

**Federal Insurance Company****Business Travel Accident Insurance Application****Section I Policyholder Information****Name of Policyholder:** THE TRUSTEES OF PRINCETON UNIVERSITY**Address** 2 NEW SOUTH BUILDING; Attn: Risk Managem**City** PRINCETON **State** NJ **Zip Code** 08540**Phone Number:****Contact Name:****Effective Date:** 07/01/2021**Policy Number:** 9906-55-04**INSURANCE REQUESTED****A) CLASS OF INSURED PERSONS**

- |   |  |
|---|--|
| 1 | All Princeton University Employees on the regular payroll in active employment (including all Princeton University Employees at the Princeton Plasma Physics Lab). Includes all Employees in a "visiting" rank only if those "visiting" rank Employees are specifically directed to travel on behalf of the Policyholder.          |
| 2 | All Trustees of the Policyholder who are attending a previously scheduled meeting of the Board of Trustees, or who are traveling at the specific request and expense of the Policyholder, or who are traveling on any trip for which the Insured Person receives direct compensation from the Policyholder for services performed. |
| 3 | All Employees of the Policyholder while traveling on a work related activity, at the request and expense of a non-related Third party, which activity is encouraged by the Policyholder.   |
| 4 | All Emeritus Faculty Members of the Policyholder whose names and coverage period dates are on file with the Company  |
| 5 | All Full-Time Students of the Policyholder who are traveling abroad at the direction of the Policyholder   |
| 6 | All Students of the Policyholder while participating in academic credit programs, as well as in internship programs, sponsored by the Policyholder within the United States.   |
| 7 | All Guests of the Policyholder.  |

**B) PRINCIPAL SUM**

- |   |   |
|---|---|
| 1 | Five (5) times Salary subject to a Maximum Principal Sum of \$500,000 |
| 2 | \$50,000  |
| 3 | Five (5) times Salary subject to a Maximum Principal Sum of \$500,000 |
| 4 | \$75,000  |
| 5 | \$25,000  |
| 6 | \$25,000  |
| 7 | \$25,000  |

**C) HAZARD**

- |   |                              |
|---|------------------------------|
| 1 | 24 Hour Business Travel      |
| 1 | Extraordinary Commutation    |
| 2 | Trustees Business Travel     |
| 2 | Extraordinary Commutation    |
| 3 | 24 Hour Business Travel      |
| 3 | Extraordinary Commutation    |
| 4 | Non-Employee Business Travel |

- 5 24 Hour Business Travel
- 6 Covered Activities
- 7 Non-Employee Business Travel

**D) ACCIDENTAL DEATH AND DISMEMBERMENT**

**Class**  
All

<b>Accidental:</b>	<b>Benefit Amounts (Percentage of Principal Sum)</b>
<b>Loss of Life</b>	100%
<b>Loss of Speech and Loss of Hearing</b>	100%
<b>Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye</b>	100%
<b>Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye</b>	100%
<b>Loss of Hands(Both), Loss of Feet(Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye</b>	100%
<b>Quadriplegia</b>	100%
<b>Paraplegia</b>	75%
<b>Hemiplegia</b>	50%
<b>Loss of Hand, Loss of Foot or Loss of Sight of one Eye (Any one of each)</b>	50%
<b>Loss of Speech or Loss of Hearing</b>	50%
<b>Uniplegia</b>	25%
<b>Loss of Thumb and Index Finger of the same Hand</b>	25%

**E) ADDITIONAL BENEFITS**

CLASS	BENEFIT	BENEFIT AMOUNT
1	<b>Carjacking</b>	<b>10% of Principal Sum</b> <b>Maximum Benefit Amount \$25,000</b>
1	<b>Coma</b>	<b>1% of Principal Sum</b> <b>Maximum Benefit Amount 100% of Principal Sum</b>
1	<b>Home Alteration or Vehicle Modification</b>	<b>Benefit Amount for Home Alteration 10% of Principal Sum</b> <b>Benefit Amount for Vehicle Modification 10% of Principal Sum</b> <b>Maximum Benefit Amount 20% of the Principal Sum to a maximum of \$50,000</b>
1	<b>Medical Evacuation And Repatriation</b>	<b>Maximum Benefit Amount Unlimited</b> <b>Benefit Amount for Hospital Admission Guaranty \$5,000</b> <b>Family Travel Expense</b> <b>Maximum per Day \$100</b> <b>Maximum Number of Days 5</b> <b>Evacuation Expense Amount \$100,000</b>
1	<b>Natural Disaster</b>	<b>Maximum Benefit Amount \$5,000</b>
1	<b>Permanent Total Disability Lump Sum</b>	<b>Maximum Benefit Amount 100% of Principal Sum up to \$500,000</b> <b>Elimination Period 365 day(s)</b>
1	<b>Psychological Therapy</b>	<b>5% of Principal Sum</b> <b>Maximum Benefit Amount \$25,000</b>
1	<b>Rehabilitation Expense</b>	<b>5% of Principal Sum</b> <b>Maximum Benefit Amount \$25,000</b>

1	<b>Seatbelt Occupant Protection Device</b>	<b>10% of Principal Sum Alternate Benefit Amount \$2,000 Occupant Protection Device Benefit Amount 10% of Principal Sum Maximum Benefit Amount 20% of Principal Sum up to \$50,000</b>
2	<b>Carjacking</b>	<b>10% of Principal Sum Maximum Benefit Amount \$25,000</b>
2	<b>Coma</b>	<b>1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum</b>
2	<b>Home Alteration or Vehicle Modification</b>	<b>Benefit Amount for Home Alteration 10% of Principal Sum Benefit Amount for Vehicle Modification 10% of Principal Sum Maximum Benefit Amount 20% of the Principal Sum to a maximum of \$50,000</b>
2	<b>Medical Evacuation And Repatriation</b>	<b>Maximum Benefit Amount Unlimited Benefit Amount for Hospital Admission Guaranty \$5,000 Family Travel Expense Maximum per Day \$100 Maximum Number of Days 5 Evacuation Expense Amount \$100,000</b>
2	<b>Natural Disaster</b>	<b>Maximum Benefit Amount \$5,000</b>
2	<b>Permanent Total Disability Lump Sum</b>	<b>Maximum Benefit Amount 100% of Principal Sum up to \$50,000 Elimination Period 365 day(s)</b>
2	<b>Psychological Therapy</b>	<b>5% of Principal Sum Maximum Benefit Amount \$25,000</b>
2	<b>Rehabilitation Expense</b>	<b>5% of Principal Sum Maximum Benefit Amount \$25,000</b>
2	<b>Seatbelt Occupant Protection Device</b>	<b>10% of Principal Sum Alternate Benefit Amount \$2,000 Occupant Protection Device Benefit Amount 10% of Principal Sum Maximum Benefit Amount 20% of Principal Sum up to \$50,000</b>
3	<b>Carjacking</b>	<b>10% of Principal Sum Maximum Benefit Amount \$25,000</b>
3	<b>Coma</b>	<b>1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum</b>
3	<b>Home Alteration or Vehicle Modification</b>	<b>Benefit Amount for Home Alteration 10% of Principal Sum Benefit Amount for Vehicle Modification 10% of Principal Sum Maximum Benefit Amount 20% of the Principal Sum to a maximum of \$50,000</b>
3	<b>Medical Evacuation And Repatriation</b>	<b>Maximum Benefit Amount Unlimited Benefit Amount for Hospital Admission Guaranty \$5,000 Family Travel Expense Maximum per Day \$100 Maximum Number of Days 5</b>

		<b>Evacuation Expense Amount \$100,000</b>
3	<b>Natural Disaster</b>	<b>Maximum Benefit Amount \$5,000</b>
3	<b>Permanent Total Disability Lump Sum</b>	<b>Maximum Benefit Amount 100% of Principal Sum up to \$500,000 Elimination Period 365 day(s)</b>
3	<b>Psychological Therapy</b>	<b>5% of Principal Sum Maximum Benefit Amount \$25,000</b>
3	<b>Rehabilitation Expense</b>	<b>5% of Principal Sum Maximum Benefit Amount \$25,000</b>
3	<b>Seatbelt Occupant Protection Device</b>	<b>10% of Principal Sum Alternate Benefit Amount \$2,000 Occupant Protection Device Benefit Amount 10% of Principal Sum Maximum Benefit Amount 20% of Principal Sum up to \$50,000</b>
4	<b>Carjacking</b>	<b>10% of Principal Sum Maximum Benefit Amount \$25,000</b>
4	<b>Coma</b>	<b>1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum</b>
4	<b>Home Alteration or Vehicle Modification</b>	<b>Benefit Amount for Home Alteration 10% of Principal Sum Benefit Amount for Vehicle Modification 10% of Principal Sum Maximum Benefit Amount 20% of the Principal Sum to a maximum of \$50,000</b>
4	<b>Medical Evacuation And Repatriation</b>	<b>Maximum Benefit Amount Unlimited Benefit Amount for Hospital Admission Guaranty \$5,000 Family Travel Expense Maximum per Day \$100 Maximum Number of Days 5 Evacuation Expense Amount \$100,000</b>
4	<b>Psychological Therapy</b>	<b>5% of Principal Sum Maximum Benefit Amount \$25,000</b>
4	<b>Rehabilitation Expense</b>	<b>5% of Principal Sum Maximum Benefit Amount \$25,000</b>
4	<b>Seatbelt Occupant Protection Device</b>	<b>10% of Principal Sum Alternate Benefit Amount \$2,000 Occupant Protection Device Benefit Amount 10% of Principal Sum Maximum Benefit Amount 20% of Principal Sum up to \$50,000</b>
5	<b>Accident Medical Expense</b>	<b>\$10,000 Deductible \$0 Dental Benefit Amount \$1,000 Physical Therapy Benefit Amount \$2,500 Orthopedic Appliance Benefit Amount \$1,000</b>
5	<b>Carjacking</b>	<b>10% of Principal Sum Maximum Benefit Amount \$25,000</b>
5	<b>Coma</b>	<b>1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum</b>

5	<b>Home Alteration or Vehicle Modification</b>	<b>Benefit Amount for Home Alteration 10% of Principal Sum</b> <b>Benefit Amount for Vehicle Modification 10% of Principal Sum</b> <b>Maximum Benefit Amount 20% of the Principal Sum to a maximum of \$50,000</b>
5	<b>Medical Evacuation And Repatriation</b>	<b>Maximum Benefit Amount Unlimited</b> <b>Benefit Amount for Hospital Admission Guaranty \$5,000</b> <b>Family Travel Expense</b> <b>Maximum per Day \$100</b> <b>Maximum Number of Days 5</b> <b>Evacuation Expense Amount \$100,000</b>
5	<b>Natural Disaster</b>	<b>Maximum Benefit Amount \$5,000</b>
5	<b>Psychological Therapy</b>	<b>5% of Principal Sum</b> <b>Maximum Benefit Amount \$25,000</b>
5	<b>Rehabilitation Expense</b>	<b>5% of Principal Sum</b> <b>Maximum Benefit Amount \$25,000</b>
5	<b>Seatbelt Occupant Protection Device</b>	<b>10% of Principal Sum</b> <b>Alternate Benefit Amount \$2,000</b> <b>Occupant Protection Device Benefit Amount 10% of Principal Sum</b> <b>Maximum Benefit Amount 20% of Principal Sum up to \$50,000</b>
6	<b>Accident Medical Expense</b>	<b>\$10,000</b> <b>Deductible \$0</b> <b>Dental Benefit Amount \$1,000</b> <b>Physical Therapy Benefit Amount \$2,500</b> <b>Orthopedic Appliance Benefit Amount \$1,000</b>
6	<b>Coma</b>	<b>1% of Principal Sum</b> <b>Maximum Benefit Amount 100% of Principal Sum</b>
6	<b>Medical Evacuation And Repatriation</b>	<b>Maximum Benefit Amount Unlimited</b> <b>Benefit Amount for Hospital Admission Guaranty \$5,000</b> <b>Family Travel Expense</b> <b>Maximum per Day \$100</b> <b>Maximum Number of Days 5</b> <b>Evacuation Expense Amount \$100,000</b>
6	<b>Psychological Therapy</b>	<b>5% of Principal Sum</b> <b>Maximum Benefit Amount \$25,000</b>
6	<b>Rehabilitation Expense</b>	<b>5% of Principal Sum</b> <b>Maximum Benefit Amount \$25,000</b>
6	<b>Seatbelt Occupant Protection Device</b>	<b>10% of Principal Sum</b> <b>Alternate Benefit Amount \$2,000</b> <b>Occupant Protection Device Benefit Amount 10% of Principal Sum</b> <b>Maximum Benefit Amount 20% of Principal Sum up to \$50,000</b>
7	<b>Carjacking</b>	<b>10% of Principal Sum</b> <b>Maximum Benefit Amount \$25,000</b>
7	<b>Coma</b>	<b>1% of Principal Sum</b> <b>Maximum Benefit Amount 100% of Principal Sum</b>

7	<b>Home Alteration or Vehicle Modification</b>	<b>Benefit Amount for Home Alteration 10% of Principal Sum</b> <b>Benefit Amount for Vehicle Modification 10% of Principal Sum</b> <b>Maximum Benefit Amount 20% of the Principal Sum to a maximum of \$50,000</b>
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7	<b>Natural Disaster</b>	<b>Maximum Benefit Amount \$5,000</b>
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7	<b>Seatbelt Occupant Protection Device</b>	<b>10% of Principal Sum</b> <b>Alternate Benefit Amount \$2,000</b> <b>Occupant Protection Device Benefit Amount 10% of Principal Sum</b> <b>Maximum Benefit Amount 20% of Principal Sum up to \$50,000</b>

**Aggregate Limit of Insurance**

The Aggregate Limit of Insurance applies:

\$10,000,000 per **Conveyance**