

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

MASTER APPLICATION FOR GROUP CRITICAL ILLNESS INSURANCE

Application is hereby made for a plan of Critical Illness insurance based on the following statements and representations:

1. **Identification of Policyholder:**

Name of Policyholder: National Association for the Self-Employed
Address of Policyholder: 1235 S. Main Street, Suite 100, Grapevine, TX 76051
Name(s) of Affiliates(s) or Subsidiary(ies) to be covered:
Policy Number: CIP 0009131330

2. **Classification of Eligible Persons:**

Class Description of Class

- I The active members of the National Association for the Self-Employed, who are under age 70 and for whom the appropriate premium has been paid.
- II The Eligible Spouses of Enrolled members, who are under 70 years of age, for whom Family Coverage has been elected, the appropriate premium has been paid.

Eligible Spouse - as used above, means the Insured's legal spouse.

If a husband and wife are both eligible to enroll for coverage under this Policy, one, but not both, may purchase Family Coverage. The remaining spouse may elect single coverage only.

Coverage under this policy is available only to association members who acquire their membership in the named association by their direct enrollment in the named association. Any person acquiring their membership in the named association by their membership with another association, or entity, is not eligible for coverage under this policy unless that other association, or entity, is approved by the Company for coverage under this policy and the additional association, or entity, is also named in this policy as being eligible for the coverage. If any additional association(s), other than the named association, is named in the policy; then coverage under this policy is available only to the named additional association members who acquire their membership in the named additional association by their direct enrollment in the named additional association(s).

3. Policy Coverage:

Benefits Schedule:

Select Solution Option I

<u>Benefit</u>	<u>Amounts / Maximums /</u>	
	<u>Limitations</u>	
	<u>Class 1</u>	<u>Class 2</u>
Critical Illness Benefit Amount	\$2,500	n/a
Covered Critical Illnesses		
Life Threatening Cancer more than 90 days after Effective Date	100%	n/a
Life Threatening Cancer within first 90 days of coverage	10%	n/a
Heart Attack	100%	n/a
Kidney (Renal) Failure	100%	n/a
Coronary Artery Bypass Graft	25%	n/a
Stroke	100%	n/a
Major Organ Transplant	100%	n/a
Coma	100%	n/a
Loss of Sight, Speech or Hearing	100%	n/a
Paralysis		n/a
Quadriplegia	100%	
Paraplegia	75%	
Hemiplegia	50%	
Severe Burn		n/a
Face and Neck and Head	99%	
Hand and Forearm Below Elbow Joint (Right)	22.5%	
Hand and Forearm Below Elbow Joint (Left)	22.5%	
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%	
Upper Arm Below Shoulder Joint to Elbow Joint (Left)	13.5%	
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36%	
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36%	
Thigh Below Hip Joint to Knee Joint (Right)	9%	
Thigh Below Hip Joint to Knee Joint (Left)	9%	
Foot and Lower Leg Below Knee Joint (Right)	27%	
Foot and Lower Leg Below Knee Joint (Left)	27%	

Select Solution Option II

<u>Benefit</u>	<u>Amounts / Maximums /</u>	
	<u>Limitations</u>	
	<u>Class 1</u>	<u>Class 2</u>
Critical Illness Benefit Amount	\$5,000	n/a
Covered Critical Illnesses		
Life Threatening Cancer more than 90 days after Effective Date	100%	n/a
Life Threatening Cancer within first 90 days of coverage	10%	n/a
Heart Attack	100%	n/a
Kidney (Renal) Failure	100%	n/a
Coronary Artery Bypass Graft	25%	n/a
Stroke	100%	n/a
Major Organ Transplant	100%	n/a
Coma	100%	n/a
Loss of Sight, Speech or Hearing	100%	n/a
Paralysis		n/a
Quadriplegia	100%	
Paraplegia	75%	
Hemiplegia	50%	
Severe Burn		n/a
Face and Neck and Head	99%	
Hand and Forearm Below Elbow Joint (Right)	22.5%	
Hand and Forearm Below Elbow Joint (Left)	22.5%	
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%	
Upper Arm Below Shoulder Joint to Elbow Joint (Left)	13.5%	
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36%	
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36%	
Thigh Below Hip Joint to Knee Joint (Right)	9%	
Thigh Below Hip Joint to Knee Joint (Left)	9%	
Foot and Lower Leg Below Knee Joint (Right)	27%	
Foot and Lower Leg Below Knee Joint (Left)	27%	

Select Solution Option III

<u>Benefit</u>	<u>Amounts / Maximums /</u>	
	<u>Limitations</u>	
	Class 1	Class 2
Critical Illness Benefit Amount	\$10,000	n/a
Covered Critical Illnesses		
Life Threatening Cancer more than 90 days after Effective Date	100%	n/a
Life Threatening Cancer within first 90 days of coverage	10%	n/a
Heart Attack	100%	n/a
Kidney (Renal) Failure	100%	n/a
Coronary Artery Bypass Graft	25%	n/a
Stroke	100%	n/a
Major Organ Transplant	100%	n/a
Coma	100%	n/a
Loss of Sight, Speech or Hearing	100%	n/a
Paralysis		n/a
Quadriplegia	100%	
Paraplegia	75%	
Hemiplegia	50%	
Severe Burn		n/a
Face and Neck and Head	99%	
Hand and Forearm Below Elbow Joint (Right)	22.5%	
Hand and Forearm Below Elbow Joint (Left)	22.5%	
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%	
Upper Arm Below Shoulder Joint to Elbow Joint (Left)	13.5%	
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36%	
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36%	
Thigh Below Hip Joint to Knee Joint (Right)	9%	
Thigh Below Hip Joint to Knee Joint (Left)	9%	
Foot and Lower Leg Below Knee Joint (Right)	27%	
Foot and Lower Leg Below Knee Joint (Left)	27%	

Select Solution Option IV

<u>Benefit</u>	<u>Amounts / Maximums /</u>	
	<u>Limitations</u>	
	Class 1	Class 2
Critical Illness Benefit Amount	\$2,500	\$2,500
Covered Critical Illnesses		
Life Threatening Cancer more than 90 days after Effective Date	100%	100%
Life Threatening Cancer within first 90 days of coverage	10%	10%
Heart Attack	100%	100%
Kidney (Renal) Failure	100%	100%
Coronary Artery Bypass Graft	25%	25%
Stroke	100%	100%
Major Organ Transplant	100%	100%
Coma	100%	100%
Loss of Sight, Speech or Hearing	100%	100%
Paralysis		
Quadriplegia	100%	100%
Paraplegia	75%	75%
Hemiplegia	50%	50%
Severe Burn		
Face and Neck and Head	99%	99%
Hand and Forearm Below Elbow Joint (Right)	22.5%	22.5%
Hand and Forearm Below Elbow Joint (Left)	22.5%	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Left)	13.5%	13.5%
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36%	36%
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36%	36%
Thigh Below Hip Joint to Knee Joint (Right)	9%	9%
Thigh Below Hip Joint to Knee Joint (Left)	9%	9%
Foot and Lower Leg Below Knee Joint (Right)	27%	27%
Foot and Lower Leg Below Knee Joint (Left)	27%	27%

Select Solution Option V

<u>Benefit</u>	<u>Amounts / Maximums /</u>	
	<u>Limitations</u>	
	Class 1	Class 2
Critical Illness Benefit Amount	\$5,000	\$5,000
Covered Critical Illnesses		
Life Threatening Cancer more than 90 days after Effective Date	100%	100%
Life Threatening Cancer within first 90 days of coverage	10%	10%
Heart Attack	100%	100%
Kidney (Renal) Failure	100%	100%
Coronary Artery Bypass Graft	25%	25%
Stroke	100%	100%
Major Organ Transplant	100%	100%
Coma	100%	100%
Loss of Sight, Speech or Hearing	100%	100%
Paralysis		
Quadriplegia	100%	100%
Paraplegia	75%	75%
Hemiplegia	50%	50%
Severe Burn		
Face and Neck and Head	99%	99%
Hand and Forearm Below Elbow Joint (Right)	22.5%	22.5%
Hand and Forearm Below Elbow Joint (Left)	22.5%	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Left)	13.5%	13.5%
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36%	36%
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36%	36%
Thigh Below Hip Joint to Knee Joint (Right)	9%	9%
Thigh Below Hip Joint to Knee Joint (Left)	9%	9%
Foot and Lower Leg Below Knee Joint (Right)	27%	27%
Foot and Lower Leg Below Knee Joint (Left)	27%	27%

Select Solution Option VI

<u>Benefit</u>	<u>Amounts / Maximums /</u>	
	<u>Limitations</u>	
	Class 1	Class 2
Critical Illness Benefit Amount	\$10,000	\$10,000
Covered Critical Illnesses		
Life Threatening Cancer more than 90 days after Effective Date	100%	100%
Life Threatening Cancer within first 90 days of coverage	10%	10%
Heart Attack	100%	100%
Kidney (Renal) Failure	100%	100%
Coronary Artery Bypass Graft	25%	25%
Stroke	100%	100%
Major Organ Transplant	100%	100%
Coma	100%	100%
Loss of Sight, Speech or Hearing	100%	100%
Paralysis		
Quadriplegia	100%	100%
Paraplegia	75%	75%
Hemiplegia	50%	50%
Severe Burn		
Face and Neck and Head	99%	99%
Hand and Forearm Below Elbow Joint (Right)	22.5%	22.5%
Hand and Forearm Below Elbow Joint (Left)	22.5%	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Left)	13.5%	13.5%
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36%	36%
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36%	36%
Thigh Below Hip Joint to Knee Joint (Right)	9%	9%
Thigh Below Hip Joint to Knee Joint (Left)	9%	9%
Foot and Lower Leg Below Knee Joint (Right)	27%	27%
Foot and Lower Leg Below Knee Joint (Left)	27%	27%

The Benefits and Amounts displayed above are used to determine amounts payable under the Policy. Actual amounts payable may be less than the maximums under circumstances specified in the Certificate.

Policy Riders and/or Endorsements:

The following Certificate, Rider(s) and/or Endorsement(s) are attached to and made part of the Policy as of the Policy Effective Date specified below. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy and Certificate that are not specifically modified by the Rider and/or Endorsement.

CLASS(ES) I and II

FORM NO. DESCRIPTION

A list of the applicable forms will be included at issue.

4. Premiums:

It is understood and agreed that the premium rate per plan option per month is as follows:

Plan

Select Solution Option I

Select Solution Option II

Select Solution Option III

Select Solution Option IV

Select Solution Option V

Select Solution Option VI

Such premiums are due and payable in the following manner:

Monthly, as of the end of the month immediately following the end of the month for which the premium is being paid.

5. Policy Effective Date: August 1, 2010

6. Policy Termination Date: August 1, 2011

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(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: National Association for the Self-Employed

Policy Number: CIP 0009131330

GROUP CRITICAL ILLNESS INSURANCE POLICY

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder (herein called Insured Person(s)) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Certificates of Insurance.

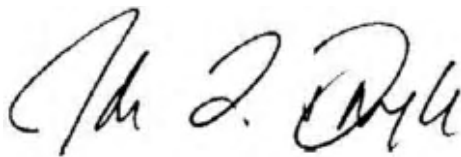
This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Master Application, which is attached to and made part of this Policy, and in the individual enrollment forms, if any.

This Policy begins on the Effective Date shown in the Master Application and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid.

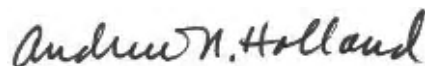
This Policy is governed by the laws of the state where it is delivered.

THIS IS NOT A POLICY OF WORKER'S COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKER'S COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKER'S COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKER'S COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:



President



Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy

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POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. Either the Company or the Policyholder may terminate this Policy on any premium due date by giving 30 days advance written notice to the other party. This Policy may also, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the earlier of: (1) the Policy Termination Date shown in the Master Application; or (2) the premium due date if premiums are not paid when due, subject to the Grace Period provision. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Master Application. The Company may change the required premiums as a condition of any renewal of this Policy. The Company may also change the required premiums at any time when any change in coverage affecting premiums is made in this Policy. (Any such change in this Policy will not take effect until any required additional premium is received by the Company, except as otherwise agreed to in writing by the Company and the Policyholder.)

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will not be terminated for nonpayment of premium during the Grace Period. This Policy will terminate on the last day of the Grace Period if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section. In such case, the Policyholder will be liable to the Company for any unpaid premiums for the time this Policy is in force.

No grace period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Application(s), the Certificate, the Insured's enrollment forms and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

After an Insured Person has been insured under this Policy for two year(s) during his or her lifetime, no statement made by the Insured Person, except a fraudulent one, will be used to contest a claim under this Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by the Insured Person and a copy is given to the Policyholder, the Insured Person or the beneficiary.

Insured's Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) so named by the Insured as shown on the Policyholder's records kept on this Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies) by providing the Policyholder with a written request for change. When the request is received by the Policyholder, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary for the Insured's coverage is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate

Insured Dependent's Beneficiary Designation and Change. The Insured Dependent's beneficiary is the Insured unless the Insured has named a different beneficiary(ies) for the Insured Dependent's coverage as shown on the Policyholder's records kept on the Policy.

An Insured over the age of majority and legally competent may change the beneficiary designation for an Insured Dependent's coverage at any time, unless an irrevocable beneficiary designation has been made, without the consent of the Insured Dependent or the designated beneficiary(ies) by providing the Policyholder with a written request for change. When the request is received by the Policyholder, whether the Insured or the Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any premium made by it prior to receipt of the request. If no beneficiary is living on the date of an Insured Dependent's death, the beneficiary is the Insured's estate.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

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 this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable. An Insured may not assign any of his or her rights, privileges or benefits under this Policy. An insurer may not deliver, renew, or issue for delivery a health insurance policy in this state that prohibits or restricts the written assignment by an Insured Person of benefits provided by the policy for health care services to the physician or other health care provider that furnishes those health care services to the Insured Person.

New Entrants. This Policy will allow from time to time, that new eligible Insured Persons of the Policyholder be added to the class(es) of Insured Persons originally insured under this Policy.

Misstatement of Age. If premiums for the Insured Person are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

Incorporation Provision. The provisions of the attached Certificate(s), Rider(s), and any Endorsement(s), including any Certificate, Rider or Endorsement added after the Policy Effective Date, are made a part of this Group Critical Illness Insurance Policy. The Certificate(s), Rider(s) and Endorsements attached to this Policy will control each Insured Person's coverage eligibility, effective date, termination date, benefits, limitations and exclusions.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at Domestic Claims, Accident & Health Claims Department, P.O. Box 25987, Shawnee Mission, KS 66225-5987, with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 60 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured Person suffering the loss. If an Insured Person dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss, but in no event more than 60 days from receipt of proof of loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

Chartis U.S. Privacy and Data Security Notice

I. Your Privacy

In the course of conducting business, we collect information about you in order to properly service the products we sell to you. Accordingly, Chartis U.S. has established practices, procedures and system protections that are designed to help protect the privacy and security of your information.

About This Notice

The term "Personal Information," as used in this Privacy and Data Security Notice, means information that identifies you, our Customer, personally. Examples of Personal Information include a first and last name, a home or other physical address, an email address, a credit card number, a driver's license number, or information on your physical condition or health status.

This Privacy and Data Security Notice outlines how we collect, handle, and disclose Personal Information about you. It applies only to your Personal Information obtained by the Companies listed at the end of this Notice, in connection with products or services with which you received this Notice which are primarily for personal, family, or household purposes in the United States.

Information Collection

We may collect Personal Information about you from applications, enrollment forms, your other interactions with us, our Affiliates, and when we process claims or other transactions in connection with the underwriting process. We may also collect Personal Information about you from credit reporting agencies and other third parties in connection with the sale of our products to you.

We will collect Personal Information about you only in accordance with applicable laws or regulations or in response to your request for a product or service from us.

Information Sharing

We may share your Personal Information with Affiliates and Non-Affiliates as described below.

With our Affiliates: We may share customer information with our Affiliates. Our Affiliates may include other insurance companies, insurance holding companies, insurance agents and agencies, claims administrators, marketing companies, e-commerce service providers, and companies providing administrative services.

- We may share your Personal Information with our Affiliates that assist us in servicing your insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share your Personal Information with our Affiliates for the purpose of detecting and preventing fraud, as directed or authorized by you, or as otherwise permitted or required by law.
- We will not share your Personal Information that is of a financial nature with our Affiliates for marketing purposes without first providing you an opportunity to direct that such information not be shared.
- We will not share your Personal Information that is of a health nature with our Affiliates except as directed or authorized by you.

With Non-Affiliates: We may also share customer information with Non-Affiliated companies.

1. We may share your Personal Information with Non-Affiliates that assist us in servicing your insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share your Personal Information with Non-Affiliates for the purpose of detecting and preventing fraud, as directed or authorized by you, or as otherwise permitted or required by law.
2. We may enter into joint marketing agreements with Non-Affiliates to share your non-health Personal Information as permitted by law. These Non-Affiliates may include providers of financial products or services such as insurance companies, financial institutions, and securities firms.

Because we do not share customer information in any other way, there is no need for an opt-out process in our privacy procedures.

For California and Vermont Residents: If it becomes necessary to share your Personal Information with Non-Affiliates other than as specifically allowed by law, we will not do so without first obtaining your permission.

II. Information Protection

We maintain physical, electronic, and procedural safeguards designed to protect your Personal Information. Only authorized employees, insurance agents and administrators are permitted to have access to that information.

We expect any Non-Affiliates that serve our Customers on our behalf to adhere to our privacy policy. Those Non-Affiliates are legally bound to use your Personal Information received from us only for the purposes for which it was provided and to not disclose it or use it in any other way. These Non-Affiliates are also subject to and governed by federal and state privacy laws and regulations. We are not responsible for their misuse of information.

To help prevent unwarranted disclosure of your Personal Information and secure it from theft, we utilize secure computer networks. Access is restricted to those individuals who need to use your Personal Information to provide products or services to you.

III. Maintaining Information

We also maintain procedures to ensure that the information we collect is accurate, up-to-date, and as complete as possible. If you believe the information we have about you in our records or files is incomplete or inaccurate, you may request that we make additions or corrections, or if it is feasible, that we delete this information from our files. You may make this request in writing to (include your name, address and policy number):

**Chief Privacy Officer
Chartis U.S.
175 Water Street, 17th Floor
New York, NY 10038
Fax: 212 458-7081
E-Mail: CIPrivacy@chartisinsurance.com**

Special Notice: You can obtain access to any non-public Personal Information we have about you if you properly identify yourself and submit a written request to the address above describing the information you want to review. We will also tell you the identity, if recorded, of persons to whom we have disclosed your non-public Personal Information within the preceding two years.

You may request that we correct, amend or delete any information about you. If we do so, we will notify organizations that provided us with that information and, at your request, persons who received that information from us within the preceding two years. If we refuse to correct, amend or delete the information, you may give us a written statement of the reasons you disagree, which we will place in your file and give to the same parties who would have been notified of the requested change.

Our Customers Can Depend on Us

We are committed to maintaining our trusted relationship with our Customers. We consider it our privilege to serve our Customers' insurance and financial needs and we value the trust they have placed in us. Our Customers' privacy is a top priority with us and thus we will continue to monitor our privacy practices in order to protect and respect that privacy and will comply with state privacy laws that require more restrictive practices than those set out in this notice.

Important Information Concerning the Applicability and Future Changes to this Privacy and Data Security Notice

Although we may change this Privacy and Data Security Notice at any time, you will be notified of any changes as required by law.

AIG Casualty Company; American Home Assurance Company; American International South Insurance Company; Audubon Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; National Union Fire Insurance Company of Pittsburgh, Pa.; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; AIG Excess Liability Insurance Company Ltd.; American International Specialty Lines Insurance Company; Landmark Insurance Company; Lexington Insurance Company; National Union Fire Insurance Company of Vermont, other member companies of Chartis U.S., and American International Life Assurance Company of New York and AIG Life Insurance Company.