

This endorsement forms part of Policy No.

## FAMILY SECURITY ENDORSEMENT

**THIS ENDORSEMENT ADDS ACCIDENT INSURANCE AND IDENTITY THEFT INSURANCE TO YOUR POLICY. IT DOES NOT COVER SICKNESS OR DISEASE. PLEASE READ IT CAREFULLY.**

**Words and phrases that appear in bold face print in this endorsement have special meaning within this endorsement. Refer to the applicable declarations and definitions sections below and the benefit descriptions themselves for details.**

### PART 1 – ACCIDENT INSURANCE

The Policy is amended as follows:

**I. ACCIDENT INSURANCE DECLARATIONS** – The following declarations are added to the policy and apply only with respect to the accident coverage provided by this endorsement:

(a) **Accident Insurance Effective Date:** [ Same as Policy Effective Date ]

(b) **Classification of Eligible Persons:**

Class 1: Primary Insured age 18 - 80.

Class 2: All relatives of the Primary Insured, by blood or marriage, who reside with the Primary Insured in the residence on which the underlying base homeowners policy provides coverage.

(c) **Covered Activity (ies):**

**Covered Activity 1:** Coverage is provided for **Injury** sustained by a **Covered Person** while in the residence or within the property boundaries of the residence on which the underlying base homeowners policy provides coverage.

**Covered Activity 2:** Coverage is provided for **Injury** sustained by a **Covered Person** during a home invasion. Home invasion is defined herein to be the burglary of the **Covered Person's** residence while the **Covered Person** is at home with the intent to commit a crime (including, but not limited to, robbery, theft, kidnapping, hostage-taking, assault, battery, sniping, murder, manslaughter) that is not the act of any **Covered Person**, the **Immediate Family Member** of any **Covered Person** or an individual who resides with the **Covered Person** on a permanent basis.

**Covered Activity 3:** Coverage is provided for **Injury** sustained by a **Covered Person** during the commission of or attempt to commit a carjacking. Carjacking is defined herein to be the crime of motor vehicle theft from the **Covered Person** with the **Covered Person** being present that is not the act of any **Covered Person**, the **Immediate Family Member** of any **Covered Person** or an individual who resides with the **Covered Person** on a permanent basis.

(d) **Principal Sum Amount (per Household):**

**Covered Activity 1** \$50,000 divided by the number of **Covered Persons**  
**Covered Activity 2** \$100,000 divided by the number of **Covered Persons**  
**Covered Activity 3** \$50,000 divided by the number of **Covered Persons**

(e) **Severe Burn Maximum Amount (per Household):**  
 \$5,000 divided by the number of **Covered Persons**

(f) **In-Hospital Indemnity Monthly Maximum Amount (per Household):** \$1,000 divided by the number of **Covered Persons**

(g) **Rehabilitation Maximum Benefit Amount (per Household):** \$10,000 divided by the number of **Covered Persons**

(h) **Home Alteration and Vehicle Modification Maximum Benefit Amount (per Household):**  
 \$10,000 divided by the number of **Covered Persons**

**II. ACCIDENT INSURANCE** - The following Accident Insurance Coverage is added to your Policy. The provisions hereunder apply only with respect to the Accident Insurance provided hereby:

**A. ACCIDENT INSURANCE INSURING AGREEMENT**

We will pay a benefit to the **Covered Person** (or, in the event of death, to the **Covered Person's** beneficiary) if that **Covered Person** suffers a covered loss arising from an **Injury** that results from an accident that occurs on or after the **Accident Insurance Effective Date** and during a **Covered Activity**. The **Covered Activity(ies)** applicable to each **Covered Person** are set out in the **Schedule**. The benefit amounts payable under the **Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, and Coma Benefit** below are subject to the **Accident Insurance Reduction Schedule** found in the **Accident Insurance Limitations** section below.

- **Accidental Death Benefit.** If **Injury** to a **Covered Person** results in death within 365 days of the date of the accident that caused the **Injury**, we will pay 100% of the **Principal Sum Amount** shown in the **Schedule**.

- **Accidental Dismemberment and Paralysis Benefit.** If **Injury** to a **Covered Person** results, within 365 days of the date of the accident that caused the **Injury**, in that **Covered Person** suffering any of the losses or types of paralysis specified below, the benefit we will pay will be based upon the indicated percentage below for that loss or paralysis of the **Principal Sum Amount** shown in the **Schedule**:

<u>For Loss of:</u>	<u>percentage of Principal Sum Amount payable</u>
Both Hands or Both Feet.....	100%
Sight of Both Eyes .....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye .....	100%
Speech and Hearing in Both Ears .....	100%
One Hand or One Foot.....	50%
Sight of One Eye.....	50%
Speech or Hearing in Both Ears .....	50%
Hearing in One Ear .....	25%
Thumb and Index Finger of Same Hand .....	25%
<b>Quadriplegia</b> .....	100%
<b>Paraplegia</b> .....	75%
<b>Hemiplegia</b> .....	50%

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight of an eye means total and irrecoverable loss of the entire sight in that eye. Loss of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. Loss of speech means total and irrecoverable loss of the entire ability to speak. Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one loss or paralysis is sustained by a **Covered Person** as a result of the same accident, only one amount, the largest, will be paid.

- **Coma Benefit.** If **Injury** renders a **Covered Person Comatose** within 365 days of the date of the accident that caused the **Injury**, and if the **Coma** continues for a period of 30 consecutive days, we will pay a monthly benefit of 1% of the **Principal Sum Amount**. No benefit is provided for the first 30 days of **Coma**.

The benefit is payable monthly as long as the **Covered Person** remains **Comatose** due to that **Injury**, but ceases on the earliest of: (1) the date the **Covered Person** ceases to be **Comatose** due to that **Injury**; (2) the date the **Covered Person** dies; or (3) the date the total amount of monthly **Coma** benefits paid for all **Injuries** caused by the same accident equals 100% of the **Principal Sum Amount** shown in the **Schedule**.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which we are liable when the **Covered Person** is **Comatose** for less than a full month. Only one benefit is provided for any one month of **Coma**, regardless of the number of **Injuries** causing the **Coma**.

We reserve the right, at the end of the first 30 consecutive days of **Coma** and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the **Covered Person** is **Comatose**, including, but not limited to, requiring an independent medical examination provided at our expense.

- **Severe Burn Benefit.** If a **Covered Person** suffers a **Severe Burn** on at least 20% of the **Covered Person's** body, we will pay the **Severe Burn Amount** shown in the **Schedule**.

The determination of whether or not 20% of the **Covered Person's** body is **Severely Burned** must be made by a **Physician**. We retain the right, at our own expense, to have the determination verified by a **Physician** of our choice.

During the **Covered Person's** lifetime, only one **Severe Burn Benefit** is payable.

- **In-Hospital Indemnity Benefit.** If a **Covered Person** suffers an **Injury** that, within 365 days of the date of the accident that caused the **Injury**, requires him or her to be confined in a **Hospital** as an **Inpatient** for at least 3 days, we will pay a benefit. The benefit is payable after three (3) **Day(s) of Confinement** retroactive to the first **Day of Confinement**.

The amount of the benefit is equal to 100% of the **In-Hospital Indemnity Monthly Maximum Amount** shown in the **Schedule**. It is payable monthly for a maximum of 6 months during any one **Period of Confinement**. We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each **Day of Confinement** for which we are liable when the **Covered Person** is confined for less than a full month. Only one benefit is provided for any one **Day of Confinement**, regardless of the number of **Injuries** for which the confinement is required.

- **Rehabilitation Benefit.** If a **Covered Person** suffers an accidental dismemberment or paralysis for which a benefit is payable under this endorsement, we will reimburse the **Covered Person** for **Covered Rehabilitative Expenses** that are incurred within two years of the date of the accident causing the dismemberment or paralysis up to the **Rehabilitation Maximum Benefit Amount** shown in the **Schedule** for all **Injuries** caused by the same accident.
- **Home Alteration and Vehicle Modification Benefit.** If a **Covered Person**: (1) suffers an accidental dismemberment or paralysis for which a benefit is payable under this endorsement; and (2) did not, prior to the date of the accident causing such loss, require the use of a wheelchair to be ambulatory; and (3) as a direct result of such loss is now required to use a wheelchair to be ambulatory we will pay **Covered Home Alteration and Vehicle Modification Expenses** that are incurred within one year after the date of the accident causing such loss up to the **Home Alteration and Vehicle Modification Maximum Benefit Amount** shown in the **Schedule** for all such losses caused by the same accident.

## B. ACCIDENT INSURANCE EXCLUSIONS

No accident insurance coverage shall be provided under this endorsement and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily injury:

- suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or any act of autoeroticism.
- sickness or disease, or mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
- the **Covered Person's** commission of or attempt to commit a crime.
- declared or undeclared war, or any act of declared or undeclared war regardless of whether the Policy to which this endorsement is attached provides such coverage.
- infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
- any loss incurred while outside the United States, its territories or Canada.
- full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the insured is not covered due to his or her active duty status will be refunded). (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
- travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the **Covered Person** is:
  - \* riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  - \* performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
  - \* riding as a passenger in an aircraft owned, leased or operated by the **Covered Person's** employer.
- the **Covered Person** being under the influence of intoxicants while operating any vehicle or means of transportation.
- the **Covered Person** being under the influence of drugs unless taken under the advice of and as specified by a **Physician**.
- the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.

- stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
- any condition for which the **Covered Person** is entitled to benefits under any Workers compensation Act or similar law (applicable to **Home Alteration and Vehicle Modification** and **Rehabilitation Benefits** only).
- the **Covered Person** riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.

### C. ACCIDENT INSURANCE LIMITATIONS

**Accident Insurance Aggregate Limit** - The maximum amount payable for all accident insurance benefits under this endorsement may be reduced if more than one **Covered Person** suffers a loss as a result of the same accident. The maximum amount payable for all such losses for all **Covered Persons** will not exceed the amount shown as the **Accident Insurance Aggregate Limit** in the **Schedule**.

If the combined maximum amount otherwise payable for all **Covered Persons** must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each **Covered Person** for all such losses. The **Accident Insurance Aggregate Limit** is in addition to the Policy's General Aggregate Limit.

**Accident Insurance Reduction Schedule** - The amount payable for a loss will be reduced if a **Covered Person** is age 70 or older on the date of the accident causing the loss. The amount payable for that **Covered Person's** loss is a percentage of the amount that would otherwise be payable, according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF AMOUNT OTHERWISE PAYABLE
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Premium for a **Covered Person** age 70 or older is based on 100% of the coverage that would be in effect if the **Covered Person** were under age 70.

"Age" as used above refers to the age of the **Covered Person** on the **Covered Person's** most recent birthday, regardless of the actual time of birth.

#### D. ACCIDENT INSURANCE DEFINITIONS

**Coma/Comatose** - means a profound state of unconsciousness from which the **Covered Person** cannot be aroused to consciousness, even by powerful stimulation, as determined by a **Physician**.

**Covered Activity (ies)** - means those activities set out as **Covered Activity (ies)** in the **Schedule** with respect to which **Covered Persons** are provided coverage under this endorsement.

**Covered Home Alteration and Vehicle Modification Expenses** - mean one-time expenses that are made on behalf of the **Covered Person**, recommended by a nationally-recognized organization providing support and assistance to wheelchair users, carried out by individuals experienced in such alterations and modifications; and in compliance with any applicable laws or requirements for approval by the appropriate government authorities and that:

- (1) are charged for (a) alterations to the **Covered Person's** residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or (b) modifications to a motor vehicle owned or leased by the **Covered Person** or modifications to a motor vehicle newly purchased for the **Covered Person** that are necessary to make the vehicle accessible to and/or driveable by the **Covered Person**;
- (2) do not include charges that would not have been made if no insurance existed; and
- (3) do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred.

**Covered Person** - means a person: (1) who is a member of an eligible class of persons as described in the **Classification of Eligible Persons** section of the **Schedule**; [and] (2) [for whom premium has been paid; and (3)] while such person's coverage under this endorsement is in force.

**Covered Rehabilitative Expense(s)** - means an expense that: (1) is charged for a **Medically Necessary Rehabilitative Training Service** of the **Covered Person** performed under the care, supervision or order of a **Physician**; (2) does not exceed the usual level of charges for similar treatment, supplies or services in the locality where the expense is incurred (for a **Hospital** room and board charge, does not exceed the most common charge for **Hospital** semi-private room and board in the **Hospital** where the expense is incurred); and (3) does not include charges that would not have been made if no insurance existed.

**Day(s) of Confinement** - means a day of **Hospital** confinement as an **Inpatient**.

**Hemiplegia** - means the complete and irreversible paralysis of the upper and lower **Limbs** of the same side of the body.

**Hospital** – means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more **Physicians**. A **Hospital** does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

**Household** – means the total number of **Covered Persons** living in the Primary Insured's residence who are provided coverage under this endorsement.

**Immediate Family Member** - means a person who is related to the **Covered Person** in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Injury** - means an injury to the body: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's accident coverage is in force; (2) which occurs under the circumstances described in a **Covered Activity** applicable to that person; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered accident loss under this endorsement.

**Inpatient** - means a person: (1) who is confined in a **Hospital** as a registered bed patient; and (2) for whom at least one day's room and board is charged by the **Hospital** unless the person is confined as an **Inpatient** in any military, veterans or other government supported or sponsored **Hospital** for which a charge for room and board is not made.

**Limb** - means entire arm or entire leg.

**Medically Necessary Rehabilitative Training Service** - means any medical service, medical supply, medical treatment or **Hospital** confinement (or part of a **Hospital** confinement) that: (1) is essential for physical rehabilitative training due to the **Injury** for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a **Physician**.

**Paraplegia** - means the complete and irreversible paralysis of both lower **Limbs**.

**Period of Confinement** - means a period of consecutive **Days of Confinement** as an **Inpatient** for all **Injuries** caused by the same accident. However, successive confinements as an **Inpatient** for all **Injuries** caused by the same accident are considered to be part of the same **Period of Confinement**, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 120 days.

**Physician** - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not the **Covered Person** or an **Immediate Family Member**.

**Quadriplegia** - means the complete and irreversible paralysis of both upper and both lower **Limbs**.

**Schedule** – means the **Accident Insurance Declarations** section of this endorsement.

**Severe Burn/Severely Burned** - means cosmetic disfigurement of the surface of a body area due to an **Injury** that is a full-thickness or third-degree burn, as determined by a **Physician**. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).

## E. ACCIDENT INSURANCE CLAIMS PROVISIONS

**Notice of Claim.** Written notice of a claim for benefits must be given to us within 60 days after a **Covered Person's** loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to us at Chartis Claims Inc, Accident & Health Division, P.O. Box 15701, Wilmington, DE 19850-5701, with information sufficient to identify the **Covered Person**, is deemed notice to us. Notice of Claim may also be given to us by telephone within the time period above by calling 1-800-551-0824.

**Claim Forms.** We will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice of a claim, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed herein for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the **Covered Person's** name, the Primary Insured's name and the Policy number.

**Proof of Loss.** Written proof of loss must be furnished to us within 90 days after the date of the loss. If the loss is one for which this accident coverage requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as we may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

**Payment of Claims.** Upon receipt of due written proof of death, payment for loss of life of a **Covered Person** will be made, in equal shares, to the survivors in the first surviving class of those that follow: the **Covered Person's** (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the **Covered Person's** estate.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the **Covered Person** suffering the loss. If a **Covered Person** dies before all payments due have been made, the amount still payable will be paid as described above for loss of life.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at our option, to any relative by blood or connection by marriage of the payee, who, in our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment we make in good faith fully discharges our liability to the extent of the payment made.

**Time of Payment of Claims.** Benefits payable will be paid as soon as possible upon our receipt of a fully completed and properly executed written proof of the loss.

**Physical Examination and Autopsy.** We at our own expense have the right and opportunity to examine the person of any individual whose loss is the basis of claim hereunder when and as often as we may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

## F. ACCIDENT INSURANCE ADDITIONAL PROVISIONS

**Accident Insurance Termination Date.** This coverage terminates automatically on the date the Policy terminates. Termination takes effect at 12:01 AM Standard Time at the address of the first Primary Insured on the date of termination.

**Covered Person's Effective Date.** A **Covered Person's** accident coverage begins on the latest of: (1) the **Accident Insurance Effective Date**; or (2) the date the person becomes a member of an eligible class of persons as described in the **Classification of Eligible Persons** section of the **Schedule**.

**Covered Person Termination Date.** A **Covered Person's** accident coverage ends on the earliest of: (1) the date the Policy is terminated; (2) the date this endorsement is terminated; (3) the date the **Covered Person** ceases to be a member of any eligible class of persons as described in the **Classification of Eligible Persons** section of the **Schedule**.

Termination of coverage will not affect a claim for a covered loss that occurred while the **Covered Person's** accident coverage was in force.

## PART 2 – IDENTITY RECOVERY COVERAGE IDENTITY THEFT CASE MANAGEMENT SERVICE AND EXPENSE REIMBURSEMENT

**A. IDENTITY RECOVERY COVERAGE.** Service and coverage under this endorsement applies to any **Insured** as defined in the policy.

We will provide the **Case Management Service** and **Expense Reimbursement Coverage** indicated below if all of the following requirements are met:

1. There has been an **Identity Theft** involving the personal identity of an **Insured** under the policy; and
2. Such **Identity Theft** is first discovered by the **Insured** during the policy period for which this **Identity Theft Expense** coverage is applicable; and
3. Such **Identity Theft** is reported to us within a reasonable period of time after it is first discovered by you.

If all three of the requirements listed above have been met, then we will provide the following to the **Insured**:

1. **Case Management Service** - services of an **Identity Recovery Case Manager** as needed to respond to the **Identity Theft**; and
2. **Expense Reimbursement** - reimbursement of necessary and reasonable **Identity Theft Expenses** incurred as a direct result of the **Identity Theft**.

This coverage is additional insurance.

## B. IDENTITY RECOVERY EXCLUSIONS

The following additional exclusions apply to this coverage. We do not cover:

- **Identity Theft Expenses** incurred to restore a professional or business identity.
- **Identity Theft Expenses** incurred due to any fraudulent, dishonest or criminal act by an **Insured** or any person aiding or abetting an **Insured**, or by any authorized representative of an **Insured**, whether acting alone or in collusion with others.
- Loss other than **Identity Theft Expenses**.
- **Identity Theft Expenses** arising from any **Identity Theft** by or with the knowledge of any relative or former relative of the **Insured**.
- Loss arising from an **Identity Theft** that is not reported to us within a reasonable period of time after it is first discovered by the **Insured**.
- Loss arising from an **Identity Theft** that is not reported in writing to the police.

## C. IDENTITY RECOVERY LIMITATIONS

### Identity Recovery Limits:

**Case Management Service** is available as needed for any one **Identity Theft** for up to 12 consecutive months from the inception of the service. Expenses we incur to provide **Case Management Service** do not reduce the amount of limit available for **Expense Reimbursement Coverage**.

**Expense Reimbursement Coverage** is subject to a limit of \$25,000 annual aggregate per **Insured**. Regardless of the number of claims, this limit is the most we will pay for the total of all loss or expense arising out of all **Identity Thefts** to any one **Insured** which commence during a 12-month period starting with the beginning of the present annual policy period.

If an **Identity Theft** first begins in one policy period and continues into other policy periods, all loss and expense arising from such **Identity Theft** will be subject to the aggregate limit applicable to the policy period when the **Identity Theft** first began.

Legal costs as provided under item d. of the definition of **Identity Theft Expenses** are part of, and not in addition to, the **Expense Reimbursement Coverage** limit.

Coverage for lost wages, as provided under item e. of the definition of **Identity Theft Expenses**, is subject to a sublimit of \$200 per day, not to exceed \$5,000 in total. This sublimit is part of, and not in addition to, the **Expense Reimbursement Coverage** limit. Coverage is limited to wages lost within 12 months after the first discovery of the **Identity Theft** by the **Insured**.

### Identity Recovery Deductible:

**Case Management Service** is not subject to a deductible.

**Expense Reimbursement Coverage** is subject to a deductible of \$0. You shall be responsible

for only one deductible under this **Identity Theft Coverage** during any one policy period.

#### D. IDENTITY RECOVERY DEFINITIONS

**Identity Recovery Case Manager** - means one or more individuals assigned by us to assist an **Insured** with communications we deem necessary for re-establishing the integrity of the personal identity of the **Insured**. This includes, with the permission and cooperation of the **Insured**, written and telephone communications with law enforcement authorities, governmental agencies, credit agencies and individual creditors and businesses.

**Identity Theft** - means the fraudulent use of the social security number or other method of identifying an **Insured**. This includes fraudulently using the personal identity of an **Insured** to establish credit accounts, secure loans, enter into contracts or commit crimes. **Identity Theft** does not include the fraudulent use of a business name, d/b/a or any other method of identifying a business activity. **Identity Theft** does not include the unauthorized use of a valid credit or bank account. However, **Identity Theft** does include the fraudulent alteration of account profile information, such as the address to which statements are sent.

**Identity Theft Expenses** means the following when they are reasonable and necessary expenses that are incurred in the United States or Canada as a direct result of an **Identity Theft**:

- a. Costs for re-filing applications for loans, grants or other credit instruments that are rejected solely as a result of an **Identity Theft**.
- b. Costs for notarizing affidavits or other similar documents, long distance telephone calls and postage solely as a result of your efforts to report an **Identity Theft** or amend or rectify records as to your true name or identity as a result of an **Identity Theft**.
- c. Costs for up to six credit reports from established credit bureaus (with no more than two reports from any one credit bureau) dated within 12 months after your knowledge or discovery of an **Identity Theft**.
- d. Fees and expenses for an attorney appointed by us for:
  - (1) Defending any civil suit brought against an **Insured** by a creditor or collection agency or entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as a result of an **Identity Theft**; and
  - (2) Removing any civil judgment wrongfully entered against an **Insured** as a result of the **Identity Theft**.
- e. Actual lost wages of the **Insured** that would have been earned, whether partial or whole days, for time reasonably and necessarily taken off work and away from the work premises solely as a result of the efforts of the **Insured** to amend or rectify records as to his or her true name or identity as a result of an **Identity Theft**. Actual lost wages includes remuneration for vacation days, discretionary days, floating holidays, and paid personal days but not for sick days or any cost arising from time taken from self-employment.

**Insured** – means a resident relative for whom coverage is provided under the base policy.

## E. IDENTITY RECOVERY CLAIMS PROVISIONS

**Assistance and Claims.** For assistance, please call the Identity Recovery Help Line at **1-866-434-3572 (1-866-IDHELP2)**. The Identity Recovery Help Line is available to provide you with:

1. Information and advice for how to respond to a possible **Identity Theft**; and
2. Instructions for how to submit a service request for **Case Management Service** and/or a claim form for **Expense Reimbursement Coverage**.

You must submit the applicable form to request **Case Management Service** or **Expense Reimbursement Coverage**.

As respects **Expense Reimbursement Coverage**, you must send to us, within 60 days after our request, receipts, bills or other records that support your claim for **Identity Theft Expenses**.

## F. IDENTITY RECOVERY ADDITIONAL PROVISIONS

**Computer Security.** It is the responsibility of each **Insured** to use and maintain their computer system security, including personal firewalls and anti-virus software, when reasonable.

**Other Insurance.** Coverage under this endorsement shall be excess over any other insurance, product warranty, extended services agreement or contract. If the **Insured** has other insurance that applies to a loss under this endorsement, the other insurance shall pay first. Coverage under this endorsement applies to the amount of loss that is in excess of:

1. The Limit of Insurance of the **Insured's** other insurance; and
2. The total of all the **Insured's** deductibles and self-insured amounts under all such other insurance.

In all events, the amount of coverage provided under this endorsement is subject to the limits specified above.

**Services.** The following conditions apply as respects any services provided by us or our designees to you or any **Insured** under this endorsement:

1. Our ability to provide helpful services in the event of an **Identity Theft** depends on your cooperation, permission and assistance.
2. We do not warrant or guarantee that our services will end or eliminate all problems associated with an **Identity Theft** or prevent future **Identity Thefts**.

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