

**Special Risk
Accident Policy**

Hartford Life and Accident Insurance Company
Hartford Plaza
Hartford, Connecticut 06115
(A stock insurance company)



Hartford Life

We will pay benefits according
to the conditions of this Policy.

Signed for the Company

Kevin Barnett, Secretary

Jonathan Bennett, President

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GENERAL PROVISIONS

Consideration: We have issued this policy in consideration of the payment of the Policy Premium in advance of the Policy Date. The Policy Premium and Policy Date are shown in the Schedule.

Policy Period: This policy takes effect on the Policy Date and continues to the end of the Policy Period. The dates are shown in the Schedule.

Entire Contract: The entire contract between the Policy-holder and us consists of this policy, and any papers made a part of this policy at issue.

Changes: No agent has authority to change or waive any part of this policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of this policy.

Data Furnished By Policyholder: The Policyholder, with our approval, may keep the important insurance records on all Insured Persons. The Policyholder will give us information, when and in the manner we ask, to administer the insurance provided by this policy.

The Policyholder's insurance records will be open for our inspection at any reasonable time.

Failure on the part of the Policyholder to:

- a) give us the name of an Insured Person will not invalidate the insurance;
- b) report termination of an Insured Person will not continue the coverage beyond the date of termination.

Certificates: If required by the laws of the state where this policy is delivered, we will give certificates to the Policy-holder for delivery to Insured Persons.

The certificates will state the features of this policy which are important to Insured Persons.

Countersigned by

Licensed Resident Agent

Cancellation: This policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

If we cancel, it becomes effective on the later of:

- a) the date stated in the notice; or
- b) the 6th day after we mail or deliver the notice.

If the Policyholder cancels, it becomes effective on the later of:

- a) the date we receive the notice; or
- b) the date stated in the notice.

In either event:

- a) we will promptly return any unearned premium paid; or
- b) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will not effect any claim for loss due to an accident which occurs before the effective date of cancellation.

Conformity With State Statutes: On the Policy Date, any part of the policy which is in conflict with a statute of the state in which the policy is:

- a) delivered; or
- b) issued for delivery;

is hereby amended to agree with the statute's minimum requirements.

INSURED PERSON PERIOD OF COVERAGE

Effective Date: Each person becomes an Insured Person on the date he or she meets the qualifications stated in the Schedule.

Termination: Coverage of each Insured Person ceases on the first to occur of:

- a) the date the policy terminates; or
- b) the date he or she ceases to qualify as an Insured Person.

Termination will not affect any claim for loss due to an accident which occurs before the termination date.

DEFINITIONS

Injury means bodily injury of an Insured Person which results directly and independently of all other causes from accident which occurs while he or she is participating in a Covered Activity.

Loss resulting from sickness or disease, except a pus-forming infection which occurs through an accidental wound, is not considered as resulting from injury.

We, our or us means the Hartford Life and Accident Insurance Company.

EXCLUSIONS

This policy does not cover loss resulting from:

- a) intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
- b) injury sustained while:
 - i) in or on;
 - ii) boarding or alighting from;
 - iii) being struck down by; any aircraft in motion except as an airline passenger on an aircraft:
 - i) operated by a passenger airline
 - ii) on a regularly scheduled trip over its established route;
- c) war or act of war, whether declared or not;
- d) injury sustained while in the armed forces (land, water or air) of any country or international authority;
- e) repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;

- f) repair, replacement, examinations for prescriptions or fitting of eyeglasses or contact lenses;
- g) repair or replacement of artificial limbs or orthopedic braces.

BENEFITS PROVIDED

The following benefits are provided under this policy only if an amount is stated in the Schedule opposite the name of the benefit. "None" shown in the Schedule opposite the name of a benefit means that the policy does not provide that benefit.

If an Insured Person's injury results in loss for which, in the absence of this provision, we would pay an amount under:

- a) the Accidental Death Benefit; and
- b) the Accidental Dismemberment Benefit;

we will pay the amount for only one Benefit which provides the larger amount.

ACCIDENTAL DEATH BENEFIT

If an Insured Person's injury results in loss of life within 180 days after the date of accident, we will pay the Principal Sum for this benefit.

The amount of the Principal Sum is shown in the Schedule.

ACCIDENTAL DISMEMBERMENT BENEFIT

If an Insured Person's injury results in any of the following losses within 180 days after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

The amount of the Principal Sum is shown in the Schedule.

For Loss of:

- Both Hands or Both Feet
- or Sight of Both Eyes....The Principal Sum

- One Hand and One Foot...The Principal Sum
- Either Hand or Foot
- and Sight of One Eye ... The Principal Sum
- Either Hand
- or Foot..... One-Half The Principal Sum
- Sight of
- One Eye One-Half The Principal Sum
- Thumb and Index One-Quarter
- Finger of Either Hand ... The Principal Sum

Loss means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) sight, entire and irrecoverable loss thereof;
- c) thumb and index finger, actual severance through or above metacarpophalangeal joints.

ACCIDENT MEDICAL EXPENSE BENEFIT

We will pay the Reasonable Expenses incurred by an Insured Person, in excess of the Deductible Amount, for Medical Care if:

- a) the first expense is incurred within 26 weeks after the accident; and
- b) the expense is incurred within 104 weeks after the accident.

We will not pay:

- a) more than the Maximum Dental Limit for all expenses incurred for dental treatment, services and supplies;
- b) more than the Maximum Benefit for all Medical Care and dental treatment, services and supplies; as the result of any one accident.

The Deductible Amount and Maximum Benefit are shown in the Schedule.

The Deductible Amount will be applied separately to each accident.

Medical Care means necessary:

- a) medical or surgical treatment, services or supplies;
- b) hospital, nursing and ambulance services.

Each item of Medical Care must be:

- a) prescribed by a legally qualified physician;
- b) for the sole purpose of treating the injury.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by the Insured Person.

An expense is considered to be incurred on the date the Medical Care is rendered.

CLAIM PROVISIONS

Notice of Claim: The person who has the right to claim benefits (the claimant, beneficiary, or his or her representative) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the policy number. Notice should be given to our agent or sent to our office in Hartford, Connecticut.

Claim Forms: When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and extent of the loss is sent to us.

Proof of Loss: Proof of loss must be sent to us within 90 days after the date of the loss. If the claimant is not able to send proof within that time it may be sent as soon as reasonably possible without affecting the claim.

The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

Time of Payment of Claims: We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately after we receive the proof of loss.

Payment of Claims: We will pay any benefit due for loss of life:

- a) according to the beneficiary designation in effect at the time of payment; otherwise
- b) to Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living.

Otherwise, the benefits may, at our option, be paid:

- a) according to the beneficiary designation; or
- b) to Insured Person's estate.

If a benefit due is payable to:

- a) Insured Person's estate; or
- b) Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to \$1,000 of the benefit due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Insured Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith.

We may pay benefits directly to any hospital or person rendering covered services, unless the Insured Person requests otherwise in writing. The Insured Person must make the request no later than the time he or she files a proof of loss.

Physical Examinations and Autopsy: While a claim is pending we have the right at our expense:

- a) to have the Insured Person examined by a physician when and as often as is reasonably necessary; and
- b) in case of death, to make an autopsy where not forbidden by law.

Legal Actions: Legal action cannot be taken against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 3 years following the date proof of loss is due.

Naming a Beneficiary: An Insured Person may name a beneficiary or change a named beneficiary by giving a written request to us. The Insured Person's request takes effect on the date it is executed, regardless of whether the Insured Person is living when we receive it. We will be relieved of further responsibility to the extent of any payment we made in good faith before we received such request.

Assignment: This insurance may not be assigned. Benefit payments may be assigned as allowed in the Payment of Claims provision.

SCHEDULE

Policy Premium: \$39,356.00
Minimum Policy Premium: \$340.00

POLICY NO: 02-SR-365305

POLICYHOLDER'S NAME AND ADDRESS:

CONNECTICUT STATE
COMMUNITY COLLEGE
185 MAIN STREET
NEW BRITAIN , CT 06051

Policy Period: From (Policy Date): 9/22/2023 To: 9/22/2024
12:01 A.M. Standard Time at the address of the Policyholder

Producer's Name and Address:	Agent Code	Form Numbers of the Policy, Riders and attached papers at issue
ASSUREDPARTNERS NEW ENGLAND, INC One Financial Plaza 2nd Floor Hartford , CT 06103	020550	Form 7692 (HLA) PA-5948 (HLA) PA-6188 (HLA) PA-6242 (HLA) PA-5955 (HLA) PA-5927 (HLA) PA-6562 (HLA)

EXCESS COVERAGE APPLIES

INSURED PERSON means any person who is a registered full-time or part-time student the Policyholder.

COVERED ACTIVITIES means

This policy covers each Insured Person during the policy period while he or she is:

- (a) participating in Community Technical College school activities:
 - (1) sponsored by the Policyholder; and
 - (2) on the premises designated by and directed by the Policyholder; or
- (b) traveling with a group in connection with the activities under the direct supervision of the Policyholder.

Covered Activities includes the work study program with Hartford Public Schools. Covered Activities is not intended for online classes.

BENEFITS AND AMOUNTS

Accident Medical Expense Benefit	Maximum Benefit:	\$20,000.00
	Deductible Amount:	\$50.00
	Maximum Dental Limit:	\$750.00

**CONNECTICUT AMENDATORY
POLICY RIDER # 1**

This rider becomes effective on the Policy Effective Date.

The Policy is hereby amended in the following manner:

1. The addition of the following to the definition of Medical Care under the Accident Medical Expense Benefit:

"Subject to the Maximum Benefit and Deductible Amount, Medical Care also means necessary:

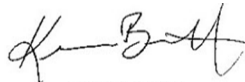
- (c) medically approved home health care as mandated by Connecticut Public Act 75-623; and
- (d) "emergency treatment of accidental ingestion of a controlled drug as mandated by Connecticut Public Act 75-512."

2. Item a) in the definition of Total Disability is deleted and replaced by the following:

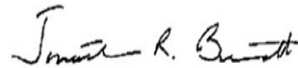
"a) perform all of the important duties of his or her regular occupation until the Weekly Benefit has been paid for 104 weeks during the same period of continuous Total Disability;"

In all other respects, the Policy remains the same.

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut**



Kevin Barnett, *Secretary*



Jonathan Bennett, *President*

Form PA-6188 (HLA)

Printed in U.S.A.

**CONNECTICUT
AMENDATORY RIDER # 2**

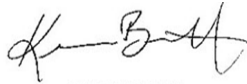
This rider becomes effective on the effective date of the Policy or certificate to which this rider is attached.

The Policy and all certificates are hereby amended by the addition of the following to the DEFINITIONS section:

Physician means a practitioner of the healing arts acting within the scope of his or her licensure who is other than the person whose sickness or injury is the basis of the claim.

In all other respects, the Policy remains the same.

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut**



Kevin Barnett, *Secretary*



Jonathan Bennett, *President*

Form PA-6242 (HLA)

Printed in U.S.A.

**CONNECTICUT ADDITIONAL
EXCLUSIONS RIDER # 3**

This rider forms a part of Policy Number 02-SR-365305 issued to CONNECTICUT STATE COMMUNITY COLLEGE and all certificates furnished in connection with the Policy.

This rider becomes effective on the effective date of the Policy or certificate to which this rider is attached.

The Policy and all certificates are hereby amended by the addition of the following to Exclusions:

- (h) injury sustained while playing or practicing in:
 - (1) all intercollegiate sports;
 - (2) any inter-school club sports;
 - (3) any intramural sports; and
 - (4) any form of tackle football.

- (i) injury sustained for which the Insured Person is entitled to benefits under Worker's Compensation or similar law.

- (j) expenses incurred for services, treatment, supplies or facilities rendered by:
 - (1) the Policyholder's health service or infirmary; or
 - (2) any physician or nurse employed or retained by the Policyholder.

- (k) expenses covered under any basic automobile reparations insurance (no-fault) or automobile medical payments benefits.

In all other respects, the Policy and certificates remain the same.

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut**

Form PA-5955 (HLA)

Printed in U.S.A.

EXCESS COVERAGE RIDER # 4

This rider is effective on the effective date of the Policy or certificate to which it is attached.

The following is added to the Medical Expense Benefit in the Policy or certificate to which this rider is attached:

The amount otherwise payable under the Medical Expense Benefit, in the absence of the following provision, will be reduced by the total amount of Medical Care benefits provided by any other Plan.

The amount of benefits provided by other Plans:

- a) will be determined without reference to any:
 - 1) co-ordination of benefits provision;
 - 2) non-duplication of benefits provisions; or
 - 3) other similar provision;
- b) will include any amount to which the Insured Person is entitled, regardless of whether claim is made for the benefits;
- c) will include the reasonable value of any Medical Expense services provided as Plan benefits.

Plan means:

- a) group, blanket, or franchise insurance;
- b) group hospital, medical service, or pre-payment plan;
- c) labor-management trustee, union welfare, employer organization, or employee benefit organization plan;
- d) governmental programs, or coverage required or provided by any statute; except comprehensive health insurance written pursuant to Public Act 75-616 ;
- e) automobile, basic but not voluntary reparations insurance (no fault);
- f) Workers' Compensation or similar law.

In all other respects the Policy and certificates remain the same.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut

Form PA-5927 (HLA)

Printed in U.S.A.

AMENDATORY RIDER # 5

This rider forms a part of the Policy and all certificates furnished in connection with the Policy.

This rider becomes effective on the effective date of the Policy or certificate to which this rider is attached.

The Payment of Claims provision under the CLAIM PROVISIONS section is hereby deleted and replaced by the following:

Payment of Claims: We will pay any benefit due for Loss of the Insured Person's Life:

- a) according to the beneficiary designation in effect at the time of his or her death; otherwise
- b) to the survivors in equal shares, in the first of the following classes to have a survivor at the insured person's death:
 - (1) spouse
 - (2) children
 - (3) parents
 - (4) brothers & sisters.

If there is no survivor in these classes, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

If the benefit due is payable to:

- a) the Insured Person's estate or;
- b) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to \$1000 of the benefit due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Insured Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith.

We may pay benefits directly to any hospital or person rendering covered services, unless the Insured Person requests otherwise in writing. The Insured Person must make the request no later than the time he or she files a proof of loss.

In all other respects, the Policy and certificates remain the same.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut