

DESCRIPTION OF COVERAGE

Worldwide Automatic Travel Accident, Checked & Carry-On Baggage & Baggage Delay Insurance

THE PLAN: As a Visa Signature Business Card cardholder, of NCMIC Finance Corporation, you, your spouse or Domestic Partner and Dependent Children will be automatically insured against accidental loss of life, limb, sight, speech or hearing while riding as a passenger in, entering or exiting any licensed common carrier, provided the entire cost of the passenger fare(s), less redeemable certificates, vouchers or coupons, has been charged to your NCMIC Finance Corporation Card account. If the entire cost of the passenger fare has been charged to your Visa Signature Business Card account prior to departure for the airport, terminal or station, coverage is also provided for common carrier travel (including taxi, bus, train or airport limousine) immediately a) preceding your departure, directly to the airport, terminal or station, b) while at the airport, terminal or station, and c) immediately following your arrival at the airport, terminal or station of your destination. If the entire cost of the passenger fare has not been charged prior to your arrival at the airport, terminal or station, coverage begins at the time the entire cost of the travel passenger fare is charged to your Visa Signature Business Card account. **Common Carrier** means any licensed land, water or air conveyance operated by those whose occupation or business is the transportation of persons without discrimination and for hire.

IMPORTANT DEFINITIONS: **Accident or Accidental** means a sudden, unforeseen and unexpected event happening by chance. Accident includes unavoidable exposure to elements arising from a covered Hazard. **Covered Trip** means travel on a Common Carrier when the entire cost of the passenger fare for such transportation, less redeemable certificates, vouchers or coupons, has been charged to an Insured Person's Account issued by the Policyholder. Covered Trip also means travel on a Common Carrier when free flights have been awarded from frequent flier or points programs provided that all of the miles or points were accumulated from charges on that card. **Dependent Child(ren)** means those children, including adopted children and those children placed for adoption, who are primarily dependent upon the Insured Person for maintenance and support and are 1) under the age of twenty-five (25) and reside with the Insured Person; or 2) under the age of twenty-five (25) and classified as full-time students at an institution of higher learning. Dependent Children also means children beyond the age of twenty-five (25) who are permanently mentally and physically challenged and incapable of self-support. **Domestic Partner** means a person designated in writing by the cardholder who is at least eighteen (18) years of age and who during the past twelve (12) months : 1) has been in a committed relationship with the cardholder; and 2) has been the cardholder's sole spousal equivalent; and 3) has resided in the same household as the cardholder; and 4) has been jointly responsible with the cardholder for each other's financial obligation, and who intends to continue the relationship indefinitely. **Insured Person** means the Visa Signature Business Card cardholder of NCMIC Finance Corporation. Insured Person also means the cardholder's spouse/Domestic Partner and Dependent Children.

THE BENEFITS: The full Benefit Amount of \$500,000 is payable for accidental: 1) loss of life, 2) speech and hearing, or 3) a combination of speech or hearing and one member or sight of one eye. One half of the Benefit Amount is payable for accidental loss of: 1) both or a combination of members or sight of eyes, or 2) speech or hearing. One quarter of the Benefit Amount is payable for accidental loss of thumb and index finger of the same hand. **"Member"** means hand or foot. One quarter of the Benefit Amount is payable for the accidental loss of the thumb and index finger of the same hand. **"Loss"** means, with respect to a hand, complete severance through or above the knuckle joints of at least 4 fingers on the same hand; with respect to a foot, complete severance through or above the ankle joint. The Company will consider it a loss of hand or foot even if they are later reattached. **"Benefit Amount"** means the Loss amount applicable at the time the entire cost of the passenger fare is charged to a NCMIC Finance Corporation Visa Signature Business Card account. The loss must occur within one year of the accident. The Company will pay the single largest applicable Benefit Amount. If an Insured Person is eligible for insurance under multiple credit card Accounts, the Insured Person will only be insured under the Account which provides the largest benefit amount for the loss that occurred. In the event of multiple accidental deaths per account arising from any one accident, the Company's liability for all such losses will be subject to a maximum limit of insurance equal to three (3) times the Benefit Amount for loss of life. Benefits will be proportionately divided among the Insured Persons up to the maximum limit of insurance. If the Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, wrecking or breakdown of any conveyance in which the Insured Person was covered as an occupant, it will be assumed that the Insured Person has suffered loss of life.

BAGGAGE DELAY: The Company will reimburse the Insured Person up to the Daily Benefit Amount of \$100 per day for three (3) days in the event of a Baggage Delay. Our payment is limited to expenses incurred for the emergency purchase of essential items needed by the Insured Person while on a Covered Trip and at a destination other than the Insured Person's primary residence. Essential items not covered by Baggage Delay include, but are not limited to: 1) contact lenses, eyeglasses or hearing aids; 2) artificial teeth, dental bridges or prosthetic devices; 3) tickets, documents, money, securities, checks, traveler's checks and valuable papers; 4) business samples; 5) jewelry and watches; or 6) cameras, video recorders and other electronic equipment.

The Baggage Delay Benefit Amount is excess over any other insurance (including homeowners) or indemnity (including any reimbursements by the airline, cruise line, railroad, station authority, occupancy provider) available to the Insured Person. **Baggage Delay** means a delay or misdirection of the Insured Person's Baggage by a Common Carrier for more than four (4) hours from the time the Insured Person arrives at the destination on the Insured Person's ticket.

ELIGIBILITY: This travel insurance plan is provided to Visa Signature Business Card cardholders, of NCMIC Finance Corporation, automatically when the entire cost of the passenger fare(s) are charged to a Visa Signature Business Card account while the insurance is effective. It is not necessary for you to notify NCMIC Finance Corporation, the administrator or the Company when tickets are purchased.

THE COST: This travel insurance plan is provided at no additional cost to eligible Visa Signature Business Card cardholders of NCMIC Finance Corporation. NCMIC Finance Corporation pays the premium for this insurance.

BENEFICIARY: The loss of life benefit will be paid to the beneficiary designated by the insured. If no such designation has been made, that benefit will be paid to the first surviving beneficiary in the following order: a) the Insured's spouse, b) the Insured's children, c) the Insured's parents, d) the Insured's brothers and sisters, e) the Insured's estate. All other indemnities will be paid to the Insured.

EXCLUSIONS: This insurance does not cover loss resulting from: 1) an Insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection (except bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria), or bodily malfunctions; 2) suicide, attempted suicide or intentionally self-inflicted injuries; 3) declared or undeclared war, but war does not include acts of terrorism; or 4) travel between the Insured Person's residence and regular place of employment. This insurance also does not apply to an accident occurring while an Insured is acting or training as a pilot or crew member, but this exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.

CLAIM NOTICE: Written claim notice must be given to the Company within 20 days after the occurrence of any loss covered by this policy or as soon as reasonably possible. Failure to give notice within 20 days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **CLAIM FORMS:** When the Company receives notice of a claim, the Company will send you forms for giving proof of loss to us within 15 days. If you do not receive the forms, you should send the Company a written description of the loss. **CLAIM PROOF OF LOSS:** Complete proof of loss must be given to us within 90 days after the date of loss, or as soon as reasonably possible. Failure to give complete proof of loss within these time frames will not invalidate any otherwise valid claim if notice is given as soon as reasonably possible and in no event later than 1 year after the deadline to submit complete proof of loss. **CLAIM PAYMENT:** For all benefits, the Company will pay you or your beneficiary the applicable benefit amount within 60 days after complete proof of loss is received and if you, the Policyholder and/or the beneficiary have complied with all the terms of this policy.

HOW TO FILE A CLAIM: To file a claim please call 1-800 MC Assist. Claims are processed by the Claim Administrator, Broadspire, a Crawford company. Complete all items on the required claim form, attach all appropriate documents, and mail or fax to: Broadspire, a Crawford company, P.O. Box 459084 Sunrise, FL 33345, Fax Number 855-830-3728. Once a claim number is assigned, supporting documentation for the claim can also be submitted through Myclaimsagent.com.

EFFECTIVE DATE: This insurance is effective on the date that you become an eligible cardholder; and will cease on the date the Master Policy 6477-44-67 is terminated or on the date your account ceases to be eligible, whichever occurs first.

As a handy reference guide, please read this and keep it in a safe place with your other insurance documents. This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. If a statement in this description of coverage and any provision in the policy differ, the policy will govern.

Answers to specific questions can be obtained by writing the Plan Administrator: Direct Marketing Group 13265 Bedford Avenue, Omaha, NE 68164. Plan Underwritten By Federal Insurance Company a member insurer of the Chubb Group of Insurance Companies.

Form No. FS634L

Checked & Carry-On Baggage

THE PLAN: As an eligible cardholder you are eligible to receive reimbursement for amounts paid for direct physical loss or damage to Checked and/or Carry-On Baggage and personal property contained therein up

to \$3,000. Reimbursement will be the cost to replace the lost or damaged personal property at the time of loss, less depreciation. This coverage applies provided the entire cost of the Common Carrier passage fare is charged or debited to your eligible card account.

DEFINITIONS: **Carry-On Baggage** means suitcases or other containers specifically designated for carrying personal property, which are carried on board a Common Carrier by the Insured. **Checked Baggage** means suitcases or other containers specifically designated for carrying personal property, for which a claim check has been issued to the *Insured by a Common Carrier. **Common Carrier** means any land, water, or air conveyance operated under a license for the transportation of passengers for hire. **Insured** means Cardholders, Cardmembers and Accountholders of the Policyholder. **Cardholder** means an individual who has been issued an Account card by the Policyholder. **Cardmember** means any authorized primary or additional card user who has been issued an Account card by the Policyholder. **Accountholder** means an individual who has an open and active Account with the Policyholder.

ELIGIBILITY: This Common Carrier Baggage reimbursement is provided to you, as an Insured, automatically when the entire cost of the Common Carrier passage fare is charged or debited to your eligible Account. It is not necessary for you to notify the Insurance Company or Plan Administrator at the time the passage fee is charged or debited to your Account.

THE COST: This coverage is provided at no additional cost to eligible Insureds under the master policy issued to NCMIC Finance Corporation by Federal Insurance Company (the Company).

AMOUNT OF INSURANCE: The Company's liability will be for a maximum reimbursement of \$3,000 per Insured, of which no more than \$250 will be for all jewelry and fur. Payment will be on an Actual Cash Value basis at the time of loss. Coverage under this plan will be excess over any amount due solely from the Common Carrier.

EXCLUSIONS: Coverage does not apply to loss resulting from: (1) any dishonest, fraudulent or criminal act of the Insured; (2) forgery by the Insured; (3) loss due to war or confiscation by authorities; (4) loss due to nuclear reaction or radioactive contamination. Coverage also does not apply to: (1) sporting equipment, unless checked with the Common Carrier and for which a claim check has been provided by the Common Carrier. (2) animals, perishables; cameras and accessory equipment; eye glasses and contact lenses; prosthetic devices including dentures and hearing aids; tickets, valuable papers and documents; Credit Cards and Debit Cards; securities; money; art objects; electronic equipment; business items; bullion or precious or semi-precious metals, stones or gems other than that contained in items of personal jewelry owned by the Insured; household furniture; motor vehicles, boats or watercraft or aircraft or parts for such conveyances.

EFFECTIVE DATE: This plan is effective the date you first meet the definition of an eligible Insured and will cease on the date the master policy terminates (in which case you will be notified by the Policyholder), or on the date you no longer qualify as an eligible Insured or on the expiration date of any applicable period of coverage for any Insured, whichever occurs first.

MISREPRESENTATION AND FRAUD: Coverage of the Insured will be void if, at any time, the Insured has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured herein, or in case of any fraud or false swearing by the Insured relating thereto.

Coverage for an Insured will be void if, whether before or after a loss, the Policyholder or its subscribing organization(s) has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured therein, or in case of any fraud or false swearing by the Policyholder or its subscribing organization(s) relating hereto.

CLAIM PROCEDURE: The Insured must send the Company written notice of a claim, including the Insured's name and policy number, within 45 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. To file a sworn Proof of Loss, the Insured must send the following to the Company or its authorized representative: (1) a copy of the Account statement showing the Common Carrier fare charged; (2) a copy of the initial claim report submitted to the Common Carrier; (3) proof of submission of the loss to and the results of any settlement by the Common Carrier; (4) proof of submission of the loss to and the results of any settlement or denial by the Insured's personal insurance carrier(s); (5) if no other insurance is applicable, a notarized statement from the Insured to that effect; and (6) evidence that the personal property has actually been replaced.

The Insured must: a. protect personal property from further loss, theft or damage; b. report within 24 hours any loss, theft or damage to the appropriate official representative such as the police or Common Carrier service; c. report any loss to the Company or its authorized representatives as soon as reasonably possible; d. submit Proof of Loss to the Company; e. cooperate with the Company in the investigation, settlement or handling of any claims; f. permit the Company to question the Insured under oath whenever the Company's

investigation deems it necessary. All statements taken will be signed by the Insured; and g. authorize the Company to obtain records or reports necessary to the Company's investigation.

FOR INSURED WHO ARE NEW YORK STATE RESIDENTS: To the extent that this plan provides insurance against the loss or damage to baggage and its contents, the following terms and conditions apply: (1) The loss or damage must occur while the Insured is in transit; (2) The maximum amount of insurance is \$2,000 per bag, including contents, subject to a maximum annual aggregate amount of \$10,000 for all Insureds per trip.

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This Summary of Coverage is not a contract of Insurance but is simply an informative statement to eligible Insureds of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy on file with NCMIC Finance Corporation, herein referred to as the Policyholder. If a statement in this Summary of Coverage and any provision in the policy differ, the policy (# 99068514) will govern.

FOR QUESTIONS REGARDING THIS BENEFIT PLEASE CONTACT THE PLAN ADMINISTRATOR:

Direct Marketing Group
14416 Grover Street
Omaha, NE 68144
1-800-337-2632

For claims related matters ONLY, please contact the Claims Administrator:
Broadspire, a Crawford Company
P.O. Box 459084
Sunrise, FL 33345
Phone: 844-312-2802
Fax: 855-830-3728
Policy # 9906-85-14

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance underwritten and provided by Federal Insurance Company, a Chubb company. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. All products may not be available in all states or certain terms may be different where required by state law. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.

Plan Administrator
The Direct Marketing Group, Inc.
14416 Grover Street
Omaha, NE 68144
800-337-2632