

You are an Insured and eligible for coverage under the plan, if You are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and You must be engaging in one of the Covered Activities described below.

Class Description: All participants enrolled in a Covered Activity sponsored by the Policyholder, for whom the required premium has been paid.

Period of Coverage: You will be insured on the later of the Policy Effective Date or the date that You become eligible. Your coverage will end on the earliest of the date: 1) the period ends for which the required premium is paid; 2) You are no longer eligible; or 3) You are no longer participating in a Covered Activity.

Covered Activities

The Covered Activity is based on the election of the Policyholder, as shown in the completed Enrollment Form.

Basic Plan - Sports Coverage

We will pay benefits if You are Injured as the result of a Covered Accident while You are participating as a member of the team in a scheduled game, official tournament game or practice session. This Covered Activity includes travel without deviation or interruption between home and practice sessions or the site of the game or competition.

Benefits will be paid if the Covered Accident occurs while You are in a vehicle operated by a properly licensed driver over the age of 25. Travel time includes the time to or from home or school and the Covered Activity, before the required attendance time, and after dismissal and after completing any extra duties assigned by the Policyholder.

Buy-Up Plan - 24-Hour Coverage

We will pay benefits if You suffer a loss as the result of a Covered Accident or Sickness, at any time, 24 hours a day, during the Sports Program or earlier if the Program Fee is paid and You are injured prior to the start of the last scheduled sports activity. We will pay benefits only once for a Covered Accident or Sickness.

Description of Benefits

We will pay benefits only if You suffer a Covered Loss: 1) while enrolled as a full-time participant in a Sports Program sponsored by the Policyholder; 2) and the Program Fee for participation in that Covered Activity has been Paid.

AGGREGATE LIMIT:

Benefit Maximum	\$250,000
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PROGRAM FEE REFUND BENEFIT

We will reimburse the Program Payer, 100% of the amount of the (unearned) Program Fee up to \$10,000 per Enrollment Contract Period, if You are prevented from playing or participating in the Sports Program for the duration of 14 days for any of the following reasons: 1) Death; 2) You suffer an Injury. Your Injury must be so disabling, as certified by a Doctor, to reasonably cause You to cancel participation in the Covered Activity for the duration of 14 days. 3) You suffer a Sickness, if such coverage is elected on the Enrollment Form and the required premium is paid. Your Sickness must be so disabling, as certified by a Doctor, to reasonably cause You to cancel participation in the Covered Activity for the duration of 14 days.

Benefits are payable only if the event causing the cancellation of participation in the Covered Activity occurs prior to the last event of the Sports Program.

Exclusions

We will not pay any benefits for any Injury or Sickness that is caused by, or results directly or indirectly from: 1) War or any act of war, whether declared or not. 2) A Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. 3) Being legally intoxicated as determined according to the laws of the

jurisdiction in which the Injury occurred. 4) Being under the influence of any narcotic or other controlled substance at the time of an Accident. This exclusion does not apply if any narcotic or controlled substance is taken and used as prescribed by a Doctor appropriately licensed to treat the condition for which it is prescribed. 5) Driving without a valid driver's license. 6) Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways. 7) Any hazardous activities including, but not limited to, Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; parasailing. 8) Pre-Existing Condition; "Preexisting Condition", as used with this exclusion, means any disease, illness, sickness, malady or condition which was: a) diagnosed or treated by a Doctor prior to the effective date of coverage for Your consultation, advice or treatment by a Doctor, occurring within 24 months prior to the effective date of Your coverage; or b) diagnosed or treated by a Doctor prior to the effective date of Your coverage, but the Doctor demonstrates that there is a reasonable medical question that the disease, illness, sickness, malady or condition involved did continue within 24 months prior to the effective date of Your coverage without the necessity of consultation, advice or treatment by a Doctor; or c) evident because there was a clear, distinct symptom or symptoms of the disease, illness, sickness, malady or condition demonstrable prior to the effective date of Your coverage with the occurrence of such symptoms being evident within 12 months prior to the effective date of Your coverage and in which, in the opinion of a Doctor, would: indicate that the disease, illness, sickness, malady or condition probably began and manifested itself before the effective date of Your coverage; and would cause an ordinarily prudent person to seek diagnosis, care or treatment. 9) Mental and nervous disorders. 10) Pregnancy or childbirth. 11) Participation in a sports activity other than an scheduled activity of the Sports Program (unless and except as specifically provided in the Policy). 12) Participation in any motorized race or speed contest. 13) Illegal Occupation: We will not be liable for any loss to which a contributing cause was You engaging in an illegal occupation. 14) Commission of or active participation in a riot or insurrection. 15) Medical or surgical treatment, diagnostic procedure, administration or anesthesia, or medical mishap or negligence, including malpractice. 16) Travel or activity outside the United States, Canada, or Mexico. 17) Your Injury resulting from Your willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to: a) competing without protective clothing, helmets, gloves, etc. required by the Policyholder's rules or regulations; or b) competing in a racing vehicle that is in violation of the Policyholder's rules or regulations.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Definitions: "**Benefit Waiting Period**" means the period of time You must remain Injured or Sick before benefits become payable. "**Covered Accident**" means an accident that occurs while Your coverage is in force and results directly in a loss or Injury covered by the Policy for which benefits are payable. "**Covered Activity**" means any activity in which You must be engaged when a Covered Accident occurs in order to be eligible for benefits under the Policy. These Covered Activities are listed above. "**Covered Loss**" or "**Covered Losses**" means an event described in the Description of Benefits that triggers a benefit payable under the Policy. "**Doctor**" means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to You that is appropriate for the conditions and locality. It will not include You or a member of Your Immediate Family or household. "**Enrollment Contract**" means the contract between You or Program Fee Payer and the Program Sponsor obligating the payment of a Program Fee on behalf of the Participant for participation in a Covered Activity. "**Enrollment Contract Period**" means the period of participation for a Covered Activity specified in the Enrollment Contract. Each season of participation will be considered a separate insurable event. "**Injury**" or "**Injured**" means accidental bodily harm sustained by You that results directly and independently of disease or bodily infirmity from an accident. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. The Injury must be so disabling as certified by Your attending Doctor as to preclude participation in a Covered Activity for the duration of the 14 day Benefit Waiting Period. "**Insured**" means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. "**Program Fee**" means a sum of money paid out-of-pocket for You to participate in a Sports Program for the season. Program Fee does not include any scholarship or sponsorship amounts paid by a third party other than the Program Fee Payer to secure Your participation in a Covered Activity. "**Program Fee Payer**" means the person(s) named or designated in the Enrollment Contract as financially responsible for paying the Program Fee for You. "**Program Sponsor**" means the legal entity sponsoring the Sports Program to whom participants are obligated to pay a Program Fee for their participation in the Sports Program. "**Sickness**" or "**Sick**" means Your illness, disease, or condition that is so disabling that You can no longer participate in the Sports Program for the duration of the 14 day Benefit Waiting Period. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. "**Sports Program**" means the specific sports activity for which You are enrolled. It includes a series of scheduled practice and competition games covered by the Enrollment Contract for a specific period of time that will be known as the season. **We**", "**Our**", "**Us**" means the insurance company underwriting this insurance or its authorized agent. "**You**", "**Your**" means an Insured.

You must provide notification of a claim within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify You, the Policyholder, and the Policy Number.

Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact: HSR Plaza II at 800-328-1114 or 972-512-5600; fax 972-512-5820 for claims or inquiries or e-mail claims@hsri.com. Mail claims to: 4100 Medical Parkway, Carrollton, TX 75007.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.