

Accident Insurance for your Community Association Volunteers

- \$25,000 Excess Accident Medical Expense Benefits
- \$50,000 Accidental Total Paralysis Benefit
- \$50,000 Accidental Dismemberment Benefit
- \$15,000 Accidental Death Benefit



Community Association Volunteer Accident Insurance Program



Whether you are inspecting the property or volunteering your time for the betterment of your community, we all know accidents happen. Sometimes those accidents result in injuries that require medical attention.

Why take chances with the welfare of your volunteers? Show them you care with CAU's new Community Association Volunteer Accident Insurance Program.

Protect both your organization and your volunteers from the financial consequences of accidental injuries. This Community Association Volunteer Accident Insurance Program is designed to provide insurance protection for all your volunteers performing supervised and sponsored volunteer activities, on your premises or at another location.

Board members, Committee members and other Volunteers operating within the scope and at the direction of the Community Association are eligible for coverage.

Accident benefits for your Community Association Volunteers

Benefits are payable for injuries that result, directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the maximum benefits stated.

Excess Accident Medical Expense Benefits

Excess Accident Medical Expense Benefits include eligible medical expenses that are in excess of amounts paid by any other Health Care Plan, including individual, group medical or health benefit plans the covered volunteer may have, up to \$25,000 per accident per volunteer. In the event no other health plan or policy exists, benefits for these expenses will be payable like primary coverage. The first eligible expense must be incurred within 90 days after the date of the covered accident. Eligible accident medical expenses must be incurred within one year of the covered accident.

Payable Covered Expenses

Services and supplies payable when prescribed by a physician for injuries sustained in a covered accident include:

- Hospital bills, including room and board
- Emergency room and outpatient treatment
- Medical or surgical treatment by a licensed doctor
- Prescription drugs and medicines
- The services of a licensed or graduate nurse
- Dental care for injury to sound and natural teeth
- Ambulance expenses from the covered accident site to the hospital

The benefit payment will be based on the usual and customary charges for medical service in your area.

Accidental Death, Dismemberment and Paralysis (Plegia) Benefits

If within one year from the date of a covered accident, a covered person suffers any of the losses specified, we will pay the benefit amounts listed below. If the same accident causes more than one of these losses, we will pay the largest amount that applies.

- Loss of life – \$15,000
- Total paralysis of upper and lower limbs, both lower limbs, or upper and lower limbs on one side of the body – \$50,000
- Loss of any combination of two: hands, feet, eyesight, speech and hearing – \$25,000
- Loss of thumb and index finger of same hand – \$10,000

The Accidental Death, Dismemberment and Paralysis aggregate limit of liability per accident is \$500,000.

Note: Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body. Paralysis means loss of use, without severance, of a limb. This loss must be determined by a physician to be complete and not reversible.

The cost of this program is only \$300 per year, regardless of the number of volunteers in your community association.



Exclusions and Limitations:

Coverage is not provided for any accident which is caused by or results from any of the following:

- intentionally self-inflicted injury, suicide or any attempted threat while sane or insane;
- commission or attempt to commit a felony or an assault; commission of or active participation in a riot or insurrection;
- bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, snowboarding, skateboarding, motorcycle racing or racing rocket-powered, jet propelled or nuclear-powered vehicles;
- declared or undeclared war or act of war;
- flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
- participation in any motorized race or contest of speed;
- an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learner's permit and the covered person is participating in a drivers' education program;
- sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- travel or activity outside the United States, unless advance written approval is provided;
- the covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred;
- voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
- injuries compensable under Workers' Compensation law or any similar law;
- an accident which occurs while the covered person is driving a private passenger automobile while intoxicated.
- Benefits will not be paid for any hospital stay that is not considered appropriate treatment for the condition and locality.
- Overnight Supervised and Sponsored Activities and related travel are not covered, unless agreed to in writing by the Company.
- In addition, benefits will not be paid for services or treatment rendered by any person who is employed or retained by the policyholder or living in the covered person's household or provided by a parent, sibling, spouse or child of either the covered person.
- The Accidental Death and Dismemberment aggregate limit is \$500,000.

Accident Medical Benefit Limitations and Excluded Expenses:

- cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury;
- any elective or routine treatment, surgery, health treatment, or examination;
- blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood;
- examination or prescription for eyeglasses, contact lenses or hearing aids;
- treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
- services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
- rest cures or custodial care;
- repair or replacement of existing dentures, partial dentures, braces or bridgework;
- personal services such as television and telephone or transportation;
- expenses payable by any automobile insurance policy without regard to fault;
- services or treatment provided by an infirmary operated by the policyholder;
- treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), that are a normal, foreseeable result of participation in the covered activity;
- treatment or service provided by a private duty nurse;
- treatment of hernia of any kind;
- treatment of injury resulting from a condition that a covered person knew existed on the date of the accident, unless he received a written medical release from his physician.

Any covered expenses payable under the Accident Medical Expense benefit will be reduced by 50% if the covered person has HMO or PPO coverage and elects not to use that coverage.

Terms of Coverage:

Coverage is provided to Board members, Committee members and other duly recognized volunteers of the policyholder while operating within the scope and at the direction of the policyholder.

Benefits are payable for injuries which result directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the plan maximum. Eligible medical expenses must be incurred within one year of the date of the accident; with the first eligible expense incurred within 90 days of the accident.

Coverage becomes effective on the date requested provided the premium and the application are received and accepted by QBE Insurance Corporation.

Coverage is paid for by the policyholder.

General Definitions:

Covered Accident – means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the covered person is insured under this Policy;
2. is not contributed to by disease, sickness, or mental or bodily infirmity; and
3. is not otherwise excluded under the terms of this Policy.

Health Care Plan – Any contract, policy, or other arrangement, whether individually purchased or incidental to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual policies; subscriber contracts; uninsured agreements or arrangements; coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice and individual practice plans; medical benefits under automobile "fault" and "no-fault" - type contracts; medical benefits provided by any governmental plan or coverage or other benefit law, except a state-sponsored Medicaid plan; or a plan or law providing benefits only in excess of any private or non-governmental plan; other valid and collectible medical or health care benefits or services.

Usual and Customary – All benefit payments will be based on the normal charge, in the absence of insurance, made by the provider of a necessary supply or service, but not more than the prevailing charge in the area for like services by a provider with similar training or experience; or for a supply that is identical or substantially equivalent. Where appropriate, Usual and Customary Charge will be based on a relative value schedule appropriate to the area and type of service provided.

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by QBE Insurance Corporation. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth on policy form, BAM-03-1000 et seq. Any policy QBE offers to issue will be subject to the laws of the jurisdiction in which it is issued.



The Gardens at Heritage Green Condominium Association, Inc.

Needed Items

Please forward the following items to us by 09/25/2016:

Association's current financial statement or budget

A signed CAU application

***Quote is subject to change with receipt of the association's 2016 Budget/Reserve Amount for the Employee Dishonesty FULL LIMITS ALS coverage calculation for this renewal



**QBE INS
CORPORATION**

Member of the QBE Insurance Group

**Community Association
Insurance Quotation**

Association Type: **Residential Condominium**

CUSTOMER NUMBER: **32778**

QUOTATION DATE: **06/23/2016**

Name Insured: **The Gardens at Heritage Green Condominium Association, Inc.**

Address: **800 Callaway Court
Chattanooga, TN 37421 - 0000**

QUOTATION - POLICY PERIOD

FROM: **09/25/2016** TO: **09/25/2017**

QUOTATION PREMIUM

\$38,997.00

This quotation is based on information received from the applicant. Quote is valid until the expiration date of the current policy. All coverage will be subject to the declarations, terms, conditions and exclusions of the actual policy. Coverage may also be subject to inspection of the premises.

DESCRIPTION OF PREMISES

See attachment 1A on next page.

Please review the above description including specific street addresses and advise your agent of any discrepancies.

Agency: **Robins Insurance Agency
Post Office Box 150437
30 Burton Hills Blvd., Suite 300
Nashville, TN 37215**



**Community Association Underwriters of America, Inc.
2 Caufield Place
Newtown, PA 18940**

Attachment 1A -- Description Of Premises

Coverage is provided for one hundred one one and two-story frame condominium buildings containing one hundred twenty nine residential units. The premises is located at 1006 Callaway Court; 1008 Callaway Court; 1014 Callaway Court; 1016 Callaway Court; 1022 Callaway Court; 1024 Callaway Court; 1030 Callaway Court; 1032 Callaway Court; 1038 Callaway Court; 1040 Callaway Court; 1046 Callaway Court; 1048 Callaway Court; 1054 Callaway Court; 1056 Callaway Court; 113 Callaway Court; 125 Callaway Court; 137 Callaway Court; 149 Callaway Court; 161 Callaway Court; 173 Callaway Court; 179 Callaway Court; 208 Callaway Court; 224 Callaway Court; 236 Callaway Court; 252 Callaway Court; 268 Callaway Court; 284 Callaway Court; 305, 313, 321 Callaway Court; 307 Callaway Court; 319 Callaway Court; 329, 337, 343 Callaway Court; 331 Callaway Court; 353 Callaway Court; 355 Callaway Court; 367 Callaway Court; 408 Callaway Court; 412 Callaway Court; 414 Callaway Court; 416 Callaway Court; 426 Callaway Court; 428 Callaway Court; 442 Callaway Court; 444 Callaway Court; 454 Callaway Court; 460 Callaway Court; 466 Callaway Court; 472 Callaway Court; 507, 515, 523 Callaway Court; 509, 517, 525 Callaway Court; 531, 539, 547 Callaway Court; 533, 541, 549 Callaway Court; 555, 563, 571 Callaway Court; 557 Callaway Court; 579, 587, 595 Callaway Court; 608 Callaway Court; 610 Callaway Court; 622 Callaway Court; 624 Callaway Court; 636 Callaway Court; 638 Callaway Court; 648 Callaway Court; 652 Callaway Court; 664 Callaway Court; 668 Callaway Court; 678 Callaway Court; 682 Callaway Court; 709, 715, 723 Callaway Court; 721, 729, 737 Callaway Court; 731, 739, 747 Callaway Court; 745, 753, 761 Callaway Court; 755, 763 Callaway Court; 769, 775, 787 Callaway Court; 771, 779 Callaway Court; 804 Callaway Court; 806 Callaway Court; 812 Callaway Court; 814 Callaway Court; 820 Callaway Court; 822 Callaway Court; 828 Callaway Court; 830 Callaway Court; 836 Callaway Court; 838 Callaway Court; 844 Callaway Court; 846 Callaway Court; 852 Callaway Court; 854 Callaway Court; 860 Callaway Court; 868 Callaway Court; 907 Callaway Court; 909 Callaway Court; 915 Callaway Court; 917 Callaway Court; 923 Callaway Court; 925 Callaway Court; 931 Callaway Court; 933 Callaway Court; 939 Callaway Court; 941 Callaway Court; 947 Callaway Court; 949 Callaway Court, Chattanooga, Hamilton County, TN 37421.

VALUATION

A/C MEANS ACTUAL COST	G/R/C MEANS GUARANTEED REPLACEMENT COST
A/C/V MEANS ACTUAL CASH VALUE	I/R/C MEANS INCREASED REPLACEMENT COST
A/L/S MEANS ACTUAL LOSS SUSTAINED	M/V MEANS MARKET VALUE
A/V MEANS APPRAISED VALUE	R/C MEANS REPLACEMENT COST
F/V MEANS FACE VALUE	

PROPERTY DIRECT COVERAGE

COVERAGE	LIMIT OF INSURANCE	VALUATION	DEDUCTIBLE
BUILDING AND STRUCTURES			
BUILDINGS	Guaranteed Replacement Cost	G/R/C	\$2,500
STRUCTURES	Guaranteed Replacement Cost	G/R/C	\$2,500
“UNITS” AND PRIVATE STORAGE AREAS			
ORIGINAL SPECIFICATIONS	Guaranteed Replacement Cost	G/R/C	\$2,500
ADDITIONAL INSTALLATIONS	NONE		
COMMUNITY PERSONAL PROPERTY	Guaranteed Replacement Cost	G/R/C	\$2,500
STRUCTURAL GLASS AND SIGNS	Guaranteed Replacement Cost	G/R/C	\$250
BRIDGES, BULKHEADS, DOCKS, PIERS, RETAINING WALLS, WHARVES	\$10,000	R/C	\$500
SATELLITE DISHES AND ANTENNAS	\$10,000	R/C	\$500
NATURAL PROPERTY	\$10,000	R/C	\$0
Maximum per tree, plant, shrub, or lawn	\$500	R/C	\$0
NEWLY ACQUIRED OR CONSTRUCTED PROPERTY			
NEWLY ACQUIRED BUILDINGS AND STRUCTURES	\$250,000	R/C	\$2,500
NEWLY CONSTRUCTED BUILDINGS AND STRUCTURES	\$250,000	R/C	\$2,500
NEWLY ACQUIRED COMMUNITY PERSONAL PROPERTY	\$250,000	R/C	\$2,500
“MONEY” AND “SECURITIES”	\$15,000	F/V, M/V	\$0
COMPUTER EQUIPMENT, “MEDIA” AND SUPPLIES	\$25,000	R/C	\$500
PAPERS, RECEIVABLES AND RECORDS	\$10,000	A/C	\$0

PROPERTY DIRECT COVERAGE

COVERAGE	LIMIT OF INSURANCE	VALUATION	DEDUCTIBLE
"FINE ARTS"	\$15,000	A/V	\$500
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"PERSONAL EFFECTS"			
Per Person	\$5,000	A/C/V	\$0
Per Occurrence	\$15,000	A/C/V	\$0
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PERSONAL PROPERTY OF OTHERS			
Per Person	\$5,000	A/C/V	\$0
Per Occurrence	\$15,000	A/C/V	\$0
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ELEVATOR COLLISION	\$100,000	R/C	\$0
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OFF "PREMISES"	\$25,000	R/C	\$2,500
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IN TRANSIT	\$25,000	R/C	\$2,500
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"RATABLE LIMIT"	\$22,700,000		

PROPERTY CONSEQUENTIAL COVERAGE

COVERAGE	LIMIT OF INSURANCE	VALUATION	DEDUCTIBLE
MAINTENANCE FEES AND ASSESSMENTS	FULL	A/L/S	\$0
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COMMUNITY INCOME	FULL	A/L/S	\$0
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EXTRA EXPENSE	FULL	A/C	\$0
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ACCOUNTS RECEIVABLE EXPENSES	FULL	A/L/S	\$0
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"MEDIA" COSTS	\$25,000	A/C	\$0
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"VALUABLE PAPERS AND RECORDS" COSTS	\$25,000	A/C	\$0
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ORDINANCE OR LAW COVERAGE			
COVERAGE FOR LOSS TO THE UNDAMAGED PORTION OF THE BUILDING	Guaranteed Replacement Cost	G/R/C	\$2,500
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DEMOLITION COST COVERAGE	\$250,000	A/C	\$2,500

PROPERTY CONSEQUENTIAL COVERAGE

COVERAGE	LIMIT OF INSURANCE	VALUATION	DEDUCTIBLE
INCREASED COST OF CONSTRUCTION COVERAGE	\$250,000	I/R/C	\$2,500
INCREASED PERIOD OF RESTORATION COVERAGE	FULL	A/L/S, A/C	\$0
REMOVAL COVERAGES			
DEBRIS REMOVAL	\$250,000	A/C	\$0
PROPERTY REMOVAL	\$250,000	R/C	\$0
REMOVAL OF FALLEN TREES Maximum per tree, shrub, or lawn	\$10,000 \$500	R/C R/C	\$0 \$0

PROPERTY ADDITIONAL CAUSES OF LOSS

COVERAGE	LIMIT OF INSURANCE	VALUATION	DEDUCTIBLE
WORLDWIDE CRIME COVERAGES			
"EMPLOYEE DISHONESTY"	FULL	A/L/S	\$0
"COMPUTER FRAUD"	\$50,000	A/C	\$0
"DEPOSITORS FORGERY"	\$50,000	A/C	\$0

PROPERTY SUPPLEMENTARY PAYMENTS

COVERAGE	LIMIT OF INSURANCE	VALUATION	DEDUCTIBLE
ARSON, VANDALISM, AND DELIBERATE AND MALICIOUS ACTS REWARD	\$5,000	10% of Paid Claim	\$0
FIRE DEPARTMENT SERVICE CHARGES	\$10,000	A/C	\$0
FIRE EXTINGUISHER RECHARGE	\$1,000	A/C	\$0
"POLLUTANT" CLEAN UP AND REMOVAL	\$25,000 Per 12 month Period	A/C	\$0

EARTHQUAKE AND "VOLCANIC ERUPTION"

COVERAGE	LIMIT OF INSURANCE	VALUATION	DEDUCTIBLE
EARTHQUAKE AND "VOLCANIC ERUPTION"	No Coverage		

LIABILITY COVERAGE

COVERAGE	LIMIT OF INSURANCE	TYPE OF LIMIT
"BODILY INJURY" AND "PROPERTY DAMAGE"	\$2,000,000	"OCCURRENCE"
"PERSONAL INJURY" AND "ADVERTISING INJURY"	\$2,000,000	"OFFENSE"
"HIRED AUTO" AND "NONOWNED AUTO"	\$2,000,000	"OCCURRENCE"
PROPERTY DAMAGE LEGAL LIABILITY - REAL PROPERTY	\$1,000,000	"OCCURRENCE"
GARAGE AND PARKING AREA LEGAL LIABILITY	DEDUCTIBLE	
Comprehensive Coverage	\$500	\$25,000
Collision Coverage	\$500	\$25,000
MEDICAL PAYMENTS	\$5,000	"OCCURRENCE"
PRODUCTS/COMPLETED OPERATIONS	\$2,000,000	AGGREGATE
"EMPLOYERS LIABILITY" Coverage is provided on excess basis only	\$2,000,000	AGGREGATE

AMENDATORY COVERAGE

FORM NUMBER	FORM TITLE	EDITION DATE
CAU 1000	Condominium Policy	07/01
CAU 1101	Signature Page	12/12
CAU 1130	Employee Dishonesty - Property Manager	07/01
CAU 1180	Property Manager Directors and Officers	07/01
CAU 1243	Tennessee Changes - Amendatory Endorsement	11/01
CAU 1930	Cap on Losses from "Certified Acts of Terrorism"	01/15
CAU 1985	Disclosure Pursuant to Terrorism Risk Insurance Act	01/15
CAU 1990	Nuclear, Biological, Chemical and Radiological Hazards Exclusion	08/15
CAU 1999	Exclusion of Certain Computer Related Losses	07/01
CAU 2200	Environmental Impairment Liability Coverage Part	07/01

POLICYHOLDER DISCLOSURE

Notice of Terrorism Insurance Coverage

Coverage for acts of terrorism is included in your quote. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of an act of terrorism has changed. As defined in Section 102 (1) of the Act: the term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from “certified acts of terrorism” may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. **However, other policy provisions, such as nuclear and pollution exclusions, will still apply.**

Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

You should be aware that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers’ liability for losses resulting from “certified acts of terrorism” when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

We are providing you with the terrorism coverage available under the Terrorism Risk Insurance Act. The premium for the coverage is set forth below and does not include any charges for the portion of loss covered by the United States government under the Act.

Terrorism Premium (Certified Acts): **\$1,136**

Applicant/Named Insured: The Gardens at Heritage Green Condominium Association, Inc.
Quote # QUOT32778
CAU Account # 32778