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## DESCRIPTION OF COVERAGE

**THE PLAN:** As an American Motorcyclist Association (AMA) Competition Member, you will be automatically insured against accidental loss of life, limb, sight, speech or hearing while taking part as a registered rider in an AMA amateur or road sanctioned event.

**ELIGIBILITY:** This insurance plan is provided to Competition Members who elect coverage and pay the required premium.

**THE COST:** This insurance plan is provided for a fee to eligible Competition Members.

**BENEFICIARY:** The Loss of Life benefit will be paid to the beneficiary designated by you. If no such designation has been made, that benefit will be paid to the first surviving beneficiary in the following order: a) your spouse or domestic partner, b) your children, c) your parents, d) your brothers and sisters, e) your estate. All other indemnities will be paid to you.

**THE BENEFITS:** The full Principal Sum is payable for accidental loss of life; loss of speech and loss of hearing; loss of speech and one of loss of hand, foot or sight of one eye; loss of hearing and one of loss of hand, foot or sight of one eye; loss of both hands, both feet, loss of sight or any combination thereof; that occurs as the result of an accident. 50% of the Principal Sum is payable for accidental loss of hand, foot or sight of one eye (any one of each); loss of speech or loss of hearing. 25% of the Principal Sum is payable for loss of thumb and index finger of the same hand. The Company will consider it a loss of hand or foot even if they are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. The loss must occur within one year of the accident. The Company will pay the single largest applicable Principal Sum.

**POLICY AGGREGATE LIMIT OF INSURANCE:** If more than one (1) insured person suffers a loss in the same Accident, then the Company will not pay more than \$500,000. If an accident results in Benefit Amounts becoming payable, which when totaled, exceed \$500,000 then the Policy Aggregate Limit of Insurance will be divided proportionally among all insured persons, based on each applicable benefit amount.

**ADDITIONAL BENEFITS: Excess Accident Medical Expense:** reimburses you, up to [see Plan Descriptions for Benefit Amount] for excess accident medical expense if accidental bodily injury causes you to first incur medical expenses for care and treatment within 30 days after an accident. The benefit amount is payable only for medical expenses incurred within 52 weeks after the date of the accident. This benefit is payable on an excess basis; we will determine the reasonable and customary charge for the covered medical expense. We will then reduce that amount by amounts already paid or payable by any other plan. We will pay the resulting amount, less a \$2,500 deductible for excess accident medical expense. This Deductible applies separately to each Insured Person and each Accident. Limitation on Excess Accident Medical Expense: The Benefit Amount for Primary Accident Medical Expense does not apply to charges and services: 1) for which the Insured Person has no obligation to pay; 2) for any injury where worker's compensation benefits or occupational injury benefits are payable; 3) for treatment by a person employed or retained by the Policyholder; 4) for any injury occurring while fighting, except in self-defense; 5) for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice; or 6) for treatment involving conditions caused by repetitive motion injuries, or cumulative trauma and not as the result of an Accidental Bodily Injury. This insurance applies only to Medically Necessary charges and services.

**DEFINITIONS: Accident or Accidental** means a sudden, unforeseen and unexpected event which happens by chance, arises from a source external to the insured person, is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof, occurs while you are insured under this policy which is in force and is the direct cause of the loss.

**Accidental Bodily Injury** means bodily injury which is accidental, the direct cause of a loss and occurs while you are insured under this policy, which is in force. Accidental Bodily Injury does not include conditions caused by repetitive motion injuries or cumulative trauma not a result of an Accident, including, but not limited to: Osgood-Schlatter's Disease; bursitis; Chondromalacia; shin splints; stress fractures; tendinitis; and Carpal Tunnel Syndrome.

**Benefit Amount** means the amount which applies to you at the time of an accident during the policy period, for the applicable hazard.

**Class** means the categories of insured persons as described in the policy.

**Company** means Federal Insurance Company.

**Domestic Partner** means a person designated in writing by the primary insured person who is registered as a domestic partner or legal equivalent under laws of the governing jurisdiction or who is at least 18 years of age and competent to enter into a contract; is not related to the primary insured person by blood; has exclusively lived with the primary insured person for at least 12 consecutive months prior to the date of enrollment; is not legally married or separated and as of the date of enrollment has with the primary insured person at least 2 of the following financial arrangements: a joint mortgage or lease, a joint bank account, joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease or

a joint credit card account with a financial institution. Neither the primary insured person nor domestic partner can be married to, nor in a civil union with, anyone else.

**Hazard** means the circumstances for which this insurance is provided, as stated in the policy.

**Hospital** means a public or private institution which is licensed in accordance with the laws of the jurisdiction where it is located; is accredited by the Joint Commission on Accreditation of Hospitals; operates for the reception, care and treatment of sick, ailing or injured persons as in-patients; provides organized facilities for diagnosis and medical or surgical treatment; provides 24 hour nursing care; has a physician or staff of physicians; is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

**Immediate Family Member** means the insured person's spouse or domestic partner; children including adopted children or step-children; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces and nephews. Immediate Family Member also means a spouse's or domestic partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

**Loss** means accidental loss of foot, loss of hand, loss of hearing, loss of life, loss of sight, loss of sight of one eye, loss of speech, loss of thumb and index finger. Loss must occur within one year after the accident.

**Loss of Foot** means the complete severance of a foot through or above the ankle joint.

**Loss of Hand** means a complete severance, as determined by a physician, of at least 4 fingers at or above the metacarpal phalangeal joint on the same hand or at least 3 fingers and the thumb on the same hand.

**Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device.

**Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a physician.

**Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device as determined by a physician.

**Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a physician.

**Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a physician.

**Medical Expense** means the reasonable and customary charges for medical services for the care and treatment of accidental bodily injuries sustained in an accident.

**Medically Necessary** means a medical or dental service, supply or course of treatment which is ordered and prescribed by a physician, is appropriate and consistent with your diagnosis, is in accord with current accepted medical or dental practice and could not be eliminated without adversely affecting your condition. The fact that a physician may prescribe, authorize or direct a service does not of itself make it medically necessary or covered by this policy.

**Medical Services** means medically necessary services, including, but not limited to medical care and treatment by a physician; hospital room and board and hospital care both inpatient and outpatient; drugs and medicines required and prescribed by a physician; diagnostic tests and x-rays prescribed by a physician; transportation in an emergency transportation vehicle from the location where you become injured to the nearest hospital where appropriate treatment can be obtained; dental care and treatment due to an accidental bodily injury; physical therapy, including diathermy ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage, and the office visit associated with such therapy; treatment performed by a licensed medical professional when prescribed by a physician if hospitalization would have been otherwise required; rental of durable medical equipment; artificial limbs and other prosthetic devices; orthopedic appliances or braces.

**Other Plan** means any other insurance or payment source for medical services or disability, including but not limited to health coverage, disability insurance, worker's compensation insurance, or coverage provided or required by any law or statute, including automobile insurance "fault" or "no-fault," employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.

**Physician** means a licensed practitioner of the healing arts acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include you or an immediate family member.

**Policyholder** means the entity identified in the insuring agreement.

**Primary Insured Person** means the insured person who has a direct relationship with the policyholder and where applicable elects insurance under this policy and pays the required premium for the insurance elected.

**Principal Sum** means the amount of insurance applicable to each class.

**Proof of Loss** means written evidence acceptable to us that an accident, accident bodily injury or loss has occurred.

**Reasonable and Customary Charge** means the lesser of the usual charge made by physicians or other health care providers for a given service or supply or the charge we reasonably determine to be the prevailing charge made by physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

**Spouse** means your husband or wife who is recognized as such by the laws of the jurisdiction in which the primary insured person resides.

**War** means hostilities following a formal declaration of war by a governmental authority; in the absence of a formal declaration of war by a governmental authority, armed, open and continuous hostilities between two countries or armed, open and continuous hostilities between two factions, each in control of territory or claiming jurisdiction over the geographic area of hostility.

**We, Us and Our** means Federal Insurance Company.

#### GENERAL PROVISIONS:

**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, except in cases where the claimant lacks legal capacity.

**CLAIM PAYMENT:** 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 the beneficiary have complied with all the terms of this policy.

**EFFECTIVE DATE:** Your insurance becomes effective on the latest of: the effective date of this policy, the date on which you first meet the eligibility criteria as the Insured Person or the beginning of the period for which required premium is paid for you. Insurance for you automatically terminates on the earliest of: the termination date of this policy, the expiration of the period for which required premium has been paid for you, the date on which you no longer meets the eligibility criteria as the Insured Person or the date on which the Company pays out 100% of the principal sum.

**EXCLUSIONS:** This insurance does not cover loss resulting from: **any** accident caused by being in, entering or exiting any aircraft owned, leased or operated by the Policyholder, or operated by an employee of the Policyholder, on the Policyholder's behalf; **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, or medical or surgical treatment or diagnosis thereof; **participation** in military action while in active military service with the armed forces of any country or established international authority. (However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.); **suicide**, attempted suicide or intentionally self inflicted injuries; **declared** or undeclared war.

**ADDITIONAL EXCLUSIONS:** This insurance also does not apply to an accident resulting from: **riding** as a passenger in, entering, or exiting any aircraft while 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; **the** commission or attempted commission of any illegal act, including but not limited to any felony; **being** intoxicated, at the time of an accident. Intoxication is defined by the laws of the jurisdiction where such accident occurs; **occurring** while incarcerated; **being** under the influence of any narcotic or other controlled substance, unless taken and used as prescribed by a physician; **when** the United States of America has imposed any trade or economic sanctions prohibiting insurance of any accident, accidental bodily injury, loss, covered loss, or loss of property, or there is any legal prohibition against providing insurance for any accident, accidental bodily injury, loss, covered loss, or loss of property.

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Answers to specific questions can be obtained by writing the Plan Administrator. To make a claim please contact the Plan Administrator.

**Plan – [See Plan Descriptions for  
AD&D Benefit Amount]  
Principal Sum**

**Plan Administrator**

Jones Birdsong LLP  
AMA Member Insurance

**Accident Insurance Program**

As a handy reference guide, please read this and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, which can be obtained from the Policyholder: American Motorcyclist Association

125 West Lake Street, Suite 200  
Wayzata, MN 55391

Provided to

Competition Members of the  
American Motorcyclist Association

**CHUBB**

Plan Underwritten By  
Federal Insurance Company  
a Chubb Company  
202B Hall's Mill Road, P.O. Box 1650  
Whitehouse Station, NJ 08889-1650

Policy #9908-23-83

Description of Coverage

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Form No. CCA7000DC (Ed.9/06)

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