



Summary of Benefits
Accident Benefits for Worldwide Opportunities on Organic Farms, USA

You are eligible for coverage under this accident plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in the Covered Activity specified below.

Eligible Class: All registered volunteers of Worldwide Opportunities on Organic Farms, USA

Term of Coverage: You will be covered on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; or 3) the period ends for which the required premium is paid.

Covered Activity: While participating in scheduled, sponsored and supervised volunteer activities of the Policyholder.

Description of Benefits

Definitions: Covered Accident means an **accident** that results in a **covered loss** or **injury** under the policy for which benefits are payable. You must be participating in a **covered activity** when the accident occurs. **Covered Loss** means an accidental death, dismemberment or other **injury**. **Covered Person** means any eligible person for whom the required premium is paid. **Injury** means bodily **injury** sustained by you from a **covered accident** that results in a **covered loss**. All injuries sustained by you in any one **covered accident**, including all related conditions and recurrent symptoms of the **injuries** are considered a single **injury**. **We, Our, Us** means Great American Insurance Company, the insurance company underwriting this insurance, or its authorized agent.

Aggregate Limit: The maximum amount payable for Accidental Death and Dismemberment Benefits per **covered accident** will not exceed \$500,000. If, in the absence of this provision, **we** would pay more than this amount for all losses under the policy, then the benefits payable to each **covered person** with a valid claim will be reduced proportionately.

Accidental Death and Dismemberment Benefits: If your **injury** results in any one of the **covered losses** specified below within 365 days from the date of a **covered accident**, **we** will pay the percentage of the principal sum shown below for that **covered loss**. The principal sum for Accidental Death is \$15,000. The principal sum for Accidental Dismemberment is \$50,000. If more than one **covered loss** occurs as a result of the same **covered accident**, only one amount, the largest, will be paid.

Covered Loss	Percentage of Principal Sum
Life	100%
Two or more Members	100%
One Member	50%
Thumb and Index Finger of the Same Hand	25%

“Member” means Loss of Hand or Foot and Loss of Sight. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance

through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

Accident Medical Expense Benefit: We will pay Accident Medical Expense Benefits for covered expenses that result from a **covered accident**. These benefits are only payable: (1) for reasonable charges incurred after the deductible has been met; (2) for medically necessary covered expenses that you incur; (3) for charges incurred within 52 weeks after the date of the covered accident and provided the first covered expense is incurred within 90 days after the date of the **covered accident**. No benefits will be paid for any expenses incurred that are in excess of reasonable charges.

Scope of Coverage for Accident Medical Expense Benefits: Primary Coverage

Exclusions & Limitations

General Exclusions

We will not pay benefits for any loss or injury that is caused by, or results from:

1. Sickness, disease, mental infirmity, emotional or psychological trauma, or bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
2. Suicide, self-destruction, attempted suicide or self-destruction, or self-inflicted injury, while sane or insane;
3. War or any act of war, whether declared or not;
4. Commission of, or attempt to commit, a felony, or being engaged in other illegal activity;
5. Commission of or active participation in a riot, insurrection, or civil disturbance;
6. Medical or surgical treatment, diagnostic procedure, administration or anesthesia, or medical mishap or negligence, including malpractice;
7. Your being legally intoxicated as determined according to the laws of the jurisdiction in which the injury occurred;
8. Your being intoxicated or under the influence of any drugs or narcotics unless administered by or upon the advice of a physician.
9. Any poison, chemical compound, gas or fumes voluntarily taken, administered, absorbed, or inhaled by a covered person;
10. Any loss arising out of terrorism or terrorist acts.
11. Injury covered by workers' compensation, employer's liability laws, or similar occupational benefits, or while engaging in activity for monetary gain from sources other than the Policyholder;
12. A covered accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 days;
13. Travel in, flight in, boarding, or alighting from an aircraft or aerial device or any craft designed to fly above the Earth's surface;
14. Travel in any aircraft owned, leased, or controlled by the Policyholder, or any of its subsidiaries or affiliates. Aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
15. Travel in or on any on-road, off-road, or two or three wheeled motorized vehicle not requiring licensing as a motor vehicle including snowmobiles;
16. Travel or activity outside the United States, its territories, or Canada;
17. Practice or play in any sports activity, including travel to and from the activity and practice, except as specifically provided in the policy;
18. An accident that results in a cardiovascular accident or stroke caused solely and exclusively by exertion, as verified by a physician, while you participate in a covered activity;
19. Aggravation, during a covered activity, of an injury that you suffered before participating in that covered activity, unless we receive a written medical release from the covered person's physician;

20. Participation in covered activities not sponsored by or under the supervision of the Policyholder, including skiing, ice hockey, or snowmobiling.
21. The covered person riding or driving in any kind of race; or
22. Specified extra-hazardous activities, including: parachuting, hang gliding, motorcycling, mountain biking, nonmotorized bike racing (BMX), scuba diving, snow or water skiing, mountain climbing, sky diving, amateur racing of any motor vehicle by water or land, piloting any aircraft, bungee jumping, zip lining, base jumping, spelunking, whitewater rafting, surfing, and parasailing.

In addition to the exclusions above, **we** will not pay Accident Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to, by:

1. Pre-existing conditions occurring within the first 90 days of coverage (except as specifically provided by the policy);
2. Treatment by persons employed or retained by a Policyholder, or by any immediate family member or member of the covered person's household;
3. Pregnancy, childbirth, or miscarriage;
4. Elective abortion, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
5. Mental and nervous disorders;
6. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the policy);
7. Elective or cosmetic surgery, except for reconstructive surgery needed as the result of an injury;
8. Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices (except as specifically provided in the policy);
9. Orthopedic appliances used mainly to protect an injury, so the covered person can participate in a covered activity;
10. Expenses for which the covered person would not be responsible for in the absence of this policy;
11. Expenses paid or payable under any automobile insurance policy without regard to fault; (This exclusion does not apply in any state where prohibited.)
12. Blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood;
13. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the covered activity;
14. Treatment or service provided by a private duty nurse (except as specifically provided in the policy);
15. Replacement of artificial limbs, eyes, and larynx;
16. Routine physicals, check-ups, routine ob-gyn visits, pap smears, or wellness visits;
17. Overuse symptoms including, but not limited to, bursitis, tendonitis, shin splints, stress fractures, heat exhaustion, heat stroke, heat prostration, malfunctions of the heart, embolism, reinjures or the aggravation thereof, sprains,
18. hernia, strains, muscle tears, or repetitive motion injury, except as specifically provided in the policy;
19. Expenses due to an aggravation or re-injury of a pre-existing condition (except as specifically provided in the policy);
20. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration (except as specifically provided in the policy);
21. Repair, replacement, examinations for prescriptions, or the fitting of eyeglasses or contact lenses;
22. Medical expenses and disability for which the covered person is entitled to benefits under any Worker's Compensation Act;
23. Chiropractic care (except as specifically provided in the policy);
24. Expenses incurred that are in excess of reasonable charges, or expenses that are not medically necessary; or
25. Dental treatment necessitated by sickness, deterioration or disease, for cosmetic, preventive, diagnostic or orthodontic purposes, or by any reason other than an injury.

Limitations

We will not provide coverage or pay benefits under this plan to the extent, and only to the extent, that **we**

are prohibited from providing coverage or making payment by any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the U.S. government. This limitation will not apply if you have received a license from the U.S. government to engage in the prohibited activity, provided **we** receive a copy of the license.

Claim Information

You must notify **us** within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder, and the Policy Number:

Policy Number: BSR3230842-00, Underwritten by Great American Insurance Company, 301 E 4th Street, Cincinnati, OH 45202-4201.

This Summary of Benefits is a brief description of the important features of your insurance plan. It is not a contract of insurance. The complete terms and conditions of coverage are set forth in the policy. In the event of any conflict between the information contained herein and the actual policy, the policy will govern. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

SUMMARY - NOT ACTUAL POLICY