BLANKET
ACCIDENT AND HEALTH POLICY
SPECIAL RISK

THE ATTACHED SPECIAL POLICY CONDITIONS, FORMS
AND ENDORSEMENTS COMPLETE THIS POLICY.

The insurance described in this Policy provides limited benefits only. It does not provide basic hospital,
basic medical, or major medical insurance as defined by the New York State Insurance Department.
SECTION 2 DEFINITIONS

You, your or yours means the Policyholder shown in Section 1.

We, us or our means Markel Insurance Company.

Insured means a member of the class (es) of person(s) as shown in Section 1, while they are covered under this Policy.

Physician means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist and graduate nurse. Physician shall not include a member of the Insured's immediate family.

Hospital means a licensed institution including a tax supported institution of the state, which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or other similar care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

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

Loss means Medical Expense caused by Injury or Sickness and covered by the Policy.

Injury means bodily harm caused by an accident which occurs while this Policy is in force and is the sole cause of the Loss.

Sickness means disease or illness which causes a Loss while the Insured is covered by this Policy. In the event, 75% of the eligible participants of the Policyholder, reaching a minimum of 300 participants are Insured, then Sickness means illness or disease resulting in Loss covered by this Policy. "Sickness" includes Normal Pregnancy and Complications of Pregnancy.

Pre-existing Condition means conditions manifesting themselves in symptoms which would cause an ordinary prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received during the six months immediately preceding the effective date of coverage or as to a pregnancy existing on the enrollment date of coverage. A condition will not be considered pre-existing once an Insured has been covered for 12 months following the effective date of coverage.

Complications of Pregnancy means conditions whose diagnoses are distinct from pregnancy, but are adversely affected by or are caused by pregnancy. Such complications include, but are not limited to: a) acute nephritis; b) nephrosis; c) cardiac decompensation; d) missed abortion; e) hyperemesis gravidarum; f) preeclampsia; and g) similar medical and surgical conditions of comparable severity. Complications of Pregnancy also includes: a) nonelective Cesarean sections; b) ectopic pregnancy which is terminated; c) morning sickness; and e) similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct Complication of Pregnancy.

Prescription Medicines or Drugs means any medicine or drug, under applicable state law, that is dispensed only with written prescription from a Physician and has a label bearing the legend: "Caution: Federal Law prohibits the dispensing without a prescription." It is also means any mixed medicine with at least one ingredient bearing the above legend; and also cancer drugs that are not FDA approved.

Expense means the Usual and Customary charges for medically necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Accident means a sudden, unexpected, identifiable event caused solely by an external physical force resulting in Injury to a person. Accident does not include a Loss arising out of a health condition or health impairment.

Usual and Customary Expense means an Expense which: (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

Medically Necessary means medical services, supplies or treatments authorized by a Physician to treat an Insured Person's bodily Injury or Sickness which are: (a) consistent with the symptoms or diagnosis; (b) appropriate and accepted according to good medical practice standards; (c) not primarily for the convenience of the Insured Person; Physician or other providers; and (d) consistent with the most appropriate supply or level of services, which can safely be provided to the patient.

The Aggregate Limit of Indemnity stated in Section 1 shall be the total limit of our liability for all coverages payable under the Policy with respect to all classes of Insured Persons arising out of the injury sustained by two or more Insured Persons as the result of any one accident. If the total of such indemnities exceed the Aggregate Limit of Indemnity, we shall not be liable to any one Insured Person for a greater proportion of such Insured Person's indemnities than the Aggregate Limit of Indemnity bears to the total indemnities afforded by the coverage to all such Insured Persons.

Deductible means the amount an Insured is required to pay as provided by the applicable coverage under this Policy in the event of a Loss.

Benefit Period means the time during which an Insured Person's incurred Expense for a covered Injury or Sickness is eligible for reimbursement. The Benefit Period starts on the date of the accident for an Injury or the date of the first treatment for a Sickness.

Maternity Inpatient Care means inpatient hospitilization services for a covered mother and a newborn child for a minimum of forty eight (48) hours after an uncomplicated vaginal delivery and ninety six (96) hours after delivery by an uncomplicated cesarean section. Such coverage for maternity care shall include the services of a midwife licensed pursuant to article 140 of the education law, practicing consistent with a written agreement pursuant to section 6951 of the education law and affiliated or practicing in conjunction with a facility licensed pursuant to article 28 of the public health law. Maternity care coverage shall also include: parent education, in conjunction with a written agreement and the performance of any necessary maternal and newborn clinical assessments. The covered mother shall have the option to be discharged earlier than the time periods established in the above. In such case, the inpatient Hospital coverage must include at least one home care visit, which shall be in addition to, rather than in lieu of, any home health care coverage available under this Policy. This Policy will cover the home care visit, which may be requested at any time within 48 hours of the time of delivery (96 hours in the cesarean section), and shall be delivered within 24 hours of the time of discharge, or (ii) of the time of the mother's request, whichever is later. Such home care coverage shall not be subject to Deductibles, or coinsurance, but will be subject to the Maximum Sickness Medical Expense Benefit shown in Section 1 Schedule of Insurance.

Mammography Expense means Low-Dose Mammography Screening for breast cancer or diagnosis, or for any nonsymptomatic woman covered under the Policy subject to the following: 1) a baseline mammogram for women aged forty-five to thirty-nine; 2) a mammogram for women aged forty to forty-nines, inclusive, every two years or more frequently based on the recommendation of the patient's Physician; 3) a mammogram every year for women age fifty and over; and 4) a mammogram for any woman, upon the recommendation of a Physician, where such woman, her mother or her sister has a prior history of breast cancer. "Mammography Screening" means the x-ray examination of the breast, using equipment specifically designed and dedicated for mammography, including the x-ray tube, filter, compression device, films, and cassettes, with an average glandular radiation dose of less than .05 rem per view per breast.

Cervical Cytology Screening shall include an annual pelvic examination, an annual cervical cytology screening for cervical cancer and its precursor for women aged eighteen and older. Cervical cytology screening shall include an annual pelvic examination, collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear.
Breast Reconstruction means inpatient hospital care for such period as is determined by the attending Physician in consultation with the patient to be medically appropriate for such covered person undergoing a lymph node dissection or a lumpectomy for the treatment of breast cancer or a mastectomy covered by this Policy. It also includes reconstructive surgery after a mastectomy for: a) all stages of reconstructions; b) the breast on which the mastectomy has been performed; and c) surgery and reconstruction of the other breast to produce a symmetrical appearance in a manner determined by the attending Physician and the patient to be appropriate.

Enteral Formulas means the cost of enteral formulas for home use for which a Physician or other licensed health care provider legally authorized to practice under title eight of the education law has issued a written order. Such written order shall state that the enteral formula is clearly Medically Necessary and has been proven effective as a disease specific treatment regime for those individuals who are or will become malnourished or suffer from disorders, which if left untreated, cause chronic physical disability, mental retardation or death. Specific diseases for which enteral formulas have been proved effective shall include, but are not limited to: a) inherited disease of amino-acid or organic acid metabolism; b) Crohn’s Disease; c) gastrointestinal motility such as chronic intestinal pseudoobstruction; and multiple severe food allergies which left untreated will cause malnourishment, chronic physical disability, mental retardation or death. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low protein or which contain modified protein, which are Medically Necessary.

Diabetes Equipment, Supplies and Training means all medically appropriate and necessary diabetes equipment, supplies, including but not limited to blood glucose monitors and blood glucose monitors for the legally blind, data management systems, test strips for glucose monitors and visual reading and urine testing strips, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and apparatuses thereto, insulin infusion devices and oral agents for controlling blood sugar. It shall include diabetes self-management education to ensure persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diets. Such coverage for self-management education and education relating to diet shall be limited to visits medically necessary upon the diagnosis of diabetes, where a physician diagnoses a significant change in the patient’s symptoms or conditions which necessitate changes in a patient’s self-management, and where new education or refresher education is necessary. Such education may be provided by the physician or other licensed health care provider legally authorized to prescribe under title eight of the education law, or their staff, as part of an office visit for diabetes diagnosis or treatment, or by a certified diabetes nurse educator, a registered dietitian, or a registered dietitian who is the referral of a physician or other licensed health care provider legally authorized to prescribe under title eight of the education law.

Prostate Cancer Screening means standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and an annual standard diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age fifty and over who are asymptomatic and for men age forty and over with a family history of prostate cancer or other prostate cancer risk factors.

SECTION 3
EFFECTIVE DATE, POLICY TERM, POLICY TERMINATION AND RENEWAL

This Policy is effective on the Effective Date in Section 1 and expires on the Expiration Date. With our consent, it may be renewed by paying the renewal premium within the grace period established in Section 5. Upon 60 days’ prior written notice, we may change the premium rate, but not more often than once every twelve months. We reserve the right to refuse to renew this Policy.

SECTION 4
EFFECTIVE DATE
OF INDIVIDUAL INSURANCE

The person eligible for inclusion as Insured Persons shall be all persons denoted in classifications described in Section 1. Insurance for such eligible persons shall become effective with respect to the activity and/or trip covered and benefits designated in Section 1 on the effective date in Section 1.

The insurance for any Insured shall terminate on the earliest of the following dates:

1. The date this Policy expires; or
2. The Premium due date if you fail to pay the required premium for the Insured, subject to the Grace Period, except as the result of an inadvertent error; or
3. The date the Insured ceases to be a member of any class, as shown in Section 1.

Termination of coverage will not affect any claim, which starts before the termination date.

SECTION 5
POLICY PROVISIONS

Entire Contract; Changes

The Policy, the Application of the Policyholder (a copy of which is attached), Endorsement, Riders and attached papers constitute the entire contract between the parties. If an application of an Insured is required, the application of any Insured, at our option, may also be made a part of this contract.

All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person; or, in the event of his death or incapacity, his beneficiary or representative. After two years from the Covered Person’s effective date of coverage, no such statement, except with respect to eligibility for coverage, will cause such coverage to be contested.

No change in the Policy will be valid until approved by one of our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

Grace Period

This policy has a 31-day Grace Period. If the premium is not paid by the due date, it may be paid during the 31 days immediately following the due date. The Policy will remain in force during the Grace Period. The Grace Period does not apply:

(a) to the first premium due; or
(b) to premiums due thereafter if we have given you 60 days prior notice that we will not renew this Policy.

Proofs of Loss

Written Proof of Loss must be given to us within 90 days of such Loss. We will not deny or reduce any claim because proof is not filed within this time, if it is filed as soon as reasonably possible. In any event, the proof must be given, unless the claimant is legally incapacitated.

Time of payment of Claims

After receiving written Proof of Loss, benefits will be payable no more than 60 days after receipt of proof.

Payment of Claims

After receiving written Proof of Loss we will pay benefits to the Insured. It is not required that the service be rendered by a particular Hospital or person.

Benefits for accidental death, if any, will be paid to the named beneficiary, other than the policyholder or an officer thereof, if then living. If no beneficiary is named, or the named beneficiary predeceases the Insured, benefits will be paid to the Insured’s estate.

Discontinuance of this Policy will not prejudice any claim incurred while this Policy is in force.

Notice of Claim

Notice of Claim must be given to us within 30 days after a Loss occurs or as soon thereafter as possible. The notice can be given to us at P. O. Box 2039, Glen Allen, VA 23059-2039. Notice should include the Insured Person’s name and Policy Number.
Claim Forms
When we receive the Notice of Claim, we will send the Insured Proof of Loss forms. If we do not send these forms within 15 days, the Insured must meet the Proof of Loss requirement by giving us a written statement of the nature and extent of the Loss within the time limit in the Proof of Loss section.

Assignment
This Policy and Insured's coverage may not be assigned.

Records Maintained
You must retain adequate records of this insurance.

Right of Recovery
Payments made by us which exceed the Covered Expenses (after allowance for Deductible and coinsurance clauses, if any) payable hereunder, shall be recoverable by us from or among any persons, firms or corporations to or for whom such payments were made.

Physical Examination
We, at our Expense, have the right to have an insured examined by a Physician of our choice as often as reasonably necessary while a claim is pending.

Legal Actions
No legal action may be brought to recover on this Policy: (a) within 60 days after written Notice of Loss has been given as required; or (b) after 6 years from the time written Notice of Loss is required, or after the expiration of the applicable statute of limitations, if greater.

Change of Beneficiary
The Insured can change the beneficiary at any time giving us written notice. The beneficiary's consent is not required for this or any other change in coverage.

Conformity With State Statutes
Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which it is issued or in which the Insured Person resides, is hereby amended to conform to the minimum requirements of such statutes.

Subrogation
When benefits are paid to or for an Insured Person under the terms of the Policy, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such Insured Person once the Insured has been indemnified for his Loss, against any person who may be acknowledged liable or found legally liable by a Court of competent jurisdiction for the Loss. We shall be subrogated to the hospitalization or the medical or surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment, and we shall pay fees and costs associated with such recovery.

Worker's Compensation
The Policy is not in place of and does not affect any requirements for such coverage by worker's compensation insurance.

SECTION 6 COVERAGE
All Policy benefits are indicated in Section 1 - Schedule of Insurance and as described herein, or in riders attached to and made a part of this Policy.

Accident Medical Expense Benefit
When an Insured's Injury requires:
(a) Treatment by a Physician;
(b) Hospital services;
(c) Services of a licensed practical nurse or RN;
(d) X-ray services;
(e) Use of operating room, anesthesia (including the administration thereof) laboratory service;
(f) Use of an ambulance;
(g) Use of an Ambulatory Surgical Center or Ambulatory Medical Center;
(h) If ordered by a Physician, prescription medicines, drugs, or any other therapeutic services, supplies; or
(i) Home Care Expenses.

We will pay the Expense, subject to the Coinsurance Percentage, incurred within the Benefit Period after the date of the accident that exceeds the Deductible Amount. Our payment will not exceed the Aggregate Maximum for a single accident. The Deductible Amount, Coinsurance Percentage, Benefit Period and the Aggregate Maximum are shown in Section 1 - Schedule of Insurance. These amounts apply to each insured.

Accidental Death and Dismemberment Benefits
Accidental Death and Dismemberment Insurance covers the Insured for a Loss as shown below. The Loss must result from an accident directly and independently of all other causes. The accident must take place while the person is an Insured under this Policy.

The following losses must take place within 52 weeks after the accident.

The following table shows the amount we will pay:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>Principal</td>
</tr>
<tr>
<td>Both hands or both feet or sight of both eyes</td>
<td>Principal</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>Principal</td>
</tr>
<tr>
<td>One hand and sight of one eye</td>
<td>Principal</td>
</tr>
<tr>
<td>One foot and sight of one eye</td>
<td>Principal</td>
</tr>
<tr>
<td>One hand or one foot or sight of one eye</td>
<td>1/2 the Principal</td>
</tr>
</tbody>
</table>

The following paralytic losses must begin within ninety days of the date of accident and continue for a period of six months.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadruplegia</td>
<td>Quadruplegia Benefit</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>Paraplegia Benefit</td>
</tr>
<tr>
<td>Hemiparesis</td>
<td>Hemiparesis Benefit</td>
</tr>
<tr>
<td>Paralysis to one lower limb or one upper limb</td>
<td>1/2 Quadruplegia Benefit</td>
</tr>
</tbody>
</table>

The most we will pay for all Losses to an Insured as the result of one Accident is the Principal shown on the Schedule. Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

Paralysis means the complete inability to move one or more limbs as a result of neurological damage. The paralysis must begin within ninety days of the date of accident and continue for a period of six months. If the Insured suffers a Loss of use due to paralysis, payment will be made after seven months of continuous disability. The paralysis must be diagnosed by the attending Physician, and be medically determined to be permanent and irrecoverable at the end of the waiting period.

Paralytic conditions not stated above will be paid in proportion to comparable severity to those stated under the schedule.

Accidental Death, and Dismemberment Benefits Limitations
We will not pay for a Loss caused in any way by:
1. Bodily or mental infirmity or illness;
2. Infection; except pyogenic or bacterial infection in a cut or wound caused by an accident;
3. Medical or surgical treatment; except for surgery which results from an accident;
4. Air travel, other than as a fare-paying passenger on scheduled commercial flight;
5. War or act of war;
6. Taking part in a riot or felony; this shall not include being a victim of a felony;
7. Suicide attempted suicide or intentional self-inflicted injury.

SECTION 7 EXCLUSIONS
This Policy does not cover Loss nor provide benefits for:
1. Expenses for treatment on the teeth, except for treatment resulting from injury to natural teeth or care for treatment necessary due to congenital disease or anomaly;
2. Services normally provided without charge by you or your employees;
3. Eyeglasses, hearing aids, and examinations for the prescription of hearing aid;
4. Suicide, attempted suicide or intentionally self-inflicted injury;
5. Injury due to participation in a riot;
6. Cosmetic surgery. Except that Cosmetic Surgery shall not include reconstructive surgery when such service is incidental to or following surgery resulting from trauma, infection, or other disease of the involved apart and reconstructive surgery because of congenital disorder or anomaly of a covered dependent child which has resulted in a functional defect;

7. Loss resulting from air travel, except as a fare-paying passenger on a commercial airline;

8. Injury or Sickness resulting from any declared or undeclared war;

9. Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, we will refund the unearned pro rata premium to the Insured;

10. Injury or Sickness to the extent that such coverage if provided by any workers’ compensation or occupational disease law;

11. Treatment provided in a government Hospital unless the Insured is legally obligated to pay such charges;

12. Infections except pyogenic or bacterial infections caused wholly by a covered Injury or Sickness;

13. The Insured’s being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;

14. Claims occurring while parachuting or hang-gliding

15. Pre-existing Conditions as defined in Section 2 Definitions.

[Signatures]

President

Secretary

Service Address:
Markel Insurance Company
P O. Box 2009
Glen Allen, VA 23058-2009
(800) 431-1270

MSR100-NY (12/01)
Markel Insurance Company

Policy Number 4102AH359766-2

(A Stock Insurance Company, Herein Called the Company)

AGREES with the Policyholder, named below in consideration of the payment of the premium and subject to the limits of liability, exclusions, conditions and other terms of the policy:

TO PAY the benefits described in Item 4, Coverage.

SECTION I

1. Name of Policyholder: Loving Education at Home, Inc.
   Address: 76 Cleveland Avenue
   Elmira, NY 14905

2. Policy Period: From 07-01-2013 to 07-01-2014 at 12:01 A.M. Standard Time at your mailing address shown above.

3. Class of Insured Persons:
   All registered participants and volunteers for whom premium has been paid.

   Description of Hazards Covered:
   Insured persons are covered for injury resulting from an Accident which occurs directly from: 1) activities that are scheduled, sponsored or supervised by the policyholder; 2) premises owned, leased or borrowed by the policyholder; or 3) travel scheduled, sponsored or supervised by the policyholder.

4. Coverage:


<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>BENEFIT AMOUNT</th>
<th>PREMIUM</th>
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<tr>
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<tr>
<td>ACCIDENT MEDICAL EXPENSE BENEFIT</td>
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<tr>
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<td>COINSURANCE PERCENTAGE</td>
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<td>BENEFIT PERIOD</td>
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<tr>
<td>AGGREGATE MAXIMUM</td>
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<td>ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS</td>
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<tr>
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<td>QUADRIPLEGIA</td>
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</tr>
<tr>
<td>PARAPLEGIA</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>HEMIPARESIS</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>PARALYSIS TO ONE LOWER LIMB OR ONE UPPER LIMB</td>
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<td></td>
</tr>
<tr>
<td>SICKNESS MEDICAL EXPENSE BENEFIT</td>
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<tr>
<td>DEDUCTIBLE AMOUNT</td>
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<td>N/A</td>
</tr>
<tr>
<td>COINSURANCE PERCENTAGE</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>BENEFIT PERIOD</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>AGGREGATE MAXIMUM</td>
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</tr>
<tr>
<td>TOTAL TEMPORARY DISABILITY BENEFIT</td>
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<tr>
<td>BENEFITS COMMENCE WITH THE</td>
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<td>DAY</td>
</tr>
<tr>
<td>RATE PER WEEK</td>
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<tr>
<td>PERCENT OF BASIC EARNINGS</td>
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</tr>
<tr>
<td>MAXIMUM PERIOD</td>
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<td>WEEKS</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>$2,198</td>
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</table>

5. Form(s) and endorsement(s) made a part of the policy at the time of issue:

MSR100-NY(12/01), MSR101-NY(12/01), MSR123-NY(10/01), MSR128(D1/99), MSR200-NY(12/01)

KDI

MSR101-NY (12/01)

BLANKET ACCIDENT AND HEALTH POLICY

Insured
NOTICE OF MARKEL INSURANCE AND MARKEL AMERICAN INSURANCE COMPANY’S PRIVACY POLICY

June 26, 2013

While information is the cornerstone of our ability to provide superior service to you, our most important asset is our customer’s trust. Keeping customer information secure is a top priority for all of us at Markel. We intend to use information collected only in the normal course of our business and as permitted by law. Following is our privacy policy to our individual customers.

We collect nonpublic personal information about you from the following sources:

* Information we receive from you on applications or other forms
* Information about your transactions with us, our affiliates or others, and
* Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

We may disclose nonpublic personal information about you to third party financial service providers, such as your insurance agent and/or broker. We may also disclose nonpublic personal information about you to non-affiliated third parties as permitted by law.

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with applicable standards to guard your nonpublic personal information.

For further information, please contact us at 1-800-431-1270.
IMPORTANT PRIVACY NOTICE - PLEASE READ

Markel is committed to safeguarding your privacy. We understand your concerns regarding the privacy of your nonpublic personal financial information, and want to assure you that we do not sell this information to anyone for marketing or other purposes. We only use and share this type of information with non-affiliated third parties for purposes of underwriting insurance, administering your policy or claim and other purposes permitted by law, such as disclosures to insurance regulatory authorities or in response to legal process.

Federal law and the various state insurance departments regulate what types of disclosures are acceptable. For example, we are permitted to disclose nonpublic personal financial information as necessary to administer your policy or claim. Representative types of non-affiliated third parties that may be involved in your insurance transaction include the following individuals or organizations:

* Your insurance agent, broker or agency.
* A government agency or other organization pursuant to an examination of our records and/or practices.
* Your attorney, trustee or anyone else who has a legal interest in your policy.
* Persons to whom a court requires us, by order or subpoena, to provide information.
* Claims adjusters or investigators.
* An insurance support organization to prevent or prosecute fraud.
* Insurance rate advising organizations.
* Reinsurers.

We have and maintain strict policies and procedures to protect the confidentiality of your nonpublic personal financial information. We maintain physical, electronic and procedural safeguards to protect this information from unauthorized access. Access to your information is restricted to those individuals having a business need for such information.

At Markel, we take your privacy very seriously. Enclosed you will find our privacy notice with your policy.
**Return Completed form to:**
Health Special Risk  
HSR Plaza II  
4100 Medical Parkway  
Carrolton, TX 75007  
P: 800-765-7223  
F: 972-612-5820  
claims@hsr.com

**Special Risk Claim Form**

**Instructions for Filing a Claim**
1. Complete this form (including the appropriate signatures).
2. Attach all itemized bills relating to the claim.
3. Submit the completed form and bills to the address or fax number above.
   "In order to pay claims we must have your Social Security Number."

   Claim procedures, online access to our claim form, and our privacy policy are available from our website at: www.MarkelAH.com

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### Part 1 - POLICYHOLDER'S REPORT

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Name of Policyholder</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Loving Education at Home, Inc.</td>
<td>4102AH359766-2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claimant's Name</th>
<th>Gender</th>
<th>Social Security Number (Required)</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claimant's Address</th>
<th>Parent's Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(if applicable)</td>
<td></td>
<td></td>
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</tbody>
</table>

1. Date and time of accident:  
2. Was the injured person?  
   - [ ] Participant  
   - [ ] Staff Member  
   - [ ] Guest  
   - [ ] Volunteer

**FOR DENTAL CLAIMS ONLY**

3. Indicate which teeth were involved in the accident:  
   - [ ] Whole, Sound, and Natural  
   - [ ] Filled  
   - [ ] Capped  
   - [ ] Artificial

4. Describe condition of injured teeth prior to accident:

5. Nature of injury:  
   (indicate part of body injured - e.g. broken arm, sprained ankle, etc.)

6. Describe how the accident occurred - give all possible details - must be a bodily injury due to accident:

7. Did the accident occur?  
   - [ ] Yes  
   - [ ] No

   - [ ] Yes  
   - [ ] No

   - [ ] Yes  
   - [ ] No

8. Name of the event or activity:

9. Representative Signature:

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### Part 2 - OTHER INSURANCE STATEMENT

If yes, Name of insurance company:  
Policy #:
Yes [ ] No [ ]

If the Insured is an individual, employee, or dependent of one of the following:  
Preferred Provider Organization (PPO), Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan?  
Yes [ ] No [ ]

If yes, Name of insurance company:  
Policy #:
Yes [ ] No [ ]

IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim. IF NO OTHER INSURANCE OR HEALTH PLAN EXISTS, PLEASE READ & SIGN BELOW.

I agree that should it be determined at a later date there is insurance (or similar), to reimburse Markel Insurance Company to the extent of any amount collectible.

Signature of Volunteer:
Witness:

---

**AUTHORIZATION FOR RELEASE OF INFORMATION**

For services rendered or to be rendered I hereby authorize MARKEL INSURANCE COMPANY or their representatives to pay benefits in connection with this accident or illness direct to the doctor, hospital or other rendering service. If receipted bills are submitted, the benefits are to be paid to the insured.

Claimant, Parent or Authorized Representative's Signature: ____________________________

If Authorized Representative, Relationship to Patient or Legal Designation: ____________________________

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize any physician, medical care provider, hospital, clinic, medical care facility, insurance company, government-sponsored health plan, or employer having information available as to diagnosis, treatment and prognosis with respect to any illness, injury, physical or mental condition, and/or treatment for me or my minor children now or in the past, to give to Markel Insurance Company (MIC) or its legal representative, any and all such information. I understand the information obtained by use of the Authorization will be used by MIC to determine eligibility for insurance and eligibility for benefits under any existing policy. Any information obtained will not be released by MIC to any person or organization EXCEPT as necessary in connection with the processing of this application, claim, or as otherwise lawfully required or as I may further authorize. I KNOW that I may request to receive a copy of this Authorization. I AGREE that a photographic copy of this Authorization shall be valid for a period of two years from the date shown below. I may revoke this authorization at any time by written request to MIC. I CERTIFY that the above information given by me in support of this claim is true and correct.

Claimant, Parent or Authorized Representative's Signature: ____________________________

If Authorized Representative, Relationship to Patient or Legal Designation: ____________________________

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**PLEASE NOTE**

In furnishing this or other claim forms for the convenience of the claimant, the MARKEL INSURANCE COMPANY does not admit any liability or waive any rights. MARKEL INSURANCE COMPANY reserves the right to ask for other information if it is deemed necessary. All expenses incurred in connection with furnishing the necessary proof of loss are the responsibility of the covered person.

MSR-CF-HSR (04/10)
FRAUD STATEMENTS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

ALASKA: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DELAWARE: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA RESIDENTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:220.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Markel Insurance Company

BLANKET INSURANCE - APPLICATION

The undersigned hereby applies for a policy based on the statements set forth below.

Item 1. Name of Policyholder: Loving Education at Home, Inc.
Address: 76 Cleveland Avenue, Elmira, NY 14905

Business is set up as: [ ] individual [ ] corporation [ ] partnership [ ] organization [ ] joint venture

Item 2. Underwriting information

Estimated Enrollment ______________________
Describe specific activities to be covered:
Ages 13 & under ______________________ Ages 14 - 18 ______________________ Ages 19 & over ______________________
Is coverage desired for staff/supervisors? [ ] Yes [ ] No Total Number: ______________________

Item 3. Policy Term and Term of Coverage. If the application has been approved by the Company at its Accident and Health Division Office
(a) the policy shall become effective ______________________ and terminate ______________________
   12:01 A.M. Standard Time at the address of the Policyholder.
(b) Coverage Type: [ ] Excess (Coordination of Benefits) [ ] Primary

Item 4. The Premium for the policy shall be calculated on the following basis as to eligible Insured Persons:

Per Participant $ ______________________  Per ______________________

Dated at: ______________________ this ______ day of ______________________ 20____

Applied for by: ______________________

Applicant: ______________________

Agent’s Signature: ______________________  Approved By: ______________________

Address: ______________________

______________________________  On behalf of Markel Insurance Company

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
When charges incurred by a claimant are covered under a Health Maintenance Organization (HMO) plan or a Preferred Provider Organization (PPO) plan, and are denied due to the claimant’s failure to precertify, this plan will not pay medical benefits.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations or Terms of the undermentioned Policy other than as stated hereon.

Effective date 07-01-2013  Attached to and forming part of Policy No. 4102AH359766-2

of Markel Insurance Company

issued to Loving Education at Home, Inc.

President

Secretary
This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable expenses.

When a claim is made other valid and collectible group insurance or group plan pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable expenses. No plan pays more than it would without the coordination of benefits provision. In the absence of other valid and collectible group insurance or group plan, it is our intention that expenses incurred in connection with any covered injury or sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

"Other valid and collectible group insurance or group plan" shall mean any plan providing medical expense benefits for or by reason of dental, physician, nurse, hospital care, treatment or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by any of the following:

1) any type of service plan contract;
2) any group blanket insurance (except a blanket school accident plan);
3) any employee benefit plan;
4) any plan arranged through an employer, trustee, union or employee benefit association;
5) any plan or program created or administered by the national or state government or agencies thereof.

A plan without a coordinating provision is always the primary plan.

This rider is attached to and becomes a part of this Policy.
NOTICE TO POLICYHOLDERS

The policy to which this notice is attached is subject to a minimum, fully earned premium of $350.

Should you have any questions regarding this, such questions should be directed to us (the Company) or to your agent.