Special Risk
Accident Policy

Hartford Life and Accident Insurance Company
Hartford Plaza
Hartford, Connecticut 06115
(A stock insurance company)

We will pay benefits according
to the conditions of this Policy.

Signed for the Company

TABLE OF CONTENTS
General Provisions
Definitions
Covered Activities
Exclusions
Benefits
Claim Provisions

GENERAL PROVISIONS

Consideration: We have issued this policy in
consideration of the payment of the Policy
Premium in advance of the Policy Date. The
Policy Premium and Policy Date are shown in
the Schedule.

Policy Period: This policy takes effect on the
Policy Date and continues to the end of the
Policy Period. The dates are shown in the
Schedule.

Entire Contract: The entire contract between
the Policy-holder and us consists of this policy,
and any papers made a part of this policy at
issue.

Changes: No agent has authority to change or
waive any part of this policy. To be valid, any
change or waiver must be in writing, approved
by one of our officers and made a
part of this policy.

Data Furnished By Policyholder: The
Policyholder, with our approval, may keep the
important insurance records on all Insured
Persons. The Policyholder will give us
information, when and in the manner we ask, to
administer the insurance provided by this
policy.

The Policyholder's insurance records will be
open for our inspection at any reasonable time.

Failure on the part of the Policyholder to:
   a)  give us the name of an Insured Person
       will not invalidate the insurance;
   b)  report termination of an Insured Person
       will not continue the coverage beyond
       the date of termination.

Certificates: If required by the laws of the state
where this policy is delivered, we will give
certificates to the Policy-holder for delivery to
Insured Persons.

The certificates will state the features of this
policy which are important to Insured Persons.

Countersigned by

License Resident Agent
Cancellation: This policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

If we cancel, it becomes effective on the later of:
   a) the date stated in the notice; or
   b) the 20th day after we mail or deliver the notice.

If the Policyholder cancels, it becomes effective on the later of:
   a) the date we receive the notice; or
   b) the date stated in the notice.

In either event:
   a) we will promptly return any unearned premium paid; or
   b) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will not effect any claim for loss due to an accident which occurs before the effective date of cancellation.

Conformity With State Statutes: On the Policy Date, any part of the policy which is in conflict with a statute of the state in which the policy is:
   a) delivered; or
   b) issued for delivery;
is hereby amended to agree with the statute's minimum requirements.

INSURED PERSON PERIOD OF COVERAGE

Effective Date: Each person becomes an Insured Person on the date he or she meets the qualifications stated in the Schedule.

Termination: Coverage of each Insured Person ceases on the first to occur of:
   a) the date the policy terminates; or
   b) the date he or she ceases to qualify as an Insured Person.

Termination will not affect any claim for loss due to an accident which occurs before the termination date.

DEFINITIONS

Injury means bodily injury of an Insured Person which results directly and independently of all other causes from accident which occurs while he or she is participating in a Covered Activity.

Loss resulting from sickness or disease is not considered as resulting from Injury. However, loss resulting from a pus-forming infection which occurs through an accidental wound is considered as resulting from Injury.

Physician means a duly licensed practitioner acting within the scope of his or her license. It does not mean the Insured Person or a member of his or her immediate family.

We, our or us means the Hartford Life and Accident Insurance Company.

EXCLUSIONS

This policy does not cover loss resulting from:
   a) intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
   b) injury sustained while:
      i) in or on;
      ii) boarding or alighting from;
      iii) being struck down by;
      any aircraft in motion except as an airline passenger on an aircraft:
      i) operated by a passenger airline
      ii) on a regularly scheduled trip over its established route;
   c) war or act of war, whether declared or not;
   d) injury sustained while in the armed forces (land, water or air) of any country
or international authority;
e) repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
f) repair, replacement, examinations for prescriptions or fitting of eyeglasses or contact lenses;
g) repair or replacement of artificial limbs or orthopedic braces.

**BENEFITS PROVIDED**

The following benefits are provided under this policy only if an amount is stated in the Schedule opposite the name of the benefit. "None" shown in the Schedule opposite the name of a benefit means that the policy does not provide that benefit.

If an Insured Person's injury results in loss for which, in the absence of this provision, we would pay an amount under:

- a) the Accidental Death Benefit; and
- b) the Accidental Dismemberment Benefit;

we will pay the amount for only one Benefit which provides the larger amount.

**ACCIDENTAL DEATH BENEFIT**

If an Insured Person's injury results in loss of life within 180 days after the date of accident, we will pay the Principal Sum for this benefit.

The amount of the Principal Sum is shown in the Schedule.

**ACCIDENTAL DISMEMBERMENT BENEFIT**

If an Insured Person's injury results in any of the following losses within 180 days after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

The amount of the Principal Sum is shown in the Schedule.

For Loss of:
- Both Hands or Both Feet
- or Sight of Both Eyes
- One Hand and One Foot
- Either Hand or Foot
- and Sight of One Eye
- Either Hand
- or Foot
- One Eye

...The Principal Sum

One-Quarter Finger of Either Hand

...The Principal Sum

**ACCIDENT MEDICAL EXPENSE BENEFIT**

We will pay the Reasonable Expenses incurred by an Insured Person, in excess of the Deductible Amount, for Medical Care if:

- a) the first expense is incurred within 26 weeks after the accident; and
- b) the expense is incurred within 104 weeks after the accident.

We will not pay:

- a) more than the Maximum Dental Limit for all expenses incurred for dental treatment, services and supplies;
- b) more than the Maximum Benefit for all Medical Care and dental treatment, services and supplies; as the result of any one accident.

The Deductible Amount and Maximum Benefit are shown in the Schedule.

The Deductible Amount will be applied separately to each accident.

**Medical Care** means necessary:

- a) medical or surgical treatment, services or supplies;
b) hospital, nursing and ambulance services.

Each item of Medical Care must be:
   a) prescribed by a legally qualified physician;
   b) for the sole purpose of treating the injury.

**Ambulatory Surgical Center** means a facility the primary purpose of which is to provide elective surgical care in which the patient is admitted to and discharged from said facility within the same working day and is not part of a hospital. However, a facility existing for the primary purpose of performing therapeutic abortions or an office maintained by a physician for the practice of medicine or an office maintained for the practice of dentistry shall not be construed to be an ambulatory surgical center.

**Reasonable Expenses** means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by the Insured Person.

An expense is considered to be incurred on the date the Medical Care is rendered.

**CLAIM PROVISIONS**

**Notice of Claim:** The person who has the right to claim benefits (the claimant, beneficiary, or his or her representative) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the policy number. Notice should be given to our agent or sent to our office in Hartford, Connecticut.

**Claim Forms:** When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and extent of the loss is sent to us.

**Proof of Loss:** Proof of loss must be sent to us within 90 days after the date of the loss. If the claimant is not able to send proof within that time it may be sent as soon as reasonably possible without affecting the claim.

The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

**Time of Payment of Claims:** We will pay any daily, weekly or monthly benefit due:
   a) on a monthly basis, after we receive proof of loss, while the loss and our liability continue; or
   b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately after we receive the proof of loss.

**Payment of Claims:** We will pay any benefit due for loss of life:
   a) according to the beneficiary designation in effect at the time of payment; otherwise
   b) to Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living.

Otherwise, the benefits may, at our option, be paid:
   a) according to the beneficiary designation; or
   b) to Insured Person's estate.

If a benefit due is payable to:
   a) Insured Person's estate; or
   b) Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to $3,000 of the benefit due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Insured Person or the
beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith.

We may pay benefits directly to any hospital or person rendering covered services, unless the Insured Person requests otherwise in writing. The Insured Person must make the request no later than the time he or she files a proof of loss.

**Physical Examinations and Autopsy:** While a claim is pending we have the right at our expense:

a) to have the Insured Person examined by a physician when and as often as is reasonably necessary; and

b) in case of death, to make an autopsy where not forbidden by law.

**Legal Actions:** Legal action cannot be taken against us:

a) before 60 days following the date proof of loss is sent to us;

b) after the expiration of the applicable statute of limitations following the date proof of loss is due.

**Naming a Beneficiary:** An Insured Person may name a beneficiary or change a named beneficiary by giving a written request to us. The Insured Person's request takes effect on the date it is executed, regardless of whether the Insured Person is living when we receive it. We will be relieved of further responsibility to the extent of any payment we made in good faith before we received such request.

**Assignment:** This insurance may not be assigned. Benefit payments may be assigned as allowed in the Payment of Claims provision.
Policy Premium: $355,417.48
Minimum Policy Premium: $310.00

POLICYNO: 08-SR-213114

POLICYHOLDER’S NAME AND ADDRESS:
FLORIDA COLLEGE SYSTEM RISK
MANAGEMENT CONSORTIUM
4500 NW 27TH AVENUE
SUITE D2
GAINESVILLE, FL 32606

Policy Period: From (Policy Date): 8/26/2012 To: 8/26/2013
12:01 A.M. Standard Time at the address of the Policyholder

Producer’s Name and Address:
ARThUR GALLAGHER RISK MGMT SVC
500 VICTORY ROAD
QUINCY, MA 2171

Agent Code
88939

Form Numbers of the Policy, Riders and attached papers at issue:
Form 7692 (HLA) PA-5948 (HLA)
PA-6755 (HLA) PA-7487 (HLA)
PA-3057-0 (HLA)
HPP Revised June 2008

EXCESS COVERAGE APPLIES

INSURED PERSON means any person who is a registered student in the named education / training course(s) of the Policyholder that are on file with the company.

COVERED ACTIVITIES means
This policy covers each Insured Person during the policy period while he or she is:
(a) participating in scheduled sponsored and supervised on campus college courses, labs or clinical training or held at Policyholder approved off-site premises; or
(b) on the premises designated and supervised by the Policyholder; or
(c) traveling with a group in connection with the activities under the direct supervision of the Policyholder as a group directly to or from such activities. Covered activity does not include dorm room exposures or any kind of participating in any sports activities.

BENEFITS AND AMOUNTS

Accidental Death Benefit
Principal Sum: $25,000.00

Accidental Dismemberment Benefit
Principal Sum: $25,000.00

Accident Medical Expense Benefit
Maximum Benefit: $15,000.00
Deductible Amount: $0.00
Maximum Dental Limit: $15,000.00

Form PA-5948 Printed in U.S.A.
EXCESS COVERAGE RIDER # 1

This rider is effective on the effective date of the Policy or certificate to which it is attached.

The following is added to the Medical Expense Benefit in the Policy or certificate to which this rider is attached:

The amount otherwise payable under the Medical Expense Benefit, in the absence of the following provision, will be reduced by the total amount of Medical Care benefits provided by any other Plan.

The amount of benefits provided by other Plans:
   a) will be determined without reference to any:
      1) co-ordination of benefits provision;
      2) non-duplication of benefits provisions; or
      3) other similar provision;
   b) will include any amount to which the Insured Person is entitled, regardless of whether claim is made for the benefits;
   c) will include the reasonable value of any Medical Expense services provided as Plan benefits.

Plan means:
   a) group or blanket insurance;
   b) group hospital, medical service, or pre-payment plan;
   c) labor-management trustee, union welfare, employer organization, or employee benefit organization plan;
   d) governmental programs, or coverage required or provided by any statute;
   e) automobile, reparations insurance (no fault);
   f) Workers' Compensation or similar law.

In all other respects the Policy and certificates remain the same.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut

Form PA-6755 (HLA) Printed in U.S.A.
AMENDATORY RIDER # 2

This rider forms a part of the Policy and all certificates furnished in connection with the Policy.

This rider becomes effective on the effective date of the Policy or certificate to which this rider is attached.

The Payment of Claims provision under the CLAIM PROVISIONS section is hereby deleted and replaced by the following:

Payment of Claims: We will pay any benefit due for Loss of the Insured Person's Life:

a) according to the beneficiary designation in effect at the time of his or her death;

otherwise

b) to the survivors in equal shares, in the first of the following classes to have a survivor at the insured person's death:

(1) spouse
(2) children
(3) parents
(4) brothers & sisters.

If there is no survivor in these classes, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

If the benefit due is payable to:

a) the Insured Person's estate or;

b) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to $3000 of the benefit due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Insured Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith.

We may pay benefits directly to any hospital or person rendering covered services, unless the Insured Person requests otherwise in writing. The Insured Person must make the request no later than the time he or she files a proof of loss.

In all other respects, the Policy and certificates remain the same.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut

Terence Shields, Secretary  Ronald R. Gendreau, President

Form PA- 7487 (HLA)  Printed in U.S.A.
We value your trust. We are committed to the responsible:

a) management;
b) use; and
c) protection;

of Personal Information.

This notice describes how we collect, disclose, and protect Personal Information.

We collect Personal Information to:

a) service your Transactions with us; and
b) support our business functions.

We may obtain Personal Information from:

a) You;
b) your Transactions with us; and
c) third parties such as a consumer-reporting agency.

Based on the type of product or service You apply for or get from us, Personal Information such as:

a) your name;
b) your address;
c) your income;
d) your payment; or
e) your credit history;

may be gathered from sources such as applications, Transactions, and consumer reports.

To serve You and service our business, we may share certain Personal Information. We will share Personal Information, only as allowed by law, with affiliates such as:

a) our insurance companies;
b) our employee agents;
c) our brokerage firms; and
d) our administrators.

As allowed by law, we may share Personal Financial Information with our affiliates to:

a) market our products; or
b) market our services;

to You without providing You with an option to prevent these disclosures.

We may also share Personal Information, only as allowed by law, with unaffiliated third parties including:

a) independent agents;
b) brokerage firms;
c) insurance companies;
d) administrators; and
e) service providers;

who help us serve You and service our business.

When allowed by law, we may share certain Personal Financial Information with other unaffiliated third parties who assist us by performing services or functions such as:

a) taking surveys;
b) marketing our products or services; or
c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We will not sell or share your Personal Financial Information with anyone for purposes unrelated to our business functions without offering You the opportunity to:

a) “opt-out;” or
b) “opt-in;”
as required by law.

We only disclose Personal Health Information with:

a) your proper written authorization; or
b) as otherwise allowed or required by law.

Our employees have access to Personal Information in the course of doing their jobs, such as:

a) underwriting policies;
b) paying claims;
c) developing new products; or
d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

a) the confidentiality; and
b) the integrity of;

Personal Information that we have. We use these procedures to guard against unauthorized access.
Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data;
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

**As used in this Privacy Notice:**

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
- b) applying for; or
- c) obtaining;

a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:


Questions about this Privacy Policy may be directed to the following address: The Hartford, GBD Compliance Dept., 200 Hopmeadow St., Simsbury, CT 06089.
This rider to be attached to and form a part of Policy Number 08-SR-213114 issued to FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM

Florida Colleges System Risk Management Consortium
Education / Training Student Accident Program
Policy Period: 08/26/2012 to 08/26/2013

BREVARD COMMUNITY COLLEGE

Automotive Programs
Coding Specialist / Biller
Cosmetology
Culinary Arts
Dental Asst / Hygienist / Lab (2 YR)
EMS / EMT
Fire Science
Medical Assisting
Medical Lab Technician / Technologist
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Nursing (Refresher)
Paramedics
Patient Care Asst, HHA & CNA
Phlebotimist
Recreational Technology
Surgical Tech
Veterinary Tech
Welding
BROWARD COLLEGE

Automotive Programs
Aviation
Bio-Medic Tech / Engineer
Child Development
Dental Asst / Hygienist / Lab (2 YR)
EMS / EMT
Health Info / Services Mgt
Marine Mechanics / Technology
Massage Therapy
Medical Assisting
Nuclear Med Tech
Nursing (Prof)
Nursing (Refresher)
Optometric Tech
Paramedics
Phlebotimist
Physical Therapy/Asst/Tech
Radiation Therapy
Radiography/Radiologic Tech
Respiratory Therapy/Asst/Tech
Service Learning
Teacher Education

COLLEGE OF CENTRAL FLORIDA

Air Conditioning Apprenticeship
Automotive Programs
Barbering
Child Development
Cosmetology
Criminal Justice (Law Enf / Corr)
Dental Asst / Hygienist / Lab (2 YR)
Drafting
EMS / EMT
Equine Studies
Health Info / Services Mgt
Horticulture
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Paramedics
Physical Therapy/Asst/Tech
Surgical Tech
Welding
DAYTONA STATE COLLEGE

Environmental Sciences

EDISON COMMUNITY COLLEGE

Charter School - Engineering
Child Development
Coding Specialist / Biller
CPT / CVT
Crime Scene Tech
Dental Asst / Hygienist / Lab (2 YR)
Dental Hygienist - Local Anesthesia
EMS / EMT
Fire Science
Health Info / Services Mgt
Medical Assisting
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Optometric Tech
Paramedics
Pharmacy Tech
Phlebotimist
Physical/Exercise/Fitness
Radiography/Radiologic Tech
Respiratory Therapy/Asst/Tech
Teacher Education
GULF COAST COMMUNITY COLLEGE

Alternative Energy Technology
Biological Sciences
Central Service Tech
Chemistry Labs
Criminal Justice (Law Enf / Corr)
Culinary Arts
Dental Asst / Hygienist / Lab (2 YR)
Dental Hygienist - Local Anesthesia
EMS / EMT
Fire Science
Massage Therapy
MRI
Nuclear Med Tech
Nursing (Operating Rm / Registered 1st Asst)
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Paramedics
Patient Care Asst, HHA & CNA
Pharmacy Tech
Physical Therapy/Asst/Tech
Physics Labs
Radiography/Radiologic Tech
Respiratory Therapy/Asst/Tech
Sonography
Stage Craft
Surgical First Assistant
Surgical Tech
HILLSBOROUGH COMMUNITY COLLEGE

Interpreter Training
Air Conditioning Apprenticeship
Plumbing Apprenticeship
Welding
Respiratory Therapy/Asst/Tech
Nuclear Med Tech
Sonography
Radiography/Radiologic Tech
Radiation Therapy
Dental Asst / Hygienist / Lab (2 YR)
Hospitality
Dietitian
Fire Science
Automotive Programs
Paramedics
Electronic Tech
Human Services
Optometric Tech
Criminal Justice (Law Enf / Corr)
Culinary Arts
Building Construction
EMS / EMT
Physical/Exercise/Fitness
Chemistry Labs
Biological Sciences
INDIAN RIVER STATE COLLEGE

Automotive Programs
Barbering
Central Service Tech
Cosmetology
Dental Asst / Hygienist / Lab (2 YR)
Dental Hygienist - Local Anesthesia
EMS / EMT
EVOC (Emergency Veh Oper Course)
Facial Technology
Fire Science
Health Info / Services Mgt
Heating / Air Conditioning (HARV)
Medical Assisting
Medical Lab Technician / Technologist
Nail Technology
Nuclear Med Tech
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Paramedics
Pharmacy Tech
Phlebotimist
Physical Therapy/Asst/Tech
Radiography/Radiologic Tech
Respiratory Therapy/Asst/Tech
Surgical Tech
Welding

LAKE SUMTER COMMUNITY COLLEGE

Electrical Distribution / Lineman
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Phlebotimist
MIAMI DADE COLLEGE

Coding Specialist / Biller
Culinary Arts
Dental Asst / Hygienist / Lab (2 YR)
EMS / EMT
Health Info / Services Mgt
Health Unit Coordinator
Histotechnology
Home Health Care
Massage Therapy
Medical Assisting
Medical Lab Technician / Technologist
MRI
Nuclear Med Tech
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Nursing (Refresher)
Optometric Tech
Paramedics
Patient Care Asst, HHA & CNA
Pharmacy Tech
Phlebotimist
Physicians Assistant
Physical Therapy/Asst/Tech
Radiography/Radiologic Tech
Respiratory Therapy/Asst/Tech
Sonography
Veterinary Tech

NORTH FLORIDA COMMUNITY COLLEGE

Child Development
Criminal Justice (Law Enf / Corr)
EMS / EMT
EVOC (Emergency Veh Oper Course)
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Paramedics
Patient Care Asst, HHA & CNA
NORTHWEST FLORIDA STATE COLLEGE

Coding Specialist / Biller
Criminal Justice (Law Enf / Corr)
Dental Asst / Hygienist / Lab (2 YR)
EMS / EMT
Fire Science
Health Services Administration
Nursing (Prof)
Paramedics
Radiography/Radiologic Tech
Teacher Education
PALM BEACH STATE COLLEGE

Automotive Programs
AVO Heavy Equipment
Bio Technology
Chemistry Labs
Community Emergency Response Team
Cosmetology
Criminal Justice (Law Enf / Corr)
Dental Asst / Hygienist / Lab (2 YR)
EMS / EMT
Environmental Sciences
Fire Science
Health Info / Services Mgt
Heating / Air Conditioning (HARV)
Home Health Care
Horticulture
Hospitality
Human Services
Massage Therapy
Medical Assisting
Medical Secretary/Transcriber
Motion Picture & TV Production
Nail Technology
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Nursing (Refresher)
Paramedics
Patient Care Asst, HHA & CNA
Physical/Exercise/Fitness
Radiography/Radiologic Tech
Respiratory Therapy/Asst/Tech
Sonography
Surgical Tech
Welding
RIDER #3 – CONTINUED

PASCO-HERNANDO COMMUNITY COLLEGE

Criminal Justice (Law Enf / Corr)
Dental Asst / Hygienist / Lab (2 YR)
EMS / EMT
Medical Secretary/Transcriber
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Paramedics
Phlebotimist
Radiography/Radiologic Tech
PENSACOLA STATE COLLEGE

911 Public Safety Telecommunicator
Barbering
Building Construction
Child Development
Civil Engineering
Coding Specialist / Biller
Cosmetology
Criminal Justice (Law Enf / Corr)
Culinary Arts
Dental Asst / Hygienist / Lab (2 YR)
Drafting
EEG / EKG Technician
Electronic Tech
EMS / EMT
Facial Technology
Health Info / Services Mgt
Health Unit Coordinator
Heating / Air Conditioning (HARV)
Horticulture
Hospitality
Industrial Mgt Tech
Manufacturing Tech
Massage Therapy
Medical Assisting
Medical Secretary/Transcriber
Nail Technology
Networking Tech
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Paramedics
Pharmacy Tech
Phlebotimist
Physical Therapy/Asst/Tech
Physical/Exercise/Fitness
Radiography/Radiologic Tech
Sonography
Surgical Tech
Theater/Entertainment
Veterinary Tech
POLK STATE COLLEGE

Coding Specialist / Biller
CPT / CVT
EMS / EMT
Health Info / Services Mgt
Medical Secretary/Transcriber
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Occup. Therapist Asst/Tech
Paramedics
Physical Therapy/Asst/Tech
Radiography/Radiologic Tech
Respiratory Therapy/Asst/Tech
Sonography

ST. JOHNS RIVER STATE COLLEGE

Criminal Justice (Law Enf / Corr)
EMS / EMT
Health Info / Services Mgt
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Radiography/Radiologic Tech
Respiratory Therapy/Asst/Tech
Stage Craft
Theater/Entertainment
ST. PETERSBURG COLLEGE

Child Development
Coding Specialist / Biller
Critical Care / O.R. (Grant)
Dental Asst / Hygienist / Lab (2 YR)
Dental Hygienist (4 YR)
EMS / EMT
Fire Science
Funeral Services
Health Info / Services Mgt
Health Services Administration
Human Services
Industrial Mgt Tech
Medical Lab Technician / Technologist
Nursing (Prof)
Nursing (Refresher)
Orthotics & Prosthetics
Paramedics
Physical Therapy/Asst/Tech
Radiography/Radiologic Tech
Respiratory Therapy/Asst/Tech
Teacher Education
Veterinary Tech
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<th>Program</th>
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<td>Air Conditioning Apprenticeship</td>
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<td>Automotive Programs</td>
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<tr>
<td>Bio Technology</td>
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<td>Bio-Medic Tech / Engineer</td>
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<td>Building Construction</td>
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<td>Coding Specialist / Biller</td>
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<td>CPT / CVT</td>
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<td>Criminal Justice (Law Enf / Corr)</td>
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<td>EMS / EMT</td>
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<td>Heating / Air Conditioning (HARV)</td>
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<td>Medical Lab Technician / Technologist</td>
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<td>Nuclear Med Tech</td>
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<td>Nursing (Prac/Voc/Asst)</td>
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<td>Nursing (Prof)</td>
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<td>Paramedics</td>
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<td>Patient Care Asst, HHA &amp; CNA</td>
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<td>Plumbing Apprenticeship</td>
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<td>Polysomnography</td>
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<td>Radiography/Radiologic Tech</td>
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<td>Respiratory Therapy/Asst/Tech</td>
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<td>Sonography</td>
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<td>Surgical Tech</td>
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<td>Welding</td>
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<td>Zoo Technology</td>
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SEMINOLE STATE COLLEGE OF FLORIDA

Air Conditioning Apprenticeship
Architectural Design
Automotive Programs
Bio Technology
Biological Sciences
Chemistry Labs
Child Development
Criminal Justice (Law Enf / Corr)
Earth Science Labs
EMS / EMT
EVOC (Emergency Veh Oper Course)
Fire Science
Health Info / Services Mgt
Medical Secretary/Transcriber
Networking Tech
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Paramedics
Patient Care Asst, HHA & CNA
Pharmacy Tech
Physical Therapy/Asst/Tech
Physics Labs
Respiratory Therapy/Asst/Tech
Stage Craft
Theater/Entertainment
SOUTH FLORIDA STATE COLLEGE FKA SOUTH FLORIDA COMMUNITY COLLEGE

Air Conditioning Apprenticeship
Automotive Programs
Bio-Medic Tech / Engineer
Commercial Vehicle Driving
Cosmetology
Criminal Justice (Law Enf / Corr)
Culinary Arts
Dental Asst / Hygienist / Lab (2 YR)
Electrical Distribution / Lineman
Electronic Tech
EMS / EMT
Fire Science
Heating / Air Conditioning (HARV)
Medical Secretary/Transcriber
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Paramedics
Patient Care Asst, HHA & CNA
Phlebotimist
Radiography/Radiologic Tech

STATE COLLEGE OF FLORIDA MANATEE SARASOTA

Dental Asst / Hygienist / Lab (2 YR)
Radiography/Radiologic Tech
Physical Therapy/Asst/Tech
Occup. Therapist Asst/Tech
Nursing (Prof)
TALLAHASSEE COMMUNITY COLLEGE

911 Public Safety Telecommunicator
Alternative Energy Technology
Bio Technology
Criminal Justice (Law Enf / Corr)
Critical Care / O.R. (Grant)
Dental Asst / Hygienist / Lab (2 YR)
EMS / EMT
Fire Science
Graduate Dental Lab
Heating / Air Conditioning (HARV)
Machinists
Manufacturing Tech
Masonry Apprenticeship
Nursing (Prac/Voc/Asst)
Nursing (Prof)
Nursing (Refresher)
Pharmacy Tech
Radiography/Radiologic Tech
Respiratory Therapy/Asst/Tech
Sonography
Surgical Tech
Welding
It is the intent of the policy to cover all courses and colleges who have chosen to participate and have paid premium. However, if any course(s) or College(s) is (are) omitted because of an error or oversight, we will accept that course(s) as being insured under this policy provided we receive documentation of the Policyholder’s intent for coverage and that premium is paid once the error or oversight is discovered.

Coverage or new course(s) and / or college(s) will become effective on the date the course(s) and / or college(s) enrolls for coverage, provided it is reported to the Company within 30 days. However if the addition to this policy is reported after 30 days, Coverage Will be retroactive up to, but not more than 30 days.

The effective date of this rider is 8/26/2012.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, or provisions of the Policy and/or certificate, other than as herein stated.
Rider #4

This rider to be attached to and form a part of policy number: 08 SR 213114 issued to Florida College System Risk Management Consortium.

The section titled Accident Medical Expense Benefit is amended to include the following:

We will pay the Reasonable Expenses:

a) not to exceed the Maximum Benefit Amount; and

b) in excess of the Deductible Amount;

for Medical Care incurred by the insured Person Due to Disease as defined in this rider.

Payment will not be made for routine expenses incurred for inoculations, immunizations or medicines unless required due to contraction of Disease. Covered expenses will include expenses incurred for preventative treatment of a condition or disease, provided it can be demonstrated that:

a) exposure to a contagious and / or infectious disease has occurred during a covered activity; and

b) actual contraction of the disease or condition would result in increased physical harm to the Insured Person.

Payment will not exceed the Maximum Benefit shown in the Schedule for expenses incurred as the result of any one disease.

Disease means any contagious or infectious disease if the first systems of the disease are medically diagnosed:

a) while the Insured Person is covered under the Policy; and

b) within 30 days of the Insured Person’s exposure while performing one of the covered activities.

A covered disease may include, but not be limited to, hepatitis, HIV, meningococcal meningitis, or tuberculosis; It does not mean influenza, la Grippe, pneumonia, or common cold.

The effective date of this rider is August 26, 2012

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions or Agreements of the Policy, other than as herein stated.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut

Terence Shields, Secretary  Ronald R. Gendreau, President

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Rider #5

This rider to be attached to and form a part of policy number: 08 SR 213114 issued to Florida College System Risk Management Consortium.

In consideration of the policy premium, it is hereby understood and agreed that:

A) the section Exclusions, the following exclusion is deleted in it’s entirety:

   b) injury sustained while:

      1) in or on;

      ii) boarding or alighting from;

      iii) being struck or run down by;

      any aircraft in motion except as an airline passenger on an aircraft:

      i) operated by a passenger airline;

      iii) on a regularly scheduled trip over its established route;

B) the section Cancellation, the second paragraph is deleted and replaced by the following:

   If we cancel, it becomes effective on the later of:

      a) the date stated in the notice; or

      b) the 90th day after we mail or deliver the notice.

The effective date of this rider is August 26, 2012.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms conditions or agreements of the Policy, other than as herein stated.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut

Terence Shields, Secretary             Ronald R. Gendreau, President

Form PA-3057-0 (HLA)                     Printed in U.S.A.