CERTIFICATE SCHEDULE

POLICY NO.: SR2014DC-P-121077

POLICYHOLDER INFORMATION:

Girl Scouts of the USA 816 Connecticut Avenue Washington, DC 20006

Effective Date: October 1, 2025 Expiration Date: October 1, 2026

ELIGIBILITY:

Class 1: All member and non-member participants of Girl Scouts sponsored and supervised by the Policyholder or a

Chartered Council for day events. (100% Participation)

Class 2: All member and non-member participants of Girl Scouts sponsored and supervised by the Policyholder or a

Chartered Council for any overnight event lasting one night or greater. (100% Participation)

Class 3: All member and non-member participants of Girl Scouts sponsored and supervised by the Policyholder or a

Chartered Council while traveling internationally or inbound international travel. (100% Participation)

SCOPE OF COVERAGE:

<u>Class</u> <u>Insured Risk</u> <u>Benefits</u>

ALL Activity Coverage (IRACT062A) AD&D (ADSLPERC003)

AME (AME001)

Heart or Circulatory Malfunction (Daisy, Brownie, Junior, Cadette, Senior and Ambassador Youth

Participants Only)

BENEFITS:

Accidental Death & Specific Loss (ADSLPERC003)

Death Principal Sum Amount

Specific Loss Principal Sum Amount

Loss Period

\$15,000.00
\$20,000.00
Loss Period

Loss within 365 Days of Injury

Paralysis Benefit

Principal Sum
Quadriplegia
Paraplegia
Paraplegia
Paraplegia
Bum
100% of Principal Sum
100% of Principal Sum
100% of Principal Sum
100% of Principal Sum
Within 60 days after the date of the accident
and continuing for one year

Heart or Circulatory Malfunction Benefit (Daisy, Brownie, Junior, Cadette, Senior and Ambassador Youth Participants Only)

Malfunction Loss Period
Loss of Life Benefit
Loss of Life Loss Period
Loss of Life Loss Period
Loss within 24 hours after participation
\$15,000.00
Loss within 90 Days of Injury

Sickness Medical Expense for Accident – Full Expense

Maximum Benefit Amount

Class 1: No Benefit Class 2 & 3: \$10,000.00 Per Sickness Benefit Percentage 100% of Allowable Expense

Sickness Medical Deductible \$0.00 per Injury Loss Period Initial treatment received within 30 days of Injury

Benefit Period Benefits payable for 52 weeks from accident date

Accident Medical Expense for Accident (AME001) - Full Excess (TBFE004)

Maximum Expense Maximum \$20,000.00 per Injury Benefit Percentage 100% of Allowable Expense Accident Medical Deductible \$0.00 per Injury

Initial treatment received within 30 days of Injury Loss Period Benefit Period Benefits payable for 52 weeks from accident date

Extended Dental Expense

(covers injuries to sound, natural teeth)

Maximum Benefit Not to exceed \$5,000.00 per Injury Deferred Benefit Maximum Benefit Not to exceed \$5,000.00 per Injury

Durable Medical Equipment

Maximum Benefit Not to exceed 100% of Allowable Expense per Injury

Infectious Exposure Benefit (0PK3M)

Return Transportation and Repatriation Benefit

Maximum Benefit Not to exceed \$1,500.00 per Injury

Ambulance Expense Benefit - Surface & Air (Class 1 & 2) (Class 3 Benefits Coordinated & Paid by AXA)

Benefit Percentage 100% of Allowable Expense Surface Ambulance Maximum Benefit \$3,000.00 per Injury \$5,000.00 per Injury Air Ambulance Maximum Benefit International Surface or Air Ambulance Benefits Coordinated and paid by AXA Worldwide Travel Assistance

Benefits Coordinated and paid by AXA Worldwide Travel Assistance

The following riders are attached to and made a part of this policy:

Infectious Exposure Benefits Rider 0PK3M

063025:scs