policy No. MCB 0553307

Signed for Zurich American Insurance Company by: Date: December 3, 2019
SANCTIONS EXCLUSION
ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

The following exclusion is added to the policy to which it is attached and supersedes any existing sanctions language in the policy, whether included in an Exclusion Section or otherwise:

SANCTIONS EXCLUSION

Notwithstanding any other terms under this policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED
Privacy Notice
We Take Important Steps to Protect the Nonpublic Personal Information We Collect About You

Dear Customer:  

We care about your privacy. That is why we believe in your right to know what nonpublic personal information ("NPI") we collect about you and what we do with that information. This Privacy Notice describes the NPI we collect about you and how we share and protect that information.

Overview
UNDERSTANDING HOW WE USE YOUR PERSONAL INFORMATION

Why are you receiving this Notice?
Financial institutions, which include the Company, choose how they share your NPI. Federal and state law gives consumers the right to limit some but not all sharing of that information. Federal law also requires us to tell you how we collect, share and safeguard your NPI. You are receiving this Privacy Notice because our records show either that you are a customer who is obtaining or has obtained insurance coverage or non-insurance products or services.

What types of Information do we collect?
The types of NPI we collect depend on the product or service you have with us. This information can include:

- Information about you we receive on applications or other forms, such as your name, address, telephone number, date of birth, your social security number, driver's license number, employment information, information about your income, assets and net worth, and medical information;
- Information about your transactions with the Company and its affiliates;
- Information about your insurance coverage, premiums, claims history, and payment history;
- Data from insurance support organizations, government agencies, insurance information sharing bureaus;
- Property information and similar data about you or your property, such as property appraisal reports; and
- Information we receive from a consumer reporting agency, such as a credit report.

When your relationship with us ends, we may continue to share information about you as described in this Privacy Notice.

What do we do with the NPI we collect?
We share your NPI in the course of supporting your insurance coverage or non-insurance products or services, as authorized by law, or with your consent. This includes sharing, as permitted by law, your NPI with affiliated parties and nonaffiliated third parties, as applicable, in the course of supporting your insurance coverage or non-insurance products.

These affiliates and nonaffiliated third parties include:

- Financial service providers, such as banks and other insurance companies;
- Non-financial companies, such as medical providers and nonaffiliated service providers that perform marketing services on our behalf; and
- Others, such as consumer reporting agencies and insurance information sharing bureaus.

In the section below, we list the reasons we can share your NPI, whether we actually share your NPI, and whether you can opt out of this sharing (or if you are a resident of Vermont, whether you have the right to opt in to allowing this sharing).
<table>
<thead>
<tr>
<th>Reasons we can share your personal information</th>
<th>Does Company Share?</th>
<th>Can you opt out of this sharing or limit this sharing or is your authorization required for this sharing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For our everyday business purposes – such as to process your transactions, administer insurance coverage, products or services, maintain your account and report to credit bureaus</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For our marketing purposes - to offer our products and services to you</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For joint marketing with other financial companies</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>For our affiliates’ everyday business purposes – transaction and experience information</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For our affiliates’ everyday business purposes – information about your creditworthiness</td>
<td>No</td>
<td>No</td>
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<tr>
<td>For our affiliates to market to you</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For non-affiliates to market their products to you</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Collecting and safeguarding information

**How often do you notify me about your privacy practices?**

We must notify you about our sharing practices when you receive your policy, open an account or purchase a service, and each year while you are a customer, or when significant or legal changes require a revision.

**Why do you collect my NPI?**

We collect NPI when you apply for insurance or file an insurance claim to help us provide you with our insurance products and services, and determine your insurability or other eligibility. We may also ask you and others for information to help us verify your identity in order to prevent money laundering and terrorism. Information in a report prepared by an insurance support organization may be retained by that organization and provided to others.

**What NPI do we share?**

We may provide to affiliates and/or nonaffiliated third parties the same NPI listed above in the section entitled, "What types of information do we collect?"*

**How do you safeguard my NPI?**

Employees who have access to your NPI are required to maintain and protect the confidentiality of that information. Access to your personal information may be needed to conduct business on your behalf or to service your insurance coverage. In addition, we maintain physical, electronic and procedural measures to protect your personal information in compliance with applicable laws and regulatory standards.
FOR RESIDENTS OF ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, ILLINOIS, MAINE, MASSACHUSETTS, MINNESOTA, MONTANA, NEW JERSEY, NEVADA, NORTH CAROLINA, OHIO, OREGON, OR VIRGINIA:

You have the following individual rights under state law:

Except for certain documents related to claims and lawsuits, you have the right to access the recorded personal information that we have collected about you which we reasonably can locate and retrieve. To access your recorded personal information you must submit a written request reasonably describing the information you seek, and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL  60196) or via email at privacy.office@zurichna.com. If you would like a copy of your recorded personal information that we reasonably can locate and retrieve, we may charge you a reasonable fee to cover the costs incurred in providing you a copy of the recorded information. If you request medical records, we may elect to supply that information to you through your designated medical professional. We may also direct you to a consumer reporting agency to obtain certain consumer report information.

Generally, most of the recorded nonpublic personal information we collect about you and have in our possession is from policy applications or enrollment forms you submit to obtain our products and services, and is reflected in your statements and other documentation you receive from us. If you believe that the personal information we have about you in our records is incomplete or inaccurate, please let us know at once in writing, and we will investigate and correct any errors we find.

You also have the right to request the correction, amendment, or deletion of recorded personal information about you that we have in our possession. You must make your request in writing and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL  60196) or via email at privacy.office@zurichna.com.

FOR RESIDENTS OF MASSACHUSETTS ONLY WHO ARE ZNA P&C CUSTOMERS: You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

Key words and phrases

<table>
<thead>
<tr>
<th>TERMS YOU SHOULD KNOW</th>
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<thead>
<tr>
<th>Definitions</th>
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<tr>
<td><strong>Everyday business purposes</strong></td>
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<td><strong>Affiliates</strong></td>
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<tr>
<td><strong>Nonaffiliated Third Parties</strong></td>
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Joint marketing: A formal agreement between nonaffiliated financial companies that together market financial products or services to you.
- **Company does not jointly market.**

Changes to this Privacy Notice; contact us:
We may change the policies, standards and procedures described in this Notice at any time to comply with applicable laws and/or to conform to our current business practices. We will notify you of material changes.

If you have any questions about your contract with us, you should contact your agent.

If you have questions specific to our Privacy Notice, contact our Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.

This Privacy Notice is sent on behalf of the following affiliated companies, which are referred to in this Privacy Notice, in the aggregate, as the “Company:”

- American Guarantee and Liability Insurance Company,
- American Zurich Insurance Company,
- Colonial American Casualty and Surety Company,
- Empire Fire & Marine Insurance Company,
- Empire Indemnity Insurance Company,
- The Fidelity and Deposit Company of Maryland,
- Steadfast Insurance Company,
- Universal Underwriters Insurance Company,
- Universal Underwriters of Texas Insurance Company,
- Zurich American Insurance Company,
- Zurich American Insurance Company of Illinois,
- The Zurich Services Corporation (together, “the ZNA P&C Companies”),
- Zurich American Life Insurance Company,
- and Zurich American Life Insurance Company of New York.