



Starr Indemnity & Liability Company

BLANKET INSURANCE POLICY

POLICYHOLDER: Volunteer Law Enforcement Officer Alliance, Inc.

POLICY NUMBER: SPR 270251

POLICY EFFECTIVE DATE: August 1, 2010

POLICY ANNIVERSARY DATE: August 1, 2010

POLICY TERM: August 1, 2010 to August 1, 2011

STATE OF DELIVERY: Florida

The Policy takes effect at 12:01 A.M. on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. The Policy terminates at 12:00 A.M., on the last day of the Policy Term and unless the Policyholder and We agree to continue coverage under the Policy for an additional Policy Term. If coverage is continued for an additional Policy Term and the required premiums are paid on or before the Premium Due Date, We will issue a rider to identify the new Policy Term.

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

Signed for Starr Indemnity & Liability Company By:

Honora M. Keane, General Counsel

Charles H. Dangelo, President

LIMITED BENEFITS: THE POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS DURING THE HAZARDS SHOWN IN THE SCHEDULE OF BENEFITS ONLY. PLEASE READ THE POLICY CAREFULLY.

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SECTION 1: SCHEDULE OF BENEFITS

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POLICY ANNIVERSARY DATE: August 1, 2010

POLICY TERM: August 1, 2010 to August 1, 2011

PREMIUM DUE DATE: On or before the Policy Effective Date and subsequently on the renewal date if the Policy is renewed for an additional term.

AGGREGATE LIMIT:
Benefit Maximum: \$3,000,000.

We will not pay more than the Benefit Maximum for all losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

Class 1: All members of the Policyholder for whom the appropriate premium has been paid and whose names are on file with the Policyholder.

HAZARDS INSURED AGAINST:

Sponsored Activities: while performing any and all law enforcement, emergency response and criminal justice duties in any full-time, part-time, auxiliary, reserve, volunteer or off-duty capacity. Coverage is extended to including preventing a crime while off-duty.

DESCRIPTION OF BENEFITS

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Principal Sum:	\$35,000
Time Period for Loss from date of Accident:	365 days
Covered Losses:	See Benefit

ADDITIONAL BENEFITS

Bereavement Counseling Benefit	
Maximum Benefit Amount per Session:	\$100
Maximum Number of Sessions:	10
Coma Benefit:	Benefits are payable initially as 1% of the Principal Sum per month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum
HIV Occupational Accident Benefit	
Benefit Amount:	\$2,000
Weekly Accident Indemnity Benefit	
Incurral Period:	30 days from the date of the Covered Accident
Benefit Waiting Period:	7 days
Maximum Benefit Period:	260 weeks
Maximum Benefit Amount:	the lesser of 66 2/3% of pre-disability earnings or \$200

INITIAL PREMIUM RATES:

To Be Determined at the rate of \$44.00 per member per year

SECTION 2: DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

“Accident” means a sudden, unexpected and unintended event.

“Active Service” means a Covered Person is either 1) actively at work performing all the regular duties on a full-time basis either at his or her employer’s place of business or some place the employer requires him or her to be; or 2) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.

“Covered Accident” means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Activity” means any activity that the Policyholder requires the Covered Person to attend, or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.

“Covered Loss” or “Covered Losses” means an accidental death, dismemberment or other Injury covered under the Policy.

“Covered Person” means any Insured for whom the required premium is paid.

“Injury” means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Insured” means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.

“Other Income Benefits” means any amounts that an Insured receives (or are assumed to receive) under:

1. any Workers’ Compensation, occupational disease, unemployment compensation law or similar state or federal law, including all permanent as well as temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted. If paid as a lump sum, We will prorate these benefits over the period for which the sum is given. If no time is stated, the lump sum will be prorated over a five year period. If no specific allocation of a lump sum is made, then the total sum will be an Other Income Benefit.
2. any Social Security or retirement benefits the Covered Person receive or any third party receives (or is assumed to receive) on the Insured’s behalf or for the Insured’s dependents; or, if applicable, that the Insured Dependents receive (or are assumed to receive) because of the Covered Person’s entitlement to such benefits.
3. Any proceeds payable under any group insurance or similar plan. If there is other insurance that applies to the same claim for disability, and contains the same or similar provision for reduction because of other insurance, We will pay our pro rata share of the total claim. “Pro rata share” means the proportion of the total benefit that the amount

payable under one policy, without other insurance, bears to the total benefits under all such policies.

“We”, “Our”, “Us” means Starr Indemnity & Liability Company or its authorized agent.

SECTION 3: ELIGIBILITY FOR INSURANCE

Each person in one of the Classes of Eligible Persons shown in the Schedule of Benefits is eligible to be insured on the Policy Effective Date. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

SECTION 4: EFFECTIVE DATE OF INSURANCE

An Eligible Person will be insured on the latest of the following dates:

1. the Policy Effective Date; or
2. the date he or she is eligible.

If an Eligible Person is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to Active Service.

SECTION 5: TERMINATION DATE OF INSURANCE

An Insured's coverage will end on the earlier of the date:

1. the policy terminates;
2. the Insured is no longer eligible;
3. the period ends for which premium is paid.

SECTION 6: DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under the Policy. Please see the Schedule of Benefits for the applicability of these benefits on a class level.

A. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If Injury to the Covered Person results, within the Time Period for Loss from date of Accident shown in the Schedule of Benefits, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Hemiplegia	75% of the Principal Sum
Paraplegia.....	75% of the Principal Sum
One Member	50% of the Principal Sum
Uniplegia.....	25% of the Principal Sum
Thumb and Index Finger of the Same Hand.....	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any 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). “Severance” means the complete separation and dismemberment of the part from the body.

B. ADDITIONAL BENEFITS

Bereavement and Trauma Counseling Benefit

We will pay counseling sessions, up to the Maximum Benefit Amount shown in the Schedule of Benefits and subject to the following conditions, when the Covered Person and/or Immediate Family Member requires bereavement and trauma counseling because the Covered Person suffered a Covered Loss that resulted directly and independently of all other causes from a Covered Accident. Such counseling must meet all of the following conditions:

1. covered bereavement and trauma counseling expenses must be incurred within one year from the date of the Covered Accident causing the Covered Loss;
2. the expense is charged for a bereavement or trauma counseling session for the Covered Person and/or one or more of his or her Immediate Family Members;
3. counseling is provided under the care, supervision or order of a Doctor;
4. a charge would have been made if no insurance existed.

"Immediate Family Member" means a person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister) or child (includes legally adopted child or stepchild), grandchild and grandparent.

Covered bereavement and trauma counseling benefits do not include any expense for which the Covered Person is entitled to benefits under any Workers' Compensation Act or similar law.

Coma Benefit

We will pay the Coma Benefit shown in the Schedule of Benefits if a Covered Person becomes Comatose within 31 days of a Covered Accident and remains in a Coma for at least 31 days.

We reserve the right, at the end of the first 31 days of Coma, to require additional proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense.

We will pay this benefit in periodic payments and a lump sum as shown in the Schedule of Benefits. Periodic payments will end on the first of the following dates:

1. the end of the month in which the Covered Person dies;
2. the end of the 11th month for which this benefit is payable;
3. the end of the month in which the Covered Person recovers from the Coma.

A person is deemed "Comatose" or in a "Coma" if he or she is in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

HIV Occupational Accident Benefit

If, as a direct result of an Injury as defined in this Benefit the Covered Person tests HIV Positive, We will pay an HIV Occupational Accident Benefit.

In order to receive this Benefit, the Covered Person must:

- 1) file with the Policyholder, within 48 hours of the accident, an incident report (notice of exposure), on a form satisfactory to Us, which describes the nature of the exposure to HIV;
- 2) submit such incident report to Us as soon as reasonably possible after the accident;
- 3) not have previously tested positive for HIV, or if the Covered Person had previously tested positive for HIV, the Covered Person must have subsequently tested negative to HIV prior to the date of the accident;
- 4) submit to Us, as soon as reasonably possible, proof that the Covered Person tested negative for HIV in a preliminary screening test, such as an ELISA or other appropriate Food and Drug Administration (FDA) approved test (other than saliva or urine testing) within 48 hours of the Injury at an authorized laboratory other than the laboratory of the Policyholder; and
- 5) thereafter, test HIV Positive within 26 weeks of the date of the Injury reported in item 1) above.

We must receive notification of HIV Positive test results as soon as reasonably possible.

This Benefit will be paid:

- 1) after We receive proof of HIV test results as indicated in this Benefit; and

2) according to the General Provisions of the Policy.

We will not pay for any cost incurred for HIV tests or any related testing.

In no event will We provide benefits for HIV, acquired immune deficiency syndrome (AIDS), AIDS-related complex (ARC), or any complications arising there from, except as specifically provided in this Benefit.

“Injury”, for the purpose of this Benefit, means an accidental:

- 1) cutaneous exposure through abraded skin;
- 2) percutaneous exposure; or
- 3) mucocutaneous exposure;

that occurs while You are covered by this Benefit and Actively at Work.

“HIV” means human immunodeficiency virus.

“HIV Positive” means the presence of HIV antibodies in Your blood as substantiated through both a positive screening test enzyme-linked immunosorbent assay (ELISA), and a positive supplement test such as Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positive results as specified by the manufacturer(s).

The specific amount for this Benefit is shown in the Schedule of Insurance.

Weekly Accident Indemnity Benefit

If, as a result of an Injury, the Covered Person is rendered Totally Disabled within 30 days of the accident that caused the Injury, the Company will pay a benefit after 7 day(s) of Total Disability due to that Injury in any one Period of Disability. No benefit is provided for the first 7 day(s) of Total Disability in that Period of Disability. The amount of the benefit per week is the lesser of: (1) the Weekly Maximum Amount shown for the Weekly Accident Indemnity Benefit in the Benefit Schedule; or (2) 66.67% of Weekly Earnings. It is payable weekly so long as the Insured remains Totally Disabled due to that Injury in that Period of Disability, up to the Maximum Number of Weeks shown for the Weekly Accident Indemnity Benefit in the Benefit Schedule in all Periods of Disability resulting from all Injuries caused by the same accident. The Company will pay benefits calculated at a rate of 1/7th of the weekly benefit for each day of Total Disability for which the Company is liable when the Insured is Totally Disabled for less than a full week. Only one benefit is provided for any one day of Total Disability, regardless of the number of Injuries causing the Total Disability. No benefits are payable under this Rider if the Insured had no earnings at the time of the accident causing the Injury from an occupation, job or work being performed at that time.

If the Covered Person returns to perform the material and substantial duties of his or her occupation for any employer on a full or part-time basis, he or she may return to Total Disability status if: (1) the Covered Person has not been back to work for longer than 30 days; and (2) the Insured is again Totally Disabled due to the same Injury which caused the original Total Disability.

Periods of Total Disability separated by less than 30 consecutive days will be considered one period of disability unless due to separate and unrelated causes.

The Company reserves the right (as often as it may reasonably require) to determine, on the basis of all the facts and circumstances, that the Covered Person is Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

“Occupation” means the occupation, job or work the Covered Person performed at the time of the accident causing the Injury for which benefits are claimed under this Policy.

“Period of Disability” means a period of consecutive days of continuous Total Disability.

“Totally Disabled/Total Disability” means that the Covered Person is unable to perform the material and substantial duties of his or her Occupation for any employer.

“Weekly Earnings” means the Covered Person’s base weekly earnings in his or her Occupation at the time of the accident causing the Injury for which benefits are claimed under this Policy, but not including overtime, bonuses, tips, commissions, and special compensation.

SECTION 7: HAZARDS INSURED AGAINST

We will pay benefits described in the Policy when a Covered Person suffers a loss or Injury as a result of a Covered Accident during one of the Covered Activities listed in the Schedule of Benefits. We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident occurs. Unless otherwise specified, We will pay benefits only once for any one Covered Accident, even if it is covered by more than one hazard.

Sponsored Activities

The Covered Accident must take place while performing any and all law enforcement, emergency response and criminal justice duties in any full-time, part-time, auxiliary, reserve, volunteer or off-duty capacity. Coverage is extended to including preventing a crime while off-duty.

Travel Coverage: The Covered Activity includes travel without deviation or interruption between home and the site of the Covered Activity.

Exposure and Disappearance

Coverage under this Hazard includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that disappears, sinks or is stranded or wrecked on a trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

Aircraft Restrictions

If the Covered Accident happens while a Covered Person is riding in, or getting on or off of, an aircraft, We will pay benefits, but only if:

1. he or she is riding as a passenger only, and not as a pilot or member of the crew; and
2. the aircraft has a valid certificate of airworthiness; and
3. the aircraft is flown by a pilot with a valid license; and
4. the aircraft is not being used for: (i) crop dusting, spraying, or seeding; sky writing; sky diving or hang gliding; pipeline or power line inspection; aerial exploration; racing, endurance tests, stunt or acrobatic flying; or (ii) any operation which requires a special

- permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).
5. a military aircraft, other than transport aircraft flown by the U.S. Military Airlift Command (MAC), or a similar air transport service of another country.

SECTION 8: EXCLUSIONS

We will not pay benefits for any loss or Injury that is caused by, or results from:

1. intentionally self-inflicted Injury.
2. suicide or attempted suicide.
3. war or any act of war, whether declared or not.
4. service in the military, naval or air service of any country.
5. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
7. commission of, or attempt to commit, a felony.
8. participation in any team sport or any other athletic activity, except participation in A Covered Activity.
9. 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.
10. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
11. the Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.
12. the Covered Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.

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

SECTION 9: CLAIM PROVISIONS

Notice Of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number.

Claim Forms: Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements

of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted if it is sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the delay or termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment Of Claims: Any benefits due will be paid immediately after We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Covered Person dies, any death benefits or other benefits unpaid at the time of the Covered Person's death will be paid to the beneficiary. If no beneficiary is on record with Us or Our authorized agent, payment will be made to the first surviving class of the following to the Covered Person's:

1. spouse;
2. children, in equal shares (If a child is a minor, benefits will be paid to the legal guardian);
3. mother or father;
4. estate.

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

Otherwise, the benefits may, at our option, be paid:

1. according to the beneficiary designation; or
2. to the Covered Person's estate.

If a benefit due is payable to:

1. the Covered Person's estate; or
2. the Covered Person or a beneficiary who is either a minor or is not competent to give a valid release for the payment,

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

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

Beneficiary: The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

Assignment: At the request of the Covered Person or his or her parent or guardian, if the Covered Person is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on the Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

Recovery of Overpayment or Error: If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid, or paid in error, by any or all of the following methods:

1. A request for lump sum payment of the amount overpaid, or paid in error.
2. Reduction of any proceeds payable under the Policy by the amount overpaid, or paid in error.
3. Taking any other action available to Us.

SECTION 11: PREMIUM PROVISIONS

Premiums: The premiums for the Policy will be based on the rates currently in force, the plan, and amount of insurance in effect.

Changes In Premium Rates: We may change the premium rates from time to time with at least 31 days advanced written notice. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, We reserve the right to change rates at any time if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization or eligible class is added or deleted from the Policy.
3. There is a change in the factors bearing on the risk assumed.
4. There is a misrepresentation in the information We relied on in establishing the rate.
5. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Payment of Premium: The first premium is due on the Policy Effective Date. After that, premiums will be due annually unless We agree with the Policyholder on some other method of premium payment. The Policyholder shall remit the premium to Us.

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

Policy Grace Period: A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end upon the expiration of

the Grace Period. The Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

SECTION 11: GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments), and the signed application of the Policyholder are the entire contract. Any statements made by the Policyholder or Covered Persons will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application and a copy is provided to the person who made such statement (or their beneficiary or representative).

To be valid, any change or waiver must be in writing. It must be signed by our President or Secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Policy Effective Date And Termination Date: The Policy begins on the Policy Effective Date at 12:01 AM Standard Time at the address of the Policyholder where the Policy is delivered. Policyholder Either We or the Policyholder may terminate the Policy on any Premium Due Date by giving 31 days advance written notice to the other party. The Policy may be terminated at any time by mutual written consent of the Policyholder and Us. The Policy terminates automatically on the earlier of: 1) the end of the Policy Term shown in the Schedule of Benefits; or 2) the Premium due date if Premiums are not paid when due, subject to the Grace Period. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

Clerical Error: If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the Policy terms.

Examination Of Records And Audit: We shall be permitted to examine and audit the Policyholder's books and records at any time during the term of the Policy and within 2 years after the termination of the Policy as they relate to the premiums or subject matter of this insurance.

Certificates Of Insurance: Where it is required by law, or upon the request of the Policyholder, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

Conformity With State Laws: On the effective date of the Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers' Compensation: The Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.



Dallas, Texas

Administrative Office: 90 Park Avenue, 7th Floor, New York, NY 10016

POLICY RIDER #1

This Rider is attached to and made a part of Policy Number SPR 270251 issued to Volunteer Law Enforcement Officer Alliance, Inc.

1) It is hereby understood and agreed that restrictions within the policy relating to piloting and/or acting as a member of the crew of any aircraft are amended to allow coverage, within the terms of the policy, for pilots who submit an application for coverage and pay an additional annual premium of \$70.

Coverage will be in effect from the date that the application for coverage had been approved by the Company.

Approved applicants will be as named on the policy via amendatory rider.

2) It is further understood and agreed that coverage will automatically be extended, within the terms of the policy, to cover Federal Flight Deck Officers operating within the capacity of their position.

In all other respects, the Policy remains the same.

Signed for the Company:

Honora M. Keane, General Counsel

Charles H. Dangelo, President