

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: St. John`s County Board of County Commissioners

Policy Number: SRG 0009064843-F

BLANKET ACCIDENT INSURANCE POLICY

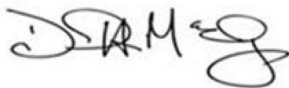
This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insureds are all persons described in the Classification of Eligible Persons section of the Master Application. This Policy provides accident insurance to Insureds while they are participating in Covered Activities.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Master Application, which is attached to and made part of this Policy.

This Policy begins on the Policy Effective Date shown in the Master Application and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates set by the Company for the renewal period.

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:



President



Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy

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DEFINITIONS

Any capitalized terms in the Policy, Master Application, and any riders, amendments, or other attached papers are to be given the meanings as ascribed in this section or as later defined.

Benefit Schedule - means the Benefit Schedule section of the Master Application.

Covered Activity (ies) - means those activities set out in the Covered Activities section of the Master Application, with respect to which Insureds are provided accident insurance under this Policy.

Injury - means bodily injury caused by an accident that: (1) occurs while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Insured - 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 Master Application; (2) for whom premium has been paid; and (3) while covered under this Policy.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. Either the Company or the Policyholder may terminate this Policy on any premium due date by giving 45 days advance notice in writing to the other party. This Policy may, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the earlier of: (1) the Policy Termination Date shown in the Master Application; or (2) the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for the Insured's coverage is paid; or (3) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application.

A change in an Insured's coverage under this Policy due to a change in his or her eligible class or Covered Activity becomes effective on the later of: (1) when the change in his or her eligible class or Covered Activity occurs; or (2) if the change requires a change in premium, the date the first changed premium is paid. However, a change in coverage applies only with respect to accidents that occur once the change becomes effective.

Termination Date. An Insured's coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated; (2) the premium due date if premiums are not paid when due, or (3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Master Application.

Termination of coverage will not affect a claim for a covered loss that occurs either before or after such

termination if that loss results from an accident that occurred while the Insured's coverage was in force under this Policy.

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Master Application. The Company may change the required premiums as a condition of any renewal of this Policy. The Company may also change the required premiums at any time when any change affecting rates is made in this Policy. (Any such change in this Policy will not take effect until any required additional premium is received by the Company, except as otherwise agreed to in writing by the Company and the Policyholder.)

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first . This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section. In such case, the Policyholder will be liable to the Company for any unpaid premiums for the time this Policy is in force.

No grace period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

BENEFITS

Maximum Amount. As applicable to each Benefit provided by this Policy for each Insured, Maximum Amount means the amount shown as the maximum amount for that Benefit for the Insured's eligible class in the Benefit Schedule.

Accidental Death Benefit. If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss Of	Percentage of Maximum Amount
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%
The 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%

“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 is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured's coverage is in force under this Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured has suffered accidental death within the meaning of this Policy.

LIMITATIONS

Limitation on Multiple Benefits. If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

EXCLUSIONS

This Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self inflicted injury or any attempt at intentionally self inflicted injury.
2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. the Insured's commission of or attempt to commit a felony.
4. declared or undeclared war, or any act of declared or undeclared war.
5. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
6. 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.)
7. 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 Insured is performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
8. any condition for which the Insured is paid benefits under any Workers' Compensation Act or similar law.
9. the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at A&H Claims Department PO Box 25987, Shawnee Mission, KS 66225, with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company 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, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs 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 Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company 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 an Insured will be made, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured'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 Insured suffering the loss. If an Insured dies before all payments due have been made, the amount still payable will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

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 the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Master Application, and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured will be considered representations and not warranties. No written statement made by an Insured will be used in any contest unless a copy of the statement is furnished to the Insured or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it 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.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect nor extend the insurance of any Insured if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable. An Insured may not assign any of his or her rights, privileges or benefits under this Policy.

New Entrants. This Policy will allow from time to time, that new eligible Insureds of the Policyholder be added to the class(es) of Insureds originally insured under this Policy.

Misstatement of Age. If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for

which the Insured is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

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**MASTER APPLICATION FOR
BLANKET ACCIDENT INSURANCE POLICY**

Application is hereby made for an accident insurance policy based on the following statements and representations:

1. **Identification of Policyholder:**

Name of Policyholder: St. John's County Board of County Commissioners
Address of Policyholder: 500 San Sebastian View, St. Augustine, FL 32084
Policy Number: SRG 0009064843-F

2. **Classification of Eligible Persons:**

Class	Description of Class
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I	All Full-Time Firefighters of the Policyholder who are not in any other class.
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Number of Eligible Persons: To Be Determined

3. **Policy Coverage:**

A. **Covered Activities:** While performing the duties of the Insured's job.

B. **Benefit Schedule:**

CLASS I

Accidental Death Benefit

Maximum Amount: \$75,000

a) If an Insured is killed while: i) in fresh pursuit; or ii) responding to an emergency or what he reasonably believed to be an emergency; or iii) responding to a traffic accident; or iv) while enforcing what is reasonably believed to be a traffic law or ordinance; or v) in the case of firefighter, participating in a training exercise; an additional \$75,000 will be paid

b) If an Insured is killed as a result of an unlawful and intentional act by another person, an additional \$225,000 will be paid

Accidental Dismemberment Benefit

Maximum Amount: \$75,000

- a) a) If an Insured suffers a dismemberment while: i) in fresh pursuit; or ii) responding to an emergency or what he reasonably believed to be an emergency; or iii) responding to a traffic accident; or iv) while enforcing what is reasonably believed to be a traffic law or ordinance; or v) in the case of firefighter, participating in a training exercise; an additional \$75,000 will be paid
- b) If an Insured suffers a dismemberment as a result of an unlawful and intentional act by another person, an additional \$225,000 will be paid

Florida Statutory Burial Benefit

Maximum Amount: \$1,000

Florida Day Care Benefit

Maximum Amount per year: \$2,000

Florida Statutory Medical Continuation Benefit

Maximum Amount: \$5,000

Florida Education Benefit

Maximum Amount per school year: \$2,000

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

C. Policy Riders and/or Endorsements:

The following Riders and/or Endorsements are attached to and made part of the Policy as of the Policy Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

CLASS I

FORM NO.	DESCRIPTION
S30588DBG-FL	Day Care Benefit Rider
S30590DBG-FL (Rev. 7/19)	Florida Education Benefit Rider
S3404DBG-FL (Rev. 7/19)	Florida Statutory Benefit Endorsement
S30587DBG-FL	Florida Statutory Burial Benefit Rider
S30589DBG-FL	Florida Statutory Medical Continuation Rider
S30399DBG-FL	Injury Definition and Exclusions Amendatory Endorsement
S30841DBG-FL	Policy Amendment
89644(7/05)	Coverage Territory Endorsement

4. Premiums:

It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

\$10,333.00 per year, due and payable in two annual installments.

5. Policy Effective Date:

October 1, 2023

6. **Policy Anniversary Date:** October 1, 2024

7. **Policy Termination Date:** October 1, 2025

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed for the Policyholder

Title

Date

Signed by Licensed Resident Agent

(Print Name)

(Date)

(Agent License No.)

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Policyholder: St. John`s County Board of County Commissioners

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DAY CARE BENEFIT RIDER

This Rider is attached to and made part of the Policy effective October 1, 2023. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Day Care Benefit. If an Insured is killed or suffers a dismemberment for which benefits are payable under the Policy and the Insured has or is survived by Dependent Child(ren), the Company will pay a benefit. The benefit will be the lesser of the following amounts:

- 1) the actual cost charged by an accredited Day Care Center per year per Dependent Child, or
- 2) the Maximum Amount shown in the Benefit Schedule.

The Dependent Child(ren) must be currently enrolled on the date of the Insured's death or dismemberment or subsequently enrolled within 90 days after the Insured's death.

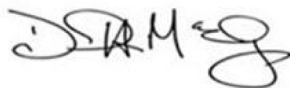
The benefit is payable annually for a maximum of two consecutive payments if the enrollment is continuous and the child(ren) remain Dependent Child(ren), as defined. Satisfactory proof of continuous enrollment must be presented at the time of claim.

Definitions.

Dependent Child(ren) - as used in this Rider, means the Insured's unmarried child, including a natural, step, foster or adopted child from the moment of placement in the Insured's home, under age 13 and primarily dependent on the Insured or the surviving spouse for support and maintenance.

Day Care Center - as used in this Rider means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care and is operating in compliance with the applicable laws and regulations of the jurisdiction.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

For inquiries, information about coverage or for assistance in resolving complaints:

National Union Fire Insurance Company of Pittsburgh, PA.: 1-800-551-0824

Policyholder: St. John`s County Board of County Commissioners

Policy Number: SRG 0009064843-F

FLORIDA EDUCATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective October 1, 2023. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Education Benefit for Dependents. If an Insured Firefighter is accidentally killed or killed due to an intentional act in the line of duty and for which death benefits are payable under the Policy, the Company will pay a benefit for certain educational expenses for such Insured's surviving spouse or Dependent Child(ren).

For a career certificate or an undergraduate degree or graduate degree or post baccalaureate degree, the benefit is the lesser of:

- (a) the annual tuition and cost of matriculation, exclusive of room and board, incurred for up to 120 credit hours; and
- (b) the Maximum Amount per school year, shown on the Benefit Schedule;

to or on behalf of: i) any Dependent Child(ren) who, at the date of the accident, was enrolled as a full-time student in an institution of higher learning beyond the 12th grade level, or was at the 12th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the accident; and or ii) the surviving spouse. Benefits provided to a surviving spouse must commence within 2 years of such Insured's death.

This benefit is payable annually for a maximum of 2 consecutive annual payments, but only if the surviving spouse and or Dependent Child(ren) continues his or her education as a full-time student in an institution of higher learning.

The Company will also pay, in addition to all other benefits payable, the actual cost incurred within 30-48 months from the date of such Insured's death (subject to a total maximum of \$2,000) to or on behalf of the surviving spouse who has enrolled in any professional or trades training program for the purpose of obtaining an independent source of support and maintenance.

In addition, to be eligible for the benefits provided under this Rider, the surviving spouse and or Dependent Child(ren) must be a Florida resident at the time of enrollment and must attend: 1) an in-state private: a) career center; b) college; or c) university, or 2) an out-of-state private or public: a) career center; b) community college; c) college; or d) university; or 3) for the surviving spouse, a

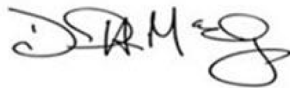
professional or trades training program; and shall be enrolled according to the customary rules and requirements of the institution attended.

Only students in good standing, as defined by the institution in which the student is enrolled, shall receive these benefits. If the surviving spouse and or Dependent Child(ren) fails to comply with the ordinary and minimum requirements as to discipline and scholarship of the institution attended, these benefits shall be withdrawn and no further moneys expended so long as such failure or delinquency continues.

Definitions

Dependent Child(ren) – as it applies to this Benefit Rider only, means the Insured’s unmarried child, under the age of 25 years of age or 29 in the case of graduate or post baccalaureate degrees, and who were primarily dependent on the Insured on the date of his or her death for at least 50% of support and maintenance.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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National Union Fire Insurance Company of Pittsburgh, PA.: 1-800-551-0824

Policyholder: St. John`s County Board of County Commissioners

Policy Number: SRG 0009064843-F

FLORIDA STATUTORY BENEFIT ENDORSEMENT

This Endorsement is attached to and made part of the Policy effective October 1, 2023. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement.

1. The definition of Injury in the Definitions section of the Policy is deleted and replaced by the following:

Injury - means bodily injury: (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 coverage under this Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, except as provided by this Endorsement, or any other cause) causes a covered loss.

A. Injury shall also include any occupational condition or impairment of health of:

- (1) an Insured Firefighter caused by tuberculosis, heart disease or hypertension and shall be presumed to have been accidental and to have been suffered in the line of duty unless the contrary can be shown by competent evidence. The Insured must have successfully passed a physical examination upon entering into any such employment which examination failed to reveal any evidence of any such condition.; or

- (2) an Insured Emergency Rescue or Public Safety Worker caused by hepatitis, meningococcal meningitis or tuberculosis that requires medical treatment shall be presumed to have been accidental and to have been suffered in the line of duty, unless the contrary is shown by competent evidence; however, in order to be entitled to the presumption, the Insured Emergency Rescue or Public Safety Worker must by written affidavit, verify by providing a written declaration that:

(a) in the case of a medical condition caused by or derived from hepatitis: (i) the Insured Emergency Rescue or Public Safety Worker has not been exposed, through transfer of bodily fluids, to any person known to have sickness or medical conditions derived from hepatitis, outside the scope of employment; (ii) there has been no transfusion of blood or blood components, other than a transfusion arising out of an accident or injury happening in connection with the Insured Emergency Rescue or Public Safety Worker's present employment, or received any blood products for the treatment of a coagulation disorder since last undergoing medical

tests for hepatitis, which tests failed to indicate the presence of hepatitis; (iii) engaged in unsafe sexual practices or other high-risk behavior as identified by the Centers for Disease Control and Prevention or the Surgeon General of the United States, or had sexual relations with a person known to the Insured Emergency Rescue or Public Safety Worker to have engaged in such unsafe sexual practices or other high-risk behavior; or (iv) used intravenous drugs not prescribed by a Physician.

(b) in the case of meningococcal meningitis, in the past 10 days immediately preceding diagnosis, the Insured Emergency Rescue or Public Safety Worker was not exposed outside the scope of employment, to any person known to have meningococcal meningitis or known to be an asymptomatic carrier of the disease.

(c) in the case of tuberculosis, in the period of time since the Insured Emergency Rescue or Public Safety Worker's last negative tuberculosis skin test, the Insured Emergency Rescue or Public Safety Worker has not been exposed, outside the scope of employment, to any person known by the Insured Emergency Rescue or Public Safety Worker to have tuberculosis.

In order to be entitled to the presumption provided above, the Insured Emergency Rescue or Public Safety Worker must, prior to diagnosis of hepatitis or tuberculosis, have undergone standard, medically acceptable tests for evidence of the disease for which the tests fail to indicate the presence of the infection.

B. Injury shall also include any occupational condition or impairment of health of an Insured First Responder:

- (1) caused by exposure to a toxic substance if there is a preponderance of evidence establishing that exposure to the specific substance involved, at the levels to which the Insured First Responder was exposed, can cause the condition or impairment of health; or
- (2) due to an adverse result or complication from a required small pox vaccination; or
- (3) resulting in a mental or nervous condition demonstrated by clear and convincing evidence that it is a result of duties as an Insured First Responder and there is an accompanying physical injury.

2. The following definitions are added to the Definitions Section of the Policy:

Emergency Rescue or Public Safety Worker - means any person employed full-time by the state or any political subdivision of the state as a Firefighter who, in the course of employment, runs a high risk of occupational exposure to hepatitis, meningococcal meningitis, or tuberculosis and who is not employed elsewhere in a similar capacity. High Risk of Occupational Exposure means a risk that is incurred because the Emergency Rescue or Public Safety Worker in performing the basic duties associated with his/her employment: (a) provides emergency medical treatment in a non-health care setting where there is potential for transfer of body fluids between persons; (b) at the site of an accident, fire or other rescue or public safety operation, or in an emergency rescue or public safety vehicle, handles body fluids in or out of containers or works with or otherwise handles needles or other sharp instruments exposed to body fluids; (c) engages in the pursuit, apprehension and arrest of law violators or suspected law violators and in performing such duties may be exposed to body fluids; or (d) is responsible for the custody and physical restraint when necessary of prisoners or inmates within a prison, jail or other criminal detention facility while on work detail outside the facility or while being transported and in performing such duties, may be exposed to body fluids. However, the term "Emergency Rescue or Public Safety Worker" does not include any person employed by a public hospital licensed under chapter 395 or any person employed by a subsidiary thereof.

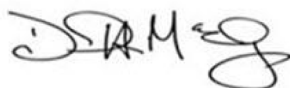
Firefighter - means any duly employed uniformed firefighter employed by a state board, commission, department, division, bureau, or agency, or a county, municipality, or other political subdivision of the state ("employer"), whose primary duty is the prevention and extinguishing of fires, the protection of life and property therefrom, the enforcement of municipal, county, and state fire prevention codes, as well as the enforcement of any law pertaining to the prevention and control of fires, who is certified by the Florida State Fire Marshal, and who is a member of duly constituted fire department of such employer .

First Responder - means a Firefighter and employed by a state or local government, or a volunteer firefighter engaged by the state or local government.

- 3. Any sickness exclusion appearing in the Policy or any Rider or Endorsement thereto, does not apply to the sicknesses or diseases for which coverage is provided under this Endorsement.
- 4. The first paragraph of the Payment of Claims provision in the Policy is deleted and replaced by the following:

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life will be paid to the designated beneficiary(ies). If no such designation is made, the payment must be paid to the Insured Firefighter, Emergency Rescue or Public Safety Worker or First Responder's surviving child(ren) or surviving spouse in equal portions and if there is no surviving child or spouse, then to the parent or parents. If a beneficiary is not designated and there is no surviving child, spouse or parent, the sum will be paid to the Insured Firefighter, Emergency Rescue or Public Safety Worker or First Responder's estate.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: St. John`s County Board of County Commissioners

Policy Number: SRG 0009064843-F

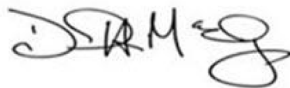
FLORIDA STATUTORY BURIAL BENEFIT RIDER

This Rider is attached to and made part of the Policy effective October 1, 2023. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Burial Benefit. If an Insured who is employed by a state, county or municipal agency is killed in the line of duty as a result of:

- 1) an act of violence inflicted by another person; or
 - 2) as a result of an assault against the Insured under riot conditions,
- and death benefits are payable under the Policy the Company will pay the Maximum Amount shown on the Benefit Schedule for the funeral and burial expenses of the Insured. This amount is in addition to any other benefit amount payable under this policy, the Worker's Compensation Law or any other state or federal statutes.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: St. John`s County Board of County Commissioners

Policy Number: SRG 0009064843-F

FLORIDA STATUTORY MEDICAL CONTINUATION RIDER

This Rider is attached to and made part of the Policy effective October 1, 2023. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Medical Continuation Benefit - Accidental Death

If an Insured Firefighter is killed in the line of duty as a result of:

- (a) An act of violence inflicted by another person; or
- (b) As a result of a fire which has been determined to have been caused by an act of arson; or
- (c) As a result of an assault against the Insured under riot conditions;

and death benefits are payable under the Policy, the Company will pay an amount equal to the lesser of the entire premium and the Maximum Amount shown in the Benefit Schedule of the Policyholder's Health Insurance Plan for the Insured's surviving Spouse, and for each eligible Dependent Child of the Insured. Benefits will continue, in the case of the Spouse, until he or she remarries and, in the case of Dependent Child(ren), until the later of: 1) he or she reaches the age of majority, or 2) the end of the calendar year in which he or she reaches age 25 if he or she continues to be dependent for support, or is a full-time or part-time student and is dependent for support.

Limitations

In addition to any applicable criminal penalty, upon conviction for a violation as described in Florida statute, an Insured Firefighter or other beneficiary who receives or seeks to receive benefits under this Rider shall forfeit the right to receive such benefits and shall reimburse the Company for all benefits paid due to fraud or any other prohibited activity.

Termination

This benefit ends the earliest of:

1. the expiration of five (5) years from the date of the Catastrophic Injury; or
2. the date the Maximum Benefit is paid; or
3. the date the Spouse and/or Dependent Child(ren) become covered under any other plan for individuals in a group.

Definitions

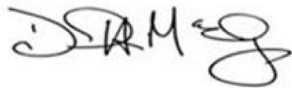
Catastrophic Injury - as used in this Rider, means a permanent physical impairment or disablement, certified under the procedures set by the Insured Firefighter employer, that prevents the Insured from returning to his or her previous occupation.

Dependent Child(ren) - as used in this Rider, means the Insured's unmarried child(ren), including a natural, step, foster or adopted child from the moment of placement in the Insured's home, and at the time of the Insured's death, the surviving child(ren) is/are under the age of 25 and dependent upon the Insured for support or a full-time or part-time student and dependent upon the Insured for support.

Health Insurance Plan - as used in this Rider, means the Policyholder's basic group health plan under which the Insured Firefighter was insured at the time of the Catastrophic Injury or death but it does not include supplemental benefits that are not part of the basic group health insurance plan.

Spouse - as used in this Rider, means the Insured's legal spouse not legally separated.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to be "J. M. G.", written in a cursive style.

President

A handwritten signature in black ink, appearing to be "A. B.", written in a cursive style.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: St. John`s County Board of County Commissioners

Policy Number: SRG 0009064843-F

INJURY DEFINITION AND EXCLUSIONS AMENDATORY ENDORSEMENT

This Endorsement is attached to and made part of this Policy effective October 1, 2023. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of this Policy except as they are specifically modified by this Endorsement.

1. The definition of Injury in the Definitions section of the Policy is deleted and replaced by the following:

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

2. The Exclusions section of the Policy is deleted and replaced by the following:

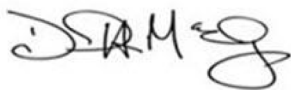
Exclusions

No coverage shall be provided under this Policy 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.

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. the Insured's commission of or attempt to commit a crime.
4. 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.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy.

6. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
7. 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).
8. 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 Insured is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.
9. the Insured being under the influence of intoxicants.
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. any condition for which the Insured is paid benefits under any Workers' compensation Act or similar law.
14. the Insured 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.
15. any loss incurred while outside the United States, its Territories or Canada.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: St. John`s County Board of County Commissioners

Policy Number: SRG 0009064843-F

BLANKET ACCIDENT INSURANCE

Policy Amendment

This Policy Amendment is attached to and made part of the Policy effective effective October 1, 2023 at 12:01 a.m. Standard Time at the address of the Policyholder. The provisions of this Amendment will apply only with respect to losses that occur on and after the effective date of this Amendment.

In the Claims Provisions section, the Time of Payment of Claims provision is deleted and replaced with the following:

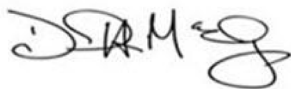
Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss; but in no event more than 45 days from the date the Company receives the due written proof of loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

In that same Claims Provisions section, the following provision is added:

Restriction on Denial of Claims. A claim for payment for treatment, care, or services in a licensed hospital that is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state may not be denied because such hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for treatment of physical disability. No claim for payment for medical care or treatment of a child in a licensed hospital which is nonprofit; which primarily provides diagnosis, treatment, or care for patients whose physical functions or movements are impaired by accident, disease, or congenital deformity; and which accepts patients for treatment without regard to race, color, national origin, sex, religion, or affiliation shall be denied because the hospital does not have facilities for major surgery or because the treatment and care are primarily of a charitable nature.

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy, except as they are specifically modified by this Amendment.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Amendment:

A handwritten signature in black ink, appearing to be 'J. M. G.' with a stylized flourish at the end.

President

A handwritten signature in black ink, appearing to be 'A. B.' with a stylized flourish at the end.

Secretary

IMPORTANT CONSUMER SERVICE INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions or complaints, you may contact the insurance company issuing this insurance at the following address and telephone number:

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Customer Service

Accident & Health Claims Department

P.O. Box 25987

Shawnee Mission, KS 66225-5987

1-800-551-0824

**IMPORTANT NOTICE TO OUR CUSTOMERS
REGARDING THE
OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

The United States imposes economic sanctions against countries, groups and individuals, such as terrorists and narcotics traffickers. These sanctions prohibit US persons from dealing with these sanctioned parties. The purpose of this notice is to inform you that we cannot violate US sanctions by engaging with sanctioned countries or people.

WHAT IS OFAC?

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers
- Proliferators of Weapons of Mass Destruction

PROHIBITED ACTIVITY

- OFAC enforces certain embargoes and sanctions against designated countries. No U.S. business or person may enter into transactions involving designated "sanctioned" countries.
- OFAC publishes on its website a list known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may enter into transactions involving any person or entity named on the SDNBP list.

Additional information about OFAC Sanctions Programs and Countries can be found at:
<http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx>

OBLIGATIONS PLACED ON US BY OFAC

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations, we must block or "freeze" property and payment of any funds transfers or transactions.

POTENTIAL ACTIONS BY US

1. We shall not be deemed to provide cover when it would violate any applicable sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.
2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any trade or economic sanctions, laws or regulations of the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any trade or economic sanctions, laws or regulations of the United States of America.

YOUR RIGHTS AS A POLICYHOLDER

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See <https://www.treasury.gov/resource-center/sanctions/Pages/forms-index.aspx>

Edition Date: 5/2016

FACTS**WHAT DOES AMERICAN INTERNATIONAL GROUP, INC. (AIG) DO WITH YOUR PERSONAL INFORMATION?****Why?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AIG chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does AIG share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

For AIG Insurance Companies: Call 866-244-4786; Fax: 212-458-7081 or E-Mail: CIPrivacy@aig.com

For Pet insurance sold by AIG Insurance Companies: Call 866-937-7387 or E-Mail: CIPrivacy@aig.com

For LiveTravel, Inc., Travel Guard Group, Inc. or AIG Travel Assist, Inc.: Call 866-244-4786 or E-Mail: CIPrivacy@aig.com

Who we are

Who is providing this notice?

The insurance company subsidiaries of American International Group, Inc. (AIG) underwriting property-casualty, accident & health, life insurance and related services and certain marketing subsidiaries of AIG listed below.

What we do

How does AIG protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include administrative, technical, and physical safeguards. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information.

How does AIG collect my personal information?

We collect your personal information from you, for example, when you

- apply for insurance or pay insurance premiums
- file an insurance claim or give us your income information
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes- information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include the member companies of American International Group, Inc., such as National Union Fire Insurance Company of Pittsburgh, Pa.*

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

Joint marketing

- *AIG does not share with nonaffiliates so they can market to you.*

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.*

Other important information

This notice is provided by American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; AIU Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; (collectively the "AIG Insurance Companies"). This notice is also provided by certain marketing subsidiaries of AIG, including Morefar Marketing, Inc., LLC, Travel Guard Group, Inc., AIG Travel Assist, Inc. and LiveTravel, Inc. who market insurance or non-insurance products and services to consumers.

For Vermont Residents only. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

For Nevada Residents Only. We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov. You may contact the applicable customer service department using the contact information above or by writing to us at Privacy Officer, 1271 Ave of the Americas, FL 37, New York, NY 10020-1304.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at: Privacy Officer, CIPrivacy@aig.com.

NOTICE OF AVAILABILITY OF HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS PROVIDED TO YOU FOR INFORMATIONAL PURPOSES ONLY. YOU ARE NOT REQUIRED TO CALL OR TAKE ANY ACTION IN RESPONSE TO THIS NOTICE.

The Notice applies to the insurance products that provide payment for the cost of medical care as issued by the following companies (the "Company"):

American General Life Insurance Company¹
The United States Life Insurance Company in the City of New York
National Union Fire Insurance Company of Pittsburgh, Pa.

In accordance with the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule, we are required to notify you of the availability of our HIPAA Notice of Privacy Practices.

If you would like to receive a paper copy of the HIPAA Notice of Privacy Practices, please contact us at:

<i>HIPAA Privacy Officer</i> 2919 Allen Parkway L3-20 Houston, TX 77019 hipaaquestions@aig.com	
Phone Numbers:	
American General Life Insurance Company (AGL) and The United States Life Insurance Company in the City of New York (US Life)	1-800-888-2452
AIG's Group Benefits	1-800-346-7692 please follow prompt for claims
Long Term Care	1-888-565-3769
National Union Fire Insurance Company of Pittsburgh, Pa.	1-866-244-4786

¹This Company does not solicit business in New York.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

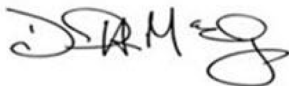
ENDORSEMENT # 1

This endorsement, effective 12:01 A.M. October 1, 2023 forms a part of SRG 0009064843-F issued to St. John's County Board of County Commissioners by National Union Fire Insurance Company of Pittsburgh, Pa.

COVERAGE TERRITORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").



President



Secretary

POLICYHOLDER NOTICE

Thank you for purchasing insurance from a member company of American International Group, Inc. (AIG). The AIG member companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG member companies to brokers and independent agents in the United States by visiting our website at www.aig.com/producer-compensation or by calling 1-800-706-3102.