

**UNION MUTUAL** F O U N D E D 1 8 4 8  
*Life Insurance Company . . . Portland, MAINE*



( Hereinafter called the Company )

This policy is issued in consideration of the payment in advance of the premium stipulated in the Schedule below which will maintain this policy in force from the Policy Date hereof at twelve o'clock noon, Standard time, at the place where the Insured resides, until twelve o'clock noon, such Standard time, of the Termination Date hereof. This policy is not renewable and shall not participate in the surplus of the Company.

**SCHEDULE**

<b>Medical Expense</b> Maximum Benefit \$ 1,000.00 Deductible The first \$ 5.00 of expense		<b>Dental Expense</b> Maximum Benefit \$ 100.00 Deductible The first \$ 5.00 of expense	
Name and Address of Insured Martha Takeda Milpitas, California		Premium \$ 1.50 Policy Date Sept. 23, 1954 Termination Date September 22, 1955	

The Company Does Hereby Insure the person designated as the Insured in the Schedule above, herein called the Insured, subject to the deductible amount, if any, and to all the exceptions, provisions, conditions and limitations contained herein, endorsed hereon or attached hereto against loss caused directly and independently by accidental bodily injury suffered while this policy is in force.

This policy covers only those accidental bodily injuries which are sustained by the Insured:

- a. on the school premises, and while attending school during a regular school day, but only during the period beginning one hour before school commences and ending one hour after the Insured is dismissed from school; or
- b. while being transported under the supervision of a proper school authority from the Insured's home to the school or from the school to the Insured's home on a regular school day; or
- c. while participating in a school-sponsored activity, under the supervision of a proper school authority wherever such activity is taking place, provided that such injury is not sustained while attending a school-sponsored activity as a spectator other than during regular school hours; or
- d. while being transported under the supervision of a proper school authority to or from such school-sponsored activity; or
- e. while participating in athletics under the supervision of a proper school authority or during actual inter-scholastic competition (except while practicing for or participating in tackle football).

**STUDENT ACCIDENT INSURANCE POLICY**

**NON-PARTICIPATING**

**THIS POLICY IS NOT RENEWABLE**

## SECTION I. MEDICAL EXPENSE BENEFITS

If the Insured shall suffer an accidental bodily injury as provided in the Insuring Clause on page one of this policy and shall receive treatment or services as set forth below, the Company will pay the expense actually incurred for such treatment and services, recommended by a legally qualified physician, less the deductible amount, if any, specified in the Schedule on page one (provided such treatment and services must be received and such expenses must be incurred within twenty-six (26) weeks from the date of the injury) up to an aggregate amount not to exceed the Maximum Medical Expense Benefit specified in the Schedule for any one injury.

- (a) Medical treatment, including surgery and x-ray, by a legally qualified physician.
- (b) Hospital room, board, and all usual and customary services in a lawfully operated hospital.
- (c) Emergency and out-patient treatment in a lawfully operated hospital.
- (d) Nursing service by a registered nurse.
- (e) Ambulance service.

## SECTION II. DENTAL EXPENSE BENEFITS

If the Insured shall suffer accidental bodily injury as provided in the Insuring Clause on page one of this policy to sound natural teeth and shall receive dental treatment for such injury commencing within thirty (30) days of the date of the injury, the Company will pay for the expense actually incurred for such dental treatment, recommended by a legally qualified physician or dentist, less the deductible amount, if any, specified in the Schedule on page one (provided such treatment must be received and such expenses must be incurred within twenty-six (26) weeks from the date of the injury) up to an aggregate amount not to exceed the Maximum Dental Expense Benefit specified in the Schedule for any one injury.

## SECTION III. EXCEPTIONS

This insurance shall not cover: (a) intentionally self-inflicted injuries; (b) dental expense except as expressly provided in Section II; (c) hernia of any kind; (d) injuries resulting from war, or any act of war, whether war be declared or undeclared; (e) disease or infection (except pyogenic infection which shall occur through a cut or wound resulting from accidental bodily injury); (f) injuries not covered under the provisions of the Insuring Clause on page one of this policy.

## GENERAL PROVISIONS

**Entire Contract: Changes.** This policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

**Time Limit on Certain Defenses.** The application, if any, is not a part of this policy and no statements made by the applicant in the application for this policy shall be used to void the policy or to deny a claim for loss incurred after the date of the policy.

**Notice of Claim.** Written notice of claim must be given to the Company within twenty days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured to the Company at its Home Office in Portland, Maine, or to any authorized agent of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.

**Claim Forms.** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proofs covering the occurrence, the character and the extent of the loss for which claim is made.

**Proof of Loss.** Written proof of loss must be furnished to the Company at its said office within ninety days after the termination of the period for which the Company is liable. Failure to furnish such proof within the time required shall not invalidate nor reduce 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, later than one year from the time proof is otherwise required.

**Time of Payment of Claims.** Indemnities payable under this policy for any loss will be paid immediately upon receipt of due written proof of such loss.

**Payment of Claims.** All indemnities will be payable to the Insured.


**Physical Examination and Autopsy.** The Company at its own expense shall have the right and opportunity to examine the person of the Insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

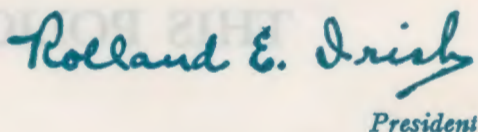
**Legal Actions.** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

## MISCELLANEOUS PROVISIONS

No provision of the charter or by-laws of the Company not included herein shall avoid the policy or be used in defense in any legal proceeding hereunder.

In Witness Whereof, the UNION MUTUAL LIFE INSURANCE COMPANY has caused this policy to be executed at Portland, Maine, on its effective date.

  
Secretary

  
President

UNION MUTUAL LIFE INSURANCE CO.

Regional Group Office

100 Sansome Street

SAN FRANCISCO, CALIFORNIA

