

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: North American Cycle Sport, LLC
POLICY EFFECTIVE DATE: 10 Feb 2020 12:01 AM POLICY NUMBER: SRPO-172205
POLICY TERM: 10 Feb 2020 12:01 AM through 09 Feb 2021 11:59 PM POLICY ANNIVERSARY DATE: POLICY ANNIVERSARY DATE: 10 Feb 2021
STATE OF ISSUE: Vermont

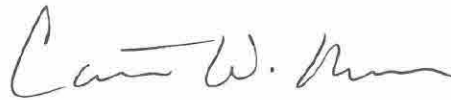
The Policy is a legal contract between the Policyholder and the Company.

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 11:59 P.M., on 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.



Secretary



President

**THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY
THIS POLICY MAY CONTAIN A DEDUCTIBLE
PLEASE READ IT CAREFULLY
NON-PARTICIPATING**

**THIS POLICY DOES NOT MEET THE MINIMUM COVERAGE REQUIREMENTS OF THE
AFFORDABLE CARE ACT. YOU SHOULD NOT PURCHASE THIS POLICY UNLESS YOU ARE
ALREADY COVERED BY COMPREHENSIVE MAJOR MEDICAL INSURANCE.**

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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:

	Principal Sum
Class 1	
All registered participants of the Policyholder.	\$10,000

CONDITIONS OF COVERAGE

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

Class 1

SPORTS COVERAGE

Covered Activities: While participating in the Supervised and Sponsored Sports / Activities of the Policyholder as indicated on the Master Application. Coverage includes group travel to and from covered activities.

Personal Deviations Covered **No**

Covered Sports Travel **Included**

Covered Overnight Travel **Included**

Sports Organization: The Policyholder

