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HARTFORD FIRE INSURANCE COMPANY

Business Travel Accident New Business Quote

August 2, 2021

Jeanna Carlton
Segal
1230 West Washington Street, Suite 501
Tempe, Arizona 85281

Dear Jeanna,

Based on the information provided, The Hartford is pleased to provide you with the following **Business Travel Accident** quote for **City of Chandler**.

Proposed Policy Term:

Policy Effective Date	Policy Expiration Date
January 1, 2022	January 1, 2023

Risk Address: 175 S. Arizona Avenue
Chandler, AZ 85224

Eligibility:

CLASS	DESCRIPTION	TOTAL NUMBER OF INSUREDS
Class 1:	All active employees of the Policyholder that work 20 hours or more per week.	1,610
Class 2:	All eligible Spouses, who are traveling with the Employee at the direction and expense of the Policyholder.	Estimated
Class 3:	All eligible Dependent Children, who are traveling with the Employee at the direction and expense of the Policyholder.	Estimated

DESCRIPTION	FORM NUMBER
POLICY	BTA-1000
SCHEDULE	BTA-1100

Hazards/Benefits/Principal Sum:

CLASS	HAZARD	BENEFIT	PRINCIPAL SUM
Class 1:	H-3, H-15	B-4, B-7, B-11, B-13, B-19, B-21, B-32, B-39, B-49, B-50, B-51, B-55	$200,000
Class 2:	H-7, H-21	B-4, B-7, B-11, B-13, B-32, B-39, B-49, B-50, B-51, B-55	$50,000
Class 3:	H-7, H-21	B-4, B-7, B-11, B-13, B-32, B-39, B-49, B-50, B-51, B-55	$25,000

Hazards Applicable:

HAZARD	HAZARD DESCRIPTION	FORM NUMBER
H-3	24-Hour Accident Protection While on Business	BTA PA-10053
H-7	24-Hour Family Relocation Trip	BTA PA-10050
H-15	Commutation	BTA PA-10062
H-21	Family Travel	BTA PA-10068

Benefits Applicable:

BENEFIT	BENEFIT DESCRIPTION	FORM NUMBER
AD&D	Accidental Death & Dismemberment	BTA-1000
B-4	Adaptive Home & Vehicle	BTA PA-10115
B-7	Bereavement Counseling	BTA PA-10093
B-11	Carjacking	BTA PA-10097
B-13	Coma	BTA PA-10099
B-19	Day Care	BTA PA-10105
B-21	Education Expense	BTA PA-10107
B-32	Medical Emergency Evacuation	BTA PA-10119
B-39	Paralysis	BTA PA-10124
B-49	Rehabilitation Expense	BTA PA-10133
B-50	Repatriation of Remains	BTA PA-10134 (AZ)
B-51	Seat Belt and Airbag	BTA PA-10135
B-55	Therapeutic Counseling	BTA PA-10139

BENEFIT	MAXIMUM AMOUNT
Accidental Death & Dismemberment	See principal sums
Incurral Period:	365 days
Adaptive Home & Vehicle	$25,000
Incurral Period:	24 months
Bereavement Counseling	
Commencement Period:	365 days
Incurral Period:	2 years
Max Amount per session:	$150
Max Number of sessions:	10
Carjacking:	the lesser of: $25,000 or
Percentage of Principal Sum:	10%
Coma	See principal sums
Commencement Period:	30 days
Waiting Period:	30 days, not retroactive
Monthly Benefit Amount:	1% of max
Monthly Benefit Period:	11 months and the remaining Maximum Benefit Amount after the Monthly Benefit Period if the Insured Person remains in a Coma
Day Care	5% to a max of $5,000
Education Expense	
Spouse	5% to a max of $5,000
Child	5% to a max of $5,000
Medical Emergency Evacuation	Actual cost
Family Travel	
Lodging:	$100 per day
Meals:	$50 per day
Emergency Reunion	
Lodging:	$100 per day
Meals:	$50 per day
Paralysis Benefit	See principal sums
Quadriplegia	100%
Triplegia	75%
Paraplegia	75%
Hemiplegia	50%

Uniplegia	25%
Rehabilitation Expense	$25,000
Incurral Period:	2 years
Repatriation of Remains	Actual cost
Family Travel	
Lodging:	$100 per day
Meals:	$50 per day
Identification and Escort Expense	
Lodging:	$100 per day
Meals:	$50 per day
Seat Belt and Air Bag	
Seat Belt:	the lesser of: $25,000 or
Percentage of Principal Sum:	10%
Air Bag:	the lesser of: $25,000 or
Percentage of Principal Sum:	10%
Therapeutic Counseling Benefit	
Commencement Period:	365 days
Incurral Period:	2 years
Max Amount per session:	$150
Max Number of sessions:	10

Aggregate Limit of Indemnity: $2,000,000 per Accident

HAZARDS:

H-3: 24-Hour Accident Protection While on Business Hazard
We will pay the Policy benefits for the Hazard when an Insured Person suffers an Injury resulting from a Covered Loss during a Trip and while on the Business of the Policyholder, not lasting for more than 365 days, including an Injury while:

1) operating or a Passenger on, boarding, alighting from, or being struck or run down by any Conveyance being used as a means of land or water Transportation, except:
    a) any such Conveyance the Insured Person has been hired to operate or for which the Insured Person has been hired as a crew member and while the Insured Person is performing as an operator or crew member on any such Conveyance; or
    b) any such Conveyance the Insured Person is operating, or for which the Insured Person is performing as a crew member, (including while on, boarding, alighting from, or being struck or run down by) for the Transportation of Passengers or property for hire, profit or gain; or
2) a Passenger on, boarding, or alighting from a Civil Aircraft or Military Transport Aircraft; or
3) being struck or run down by an Aircraft.

The benefits also apply where the Sojourn or Personal Deviation involves one or more stops en route to the destination, and extensions time spent at the destination,that do not last longer than a total of 14 days.

H-7: 24-Hour Family Relocation Trip Hazard
We will pay the Policy benefits for the Hazard when an Insured Person‘s Spouse or Dependent Child(ren) suffer(s) an Injury as a result of a Covered Loss which occurs anywhere in the world during a Relocation Trip.

A Relocation Trip will not include any period of time in excess of 14 days during which the Insured Person takes a vacation, or a Sojourn or Personal Deviation from the Relocation Trip.

H-15: Commutation Hazard
Broad Commutation Coverage
We will pay the Policy benefits for the Hazard described in the Rider, for an Injury which occurs while the Insured Person is commuting directly between his or her residence and place of regular employment either:

1) as a pedestrian; or
2) as a bicyclist; or
3) while traveling in or on, boarding, or alighting from a Conveyance;

on a regularly scheduled workday.

H-21: Family Travel Hazard

We will pay the Policy benefits for the Hazard when the Spouse or Dependent Child(ren) of the Insured Person suffer(s) an Injury resulting from a Covered Loss:

1) while accompanying the Insured Person or on his or her way to join the Insured Person on a Trip while on the Business of the Policyholder, including a Sojourn or Personal Deviation taken during the course of such Trip; and
2) when such Trip is authorized by and/or paid for in whole or in part by the Policyholder.

BENEFITS:

Accidental Death and Dismemberment

FOR LOSS OF:	BENEFIT:
Life……	100% of the Accidental Death Principal Sum
Both Hands or Both Feet or Sight of Both Eyes……	100% of the Accidental Dismemberment Principal Sum
One Hand and One Foot……..	100% of the Accidental Dismemberment Principal Sum
One Hand and Sight of One Eye ……	100% of the Accidental Dismemberment Principal Sum
One Foot and Sight of One Eye……..	100% of the Accidental Dismemberment Principal Sum
Speech and Hearing in Both Ears……..	100% of the Accidental Dismemberment Principal Sum
Speech and Hearing in One Ear…….....	75% of the Accidental Dismemberment Principal Sum
One Arm or One Leg…….....	75% of the Accidental Dismemberment Principal Sum
One Hand or One Foot……..	50% of the Accidental Dismemberment Principal Sum
Sight of One Eye……	50% of the Accidental Dismemberment Principal Sum
Speech or Hearing in Both Ears…….	50% of the Accidental Dismemberment Principal Sum
Thumb and Index Finger on the Same Hand……	25% of the Accidental Dismemberment Principal Sum
Hearing in One Ear……	25% of the Accidental Dismemberment Principal Sum
One Thumb…….	10% of the Accidental Dismemberment Principal Sum

B-4: Adaptive Home & Vehicle Benefit

If an Insured Person suffers an Injury, other than loss of life, that results in a loss payable under the Accidental Dismemberment or Paralysis Benefit, We will pay an additional benefit that is the lesser of:

1) the Benefit Amount as indicated; or
2) the actual cost

for Home Alteration and Vehicle Modification Expenses that are incurred within 24 months of the date of the Covered Accident that caused the Injury if an Insured Person:

1) did not require, prior to the date of the Covered Accident that caused the Injury, the use of a wheelchair or other adaptive device to be ambulatory; and
2) as a direct result of such Injury, the use of a wheelchair or other adaptive device to be ambulatory is now compulsory.

B-7: Bereavement Counseling Benefit

If the Insured Person suffers an accidental death or an accidental dismemberment or Paralysis for which an Accidental Death, or Accidental Dismemberment or Paralysis Benefit is payable or if he or she goes into a Coma for which a Coma Benefit is payable, We will pay the Bereavement Counseling Benefit if an Insured Person or his or her Spouse and/or Dependent Child(ren) receives Bereavement Counseling.

B-11: Carjacking Benefit Rider

We will pay an additional benefit amount when the Insured Person suffers a Covered Loss for which benefits are payable under the Accidental Death Benefit, Accidental Dismemberment Benefit, Paralysis Benefit or Coma Benefit that results from a Carjacking of an Automobile that the Insured Person was operating or riding in as a Passenger (including getting in or out of such Automobile). Verification of the Carjacking must be a part of an official report of the Carjacking or be certified, in writing, by the investigating officer(s).

B-13: Coma Benefit

If an Injury renders the Insured Person Comatose within 30 days of the date of the Covered Accident, and if the Coma continues for a period of 30 consecutive days, We will pay a monthly benefit equal to the Monthly Benefit Amount shown. No benefit is provided for the first 30 days of the Coma.

B-19: Day Care Benefit

If the Accidental Death Benefit is payable under the Policy and the Insured Person has or is survived by one or more Children, We will pay a benefit on behalf of any Child of the Insured Person who:

1) is enrolled in a Day Care Program on the date of the Covered Accident causing the Insured Person's death and on the date of the Insured Person's death; or
2) enrolls in a Day Care Program within 365 days after the Insured Person's death. The benefit is payable annually for each year of the Child's enrollment in a Day Care Program, for a maximum of 4 Day Care Benefit payments for each Child.

B-21: Education Expense

We will pay a benefit to or on behalf of any child of the Insured Person who meets the definition of Dependent Child on the date of the Covered Accident causing the Insured Person's death and on the date of the Insured Person's death and who, on the date of the Insured Person's death:

1) is a full-time student in any Institution of Higher Learning above grade 12; or
2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured Person's death.

We will pay a benefit to or on behalf of the Spouse of the Insured Person who meets the definition of Spouse on the date of the Covered Accident causing the Insured Person's death and on the date of the Insured Person's death and who, for the purpose of obtaining an independent source of support or to enrich his or her ability to earn a living:

1) is enrolled in any Institution of Higher Learning or professional or trade training program on the date of the Insured Person's death; or
2) subsequently enrolls in an Institution of Higher Learning or professional or trade training program within 30 months after the date of the Insured Person's death.

B-32: Medical Emergency Evacuation Benefit

We will pay for Covered Medical Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Medical Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, up to the Maximum Benefit Amount for all Medical Emergency Evacuations due to all Injuries from the same Covered Accident or all Emergency Sicknesses from the same or related causes.

B-39: Paralysis Benefit

We will pay the percentage of the Maximum Benefit Amount shown below if Injury to the Insured Person results in any one of the types of loss(es) specified below within 365 days of the date of the Accident that caused the Injury, provided that the Paralysis is diagnosed by a Physician as reasonably expected to continue for the duration of his or her lifetime.

If an Insured Person dies within 365 days of the Covered Accident, then We will pay a lump sum equal to the Insured Person's Maximum Benefit Amount, less any Benefit Amount for Paralysis already paid.

Loss	
Quadriplegia	100% of the Maximum Benefit Amount
Triplegia	75% of the Maximum Benefit Amount
Paraplegia	75% of the Maximum Benefit Amount
Hemiplegia	50% of the Maximum Benefit Amount
Uniplegia	25% of the Maximum Benefit Amount

B-49: Rehabilitation Benefit

If the Insured Person is participating in a Covered Hazard and suffers a Covered Accident for which an Accidental Dismemberment or Paralysis benefit is payable under the Policy, We will reimburse the Insured Person for Covered Rehabilitative Expenses that result from the Injury causing the dismemberment or Paralysis up to the Maximum Benefit Amount shown for all Injuries caused by the same Covered Accident. The Covered Rehabilitative Expenses must be incurred within 2 years after the date of the Covered Accident causing the Injury.

B-50: Repatriation of Remains Benefit

If an Insured Person suffers an Injury or Emergency Sickness that results in loss of life while covered under the Policy, We will pay for certain expenses incurred as a result of such death including, but not limited to, the following:

1) the expense incurred for the preparation of the deceased's body for burial or cremation;
2) the most economical coffin or receptacle adequate for transporting the remains; and
3) transportation of the deceased's body to the place of burial or cremation;

up to the Maximum Benefit Amount shown in the Rider Schedule below, provided that the death of the Insured Person occurred outside a 100 mile radius from his or her current place of primary residence.

B-51: Seat Belt and Airbag Benefit

Seat Belt Benefit

If an Insured Person suffers a loss of life for which the Accidental Death Benefit is payable under the Policy and the Covered Accident causing death occurs while the Insured Person is operating, or riding as a Passenger in, an Automobile and wearing a properly fastened Seat Belt, We will pay the Seat Belt Benefit. The Seat Belt Benefit is equal to the lesser of:

1) the Percentage of Principal Sum; or
2) the Maximum Benefit Amount.

Airbag Benefit

If the Insured Person is wearing a Seat Belt and received a payment as indicated above, We will pay the Airbag Benefit if:

1) the Insured Person was positioned in a seat equipped with a factory installed Airbag;
2) the Insured Person was properly strapped in the Seat Belt when the Airbag inflated; and
3) the police report establishes that the Airbag inflated properly upon impact.

The Airbag Benefit is equal to the lesser of:

1) the Percentage of Principal Sum; or
2) the Maximum Benefit Amount.

B-55: Therapeutic Counseling Benefit

We will pay for expenses incurred by the Insured Person for Therapeutic Counseling sessions up to the Therapeutic Counseling Benefit Amount per session for the Maximum Number of Sessions, if:

1) an Insured Person incurs a Covered Loss, other than a loss of life, for which a benefit is payable under the Accidental Dismemberment or Paralysis the Policy; and
2) the Insured Person initially requires Therapeutic Counseling within 365 days due to the Covered Loss.

Benefits for any Therapeutic Counseling session must be incurred within 2 year(s) after the date of the Covered Accident causing the Injury.

TRAVEL ASSISTANCE AND ID THEFT PROTECTION SERVICES
The following assistance services may not include an insurance benefit unless stated in the above quote letter and on your issued policy.

The Hartford partners with **Generali Global Assistance USA**, a leading global assistance provider. Help is only a phone call away to give you 24/7 access to medical and travel assistance services anywhere in the world.

EMERGENCY MEDICAL ASSISTANCE	PRE-TRIP INFORMATION	EMERGENCY PERSONAL SERVICES	IDENTITY THEFT ASSISTANCE
• Emergency medical evacuations • Medical monitoring • Repatriation of mortal remains • Traveling companion assistance • Dependent children assistance • Emergency medical payments	• Visa and passport requirements • Inoculation and immunization requirements • Foreign exchange rates • Embassy and consular referrals	• Medication and eyeglass prescription assistance • Emergency travel arrangements • Emergency cash • Emergency pet housing/return • Bail advancement	• Prevention Services - Education - Identity Theft Resolution Kit • Detection Services - Fraud alert to three credit bureaus • Resolution Guidance and Assistance - Credit information review - ID Theft Affidavit Assistance - Card replacement • Personal Services - Translation

BENEFICIARY ASSIST
Beneficiary Assist provides eligible beneficiaries and immediate family members with 24/7 phone access for help related to the death of an insured person. Services are provided by **ComPsych**, the largest provider of employee assistance programs, managed behavioral health, work/life, and crisis intervention services.

- Legal advice, financial planning and emotional counseling for up to one year from the date the claim is filed.
- All counselors hold a master's or PhD degree in counseling and are licensed in the states in which they practice.
- Attorneys are licensed in their respective states.
- Financial consultants are certified through the Institute of Certified Financial Planners.

Exclusions

Unless otherwise specified in the Policy, including any attached Riders, the Policy does not cover loss resulting from or for:

1) suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted Injury;
2) war or act of war, whether declared or undeclared;
3) Injury sustained while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard Service is not excluded, unless it extends beyond 31 days;
4) Injury sustained while on any Aircraft except a Civil Aircraft, or Military Transport Aircraft, unless specifically covered by a Hazard Rider;
5) except when specifically covered by a Hazard Rider, Injury sustained while on any Aircraft:
   a) as a pilot, crewmember or student pilot;
   b) as a flight instructor or examiner;
   c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization covering any Eligible Class under the Policy; or
   d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
6) Injury sustained while the Insured Person is under the influence of any narcotics, drug or controlled substance, unless administered by or taken according to the instruction of a licensed Physician;
7) Injury sustained as a result of the Insured Person's voluntary intoxication through the use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
8) Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
9) Injury sustained while the Insured Person is under the influence of intoxicants (as defined by the law of the jurisdiction in which the Injury occurred) while operating any vehicle or means of Transportation or Conveyance;
10) Mental and Nervous Disorders;
11) services for which no charge is normally made.

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Business Insurance
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City of Chandler
August 2, 2021

Premiums:

Option 1:	Annual Premium:	$18,800.00
	3 Year Annual Installment Premium:	$17,860.00 Per year
	3 Year Prepaid Premium:	$50,760.00

Commission: Schedule E Flat 15%

Thank you for allowing The Hartford to offer this **Business Travel Accident** quotation. If you would like to discuss further or have any questions, please feel free to contact me directly.

Sincerely,

Tom Keets
Senior Underwriter
Accident & Health
The Hartford
678-566-4491

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company, Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. Blanket Travel Accident Form Series includes BTA-1000, or state equivalent. This quote letter explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. Benefits are subject to state availability and any changes in state / federal laws, and assumption that there are less than 50 employees in the State of California. In the event of a discrepancy between this letter and the policy, the terms of the policy will govern in all cases. Acceptance of this quote is contingent upon and subject to actual terms of the policy as issued.

Please note: This quote is valid until January 1, 2022.

To bind coverage, please complete, sign and return or advise via email: Thomas.Keets@TheHartford.com. Upon receipt of this signed document, it will serve as your coverage binder. **All bind orders are contingent on the broker agency and agent of record being appropriately licensed and appointed with Hartford Fire Insurance Company.**

Please note: BILLING will be DIRECT unless otherwise requested via email.

Selected Option: 3 Year Annual Installment

_____ January 1, 2022

Signature Effective Date of Coverage

For additional information regarding eligibility for Commissions and Other Payments and terms and conditions relating thereto, please review our website http://thehartford.com/group-benefits-producer-compensation or contact your Hartford representative.

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City Clerk Attest