

## BUSINESS TRAVEL ACCIDENT SUMMARY

CoreLogic, Inc.

Policy Number: BTA L019000047401

### Class 1

All active world-wide employees

Coverage: 24 Hour Foreign Business Travel including Personal Deviation up to 7 days

Principal Sum: \$250,000 Accidental Death, Dismemberment and Paralysis

### Class 2

All Officers

Coverage: 24 Hour All Risk Business & Pleasure

Principal Sum: \$500,000 Accidental Death, Dismemberment and Paralysis

Aggregate Limit: \$2,500,000 per accident

### Schedule of Covered Losses

Loss of:	Benefit: (Percentage of Principal Sum)
Life .....	100%
Quadriplegia .....	100%
Two or More Members .....	100%
Hemiplegia .....	75%
Paraplegia .....	75%
One Member .....	50%
Uniplegia .....	25%
Thumb and Index Finger of the Same Hand .....	25%
Four fingers of the Same Hand .....	25%

“Member” means Loss of Hand or Foot, Loss of Arm or Leg, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of Arm or Leg” means complete Severance through or above the elbow or knee joint. “Loss of sight” means total and permanent loss of sight of both eyes that is irrecoverable, including by surgical and artificial means. “Loss of speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of hearing” means permanent total deafness in both ears such that it cannot be corrected by any aid or device. “Loss of thumb and index finger of the same hand” means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Uniplegia” means total Paralysis of one lower limb or one upper limb.

### **Additional Coverages**

- Spouse/Dependent Child coverage while accompanying insureds on covered business or relocation trips. Principal Sum for spouses is \$50,000. For Dependent Children, the Principal Sum is \$25,000.
- War Risk Coverage – applies on a worldwide basis excluding US, country of permanent residence/ citizenship, Iraq, Syria and Afghanistan
- Coma Benefit of 2% per month up to 11 months; then up to the remainder of the Principal Sum
- Travel Assistance including Emergency Medical Evacuation & Repatriation. Insured up to 100% of covered expenses. Political Evacuation coverage is insured up to \$100,000 per person per occurrence.
- Bereavement & Trauma Counseling up to a maximum of \$150 per session up to 10 sessions
- Home Alteration/Vehicle Modification – 10% of Principal Sum to a maximum of \$25,000
- Rehabilitation Benefits – 10% of Principal Sum to a maximum of \$25,000
- Natural Disaster Benefit - \$100,000
- Seat Belt Benefit – 10% of Principal Sum to a maximum of \$25,000
- AirBag Benefit - 10% of Principal Sum to a maximum of \$10,000

Coverage does not apply for any loss resulting in whole or part from, or contributed to by any of the following even if the immediate cause of the loss is an accidental bodily injury, unless otherwise covered under this policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
4. Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  - i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  - ii. While being used for any test or experimental purpose; or
  - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
  - iv. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder.

Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.

### **Out of Country Accident & Emergency Medical Expense Benefits**

Coverage applies while employees and eligible dependents are traveling outside their home country for business trips up to 365 days in duration (including personal deviation of up to 7 days).

Benefit Maximum	\$250,000
Deductible:	\$0
Maximum Benefit Period:	52 weeks
Incurral Period:	60 days

#### **Covered Medical Expenses**

1. 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);
2. Services of a Physician;
3. Ambulance service to or from a Hospital;
4. Laboratory tests;
5. Radiological procedures;
6. Anesthetics and their administration;
7. Blood, blood products, artificial blood products, and the transfusion thereof;
8. Physiotherapy;
9. Medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription;
10. Dental charges for injury to sound, natural teeth;
11. Emergency medical treatment of pregnancy;
12. Artificial limbs or eyes (not including replacement of these items);
13. Casts, splints, trusses, crutches and braces (not including replacement of these items or dental braces);
14. Oxygen or rental equipment for administration of oxygen;
15. Rental of a wheel chair or hospital-type bed; and
16. Rental of mechanical equipment for treatment of respiratory paralysis.

In addition to applicable Policy Exclusions, We will not pay benefits for any loss, treatment or services resulting from or contributed to by:

1. Routine physicals.
2. Routine dental care and treatment.
3. Cosmetic surgery, except for reconstructive surgery needed as the result of a covered Accident.
4. Mental and nervous disorders.
5. Pregnancy or childbirth. This does not apply if treatment is required as a result of a Medical Emergency.
6. Routine nursery care.
7. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
8. Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved and certified as medically necessary and reasonable by a Physician, or expenses which are non-medical in nature.



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9. Treatment or service provided by a private duty nurse.
10. Treatment by any Immediate Family member or member of the Insured's household.
11. Expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's business (unless Personal Deviations are specifically covered).

For Medical Claims, Evacuation or other Travel Assistance Services, please call Generali Global Assistance at 800-344-2500 (Toll Free in the US & Canada or 202-659-7786 (collect outside the US). Email: ops@gga-usa.com. Should you need to seek reimbursement for out of country accident & sickness medical benefits being claimed under the policy, please contact HSR/Berkley Accident & Health at 972-512-5600 or Toll Free 866-523-3269 to request a claim form. Claim forms can be emailed to Berkley@HSRI.com or mailed to HSR, Inc. HSR Plaza II 4100 Medical Parkway Carrollton, TX 75007.

**Please keep in mind that this is only a brief summary of the plan described. As such, it is much shorter and less technical than the underlying legal documents that establish the plans, determine eligibility and specify the nature of benefit payments. This summary does not alter the insurance policies or any other legal instruments relating to any plan. If there is any conflict or inconsistency between this summary and the insurance policies or other documents constituting any plan, the legal documents that establish the plan will be controlling**