

This is to certify that the policy designated below by number and providing, subject to the terms, conditions, limitations and exclusions thereof, the kind of insurance set forth below has been issued by **ACE American Insurance Company to the Participating Camp named below under PTP N01303508**, and is in force as of this date. The insurance afforded is only with respect to such kinds of insurance as is indicated by expiration date and policy number.

*This Evidence of Coverage neither affirmatively nor negatively amends, extends or alters the coverage afforded by the Policy numbered below.*

Name of Policyholder: North American Division of the Seventh Day  
Adventists on behalf of Participating Camps  
9705 Patuxent Woods Drive  
Columbia, MD 21046-1565

Policy Number: PTP N01303508

Policy Effective Date: April 1, 2021

Policy Expiration Date: April 1, 2022

Participating Camp Name: Georgia Cumberland - Cohutta Springs  
Youth Camp

Participating Camp Effective Date: 5/31/2021

Participating Camp Termination Date:  
7/25/2021

### POLICY TERM IS SUBJECT TO PREMIUM PAYMENTS

Kind of Insurance: Accident Protection for Participating Camps

Eligible: All enrolled resident camp participants, Counselors and Directors  
of the Participating Camps.

<u>Benefit Description:</u>	<u>Maximum Limit:</u>
<b>Accidental Death &amp; Dismemberment Benefits</b>	
Principal Sum:	\$10,000
Time Period for Accident:	180 days from the date of a Covered Accident

<b>Catastrophic Accident Cash Benefits</b>	
Principal Sum:	\$50,000
Time Period for Accident:	180 days from the date of a Covered Accident

<b>Accident Medical Expense Benefits</b>	
Benefit Maximum:	\$5,000
Maximum Benefit Period:	180 days from the date of a Covered Accident
Deductible:	\$25
Dental Maximum per tooth:	\$250
Dental Maximum:	\$5,000

<b>Sickness Medical Expense Benefit</b>	
Benefit Maximum:	\$2,000
Maximum Benefit Period:	365 from the date of first treatment of the Covered Sickness
Incurral Period:	180 days from the date of first treatment of the Covered Sickness
Deductible:	\$25 per Covered Sickness
Co-insurance Rate:	100% of the Usual and Customary Charges
Maximum Period of Coverage:	365 days

THE POLICY PROVIDES COVERAGE FOR ELIGIBLE PERSONS, WHILE PARTICIPATING IN ACTIVITIES  
SPONSORED BY THE PARTICIPATING CAMP.