

Berkley Life and Health Insurance Company

Urbandale, Iowa
Underwriting Office:
2445 Kuser Road, Suite 201
Hamilton Square, NJ 08690



ADMINISTRATIVE CHANGE RIDER

This Rider is attached to and made a part of Policy Number COL L219000010907 issued to Francis Marion University (the Policyholder).

Effective 08/01/2022, the Policy is renewed and **SCHEDULE OF BENEFITS** in the Policy is amended as follows:

The **POLICY PERIOD** is changed to 08/01/2022 to 08/01/2023.

The **POLICY NUMBER** is changed to COL L219000010908.

The **PREMIUM** is changed to:

Total Amount Due: \$53,718.00

Premium Schedule: Annual paid 30 days From the Effective Date

This Rider does not change any other provisions of the Policy.

Signed for the Company:

President

Secretary

Berkley Life and Health Insurance Company

Urbandale, Iowa
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Economic Sanctions Endorsement

This Endorsement attaches to and is made part of Policy Number COL L219000010908 issued to Francis Marion University.

This Endorsement is subject to all the provisions, limitations, and exclusions of the Policy, except as they are specifically modified herein. In the event any provision of the Policy and this Endorsement conflict, the terms of this Endorsement shall govern. Please read this Endorsement carefully.

U.S. ECONOMIC AND TRADE SANCTIONS CLAUSE

Whenever coverage provided by this Policy would be in violation of any U.S. economic or trade sanctions such as, but not limited to, those sanctions administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"), such coverage shall be null and void. Similarly, any coverage relating to or referred to in any certificates or other evidences of insurance or any claim that would be in violation of U.S. economic or trade sanctions as described above shall also be null and void.

All other terms, conditions, limitations, and exclusions of the Policy remain unchanged.

EFFECTIVE DATE OF ENDORSEMENT: 08/01/2022

Signed for the Company:

A stylized, handwritten signature in black ink, likely belonging to the President.

President

A handwritten signature in black ink that reads 'Philip S. Welt'.

Secretary

BERKLEY LIFE AND HEALTH INSURANCE COMPANY

PRIVACY NOTICE

Berkley Life and Health Insurance Company (the "Company"), a member company of the W. R. Berkley Corporation ("Berkley") group of companies and each other member of the Berkley group of companies ("Affiliates") understands our customers' concern about privacy of their information collected by the Company. Our Company is dedicated to protecting the confidentiality and security of nonpublic personal information we collect about our customers in accordance with applicable laws and regulations. This notice refers to the Company by using the terms "us," "we," or "our." The law requires that we send you a notice describing our privacy policy and how we treat the nonpublic personal information about our customers that we receive in connection with our business (Information").

Why We Collect and How We Use Information.

We collect and use Information for business purposes with respect to our insurance products and services and other business relations involving our customers. We gather this Information to evaluate your request for insurance, to evaluate your insurance claims, to administer, maintain or review your insurance policy, and to process your insurance transactions. We also accumulate certain information about you as may be required or permitted by law.

Your insurance agent or broker also collects this information and may use it to help with your overall insurance program or to market additional products and services to you. We may also use Information to offer you other products or services that we or our Affiliates provide.

How We Collect Information.

Most Information collected by us is provided by you or your insurance agent or broker to us. We obtain Information from (i) applications or other forms submitted by you, your insurance agent or broker or your authorized representatives to us and our Affiliates, and (ii) your transactions with us or our Affiliates. We may also obtain Information from other sources such as (i) consumer reporting agencies, (ii) other institutions or information services providers, (iii) employers, (iv) other insurers, or (v) your family members.

Information We Disclose.

We disclose any information which we believe is necessary to conduct our business as permitted by applicable law or where required by applicable law. This disclosure may include (i) Information we receive from you on applications or other forms provided to us and our Affiliates, such as names, addresses, social security numbers, assets, employer information, salaries, etc. (ii) Information about your transactions with us and our Affiliates, such as policy coverages, premiums, payment history, etc., and (iii) Information we receive from a consumer reporting agency, such as credit worthiness and credit history.

To Whom We Disclose Information.

We may, as permitted or required by applicable law, disclose your Information to nonaffiliated third parties, such as (i) your insurance agent or broker, (ii) independent claims adjusters, (iii) insurance support organizations, (iv) processing companies, (v) actuarial organizations, (vi) law firms, (vii) other insurance companies involved in an insurance transaction with you, (viii) law enforcement, regulatory, or governmental agencies, (ix) courts or parties therein pursuant to a subpoena or court order, (x) businesses with whom we have a marketing agreement, or (xi) our Affiliates.

We may share Information with our Affiliates so that they may offer you products and services from the Berkley group of companies or to analyze our book of business and to consolidate necessary information. We do not disclose Information to other companies or organizations not affiliated with us for the purpose of using Information to sell their products or services to you. For example, we do not sell your name to unaffiliated mail order or direct marketing companies.

How We Protect Information.

We require our employees to protect the confidentiality of Information as required by applicable law. Access to Information by our employees is limited to administering, offering, servicing, processing or maintaining of our products and services. We also maintain physical, electronic and procedural safeguards designed to protect Information. When we share or provide Information to other persons or organizations, we contractually obligate them, if required by law, to treat Information as confidential and conform to our privacy policy and applicable laws and regulations.

Correction and Access to Information.

Upon our receipt of your written request to us at Berkley Life and Health Insurance Company, 475 Steamboat Road, Greenwich, Connecticut 06836-2519 we will, generally, make available Information for your review. If you believe the Information we have about you is incorrect or inaccurate, you may request that we make any necessary corrections, additions or deletions. If we agree with your belief, we will correct our records if required by applicable law. If we do not agree, you may submit to us a short statement of dispute, which we will include in any future disclosure by us of such Information if required by applicable law.

Requirements for Privacy Notice.

This privacy notice is being provided due to recently enacted federal and state laws and regulations establishing new privacy standards and requires us to provide this privacy policy. For additional information regarding our privacy policy, please write to us at 475 Steamboat Road, Greenwich, Connecticut 06836-2519.

Revised: February 7, 2006

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SOUTH CAROLINA RIDER

This Rider is attached to and made a part of Policy Number COL L219000010906 issued to Francis Marion University (the Policyholder). The Policy/Certificate are hereby amended for South Carolina as follows:

DEFINITIONS

The following is added to the definition of **PHYSICIAN**:

Physician also includes a licensed podiatrist, oral surgeon, optometrist and doctoral psychologist.

TERMINATION DATE OF INSURANCE

The following provision is added if the **ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT** is included:

EXTENSION OF BENEFITS: If Totally Disabled on the date insurance terminates, charges incurred for the continuation of that Total Disability shall also be covered during the 90 day period following the date insurance terminates.

EXCLUSIONS

Any Exclusion pertaining to the use of alcohol or drugs is replaced with the following:

- Any loss resulting from the Covered Person being intoxicated or under the influence of a narcotic unless taken on the advice of a Physician.

CLAIMS PROVISIONS

The **PHYSICAL EXAMINATIONS AND AUTOPSY** provision is replaced with the following:

PHYSICAL EXAMINATIONS AND AUTOPSY: We have the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, during the period of contestability, unless the law forbids it. The autopsy must be performed in South Carolina. We will pay the cost of the examination or autopsy.

GENERAL POLICY PROVISIONS

The **LEGAL ACTION** provision is amended to replace "three (3) years" with "six (6) years".

Signed for the Company:

A handwritten signature in black ink, appearing to be 'J. L. [unclear]', written over a horizontal line.

President

A handwritten signature in black ink, appearing to be 'J. L. [unclear]', written over a horizontal line.

Secretary

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SURGICAL EXPENSE RIDER

This Rider is attached to and made a part of Policy Number COL L219000010906 issued to Francis Marion University (the Policyholder). The Policy/Certificate are hereby amended as follows:

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

DESCRIPTION OF BENEFITS

The Physician surgical expenses benefit included in the list of Covered Medical Expenses under the Accident Medical and Dental Expense Benefit is hereby deleted and replaced with the following:

Physician surgical expenses. If an Injury requires multiple surgical procedures, we will pay 100% of the available benefit for the largest of the procedures performed, 50% of the available benefit for the second procedure and 25% of the available benefit for any additional eligible procedures.

Signed for the Company:

A handwritten signature in black ink, appearing to be 'J. M. B.', written over a horizontal line.

President

A handwritten signature in black ink, appearing to be 'J. V. G.', written over a horizontal line.

Secretary

BERKLEY LIFE AND HEALTH INSURANCE COMPANY

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Your insurance agent or broker also collects this Information and may use it to help with your overall insurance program or to market additional products and services to you. We may also use Information to offer you other products or services that we or our Affiliates provide.

How We Collect Information.

Most Information collected by us is provided by you or your insurance agent or broker to us. We obtain Information from (i) applications or other forms submitted by you, your insurance agent or broker or your authorized representatives to us and our Affiliates, and (ii) your transactions with us or our Affiliates. We may also obtain Information from other sources such as (i) consumer reporting agencies, (ii) other institutions or information services providers, (iii) employers, (iv) other insurers, or (v) your family members.

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We may share Information with our Affiliates so that they may offer you products and services from the Berkley group of companies or to analyze our book of business and to consolidate necessary information. We do not disclose Information to other companies or organizations not affiliated with us for the purpose of using Information to sell their products or services to you. For example, we do not sell your name to unaffiliated mail order or direct marketing companies.

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Revised: February 7, 2006

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Economic Sanctions Endorsement

This Endorsement attaches to and is made part of Policy Number COL L219000010906 issued to Francis Marion University.

This Endorsement is subject to all the provisions, limitations, and exclusions of the Policy, except as they are specifically modified herein. In the event any provision of the Policy and this Endorsement conflict, the terms of this Endorsement shall govern. Please read this Endorsement carefully.

U.S. ECONOMIC AND TRADE SANCTIONS CLAUSE

Whenever coverage provided by this Policy would be in violation of any U.S. economic or trade sanctions such as, but not limited to, those sanctions administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"), such coverage shall be null and void. Similarly, any coverage relating to or referred to in any certificates or other evidences of insurance or any claim that would be in violation of U.S. economic or trade sanctions as described above shall also be null and void.

All other terms, conditions, limitations, and exclusions of the Policy remain unchanged.

EFFECTIVE DATE OF ENDORSEMENT: 08/01/2020

Signed for the Company:

President

Secretary

Berkley Life and Health Insurance Company

Urbandale, Iowa
Underwriting Office:
2445 Kuser Road, Suite 201
Hamilton Square, NJ 08690



ADMINISTRATIVE CHANGE RIDER

This Rider is attached to and made a part of Policy Number COL L005000010905 issued to Francis Marion University (the Policyholder).

Effective 08/01/2020, the Policy is renewed and **SCHEDULE OF BENEFITS** in the Policy is amended as follows:

The **POLICY PERIOD** is changed to 08/01/2020 to 08/01/2021.

The **POLICY NUMBER** is changed to COL L219000010906.

The **PREMIUM** is changed to \$53,875.00

Premium Schedule: Annual, paid 30 days From the Effective Date

This Rider does not change any other provisions of the Policy.

Signed for the Company:

A handwritten signature in black ink, appearing to be 'L. M. B. J.', written over a horizontal line.

President

A handwritten signature in black ink, appearing to be 'J. V. G.', written over a horizontal line.

Secretary

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ADMINISTRATIVE CHANGE RIDER

This Rider is attached to and made a part of Policy Number COL L219000010906 issued to Francis Marion University (the Policyholder).

Effective 08/01/2021, the Policy is renewed and **SCHEDULE OF BENEFITS** in the Policy is amended as follows:

The **POLICY PERIOD** is changed to 08/01/2021 to 08/01/2022.

The **POLICY NUMBER** is changed to COL L219000010907.

The **PREMIUM** is changed to:

Total Amount Due: \$53,718.00

Premium Schedule: Annual paid 30 days From the Effective Date

This Rider does not change any other provisions of the Policy.

Signed for the Company:

A handwritten signature in black ink, appearing to be 'L. H. B. J.', written over a horizontal line.

President

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Secretary

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All other terms, conditions, limitations, and exclusions of the Policy remain unchanged.

EFFECTIVE DATE OF ENDORSEMENT: 08/01/2021

Signed for the Company:

A handwritten signature in black ink, appearing to be 'J. M. [unclear]', written over a horizontal line.

President

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BERKLEY LIFE AND HEALTH INSURANCE COMPANY

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Revised: February 7, 2006