

Virginia Fire Chiefs Association, Inc.

P.O. Box 699, Blackstone, VA 23824

Phone: (888) 818-0983

Web Site: www.vfca.us



We're proud to have you as a member of the VFCA!

On behalf the entire Board of Directors for the Virginia Fire Chief's Association, I wanted to take this opportunity to say, "hello" and welcome to our association. Thank you for joining Virginia's premiere connection for fire service leaders of all ranks.

Your membership automatically includes being able to participate with any VFCA section (Federal/Military, Company Officer, Administrative Professionals, Women of Fire & EMS, and/or Life Safety-Community Risk Reduction). The VFCA holds regular board meetings bi-monthly and each section meets regularly. We host events throughout the year and would encourage you to attend and get involved. For a list of events, check out your VFCA site at www.vfca.us.

We have a number of exciting volunteer opportunities available on a variety of committees including Membership, Outreach/Website, and Legislative. We are happy to help you find something that meets your interests and serves your personal growth needs. Contact information for all Board Members, Staff, Section, and Committee leaders is attached.

The VFCA sends out most communications via email, so please make sure to keep your contact information up to date on our website in the member's area. We send out a quarterly newsletter called the "Commonwealth Chief"; highlighting conferences, webinars, publications, and networking opportunities for all. Start taking advantage of all your Member Benefits including publications, meetings and events, and courses, and we welcome your personal contributions to publish an article of interest to you!

Every member is provided with Accidental Death & Dismemberment Insurance benefits as a member. Please ensure you return the designation of beneficiary form in your welcome packet to dfacka@vfca.us.

I have found that the more energy I put into the organization, the more I get back, and I am sure you will also find this to be true as you get more involved. I look forward to seeing you at a VFCA event soon, so we can become personally acquainted. Please contact me if you have any questions, and again, welcome! You have made a sound investment in your professional future.

Warm regards,

Kevin Good
President

Board of Director's CY 2025 Top Goals & Priorities



- ❖ Leadership
- ❖ Education
- ❖ Advocacy

Goal #1: Legislative Initiatives

- Identify the Legislative Priorities of the VFCA (One Pager) and utilize to “*Reform the Narrative*” to advocate through the entire membership.
- Identify members and board members to serve as representatives to attend General Assembly (House and Senate) Sessions when needed.
- Enhance outreach through Division VPs to contact Elected Officials during “Out of Session” timeframes to promote VFCA and the priorities of the Association. Engage VFCA Committee members (Retiree/Life Member, Chaplains).
- Sustain continuous communication with Two Capitols and cultivating new ideas for support needed during GA Sessions and Out of Session timeframes.

Goal #2: Membership Engagement

- Increase Social Media Presence and Increase Follower Base by 30%.
- Post a minimum of one social media post per week.
- Host an Annual Update of the VFCA in a “Facebook live” event.
- Release Quarterly “Commonwealth Chief” hard copy and digital format.
- Website Updates-All Sections and Committees by May 1, 2025
 - Sustain email feature to communicate with members and stakeholders.
- Sustain One-Year Membership for VFOA / VCOA Graduates to ensure success of VFCA
- Sustain and increase “Departmental Membership” Level(s) memberships.
- Sustain New Fire Chief (1st Year) Annual Networking Opportunity-Virginia Fire Rescue Conference
- Roll Out and Promotion of “On-Line” Store for VFCA merchandise.
- Promote VFCA Scholarship program
- Update handout materials to include brochures, banners as needed

Goal #3: Stakeholder Engagement

- Attend and network with VPFF, VFPA, VSFA and others as determined by the Board
- Engage with VFPA as it relates to the CRR Committee.
- Explore new opportunities in promoting Membership Activities
- Creative engagements in Lobbying Activities; Partner with VPFF.
- Sustain support and relationships with state agencies, i.e. VDFP, VDEM, OEMS, VSP

Goal #4: Training and Education

- Support annual training and educational opportunities.
 - Virginia Fire & Rescue Conference
 - Virginia Fire Officer Academy(s) / Virginia Chief Officer Academy(s)
 - Develop a model succession plan for Incident Management Team
 - Company Officer Summit
 - Fire Chief’s Summit
 - Federal / Military Summit

Life Safety & Community Risk Reduction Summit

Small Fire Department Summit

Women of Fire & EMS Summit

- Integrate and sustain VFCA Chaplain's Committee training interest into annual work plan
- Integrate and sustain VFCA Retiree & Life Member committee interests into annual work plan

Goal #5: VFCA Board Activity and Participation

- Ensure emails are up-to-date and appropriate positions are receiving appropriate emails.
- Meetings and attendance at VFCA events & activities-*Be Present*
- Bi-Monthly "In-Person Meeting"
 - Virginia Fire Rescue Conference
 - Summits-Fire Chief's, LS/CRR, Company Officer, Small Fire Departments, Women of Fire & EMS, Federal/Military
 - Minimum of three Shaker's Forums
- Bi-Monthly Executive Board Meetings
- Sustain VFCA Surplus Sharing Initiative-Chief Tobia
- Sustain VFCA calendar with key dates for activities of the association (grant openings and deadlines, meetings, fiscal/tax dates, etc)
- Sustain support to the Virginia Fire Service Board.
- Sustain support the VFSB Representative to the Board of Housing and Community Development.
- Continue to improve new Board Member Orientation / Onboarding expectations.
- Provide fidelity to each Board Member on individualized expectations
- Annual Budget Board of Director Deep-Dive-October BoD Meeting
 - Standardize Budget Submission Process for FY26
 - Prioritized funding bi-annual review by the Executive Board
- PR / Marketing Advancements-Communications Planning for FY26 & Beyond-TELLING OUR WHY!

WELCOME



Getting to Know Your VFCA

Virginia Fire Chiefs Association

- Organized in 1930 as State Fire Chiefs Association of Virginia
- Chief R.S. Baughan of Norfolk served as first President
- 2002 changed name to the Virginia Fire Chiefs Association to better promote organization & align with other state associations.



Getting to Know Your VFCA

VFCA Mission

- Mission: To advance Virginia's fire and emergency services through leadership, education, and advocacy.
- All Ranks—Not Just Fire Chiefs
- Sections
 - Administrative Professionals
 - Company Officers
 - Federal/Military FDs
 - Life Safety - Community Risk Reduction
 - Women of Fire & EMS



Getting to Know Your VFCA

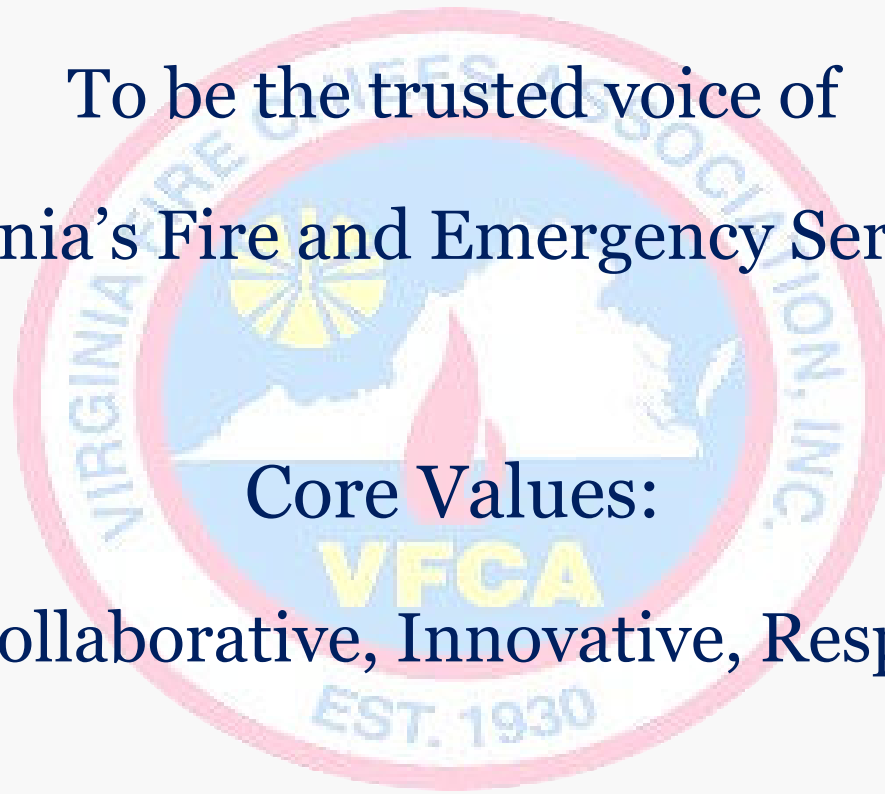
VFCA Vision & Core Values

Vision:

To be the trusted voice of
Virginia's Fire and Emergency Services.

Core Values:

Integrity, Collaborative, Innovative, Respect, Service



Getting to Know Your VFCA

VA Fire Chiefs Foundation

- Provides educational opportunities, including scholarships
- Develops public relation programs
- Assists other organizations in the development & implementation of public education
- Provides grants to other Fire & EMS service organizations
- Raises funds to help support the VFOA, VCOA and scholarships through golf tournaments, 5K Run/Walks, annual fundraising campaign and silent auction at the annual VFRC.
- Supporting Fire Service Families suffering from a LODD Tragedy

Getting to Know Your VFCA

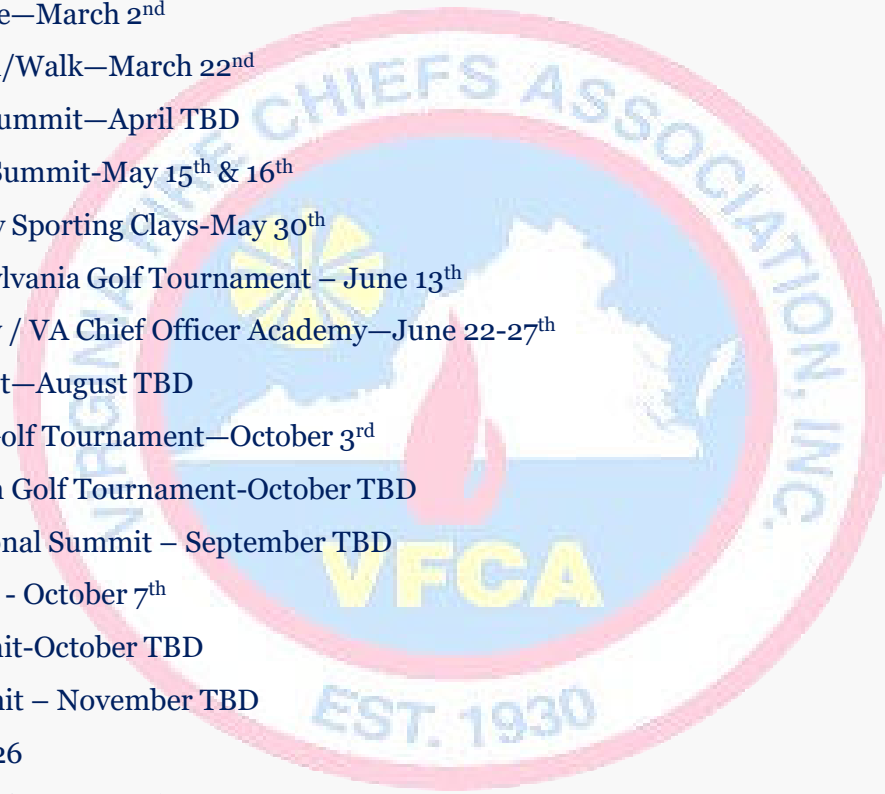
VFCA Future Initiatives

- Full Implementation of New Website with Expanded Member Services
- Expand Membership and VFCA Benefits of Membership
- Sustain cutting edge Virginia Fire-Rescue Conference learning opportunities
- Engage VFCA Division Vice Presidents
- Continue Fire Chiefs Summit and Section Summits
- Health & Wellness Training
- Increase Legislative Influence

Getting to Know Your VFCA

VFCA Important Dates

- Shaker's Forum-Roanoke—March 2nd
- 6th Annual VFCE 5K Run/Walk—March 22nd
- Women of Fire & EMS Summit—April TBD
- 11th Annual Fire Chief's Summit-May 15th & 16th
- 2nd Annual VFCE Charity Sporting Clays-May 30th
- 15th Annual VFCE Spotsylvania Golf Tournament – June 13th
- VA Fire Officer Academy / VA Chief Officer Academy—June 22-27th
- Sound the Alarm Summit—August TBD
- 11th Annual VFCE/JCC Golf Tournament—October 3rd
- 10th Annual VFCE/Salem Golf Tournament-October TBD
- Administrative Professional Summit – September TBD
- Salem Golf Tournament - October 7th
- FED/MIL Section Summit-October TBD
- Company Officers Summit – November TBD
- Lobby Day—January 2026
- Virginia Fire Rescue Conference –February 16-21, 2026



Getting to Know Your VFCA



Virginia Fire Chief's Association

PRESIDENT KEVIN GOOD

- ❖ Position: Fire Chief
- ❖ Department: Fort Belvoir Fire & Emergency Services
- ❖ Years in the Fire Service: 28
- ❖ Why I joined the VFCA:
Expand my professional network and work alongside other leaders on making the fire service better than when they joined it.



Getting to Know Your VFCA



Virginia Fire Chief's Association

FIRST VICE PRESIDENT

KEVIN DUCK

- ❖ Position: Commissioner of Department
- ❖ Department: Carrsville Volunteer Fire & Rescue
- ❖ Years in the Fire Service: 44
- ❖ Why I joined the VFCA: I had a desire to be a part of a collaboration of individuals that do so much for the fire service in the Commonwealth



Getting to Know Your VFCA



Virginia Fire Chief's Association

SECOND VICE PRESIDENT

MARCI STONE

- ❖ Position: Deputy Fire Chief
- ❖ Department: Roanoke Fire-EMS
- ❖ Years in the Fire Service: 28
- ❖ Why I joined the VFCA: I wanted to continue to better fire and emergency services today and into the future.



Getting to Know Your VFCA



Virginia Fire Chief's Association

TREASURER

JAMES "JIMMY" JOHNSON

- ❖ Position: Fire Chief (Former)
- ❖ Department: Blackstone Volunteer Fire Department
- ❖ Years in the Fire Service: 55
- ❖ Why I joined the VFCA: Joined the VFCA and the Board in 1988 to represent and advocate for the Volunteer Fire Departments & to encourage and support the growth of the VFCA in becoming the premier leader it is today for the Virginia Fire Service.



Getting to Know Your VFCA



Virginia Fire Chief's Association **IMMEDIATE PAST PRESIDENT VANCE COOPER**

- ❖ Position: Deputy Fire Chief
- ❖ Department: Virginia Beach Fire
- ❖ Years in the Fire Service: 35
- ❖ Why I joined the VFCA: I wanted to learn how to help the fire service through state level advocacy, leadership and education.



Getting to Know Your VFCA



Virginia Fire Chief's Association

VICE PRESIDENT—DIVISION 1

TIM MCKAY

- ❖ Position: Deputy Fire Chief
- ❖ Department: Chesterfield County Fire and EMS
- ❖ Years in the Fire Service: 33
- ❖ Why I joined the VFCA: The opportunity to join other leaders who truly care about Virginia's fire service in enacting change for the better.



Getting to Know Your VFCA



Virginia Fire Chief's Association

VICE PRESIDENT – DIVISION 2

MATTHEW TOBIA

- ❖ Position: Fire Chief
- ❖ Department: Harrisonburg Fire Department
- ❖ Years in the Fire Service: 37
- ❖ Why I joined the VFCA: The ability to be a part of a professional organization committed to ethical leadership through action.



Getting to Know Your VFCA



Virginia Fire Chief's Association

VICE PRESIDENT - DIVISION 3

GREG WORMSER

- ❖ Position: Fire Chief
- ❖ Department: Lynchburg Fire Department
- ❖ Years in the Fire Service: 29
- ❖ Why I joined the VFCA: To partner with agencies and colleagues across the commonwealth for the betterment of service delivery, training, and recruitment/retention.



Getting to Know Your VFCA



Virginia Fire Chief's Association

VICE PRESIDENT- DIVISION 4

TODD LAGOW

- ❖ Position: Fire & Rescue Chief, Emergency Management Coordinator
- ❖ Department: City of Norton Fire Department
- ❖ Years in the Fire Service: 37
- ❖ Why I joined the VFCA: I want to help bring much needed representation and resources to division 4



Getting to Know Your VFCA



Virginia Fire Chief's Association

VICE PRESIDENT—DIVISION 5

MICHAEL CARTER

- ❖ Position: Battalion Chief
- ❖ Department: City of Virginia Beach
- ❖ Years in the Fire Service: 23
- ❖ Why I joined the VFCA: I joined the VFCA for the various opportunities to learn from and work with some of the best Fire and Emergency Services personnel in the Commonwealth and beyond.



Getting to Know Your VFCA



Virginia Fire Chief's Association

VICE PRESIDENT – DIVISION 6

ABBIE JOHNSTON

- ❖ Position: Deputy Chief of Operations
- ❖ Department: Bedford County Fire & Rescue
- ❖ Years in the Fire Service: 23
- ❖ Why I joined the VFCA: I initially joined the VFCA because it afforded me so many opportunities to get connected with and learn from other fire service leaders in Virginia. By serving on committees, and now serving in leadership of a new section, I feel like I am taking an important step in transitioning from passive membership to active engagement.



Getting to Know Your VFCA



Virginia Fire Chief's Association

VICE PRESIDENT – DIVISION 7

TODD LUPTON

- ❖ Position: Deputy Fire Chief
- ❖ Department: Loudoun County Combined Fire & Rescue System
- ❖ Years in the Fire Service: 28
- ❖ Why I joined the VFCA: I joined the VFCA to network and collaborate with other Fire and EMS leaders both career and volunteer from across the Commonwealth.



Getting to Know Your VFCA



Virginia Fire Chief's Association

VICE PRESIDENT – AT LARGE 1

TIM ESTES, SR.

- ❖ Position: Fire Chief
- ❖ Department: Abingdon Fire Department
- ❖ Years in the Fire Service: 42
- ❖ Why I joined the VFCA: Networking and a greater opportunity to make a difference.



Getting to Know Your VFCA



Virginia Fire Chief's Association

VICE PRESIDENT - AT LARGE 2

NESTOR MANGUBAT

- ❖ Position: Fire Chief
- ❖ Department: Portsmouth Fire, Rescue, & Emergency Services
- ❖ Years in the Fire Service: 29
- ❖ Why I joined the VFCA: I want to be part of a statewide organization of leaders who strive to improve the Fire and EMS profession.



Getting to Know Your VFCA



Virginia Fire Chief's Association

VICE PRESIDENT - AT LARGE 3

STEVEN E. HALL, JR.

- ❖ Position: Assistant Fire Chief
- ❖ Department: City of Richmond Fire & Emergency Services
- ❖ Years in the Fire Service: 25
- ❖ Why I joined the VFCA: I knew the VFCA was an organization that I wanted to be a part of after graduating from the VFOA in 2015. The learning opportunities and networking are invaluable. There is no question that my membership in the association has contributed to my success, and I look forward to continuing to learn and paying it forward



Getting to Know Your VFCA



Virginia Fire Chief's Association

VICE PRESIDENT - AT LARGE 4

MATT FOX

- ❖ Position: Deputy Fire Chief
- ❖ Department: Fredericksburg Fire Department
- ❖ Years in the Fire Service: 22
- ❖ Why I joined the VFCA: I joined the VFCA to collaborate with other leaders and make a difference in Virginia's Fire/EMS Service."



Getting to Know Your VFCA



Virginia Fire Chief's Association

ADMINISTRATIVE PROFESSIONALS

PRESIDENT: MANDY WAYBRIGHT

- ❖ Position: Office Manager
- ❖ Department: Harrisonburg Fire Department
- ❖ Years in the Fire Service: 4
- ❖ Why I joined the VFCA: I came to the Harrisonburg Fire Department with no fire service background. Joining the VFCA has allowed me the opportunity to network and make valuable connections that I would not have made otherwise. Through these connections I am better equipped to serve and make a positive impact.



Getting to Know Your VFCA



Virginia Fire Chief's Association

ADMINISTRATIVE PROFESSIONALS VICE-PRESIDENT: KELLIE DRAGICH

- ❖ Position: Administrative Manager
- ❖ Department: Stafford County Fire and Rescue Department
- ❖ Years in the Fire Service: 4
- ❖ Why I joined the VFCA: I began my career with the Stafford County Fire Marshals Office and later became Administrative Manager to the Fire Chief. My background in the fire service started in Ohio with Portage County EMA. I learned about the VFCA after my promotion to Administrative Manager, and it has provided me with valuable networking opportunities. Through these connections, I've gained insights and professional relationships that have greatly enhanced my career.



Getting to Know Your VFCA

Administrative Professionals Section

Section Leadership

President: Mandy Waybright, Harrisonburg Fire Department

Vice-President: Kellie Dragich, Stafford County Fire and Rescue Department

Secretary: Vacant

The mission of the Administrative Professionals Section of the Virginia Fire Chiefs Association is to:

- Provide quality assistance to the fire service and our community
- Maintain a working partnership with administrative professionals
- Enhance communication and sharing of information through networking and technology
- Provide opportunities for education and training

Getting to Know Your VFCA

Administrative Professionals Section

Purpose

To provide administrative professionals opportunities for growth and development, thereby increasing our value to the fire service and community.

Vision

The Administrative Professionals Section we serve as an integral and dynamic part of the Virginia Fire Chiefs Association (VFCA), a resource and model for the fire service and the communities we serve.

Mission

The mission of the Administrative Professionals Section (APS) is to:

Provide quality assistance to the fire service and our community

Maintain a working partnership with administrative professionals

Enhance communication and sharing of information through networking and technology

Provide opportunities for education and training



History

The Executive Board of the VFCA recognized the need to build a partnership with administrative professionals working in fire service organizations across the Commonwealth. On August 8, 2000, the Board approved a new section of the VFCA called the Administrative Professionals allowing administrative professionals the opportunity to meet, network, and provide training opportunities at the annual Mid-Atlantic Expo and Symposium.

Upon completion of preliminary research, a committee was formed to establish a charter, by-laws, and elect officers. They met for the first time on July 9, 2001. The Section charter was approved by VFCA's Executive Board on September 10, 2001.

Meetings are held on a quarterly basis and rotate throughout member jurisdictions with the exception of the 1st quarter meeting held in conjunction with the Virginia Fire & Rescue Conference.

Membership

The APS welcomes administrative professionals from the fire rescue service and partnering organizations. Annual Section Membership is \$40.

Membership provides you with opportunities to receive valuable training, and to network with experienced, dynamic individuals. Members receive *Behind the Scene* section newsletter, and the *Commonwealth Chief* magazine. Accidental Death & Dismemberment Insurance is also provided for members.

Register online at www.vfca.us

Section Leadership

President:

Mandy Waybright
Harrisonburg Fire
Department

Vice-President:

Kellie Dragich
Stafford County Fire
and Rescue
Department

Secretary:

Vacant

Getting to Know Your VFCA

Administrative Professionals Section

The APS has at least four meetings each year, around the state, including our annual retreat. The 2025 retreat will be held on, September 18th and 19th. It is open to members and nonmembers; registration is required.

You'll also see our Section at the:

6th Annual VFCF 5K Run/Walk in Williamsburg – March 22nd

2nd Annual VFCF Charity Shoot-May 30th

VFCF Spotsylvania Golf Tournament in Spotsylvania – June 13th

VFCF/JCF Golf Tournament – September 13th

VFCF Salem Golf Tournament in Blacksburg – Oct 7th

Virginia Fire Chiefs Conference – February 2026 in Virginia Beach



We encourage all fire and rescue service Administrative Professionals to join our section! If you have any questions or concerns, please don't hesitate to reach out to us! We would love to have YOU!

Administrative Professionals Section

Purpose: To provide administrative professionals opportunities for growth and development , thereby increasing our value to the fire services and community.

Section has at least four meetings a year around the state. Anyone can host a meeting. We have our annual retreat which is open to members and nonmembers. Our retreat is a great time for networking. Section also helps the VFCA with their annual Virginia Fire Rescue Conference, golf tournaments, and the 5k run/walk.

Administrative professionals-please contact us about the Admin Professionals Section.

We would love to have YOU!



Virginia Fire Chief's Association

WOMEN OF FIRE & EMS SECTION

SECTION CHAIR: LAURA ARRINGTON

- ❖ Position: Battalion Chief
- ❖ Department: Navy Region Mid-Atlantic Fire & EMS, Naval Air Station Oceana, District 3
- ❖ Years in the Fire Service: 20
- ❖ Why I joined the VFCA: I have always been a passionate advocate of the well being and safety of others. I joined VFCA to become an active participant in shaping the future of the fire and emergency services. VFCA provides a platform to collaborate with like minded professionals who will be the ambassadors and change makers for Virginia.



Getting to Know Your VFCA



Virginia Fire Chief's Association

WOMEN OF FIRE & EMS SECTION

ABOUT YOUR PRESIDENT

- ❖ Started as a cadet at the age of 16 at St. Robert City Fire & Rescue in Missouri in 2004 till I was hired full time as a career firefighter working there from 2008-2012.
- ❖ Volunteer Firefighter for Waynesville Rural Fire Protection District, Missouri from 2009-2012
- ❖ Contract Firefighter on Wake Island and Morón Air Base, Spain from 2012-2016.
- ❖ DOD firefighter, Captain, Battalion Chief of Training 2016-Present
 - ❖ Navy Region Mid-Atlantic 2016-2020 & 2024- Present
 - ❖ Navy Region Hawaii, Kaneohe 2020-2024

Getting to Know Your VFCA



Virginia Fire Chief's Association

WOMEN OF FIRE & EMS SECTION

VICE~PRESIDENT: KIRSTEN MARTIN

- ❖ Position: Lieutenant
- ❖ Department: Goochland County Fire & Rescue
- ❖ Years in the Fire Service: 26
- ❖ Why I joined the VFCA: I joined in 2018 prior to attending VFOA to support the organization that was supporting development of future fire service leaders.



Getting to Know Your VFCA



Virginia Fire Chief's Association

WOMEN OF FIRE & EMS SECTION

SECRETARY: RIANA CASTILLOVEITIA

- ❖ Position: Assistant Chief of EMS/HSO
- ❖ Department: Navy Region Mid-Atlantic Fire & Emergency Services
- ❖ Years in the Fire Service: 26
- ❖ Why I joined the VFCA: I truly believe in the mantra “It takes a village”. I am proud to be a member of the fire village.



Getting to Know Your VFCA



Virginia Fire Chief's Association

WOMEN OF FIRE & EMS SECTION

TREASURER: DIANA FOLEY

- ❖ Position: Assistant Chief of EMS
- ❖ Department: Martinsville Fire & EMS
- ❖ Years in the Fire Service: 10
- ❖ Why I joined the VFCA: I joined shortly after completing the Virginia Fire Officers Academy. In the academy, I learned about the organization and the value it provides in terms of resources, education, and comradery with individuals in the fire service across the Commonwealth.



Getting to Know Your VFCA

Virginia Fire Chiefs Association, Inc.

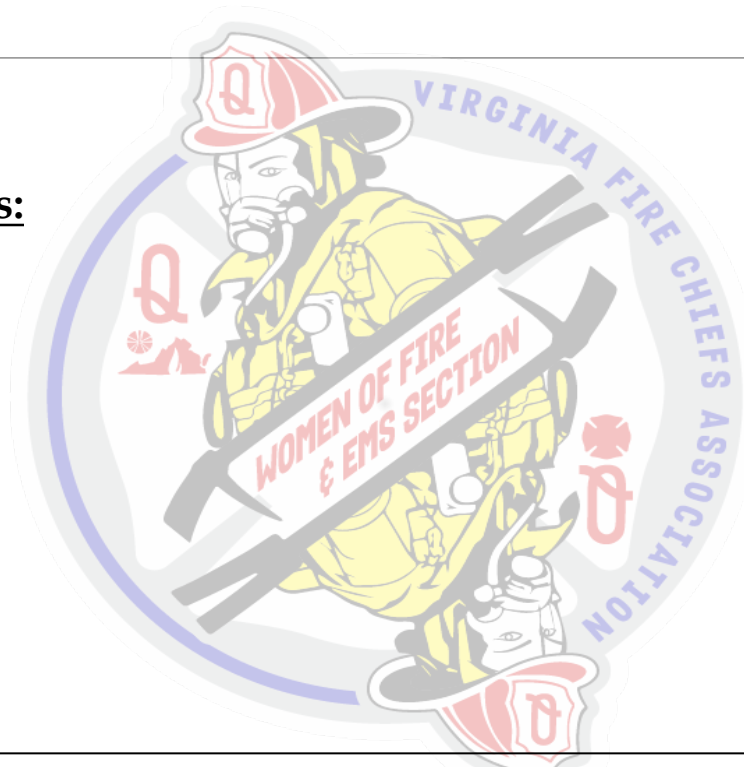
Women of Fire & EMS Section



2025 Communications Plan

Section Officer Huddles: 1500 Hours

- ❖ Tuesday February 4th
- ❖ Tuesday March 4th
- ❖ Tuesday April 8th
- ❖ Tuesday May 6th
- ❖ Tuesday June 3rd
- ❖ Tuesday July 1st
- ❖ Tuesday August 5th
- ❖ Tuesday September 2nd
- ❖ Tuesday October 7th
- ❖ Tuesday November 4th
- ❖ Tuesday December 2nd



Educational/Networking Opportunities

- ❖ Virginia Fire & Rescue Conference
- ❖ Shakers Forum
- ❖ Women of Fire & EMS Summit
- ❖ 6th Annual VFCA 5K Williamsburg

Section Meetings: 1400 Hours

- ❖ Tuesday, February 4th
- ❖ Tuesday, May 6th
- ❖ Tuesday, August 5th
- ❖ Tuesday, October 7th
- ❖ Bimonthly Basis-Meeting minutes sent to Section membership

Advocacy for Women Leading Fire & EMS in Virginia

Women of Fire & EMS Section

Mission- The mission of the Women of Fire-EMS Section of the Virginia Fire Chiefs Association, Inc. is to:

- Provide a forum for those advocating for issues related to women, diversity, equity, inclusion and belonging in Fire-EMS.
- Provide a forum for discussion of topics of mutual concern.
- Provide networking opportunities for women and those advocating for diversity, equity, inclusion and belonging in Fire-EMS in the Commonwealth.
- Provide opportunities for education, mentorship and training.

Vision- Working together, the Women of Fire-EMS Section will be an integral and dynamic part of the Virginia Fire Chiefs Association, Inc. and a recognized resource and model for those working to advocate and increase opportunities for diversity in fire and emergency service and the communities we serve.

Getting to Know Your VFCA



Virginia Fire Chief's Association

COMPANY OFFICERS SECTION

SECTION CHAIR: MICHAEL HIRSH

- ❖ Position: Operations Lieutenant
- ❖ Department: King George Fire, Rescue, and Emergency Services
- ❖ Years in the Fire Service: 39
- ❖ Why I joined the VFCA: To be part of something bigger than me. To network with others in my profession and learn from others.



Getting to Know Your VFCA



Virginia Fire Chief's Association

COMPANY OFFICER SECTION VICE-PRESIDENT: PARKER COUGHLIN

- ❖ Position: Captain
- ❖ Department: Spotsylvania County Fire, Rescue, and Emergency Management
- ❖ Years in the Fire Service: 18
- ❖ Why I joined the VFCA: To network with like-minded individuals who care about making the fire service a better place.



Getting to Know Your VFCA

Company Officer Section

Mission- The VFCA Company Officer's Section facilitates mentorship and succession planning for future fire service leaders through education, leadership, and advocacy

Values

Integrity

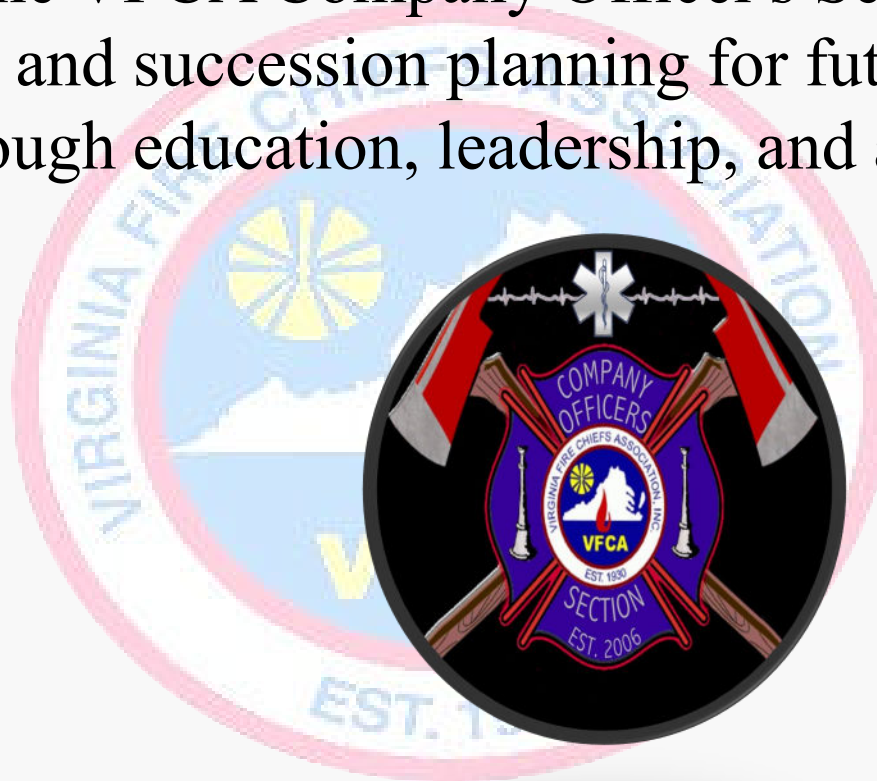
Decisiveness

Education

Advocacy

Leadership

Safety



Getting to Know Your VFCA



Virginia Fire Chief's Association

FEDERAL/ MILITARY SECTION CHAIR: GEORGE BEODEKER

- ❖ Position: Assistant Chief
- ❖ Department: Navy Region
Mid-Atlantic
- ❖ Years in the Fire Service: 20
- ❖ Why I joined the VFCA:
Networking, Education and
build a better fire service.
Provide more and better
opportunities to the DOD
community.



Getting to Know Your VFCA



Virginia Fire Chief's Association

FEDERAL/ MILITARY SECTION VICE-PRESIDENT: TY BURCH

- ❖ Position: Battalion Chief
- ❖ Department: Fort Belvoir Fire and Emergency Services
- ❖ Years in the Fire Service: 32
- ❖ Why I joined the VFCA: Networking with other DOD departments. Learn more about the fire service in Virginia and engage with other in the profession.



Getting to Know Your VFCA



Virginia Fire Chief's Association

FEDERAL/ MILITARY SECTION SECRETARY: TROY ELLIS

- ❖ Position: Battalion Chief
- ❖ Department: Navy Region Mid-Atlantic
- ❖ Years in the Fire Service: 18
- ❖ Why I joined the VFCA: To better myself within the fire service. To be able to network with those across the state and be able to bring new ideas and opportunities to my department.



Getting to Know Your VFCA

Federal / Military Section

Section Leadership

President: George Beodecker, Navy Region Mid-Atlantic Fire & Emergency Services

Vice-President: Ty Burch, Fort Belvoir Fire & Emergency Services

Secretary: Troy Ellis, Navy Region Mid-Atlantic Fire & Emergency Services

Mission- To continuously advance education, leadership, and advocacy throughout federal/military fire and emergency service departments in Virginia.

Vision- To promote the development of a variety of fire service initiatives that have direct impact on federal agencies statewide.

Getting to Know Your VFCA

Federal/Military Section

Accomplishments and Continued Efforts

- ❖ Provide a Federal/Military based on educational day at the Virginia Fire and Rescue Conference
- ❖ Constantly provide publications through VFCA social media and the Commonwealth Chief
- ❖ Tracking, supporting and opposing Federal/Military and state legislations
- ❖ Efforts in statewide Peer Support Network
- ❖ Continued membership growth in order to diversify and encompass all Federal/ Military entities
- ❖ Promotion of networking opportunities to include DOD Summit.

Virginia Fire Chiefs Association, Inc.
Federal/ Military Section

President: George Beodeker
Vice President: Ty Burch
Secretary: Troy Ellis



2025 Communications Plan

Fed/Mil Section Officer Huddles:
19:00 Hours

- ❖ Wednesday February 7, 2025
- ❖ Wednesday March 5, 2025
- ❖ Wednesday April 2, 2025
- ❖ Wednesday May 7, 2025
- ❖ Wednesday June 4, 2025
- ❖ Wednesday July 2, 2025
- ❖ Wednesday August 6, 2025
- ❖ Wednesday September 3, 2025
- ❖ Wednesday October 1, 2025
- ❖ Wednesday November 5, 2025
- ❖ Wednesday December 3, 2025

Fed/Mil Section Quarterly Meetings:

11:00 Hours

- ❖ Tuesday Feb 18, 2025
- ❖ Tuesday May 20, 2025
- ❖ Tuesday September 16, 2025
- ❖ Tuesday December 16, 2025

VFCA Board Meetings
(Section Officers)

- ❖ Bimonthly Basis-Meeting minutes sent to Fed/Mil Section membership

Educational/Networking Opportunities

- ❖ 2026 VFRC-Feb 16-21
- ❖ 11th Annual Chief Summit May 15-16, 2025
- ❖ VFOA & VCOA Programs
- ❖ VFCA 5K March 22, 2025
- ❖ VFCA 2nd Annual Charity Sport Clay Fundraiser
- ❖ VFCA Golf Tournaments



Virginia Fire Chief's Association

LIFE SAFETY/COMMUNITY RISK REDUCTION SECTION CHAIR: CHARLES KNOWLES

- ❖ Position: Battalion Chief
- ❖ Department: Chesterfield Fire & EMS
- ❖ Years in the Fire Service: 35
- ❖ I joined the VFCA because I have a deep passion for Community Risk Reduction, ensuring the public is well educated about specific trends, and a desire to decrease injury and death associated with identified trends.



Getting to Know Your VFCA

Life Safety / Community Risk Reduction Section

VFCA Life Safety – Community Risk Reduction Section

- Working with NFPA to Develop a Community Risk Assessment for Virginia, on-going
- Hosting the Sound the Alarm Summit
- CRR/Fire Prevention training at the Virginia Fire Prevention Association Conference
- Working with Virginia stakeholders and Vision 20/20 to accelerate the adoption of best practices at state and local levels through a Statewide Collaboration and Engagement Framework (SCEF), on-going

Getting to Know Your VFCA





Virginia Fire Chief's Association

SEAFC VIRGINIA DIRECTOR ALLEN BALDWIN

- ❖ Position: Deputy Fire Chief
- ❖ Department: York County
Department of Fire & Life
Safety
- ❖ Years in the Fire Service: 44
- ❖ Why I joined the VFCA: To
help the Commonwealths Fire
Service and its Leaders be
prepared for today and
tomorrow.



Getting to Know Your VFCA



Virginia Fire Chief's Association

EMS ADVISORY BOARD REP. BRIAN FRANKEL

- ❖ Position: Assistant Chief
- ❖ Department: Stafford County Fire & Rescue
- ❖ Years in the Fire Service: 36
- ❖ Background: Currently serves as the Assistant Chief of Operations Brian retired in 2021 from the Prince George's County, MD Fire/EMS Department where he rose through the ranks and retired as the Deputy Chief of Operations.

He currently serves as the VFCA Emergency Medical Services Representative to the Governor's EMS Advisory Board.



Getting to Know Your VFCA



Virginia Fire Chief's Association

STATEWIDE INTEROPERABILITY EXECUTIVE COMMITTEE REPRESENTATIVE ALLEN BALDWIN

- ❖ Position: Deputy Fire Chief
- ❖ Department: York County
Department of Fire & Life
Safety
- ❖ Years in the Fire Service: 44
- ❖ Why I joined the VFCA: To
help the Commonwealths Fire
Service and its Leaders be
prepared for today and
tomorrow.



Getting to Know Your VFCA



Virginia Fire Chief's Association

EXECUTIVE DIRECTOR

R. CHRISTIAN EUDAILEY

- ❖ Position: Fire Chief (Ret.)
- ❖ Department: Spotsylvania County Fire, Rescue & EM
- ❖ Years in the Fire Service: 48
- ❖ Why I joined the VFCA: To network with Fire and EMS Professionals at quality educational programs, summits and a first class conference held annually.



Getting to Know Your VFCA



Virginia Fire Chief's Association

ADMINISTRATIVE ASSISTANT

DIONE FACKA

- ❖ Position: Executive Assistant
- ❖ Years of Experience: 20
- ❖ Why I joined the VFCA: My core value system aligned with the VFCA's mission of uniting our fire and EMS departments through leadership, education, and advocacy. The VFCA gives me the opportunity to serve my community and help get the core message out to advance Virginia's Fire & EMS Service to help keep our Commonwealth safe.



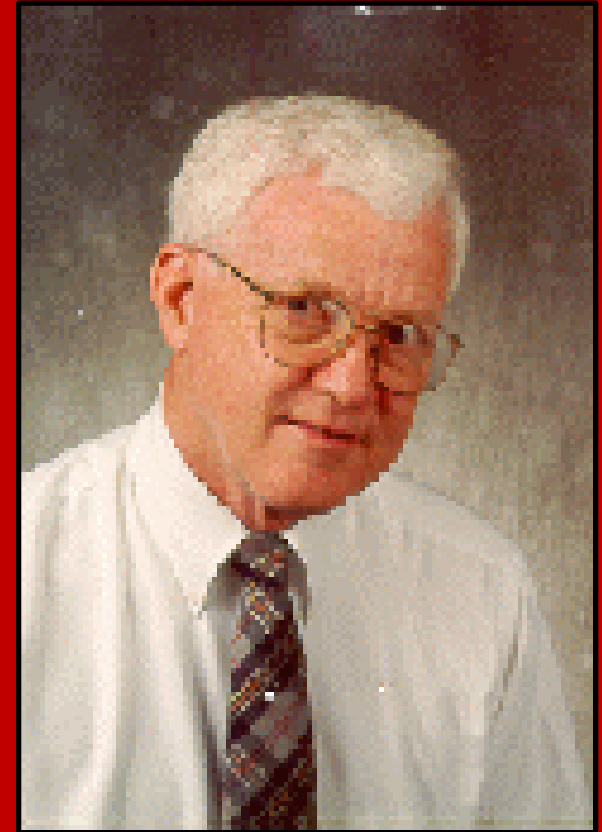
Getting to Know Your VFCA



Virginia Fire Chief's Association

BILL SMITH, EDITOR COMMONWEALTH CHIEF

- ❖ Department: VFCA, formerly Hampton Fire/Rescue
- ❖ Years in the Fire Service: 64
- ❖ Why I joined the VFCA: I joined the VFCA in 1975 as a young Lieutenant. It was at the 1st ever Mid-Winter Conference. At the time I was looking for training opportunities that were more than basic fire ground training.



Getting to Know Your VFCA



Virginia Fire Chief's Association

JEFFREY SMITH

CHAPLAINS COMMITTEE CHAIR

- ❖ Position: Chair of VFCA Chaplain Committee
- ❖ Department: Mine Run Vol Fire Co., Orange County, & Spotsylvania Fire, Rescue, & Emergency Management
- ❖ Years in the Fire Service: 16 Years
- ❖ Why I joined the VFCA: To develop a network with Chaplain across VA and promote Fire Department Chaplaincy Programs for training and support.



Getting to Know Your VFCA

Chaplain's Committee

Strategic Plan Initiatives

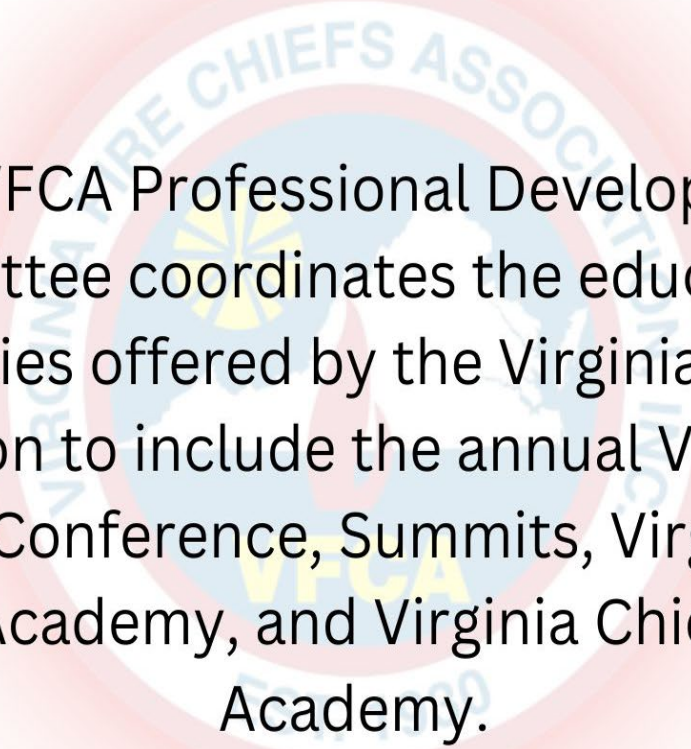
- Training Together
- Fellowship
- Response Coordination
- Self-Care



Getting to Know Your VFCA

Virginia Fire Chief's Association

VFCA Professional Development Committee



The VFCA Professional Development Committee coordinates the educational opportunities offered by the Virginia Fire Chiefs Association to include the annual Virginia Fire Rescue Conference, Summits, Virginia Fire Officer Academy, and Virginia Chief Officer Academy.

Getting to Know Your VFCA

Virginia Fire Chief's Association

VFCA Professional Development Committee Committee Chairperson

- Eugene Durham
- Chesterfield County Fire & EMS
- Captain
- 30 Years of Service



Getting to Know Your VFCA

Virginia Fire Chief's Association

VFCA Professional Development Committee Committee Vice-Chair

- Timothy McKay
- Chesterfield County Fire & EMS
- Deputy Chief
- 33 Years of Service



Getting to Know Your VFCA

Virginia Fire Chief's Association

VFCA Professional Development Committee Committee Vice-Chair

- Steven Hall
- Richmond Fire & Emergency Services
- Assistant Chief
- 25 Years of Service



Getting to Know Your VFCA

Virginia Fire Chief's Association

VFCA Professional Development Committee Committee Vice-Chair

- William Donati
- Powhatan Fire & Rescue
- District Chief (Retired)
- 25 Years of Service



Getting to Know Your VFCA

Virginia Fire Chief's Association

VFCA Professional Development Committee Committee Member

- Stephen Morris
- Fluvanna County Dept. of
Emergency Services
- Director
- 27 Years of Service



Getting to Know Your VFCA

Virginia Fire Chief's Association

VFCA Professional Development Committee Committee Member

- Kevin Duck
- Carrsville Fire & Rescue
- Commissioner
- 44 Years of Service



Getting to Know Your VFCA

Virginia Fire Chief's Association

VFCA Professional Development Committee Committee Member

- Nestor Mangubat
- Portsmouth Fire Rescue & ES
- Fire Chief
- 28 Years of Service



Getting to Know Your VFCA

Virginia Fire Chief's Association

VFCA Professional Development Committee Committee Member

- Wayne Hupman
- Augusta County Fire Rescue
- Lieutenant
- 30 Years of Service



Getting to Know Your VFCA

Virginia Fire Chief's Association

**VFCA Professional Development Committee
State Agency Representative**



John Miller



Getting to Know Your VFCA

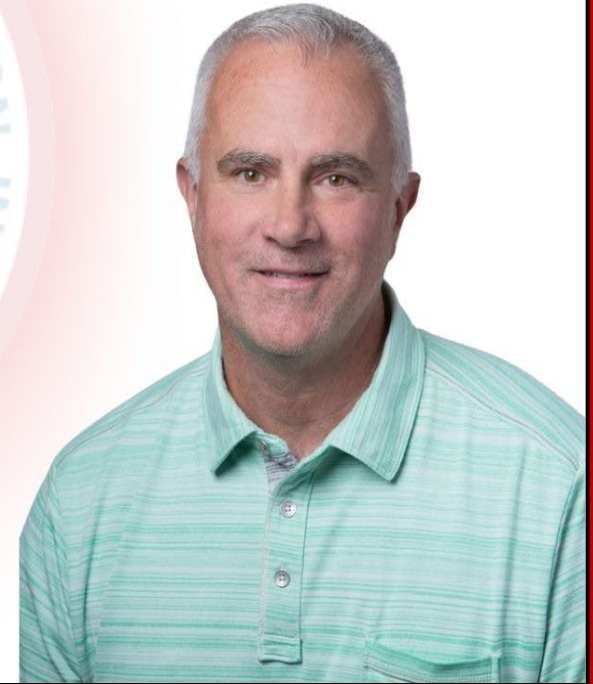
Virginia Fire Chief's Association

VFCA Professional Development Committee State Agency Representative



Virginia Department of
Emergency Management

Joe Scott



Getting to Know Your VFCA

Virginia Fire Chief's Association

**VFCA Professional Development Committee
State Agency Representative**



Deborah Akers



Getting to Know Your VFCA

Virginia Fire Chief's Association

**VFCA Professional Development Committee
State Agency Representative**



Michael Parris



Getting to Know Your VFCA



Virginia Fire Chief's Association

SAFETY & HEALTH COMMITTEE

CHAIR-STEVE KOPCYNSKI

- ❖ Position: Fire Chief
- ❖ Department: York County Fire & Life Safety
- ❖ Years in the Fire Service: 50 Years
- ❖ Why I joined the VFCA: First, I was mentored and encouraged to join by my predecessor in York County (Chief Wallace Robertson—who was also a Past President of the VFCA—then the SFCV) along with other fire service leaders (and SFCV members) from that era. The VFCA has always been recognized as a leader in Virginia's fire service and it has always provided extraordinary networking opportunities. It has consistently offered excellent opportunities for professional development and training. And, finally I have always recognized that the VFCA constantly seeks ways to improve the fire service, ways to better serve our members and has long worked to prepare future fire service leaders.



Getting to Know Your VFCA

Safety & Health Committee

Steve Kopczynski - Chair

Strategic Plan Initiatives

- Create a Virginia Fire Service Peer Support Network to work with fire service organizations across the Commonwealth to address firefighter peer support connectivity.
- Educate stakeholders to influence every firefighter to obtain an NFPA 1582 compliant physical assessment on an annual basis.
- Provide our membership with “value” for being a Member.
- Improve our marketing and communication strategy to reach Virginia’s fire service.
- Develop a foundation for health and wellness process including physical fitness and behavioral health throughout VA.

Getting to Know Your VFCA



Virginia Fire Chief's Association

RETIREEE & LIFE MEMBER CHAIR – PAUL MAUGER

- ❖ Position: Chief (Ret'd)
- ❖ Department: Chesterfield Fire & EMS
- ❖ Years in the Fire Service: 45
- ❖ Why I joined the VFCA: To remain engaged with the Commonwealth's Fire Service and give back to those coming behind.



Getting to Know Your VFCA

Retiree & Life Member Committee

Providing an avenue for retired members who have an interest in staying involved and continue serving the VFCA.

- Legislative Advocacy
- Support for mentoring requests
- Sustaining a pool of experienced professionals to assist localities when requests for assistance arise (interview panels, significant incident review, etc.)
- Community connections across the Commonwealth
- Involvement in VFCA/foundation events to promote life / engagements into retirement.
- Providing a pathway for retired members to earn VFCA Life Membership

Maintaining an essential group of individuals connected to an industry they loved and invested a large portion of their lives in.

Getting to Know Your VFCA



Virginia Fire Chief's Association

MEMBERSHIP COMMITTEE



Deputy Chief Todd Lupton
Loudoun



Chief Tom Labelle
Prince William



Mandy Waybright-Chair
Harrisonburg



Lieutenant Mike Hirsh
King George



Chief Greg Schacht
Augusta



Fire Marshal Matt Haight
Fort Belvoir

Getting to Know Your VFCA

Membership Committee

- Refining organizational effectiveness through *Great People*.
- Connect members through a solid membership base, increasing engagement opportunities for all members.
- Help members develop connections that ensure the VFCA runs smoothly and has opportunities for everyone.
- Spearhead public outreach & social media connections
- Provide valuable input and advocacy for the membership to the Board of Directors.
- Review membership benefits.

Getting to Know Your VFCA



Virginia Fire Chief's Association

LEGISLATIVE COMMITTEE



Vance Cooper
Virginia Beach



Allen Baldwin
York County



Keith Johnson
Loudoun County



Abbey Johnston
Bedford County



Matt Tobia
City of Harrisonburg



JR Hall
City of Richmond

Getting to Know Your VFCA



Virginia Fire Chief's Association **LEGISLATIVE COMMITTEE**



John Prillaman
City of Salem



Kevin Good
Fort Belvoir



Greg Wormser
City of Lynchburg



Devon Cabot
Two Capitols Consulting



Maddy Busse
Two Capitols Consulting



Chris Eudailey
VFCA

Getting to Know Your VFCA



Virginia Fire Chief's Association

LEGISLATIVE COMMITTEE



Jason Wood
Henrico County



Kevin Duck-Chair
Carrsville



Mike Barakey
Suffolk



Ben Ruppert
Hopewell



Brandyn Smith
Danville

Getting to Know Your VFCA

BLANKET ACCIDENT POLICY

Underwritten by:
AXIS INSURANCE COMPANY
(A Stock Company)
(Herein called the Company)

Administrative Office:
1 University Square Drive, Suite 200
Princeton, NJ 08540

Home Office:
111 South Wacker Drive, Suite 3500
Chicago, IL 60606

POLICYHOLDER: Virginia Fire Chief's Association

POLICY EFFECTIVE DATE: September 1, 2024

POLICY NUMBER: EXST-97724-VA10075

POLICY TERM: 09/01/2024 - 08/31/2025

POLICY ANNIVERSARY DATE: September 1

STATE OF ISSUE: Virginia

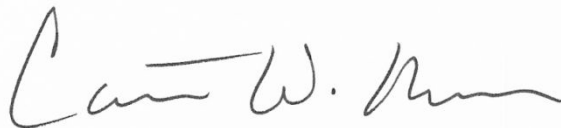
The Policy is a legal contract between the Policyholder and the Company.

This Policy describes the terms and conditions of insurance. This Policy goes into effect subject to its applicable terms and conditions at 12:01 A.M. on the Policy Effective Date shown above at the Policyholder's address. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 12:00 A.M., on the day following the last day of the Policy Term unless the Policyholder and the Company agree to continue coverage under this Policy for an additional Policy Term. The laws of the State of Issue shown above govern this Policy.

The Company and the Policyholder agree to all the terms of this Policy/Certificate.



Secretary



President

IMPORTANT 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 you may contact the insurance company issuing this insurance at the following address and telephone number: AXIS Insurance Company, 1 University Square Drive, Suite 200, Princeton, NJ 08540. (888) 870-AXIS (2947)

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:
P.O. Box 1157, Richmond, VA 23218
Life and Health Consumer Services Section at (804) 371-9691 or toll free at 1-877-310-6560

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

**THIS IS A LIMITED POLICY
IT PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY
IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS
THIS POLICY MAY CONTAIN A DEDUCTIBLE
PLEASE READ YOUR POLICY CAREFULLY
NON-PARTICIPATING**

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SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, PLEASE READ ALL THE POLICY PROVISIONS CAREFULLY.

The *Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Policy. Please read the Conditions of Coverage and Description of Benefits sections for full details.

Eligible Persons: An Eligible Person is an individual who meets all of the requirements of one of the covered classes shown below:

<u>Class A</u>	Principal Sum
All Active Members of the Policyholder	\$10,000
<u>Class B</u>	
All Active Members of the Policyholder	\$20,000

CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages:

Class A

24-HOUR BUSINESS AND PLEASURE COVERAGE

Class B

LINE OF DUTY OCCUPATIONAL COVERAGE

Additional Participating Organizations (if applicable)

BENEFITS

Aggregate Limit of Indemnity

Applies to:

Accidental Death and Dismemberment, Coma, Paralysis

Benefit Amount

Ten times the Class A Principal Sum, not to exceed \$1,000,000.

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. This Aggregate Limit of Indemnity is payable only once, should more than one Condition of Coverage apply, We will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Loss must occur within

365 days of the Covered Accident

Covered Loss

Loss of Life

Loss of Two or More Hands or Feet

Loss of Use of Two or More Hands or Feet

Loss of Sight of Both Eyes

Loss of Speech and Hearing (in Both Ears)

Loss of One Hand or Foot and Sight in One Eye

Loss of One Hand or Foot

Loss of Use of One Hand or Foot

Loss of Sight in One Eye

Loss of Speech

Loss of Hearing (in Both Ears)

Severance and Reattachment of One Hand or Foot

Loss of Thumb and Index Finger of the Same Hand

Loss of all Four Fingers of the Same Hand

Loss of all Toes of the Same Foot

Loss of Thumb

Loss of Index Finger

Loss of any Joint on Either Hand

Loss of 2nd, 3rd, or 4th Finger on Either Hand

Loss of Large Toe of Either Foot

Loss of a Joint of a Toe

Benefit Amount

100% of the Principal Sum

100% of the Principal Sum

100% of the Principal Sum

100% of the Principal Sum

100% of the Principal Sum

100% of the Principal Sum

50% of the Principal Sum

50% of the Principal Sum

50% of the Principal Sum

50% of the Principal Sum

50% of the Principal Sum

50% of the Principal Sum

25% of the Principal Sum

25% of the Principal Sum

25% of the Principal Sum

25% of the Principal Sum

25% of the Principal Sum

6.25% of the Principal Sum

12.5% of the Principal Sum

5% of the Principal Sum

1% of the Principal Sum

Exposure and Disappearance Benefit

Included

ACCIDENTAL SEVERE BURN AND DISFIGUREMENT BENEFIT

Benefit Amount

75%-100% Body Disfigurement	100% of the Principal Sum subject to a Maximum Benefit of \$100,000
50%-74% Body Disfigurement	75% of the Principal Sum subject to a Maximum Benefit of \$100,000
25%-49% Body Disfigurement	50% of the Principal Sum subject to a Maximum Benefit of \$100,000
10%-24% Body Disfigurement	25% of the Principal Sum subject to a Maximum Benefit of \$100,000
Burn Classification	Third Degree

BEREAVEMENT AND TRAUMA COUNSELING BENEFIT

Counseling must occur within	30 days of the Loss of Life or Covered Loss.
Benefit Amount	\$100 per session
Maximum Number of Sessions	10
Maximum Benefit per Covered Loss	\$1,000

BURIAL AND CREMATION BENEFIT

Benefit Amount	\$5,000
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COMA BENEFIT

Coma must occur within	30 days of the Covered Accident
Benefit Amount	1% of the Principal Sum for the first 11 months, 100% in the 12 th Month.

FELONIOUS ASSAULT AND VIOLENT CRIME BENEFIT

Covered Loss must occur within	365 days of the Covered Accident
Benefit Amount	10% multiplied by the portion of the Benefit Amount applicable to a Covered Loss for Accidental Death and Dismemberment, Coma, Paralysis, as shown in the Schedule of Benefits subject to a maximum of \$10,000.

HEPATITIS OCCUPATIONAL OR ASSIGNED DUTIES ACCIDENT BENEFIT

Benefit Amount	50% of the Principal Sum subject to a maximum of \$50,000
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HOME ALTERATION AND VEHICLE MODIFICATION EXPENSE BENEFIT

Benefit Amount	10% multiplied by the portion of the Benefit Amount applicable to a Covered Loss for Accidental Death and Dismemberment, Coma, Paralysis, as shown in the Schedule of Benefits subject to a maximum of \$10,000.
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MEDICAL EVACUATION BENEFIT

Benefit Amount	100% of Usual & Customary Charges
Includes Traveling Companion	
Includes Emergency Sickness	

PARALYSIS BENEFIT

Paralysis must occur within	365 days of the Covered Accident
Benefit Amount	
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum

PROSTHESIS APPLIANCE BENEFIT

Covered Loss must occur within	365 days of the Covered Accident
Benefit Amount	\$1,000 per Covered Loss

REHABILITATION BENEFIT

Covered Treatment must occur within	365 days of the Covered Accident
Benefit Amount	10% multiplied by the portion of the Benefit Amount applicable to a Covered Loss for Accidental Death and Dismemberment, Coma, Paralysis, as shown in the Schedule of Benefits subject to a maximum of \$10,000.

REPATRIATION BENEFIT

Benefit Amount	100% of Usual & Customary Expenses
Includes Emergency Sickness	

SEATBELT AND AIRBAG BENEFIT

Seatbelt Benefit Amount	25% multiplied by the Principal Sum applicable to the Covered Loss subject to a maximum of \$50,000
Airbag Benefit Amount	10% multiplied by the Principal Sum applicable to the Covered Loss subject to a maximum of \$25,000
Default Benefit Amount	\$1,000

PREMIUM RATE TABLE

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

Annual \$6,156

Premium Due Date – Policy Effective Date

The initial premium rate guarantee and any premium rate guarantee applicable to renewal are subject to the Cancellation and Premium Rate Change sections of the Administrative Provisions of this Policy.

GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.

Accident or Accidental	means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.
Aircraft	means a vehicle which: <ol style="list-style-type: none">1. has a valid Airworthiness Certificate; and2. is being flown by a pilot with a valid license to operate the Aircraft.
Airworthiness Certificate	means a "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry.
Calendar Year	means January 1 st through December 31 st of any year.
Common Carrier or Public Conveyance	means: <ol style="list-style-type: none">1. a Conveyance, including Aircraft, licensed for hire to carry fare-paying passengers; or2. a transport Aircraft operated by the Air Mobility Command of the United States of America or similar air transport service of another country.
Conveyance	means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority.
Covered Accident	means an Accident that results in a Covered Loss during the Policy Term.
Covered Activity or Covered Activities	means any activity that is shown in the <i>Schedule of Benefits</i> and takes place under one of the Conditions of Coverage specified in the <i>Schedule of Benefits</i> .
Covered Expenses	means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.
Covered Injury	means Accidental bodily injury: (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which results directly and independently from all other causes from a Covered Accident; and (3) which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.
Covered Loss	means a loss which meets the requisites of one or more benefits, and results from a Covered Accident, Covered Injury or Covered Activity.
Eligible Person	means an individual as defined in the <i>Schedule of Benefits</i> .

He, His, Him	refers to any individual, male or female.
Hospital	<p>means an institution that meets all of the following:</p> <ol style="list-style-type: none"> 1. it is licensed as a Hospital pursuant to applicable law; 2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3. it is managed under the supervision of a staff of medical doctors; 4. it provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); 5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and 6. it charges for its services. <p>The term Hospital does not include a clinic, facility, or unit of a Hospital for:</p> <ol style="list-style-type: none"> 1. rehabilitation, convalescent, custodial, educational or nursing care; 2. the aged, drug addicts or alcoholics; or 3. a Veteran's Administration Hospital or Federal Government Hospital unless the Insured Person incurs an expense
Hospital Confined, Hospital Stay or Confined to a Hospital	means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital. Separate Hospital Stays due to the same Covered Accident will be treated as one Hospital Stay unless separated by at least 30 days.
Immediate Family Member	means a person who is related to the Insured Person in any of the following ways: Spouse, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).
Inpatient	means confined overnight as a registered bed patient in a Hospital or other medical facility where at least one day's room and board is charged. The confinement must be on the advice of a Physician.
Insured Person	means an Eligible Person, as defined in the <i>Schedule of Benefits</i> , for whom required premium has been paid when due and for whom coverage under this Policy remains in force.
Medically Necessary	means medical services that: (1) are essential for diagnosis, treatment or care of the Covered Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under His care, supervision or order.
Nurse	<p>means a licensed graduate Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.) who is not:</p> <ol style="list-style-type: none"> 1. the Insured Person; 2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; 3. a person living in the Insured Person's household; or 4. a person employed or retained by the Policyholder.

Paralysis/Paralyzed	means Quadriplegia, Paraplegia, Hemiplegia or Uniplegia that is expected to last for a continuous period of 12 months or more from the earlier of the date of the Covered Accident causing paralysis or the date of the diagnosis. "Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs or both upper limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.
Physician	means a licensed health care provider practicing within the scope of his license and rendering care and treatment to the Insured Person that is appropriate for the condition and locality, and who is not: <ol style="list-style-type: none"> 1. the Insured Person; 2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; 3. a person living in the Insured Person's household; 4. a person employed or retained by the Policyholder; or 5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.
Policyholder	means the entity, named on this Policy's face page, to which the Company issues this Policy.
Policy Term	means the time period defined for the Policyholder shown on this Policy's face page.
Private Passenger Automobile	means a validly registered, four wheel private passenger car, including Policyholder-owned cars, campers, motor homes, station wagons, sport utility vehicles, pick-up trucks and van-type cars that are not licensed commercially or being used for commercial purposes. Any vehicle being used as a taxi cab, bus or other Public Conveyance will not be considered a Private Passenger Automobile.
Scheduled Airlines or Aircraft	means any carrier holding a certificate, license or similar authorization for civilian scheduled air transport issued by the country of the Aircraft's registry, and which, in accordance with that authorization flies, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, but only if the Aircraft is then used for any regular or chartered flight operated by such carrier.
Spouse	means the Insured Person's lawful spouse.
Traveling Companion	means an individual or individuals who have made advance arrangement with the Insured Person to travel together.
Usual and Customary Charge	means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.
We, Us, Our	means AXIS Insurance Company.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Eligibility	A person is eligible for insurance under this Policy when He meets the definition of Eligible Person shown in the <i>Schedule of Benefits</i> . An Eligible Person may be insured under only one covered class, even though He may be eligible under more than one covered class.
Policy Effective Date	The Company agrees to provide Accident insurance benefits described in this Policy in consideration of the Policyholder's application and payment of the Premium when due. Insurance begins on the Policy Effective Date shown on this Policy's first page.
Effective Date of Changes	Any increase or decrease in the amount of insurance for the Insured Person resulting from a change in benefits provided by this Policy or a change in the Insured Person's covered class will take effect on the date of such changes.
Termination of Insurance	<p>Insurance for the Insured Person will end on the earliest of:</p> <ol style="list-style-type: none">1. the date the person is no longer in an Eligible Class;2. the end of the period for which the last premium is made;3. the date this Policy ends; <p>Termination does not affect a claim for a Covered Loss due to a Covered Accident or Emergency Sickness that occurs before the termination date. However, in no instance will benefits extend beyond the earliest of:</p> <ol style="list-style-type: none">1. the end of the Benefit Period; and2. the date benefits equal to any applicable benefit limit or maximums, as shown in the <i>Schedule of Benefits</i>, have been paid.

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface,, except as:
 - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. a passenger in a Military Aircraft flown by the air mobility Command or its foreign equivalent;
6. travel in any Aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
8. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury;
9. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
10. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;

In addition, benefits will not be paid for services or treatment rendered by any person who is:

- a. employed or retained by the Policyholder;
- b. living in the Insured Person's household;
- c. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or
- d. the Insured Person.

CLAIM PROVISIONS

Beneficiary

If more than one person is named as beneficiary, the interests of each will be equal unless the Insured Person has specified otherwise. The share of any beneficiary who does not survive the Insured Person will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary, or if the Insured Person dies while benefits are payable to Him, the Company may make direct payment to the first surviving class of the following classes of persons:

1. Spouse;
2. child or children;
3. parents;
4. siblings; or
5. estate of the Insured Person.

Claim Forms

The Company or its designated authorized agent 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 Company received notice of claim, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which the claim is made. The notice should include the Insured Person's name, the Policyholder's name and the Policy Number. Any forms that may be required to be provided under this subsection may be provided in electronic or paper form.

Notice of Claim

Written notice of claim must be given to the Company or its designated authorized agent within 30 days after the occurrence or commencement of the Insured Person's Covered Loss or Emergency Sickness, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company or its designated authorized agent, with information sufficient to identify the Insured Person, is deemed notice to the Company. Any notices that may be required to be provided under this subsection may be provided in electronic or paper form.

Payment of Claims

All benefits will be paid in United States currency. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Provision and these Claim Provisions.

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 Person suffering the loss. If an Insured Person dies before all payments due have been made, the amount still payable will be paid to His beneficiary as described in the Beneficiary Provision.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to a parent, guardian, or other person actually supporting Him. If the payee has no legal guardian for His 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 liability to the extent of the payment made.

Time of Payment of Claims

Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon 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 the 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.

Conditional Claim Payment

If the Insured Person incurs expenses for Covered Injuries received in a Covered Loss and in Our opinion a third party may be liable, the Company will pay benefits if: the Insured Person first agrees in writing to refund the lesser of:

- i) the amount the Company actually paid for such expenses; and
- ii) the amount actually received from the third party regardless of whether the amount is for such expenses; and the third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. However, if the third party's liability is satisfied in an amount less than the benefits paid under this Policy, the Company will pay the difference.

Legal Actions

No action at law or in equity will be brought to recover benefits under this Policy less than 60 days after satisfactory proof of loss has been furnished as required by this Policy. No such action will be brought after expiry of the applicable statute of limitations from the time proof of loss is required to be furnished under this Policy.

Physical Examination And Autopsy

The Company, at its own expense, has the right and opportunity to examine the Insured Person when and as often as the Company may reasonably require while a claim is pending and to make an autopsy in case of death, where it is not prohibited by law.

Proof of Loss

Written proof of loss must be furnished to the Company within 90 days after the date of the Covered Loss or Emergency Sickness. In the case of a claim for loss of time for disability, written proof of such loss must be furnished to the Company within 90 days after the commencement of the period for which the Company is liable. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as may reasonably be required. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to furnish 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. Any forms that may be required to be provided under this subsection may be provided in electronic or paper form.

Subrogation

The Company has the right to recover all payments including future payments, which the Company has made, or will be obligated to pay in the future, to the Insured Person from anyone liable for the Covered Loss. If the Insured Person recovers from anyone liable for the Covered Loss, the Company will be reimbursed first from such recovery to the extent of the Company's payments to the Insured Person. The Insured Person agrees to assist the Company in preserving its rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by the Company.

ADMINISTRATIVE PROVISIONS

Cancellation

The Company or the Policyholder may cancel this Policy after the first year or Policy Term or as of any Premium Due Date, by giving the other party 31 days advance written or authorized electronic notice. Any premium rate guarantee will not affect the Company's or the Policyholder's right to cancel this Policy.

If a premium is not paid when due, the Company will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the Premium Rate Table.

Cancellation does not affect a claim for a Covered Loss when the Covered Accident or Emergency Sickness occurs before the cancellation date.

Grace Period

A grace period of 31 days will be provided for the payment of any premium due after the first Premium Due Date. During the grace period, the Policy shall continue in force, unless the Policyholder has given written notice of discontinuance in advance of the Premium Due Date and in accordance with the terms of this Policy. If the required premium is not paid during the grace period, coverage will terminate on the last day of the grace period. The Policyholder will be liable for the payment of a pro rata premium for the time the Policy was in force during the grace period.

Premiums

Premium rates are expressed in, and premiums are payable in, United States currency. The Company will provide notifications of premiums due or premium changes, to the most current address in Our files, to the Policyholder.

Premium Payment

The total premium paid by the Policyholder is the sum of premiums for all Insured Persons. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the Premium Rate Table, unless the Policyholder and the Company agree to another mode of premium payment. Premiums are paid at the Company's Home Office or to the Company's authorized agent.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premium, except as provided in any applicable Grace Period section.

Premium Rate Changes

The Company may change premium rates at the end of any Policy Term or any premium rate guarantee period with at least 31 days advance notice to the last known address of the Policyholder. The Company will not increase premium rates more frequently than annually, unless one of the events described below occurs.

The Company may change the premium rate during a Policy Term or during any applicable premium rate guarantee period if any of the following occurs:

1. the terms of the Policy change;
2. coverage is reinstated following failure to pay premium during the Grace Period; or
3. a change in any federal or state law or regulation is enacted, adopted or amended to the extent it affects the Company's benefit obligations under the Policy.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Premium Audit

The Company will have the right to audit books and records of the Policyholder at its place of business and during its regularly-scheduled business hours, in order to determine the accuracy of premiums paid.

Reinstatement

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are a written application of the Policyholder satisfactory to the Company and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid, but not to any period more than 60 days prior to the date of reinstatement.

Claims Experience

A complete claims history of the Policyholder will be available for review at least 30 days prior to any date on which the Company may amend premiums or any other contractual terms.

GENERAL PROVISIONS

Addition of New Insured Persons	All Insured Persons added to the Classes of Eligible Persons in the <i>Schedule of Benefits</i> are eligible for insurance under this Policy.
Assignment	<p>The rights and benefits provided by this Policy, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if the Company receives it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Emergency Sickness. Any other attempt to assign will be void.</p> <p>This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.</p>
Clerical Error	A person's coverage will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, the Company will adjust the premium fairly.
Conformity with Statutes	Any provision in this Policy that is in conflict with the requirements of any state or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.
Entire Contract; Changes	<p>The 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 Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or, in the event of the death or incapacity of the Insured Person, to His beneficiary or personal representative.</p> <p>No change in this Policy will be valid until approved by one of the Company's executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.</p>
Examination of the Policy	This Policy will be available for inspection at the Policyholder's office during regular business hours.
Incontestability	<p>The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except for non-payment of premium, misrepresentation or fraud.</p> <p>However, the Company may contest coverage at any time based upon the Insured Person's ineligibility for coverage under the Policy or upon other provisions in the Policy.</p>
Misstatement of Fact	If the Policyholder has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.
Misstatement of Age	If the Insured Person has misstated his age, all amounts payable under this Policy will be such as the premium paid would have purchased had such age been correctly stated.

Noncompliance with Policy Requirements	Any express or implied waiver by the Company of any requirements of this Policy is not a continuing waiver of such requirements. Any failure by the Company to enforce any Policy provision will not be a waiver or amendment of that provision.
Policy Changes	No change in this Policy will be valid until approved by one of the Company's executive officers and endorsed on or attached to this Policy. The Company may agree with the Policyholder to modify a plan of benefits without the Insured Person's consent.
Records	The Policyholder or its authorized Administrator will maintain the records of the Insured Person's insurance under this Policy. The Company will be permitted to examine the Policyholder's records relating to the insurance under this Policy at any reasonable time. The Policyholder is acting as an agent of the Insured Person for transactions relating to this insurance. The actions of the Policyholder will not be considered the actions of the Company.
Reporting Requirements	<p>The Policyholder or its authorized agent must report all of the following to the Company by the Premium Due Date:</p> <ol style="list-style-type: none"> 1. the names of all persons insured on the Policy Effective Date; 2. the names of all persons who are insured after the Policy Effective Date; 3. the names of those persons whose insurance has terminated; and 4. additional information required by the Company. <p>The Company may, at the Company's sole discretion, waive reporting of any information specified above.</p>
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.

CONDITIONS OF COVERAGE

This Section describes the Conditions of Coverage under which benefits provided by this Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the Common Exclusions sections in order to understand all of the terms, conditions and limitations of coverage.

24-HOUR BUSINESS AND PLEASURE COVERAGE

The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs any time while insured by this Policy including riding in or entering an Aircraft.

Exclusions

Exclusions that apply to this Condition of Coverage are in the Common Exclusions Section.

LINE OF DUTY OCCUPATIONAL COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Insured Person suffers a Covered Loss that occurs during a Covered Activity and while the Insured Person is Acting in the Line of Duty.

The Covered Loss must take place while:

1. the Insured Person is on duty, on or off the Policyholder's premises; or
2. Acting in the Line of Duty during response to an emergency while off duty.

Definitions

For purposes of this Condition of Coverage:

Acting in the Line of Duty means acts done according to the standards set by Policyholder for the type of work in which the Insured Person is engaged.

Exclusions

Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.

DESCRIPTION OF BENEFITS

This Description of Benefits Section describes the Benefits provided by this Policy. Benefit amounts, benefit periods and any applicable aggregate and benefit-specific maximums are shown in the *Schedule of Benefits*. Please read these and the Common Exclusions section in order to understand all of the terms, conditions and limitations applicable to these Benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Losses

The Company will pay the Benefit Amount for any one of the Covered Losses listed in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Insured Person suffers a loss as a result of a Covered Injury within the applicable time period specified in the *Schedule of Benefits*.

If the Insured Person sustains more than one Covered Loss as a result of the same Covered Accident, the Company will pay the Benefit Amount for the Covered Loss for which the largest benefit is payable.

Exposure and Disappearance

If by reason of an Accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Covered Loss for which an Accidental Death or Accidental Dismemberment Benefit is otherwise payable under the Policy, the Covered Loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found, within one year of the disappearance, forced landing, stranding, sinking or wrecking of a Conveyance in which the Insured 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 Person has suffered an Accidental Death that would have been payable under the Policy.

Definitions

For purposes of this Benefit:

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Use of a Hand or Foot means total loss of all ability to move the hand or foot, within 365 days of a Covered Accident, that continues for 6 months and is expected to continue for the remainder of the Insured Person's lifetime.

Loss of Sight means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Loss of Toes means complete Severance through the metatarsalphalangeal joint.

Severance means complete separation and dismemberment of the part from the body.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

ACCIDENTAL SEVERE BURN AND DISFIGUREMENT BENEFIT

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Insured Person suffers a Severe Burn due to a Covered Accident.

A Physician must determine that the burn satisfies all of the following:

1. involves the minimum percentage shown in the *Schedule of Benefits*;
2. be classified as shown in the *Schedule of Benefits*; and
3. results in disfigurement or loss of physical abilities.

Definitions

For purposes of this Benefit:

Severe Burn/Severely Burned means cosmetic disfigurement of at least 10% of the surface of a body area due to a Covered Injury that is a third-degree burn, as determined by a Physician. The Company has the right, at its own expense, to have the Physician's determination verified by a Physician of the Company's choice. A third degree, full-thickness burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

BEREAVEMENT AND TRAUMA COUNSELING BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits* for counseling sessions, subject to all applicable conditions and exclusions, when the Insured Person requires bereavement and trauma counseling because of an Accidental Death or Covered Loss under this Policy. Such counseling must meet all of the following conditions:

1. covered bereavement and trauma counseling expenses must be incurred within the time period shown on the *Schedule of Benefits* from the date of the Covered Accident causing another Insured Person's death;
2. the expense is charged for a bereavement or trauma counseling session for the Insured Person;
3. counseling is provided under the care, supervision or order of a Physician; and
4. a charge would have been made if no insurance existed.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

BURIAL AND CREMATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, for burial or cremation of the Insured Person who dies from a Covered Injury and an Accidental Death Benefit is payable under this Policy.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

COMA BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an Insured Person suffers a Covered Injury that results in Coma, within the applicable time period specified in the *Schedule of Benefits*.

Definitions

For purposes of this Benefit:

Coma means a profound state of unconsciousness from which the Insured Person is not likely to be aroused through powerful stimulation. The Coma must begin within 30 days of the Covered Accident, continue for 30 consecutive days and must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of injuries sustained in that Covered Accident.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

FELONIOUS ASSAULT AND VIOLENT CRIME BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Insured Person suffers a Covered Loss that occurs during a Felonious Assault or Violent Crime as described below. A police report detailing the Felonious Assault or Violent Crime must be provided before any benefits will be paid.

Definitions

For purposes of this Benefit:

Felonious Assault means any willful and unlawful use of force by an individual against the Insured Person in connection with the commission, or attempted commission of robbery, theft, kidnapping, hostage taking, hijacking, assault, murder, manslaughter, riot, or insurrection. Such use of force must be a felony or equivalent of a felony under any country, state, territory or local statutory or common law applicable in the jurisdiction where the Covered Loss occurs.

Fellow Employee means a person employed by the same Employer as the Insured Person or by a Policyholder that is an affiliated or subsidiary corporation. It shall also include any person who was so employed, but whose employment was terminated not more than 45 days prior to the date on which the defined Felonious Assault or Violent Crime was committed.

Violent Crime means violent crime that involves force or threat of force and is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

Exclusions

Benefits will not be paid for a Covered Loss incurred during any:

1. Felonious Assault or Violent Crime committed by the Insured Person; or
2. Felonious Assault or Violent Crime committed upon the Insured Person by a Fellow Employee.

Other exclusions that apply to this Benefit are in the Common Exclusions Section.

HEPATITIS OCCUPATIONAL OR ASSIGNED DUTIES ACCIDENT BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Insured Person suffers a Covered Injury during the performance of Occupational or Assigned Duties and it results in the Insured Person acquiring and testing positive for Hepatitis C within one year of the date of an Occupational or Assigned Duties Covered Accident.

The benefit is payable if, within 96 hours of the Covered Accident, the Insured Person: 1) reports the Covered Accident to the Company and the Policyholder in writing; and 2) undergoes a Food and Drug Administration (FDA) approved preliminary screening test for Hepatitis which indicates negativity with respect to the presence of any antibodies or antigens to such disease. The Company must receive written notification of the test results, from the laboratory that performed the test, as soon as reasonably possible.

The Company will not pay for any expenses incurred for testing.

Definitions

For purposes of this Benefit:

Occupational Duties means the performance of duties that are:

1. normally performed on behalf of the Policyholder; and
2. assisting, caring for or otherwise involved with, sick or injured persons.

Assigned Duties means performance of duties, whether for pay or on a volunteer basis, that are:

1. assigned by the Policyholder; and
2. assisting, caring for or otherwise involved with, sick or injured persons.

Hepatitis means viral Hepatitis C and does not include Hepatitis A,B, E or D.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Insured Person suffers a Covered Loss and when all of the following conditions are met:

1. before the date of the Covered Accident, the Insured Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. as a direct result of such Covered Accident, the Insured Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle; and
3. the Insured Person requires home alteration or vehicle modification within one year of the date of the Covered Loss.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

MEDICAL EVACUATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Insured Person or Traveling Companion suffers a Covered Injury or an Emergency Sickness that warrants His Emergency Evacuation while He is outside a 100 mile radius from His current place of primary residence. The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred for all Emergency Evacuations from the same Covered Accident or all Emergency Sicknesses from the same or related causes.

The Physician ordering the Emergency Evacuation must certify that the severity of the Insured Person's or Traveling Companion's Covered Injury or an Emergency Sickness warrants His Emergency Evacuation. All transportation arrangements made for the Emergency Evacuation must be by the most direct and economical Conveyance and route possible. **AXIS's travel assistance service provider** must make all arrangements and must authorize all expenses in advance for this Benefit to be payable. However, the Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact **AXIS's travel assistance service provider** in advance.

Definitions

For purposes of this Benefit:

Covered Emergency Evacuation Expense(s) means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed; or (4) Usual and Customary Charges.

Emergency Evacuation means, if warranted by the severity of the Insured Person's or Traveling Companion's Covered Injury or Emergency Sickness : (1) the Insured Person's or Traveling Companion's immediate transportation from the place where He suffers a Covered Injury or Emergency Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured Person's or Traveling Companion's transportation to His current place of primary residence to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering a Covered Injury or Emergency Sickness and being treated at a local Hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

Emergency Sickness means an illness or disease diagnosed by a Physician which:

1. causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in serious deterioration of the Insured Person's health or place His life in jeopardy; and
2. first manifests itself suddenly and unexpectedly while the Insured Person is covered under this Policy and is participating in a Covered Activity.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

PARALYSIS BENEFIT

The Company will pay the Benefit Amount shown on the *Schedule of Benefits* for that type of Paralysis, subject to all conditions and exclusions, if an Insured Person suffers Paralysis as a result of a Covered Injury. If the Insured Person suffers more than one type of Paralysis as a result of the same Covered Accident, only one amount, the largest, will be paid.

Definitions

For the purposes of this Benefit:

Paralysis/Paralyzed means Quadriplegia, Paraplegia, Hemiplegia or Uniplegia that is expected to last for a continuous period of 12 months or more from the earlier of the date of the Covered Accident causing paralysis or the date of the diagnosis. "Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs or both upper limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

PROSTHESIS APPLIANCE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an Insured Person suffers a Covered Loss that requires use of a Prosthetic Appliance Device. The Company will pay the Prosthesis Appliance Benefit when a charge is incurred. This Benefit is not payable for hearing aids, wigs, or any dental aids, including false teeth.

Definitions

For purposes of this Benefit:

Prosthetic Appliance Device means a removable artificial substitute or replacement of a part of the body. It does not include:

- dental aids, including false teeth, treatment or repair of caps, crowns, braces, bridges, dentures, fillings or other artificial dental devices;
- eyeglasses;
- cosmetic prosthesis such as hair wigs;
- other types of prosthesis devices that are permanently implanted such as artificial hip or tooth;
- any experimental prosthesis; or
any auditory prosthesis (a device that substitutes for or enhances ability to hear).

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

REHABILITATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the Insured Person requires Rehabilitation after sustaining a Covered Loss. The Insured Person must require Rehabilitation within 365 days of the Covered Loss.

Definitions

For purposes of this Benefit:

Rehabilitation means medical services, supplies, treatment, Hospital Confinement or part of a Hospital Confinement that satisfies all of the following conditions:

1. is essential for physical rehabilitation required due to the Insured Person's Covered Loss or Injury;
2. meets generally accepted standards of medical practice;
3. is performed under the care, supervision or order of a Physician; and
4. prepares the Insured Person to return to His or any other occupation.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

REPATRIATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an Insured Person suffers Loss of Life due to a Covered Injury or an Emergency Sickness while outside a 100 mile radius from His current place of primary residence. The Company will pay for Covered Expenses reasonably incurred to return His body to His current place of primary residence.

Covered Expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical Conveyance and route possible; or (4) Usual and Customary Charges.

AXIS's travel assistance service provider must make all arrangements and must authorize all expenses in advance for this Benefit to be payable. However, the Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact **AXIS's travel assistance service provider** in advance

Definitions

For purposes of this Benefit:

Emergency Sickness means an illness or disease diagnosed by a Physician which:

1. causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in serious deterioration of the Insured Person's health or place His life in jeopardy; and
2. first manifests itself suddenly and unexpectedly while the Insured Person is covered under this Policy and is participating in a Covered Activity.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

SEATBELT AND AIRBAG BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the Insured Person's death results from a Covered Accident while wearing a seatbelt and operating or riding as a passenger in a Private Passenger Automobile. An additional benefit is provided if the Insured Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Insured Person's claim to the Company.

If such certification or police report is not available or it is unclear whether the Insured Person was wearing a seatbelt or positioned in a seat protected by a

properly functioning and properly deployed Supplemental Restraint System, the Company will pay a Default Benefit Amount shown in the *Schedule of Benefits* to the Insured Person's beneficiary.

In the case of a child, seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like Age and weight at the time of the Covered Accident.

Definitions

For purposes of this Benefit:

Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas or a child safety device.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

**NOTICE OF
PROTECTION PROVIDED BY
VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Virginia Life, Accident and Sickness Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or health insurance company licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

- Life Insurance
 - o \$300,000 in death benefits
 - o \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$300,000 in disability [income] insurance benefits
 - o \$300,000 in long-term care insurance benefits
 - o \$100,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for hospital, medical and surgical insurance benefits, for which the limit is increased to \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association’s website at www.valifega.org or contact:

VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION
c/o APM Management Services, Inc.
1503 Santa Rosa Road, Suite 101
Henrico, VA 23229-5105
804-282-2240

STATE CORPORATION COMMISSION

Bureau of Insurance

P. O. Box 1157

Richmond, VA 23218-1157

804-371-9741

Toll Free Virginia only: 1-800-552-7945

<http://scc.virginia.gov/boi/index.aspx>

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Virginia law, then Virginia law will control.



HIPAA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

AXIS Insurance Company values its relationship with you. Protecting the privacy of the information we have about you is of great importance to us. We want you to understand how we protect the confidentiality of information as well as how and why we use and disclose it. We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to this information. "Protected health information" includes any individually identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your healthcare.

This privacy policy applies to policies underwritten by AXIS Insurance Company. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice. We reserve the right to change the terms of this notice, and should that occur, we will provide you with a copy of the new notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose your Protected Health Information (PHI) for the purposes of your treatment, for payment and for health care operations. Not every use or disclosure in a category is listed. However all of the ways that we may use or disclose PHI will fall within one of these categories.

Your Authorization: Except as outlined below, we will not use or disclose your PHI for any purpose unless you have signed a form authorizing use or disclosure. You may take away this authorization at any time, in writing. We will then stop using your PHI for that purpose. But, if we have already used or shared your PHI based on your authorization, we cannot undo any actions we took before you told us to stop.

For Payment: We use and disclose PHI as necessary for payment purposes. For example, we may use your PHI to process a claim or may give information to a doctor's office to confirm your benefits.

For Health Care Operations: We use and disclose PHI for our health care operations such as customer service, premium rating, fraud and abuse prevention and detection, and other functions related to your health policy. For example, we may use PHI to review the quality of care and services you get. We may also use PHI to provide you with case management or care coordination services.

For Treatment Activities: We do not provide treatment. This is the role of a health care provider such as your doctor or a hospital. But, we may share PHI with your health care provider so that the provider may treat you.

To Others: You may authorize us in writing to give your PHI to someone else for any reason. Also, if you are present, and provide authorization, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are unavailable, incapacitated, or facing an emergency medical situation, we may share limited PHI with a family member, friend or other person if sharing your PHI is in your best interest.

As Allowed or Required by Law: We may also use or disclose your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and to coroners, funeral directors or medical examiners (about decedents). PHI can also be shared for certain reasons with organ donation groups, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for workers' compensation, to respond to requests from the U.S. Department of Health and Human Services and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared for any purpose as required by law.

We may share PHI with the sponsor of the plan or use in the administration of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper.

YOUR HIPAA PRIVACY RIGHTS

Access to Your PHI

You have the right to obtain a copy and inspect specific items of your PHI, such as your policy or claim information, for as long as we maintain it. We may deny your request to access certain PHI, as permitted or required by law. We may require your request for access in writing. Your request for access should contain as much detail as possible regarding the PHI you wish to review. We may charge a reasonable fee for access to your PHI.

Amendments to Your PHI

You have the right to request that the PHI we maintain about you be amended or corrected if you believe it is incorrect. We are not legally obligated to make all requested amendments but will give each request appropriate consideration. Requests for amendment must be in writing and must state the reasons for the amendment request.

Accounting for Disclosures of Your PHI

You have the right to request an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. Requests must be made in writing. We are not legally obligated to provide an accounting of every disclosure but will give each request appropriate consideration. The accounting will not include disclosures made prior to June 1, 2011.

Restrictions on Uses and Disclosures of Your PHI

You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care operations by notifying us of your request for a restriction in writing. We are not legally required to agree to your restriction request but will give each request appropriate consideration.

Confidential Communication of PHI

You have the right to request to receive communications from us regarding your PHI by another method of contact or at an alternative address. We will accommodate reasonable requests, which must clearly state that disclosure of all or part of the information could endanger your health or safety.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

Potential Impact of Other Applicable Laws

HIPAA (the federal privacy law) generally does not preempt, or override other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

Complaints

If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services in Washington, D.C. We will not take action against you for filing a complaint.

Contact Information

If you have questions or need further assistance regarding this Notice, or wish to exercise any of the abovementioned rights, you may write to us at

Administrative Address:

AXIS Insurance Company

1 University Square Drive, Suite 200

Princeton, NJ 08540

888.870.AXIS (2947)

General questions - please send to USSales.AccHealth@axiscapital.com

Please include your name, address, plan sponsor, and policy number in any correspondence.

Effective June 1, 2011

OFAC NOTICE

Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and 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").