

**SCHEDULE**

Deposit Premium: \$250.00  
Minimum Policy Premium: \$250.00

**POLICY NO:** 10-SR-128242

**POLICYHOLDER'S NAME AND ADDRESS:**

NEW YORK STATE MICROD ASSOCIATION  
8182 LAURIE LANE  
LIVERPOOL , NY 13090

Policy Period: From (Policy Date): 5/1/2007 To: 5/1/2008  
12:01 A.M. Standard Time at the address of the  
Policyholder

<b>Producer's Name and Address:</b>	<b>Agent Code</b>	<b>Form Numbers of the Policy, Riders and attached papers at issue</b>
AON CONSULTING, INC. 199 WATER STREET 12TH FLOOR NEW YORK , NY 10038	250408	Form 7692 (HL) PA-5948 (HL) PA-5960 (HL) PA-5967 (HL) PA-5954 (HL) PA-656 (HL) PAL-1155-2 (HL) HPP 5 (04-05)

**Basic Premium Rate Per Insured Person:**

\$14.98 NUMBER OF INSUREDS per 1 YEAR

**INSURED PERSON** means any person who is a member of the Policyholder.

**COVERED ACTIVITIES** means

This policy covers each Insured Person during the policy period while he or she is supervising or participating in, or attending or preparing for the Microd-Midget, 1/4 midget and Go-cart racing Policyholder-sponsored activities while on the premises of, designated by and under the direct supervision of the Policyholder, or traveling with a group in connection with such activities under the direct supervision of the Policyholder.

**BENEFITS AND AMOUNTS**

<b>Accidental Death Benefit</b>	Principal Sum:	\$10,000.00
<b>Accidental Dismemberment Benefit</b>	Principal Sum:	\$10,000.00
<b>Accident Medical Expense Benefit</b>	Maximum Benefit:	\$25,000.00
	Deductible Amount:	\$50.00

Form PA-5948

Printed in U.S.A.

*Mailed  
6/20/07*

**Special Risk  
Accident Policy**

**Hartford Life Insurance Company  
Hartford Plaza  
Hartford, Connecticut 06115  
(A stock insurance company)**



**Hartford Life**

We will pay benefits according to the conditions of this Policy.

Signed for the Company

**GENERAL PROVISIONS**

**Consideration:** We have issued this policy in consideration of the payment of the Policy Premium in advance of the Policy Date. The Policy Premium and Policy Date are shown in the Schedule.

**Policy Period:** This policy takes effect on the Policy Date and continues to the end of the Policy Period. The dates are shown in the Schedule.

**Entire Contract:** The entire contract between the Policy-holder and us consists of this policy, and any papers made a part of this policy at issue.

**Changes:** No agent has authority to change or waive any part of this policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of this policy.

**Data Furnished By Policyholder:** The Policyholder, with our approval, may keep the important insurance records on all Insured Persons. The Policyholder will give us information, when and in the manner we ask, to administer the insurance provided by this policy.

The Policyholder's insurance records will be open for our inspection at any reasonable time.

- Failure on the part of the Policyholder to:
- a) give us the name of an Insured Person will not invalidate the insurance;
  - b) report termination of an Insured Person

will not continue the coverage beyond the date of termination.

**Certificates:** If required by the laws of the state where this policy is delivered, we will give certificates to the Policy-holder for delivery to Insured Persons.

The certificates will state the features of this policy which are important to Insured Persons.

Countersigned by

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Licensed Resident Agent

**Cancellation:** This policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

- If we cancel, it becomes effective on the later of:
- a) the date stated in the notice; or
  - b) the 6th day after we mail or deliver the

notice.

If the Policyholder cancels, it becomes effective on the later of:

- a) the date we receive the notice; or
- b) the date stated in the notice.

In either event:

- a) we will promptly return any unearned premium paid; or
- b) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will not effect any claim for loss due to an accident which occurs before the effective date of cancellation.

**Conformity With State Statutes:** On the Policy Date, any part of the policy which is in conflict with a statute of the state in which the policy is:

- a) delivered; or
- b) issued for delivery;

is hereby amended to agree with the statute's minimum requirements.

### **INSURED PERSON PERIOD OF COVERAGE**

**Effective Date:** Each person becomes an Insured Person on the date he or she meets the qualifications stated in the Schedule.

**Termination:** Coverage of each Insured Person ceases on the first to occur of:

- a) the date the policy terminates; or
- b) the date he or she ceases to qualify as an Insured Person.

Termination will not affect any claim for loss due to an accident which occurs before the termination date.

### **DEFINITIONS**

**Injury** means bodily injury of an Insured Person which results directly and independently of all other causes from accident which occurs

while he or she is participating in a Covered Activity.

Loss resulting from sickness or disease, except a pus-forming infection which occurs through an accidental wound, is not considered as resulting from injury.

**We, our or us** means the Hartford Life Insurance Company.

### **EXCLUSIONS**

This policy does not cover loss resulting from:

- a) intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
- b) injury sustained while:
  - i) in or on;
  - ii) boarding or alighting from;
  - iii) being struck down by; any aircraft in motion except as an airline passenger on an aircraft:
    - i) operated by a passenger airline
    - ii) on a regularly scheduled trip over its established route;
- c) war or act of war, whether declared or not;
- d) injury sustained while in the armed forces (land, water or air) of any country or international authority;
- e) repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
- f) repair, replacement, examinations for prescriptions or fitting of eyeglasses or contact lenses;
- g) repair or replacement of artificial limbs or orthopedic braces.

### **BENEFITS PROVIDED**

The following benefits are provided under this policy only if an amount is stated in the Schedule opposite the name of the benefit. "None" shown in the Schedule opposite the name of a benefit means that the policy does not provide that benefit.

If an Insured Person's injury results in loss for which, in the absence of this provision, we would pay an amount under:

- a) the Accidental Death Benefit; and
- b) the Accidental Dismemberment Benefit;

we will pay the amount for only one Benefit which provides the larger amount.

#### **ACCIDENTAL DEATH BENEFIT**

If an Insured Person's injury results in loss of life within 180 days after the date of accident, we will pay the Principal Sum for this benefit.

The amount of the Principal Sum is shown in the Schedule.

#### **ACCIDENTAL DISMEMBERMENT BENEFIT**

If an Insured Person's injury results in any of the following losses within 180 days after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

The amount of the Principal Sum is shown in the Schedule.

For Loss of:

- Both Hands or Both Feet  
or Sight of Both Eyes....The Principal Sum
- One Hand and One Foot...The Principal Sum
- Either Hand or Foot  
and Sight of One Eye ... The Principal Sum
- Either Hand  
or Foot..... One-Half The Principal Sum
- Sight of  
One Eye ..... One-Half The Principal Sum
- Thumb and Index ..... .One-Quarter
- Finger of Either Hand ... The Principal Sum

**Loss** means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) sight, entire and irrecoverable loss thereof;
- c) thumb and index finger, actual

severance through or above metacarpophalangeal joints.

#### **ACCIDENT MEDICAL EXPENSE BENEFIT**

We will pay the Reasonable Expenses incurred by an Insured Person, in excess of the Deductible Amount, for Medical Care if:

- a) the first expense is incurred within 26 weeks after the accident; and
- b) the expense is incurred within 104 weeks after the accident.

We will not pay more than the Maximum Benefit for all Medical Care treatment, services and supplies as the result of any one accident. The Deductible Amount and Maximum Benefit are shown in the Schedule.

The Deductible Amount will be applied separately to each accident.

**Medical Care** means necessary:

- a) medical or surgical treatment, services or supplies;
- b) hospital, nursing and ambulance services.

Each item of Medical Care must be:

- a) prescribed by a legally qualified physician;
- b) for the sole purpose of treating the injury.

**Reasonable Expenses** means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by the Insured Person.

An expense is considered to be incurred on the date the Medical Care is rendered.

#### **CLAIM PROVISIONS**

**Notice of Claim:** The person who has the right to claim benefits (the claimant, beneficiary, or his or her representative) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that

time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the policy number. Notice should be given to our agent or sent to our office in Hartford, Connecticut.

**Claim Forms:** When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and extent of the loss is sent to us.

**Proof of Loss:** Proof of loss must be sent to us within 90 days after the date of the loss. If the claimant is not able to send proof within that time it may be sent as soon as reasonably possible without affecting the claim.

**Time of Payment of Claims:** We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately after we receive the proof of loss.

**Payment of Claims:** We will pay any benefit due for loss of life:

- a) according to the beneficiary designation in effect at the time of payment; otherwise
- b) to Insured Person's estate.

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

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

- a) according to the beneficiary designation; or
- b) to Insured Person's estate.

If a benefit due is payable to:

- a) Insured Person's estate; or
- b) Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to \$1,000 of the benefit 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 Insured 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 Insured Person requests otherwise in writing. The Insured Person must make the request no later than the time he or she files a proof of loss.

**Physical Examinations and Autopsy:** While a claim is pending we have the right at our expense:

- a) to have the Insured Person examined by a physician when and as often as is reasonably necessary; and
- b) in case of death, to make an autopsy where not forbidden by law.

**Legal Actions:** Legal action cannot be taken against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 3 years following the date proof of loss is due.

**Naming a Beneficiary:** An Insured Person may name a beneficiary or change a named beneficiary by giving a written request to us. The Insured Person's request takes effect on the date it is executed, regardless of whether the Insured Person is living when we receive it. We will be relieved of further responsibility to the extent of any payment we made in good faith before we received such request.

**Assignment:** This insurance may not be assigned. Benefit payments may be assigned as allowed in the Payment of Claims provision.

**CANCELLATION  
RIDER # 1**

This rider becomes effective on the Policy Effective Date.

The Policy is hereby amended by the deletion of the GENERAL PROVISION entitled CANCELLATION in its entirety.

In all other respects, the Policy remains the same.

**HARTFORD LIFE INSURANCE COMPANY  
Hartford, Connecticut**

**Form PA-5960 (HL)**

**Printed in U.S.A.**

**NEW YORK AMENDATORY  
RIDER # 2**

This rider becomes effective on the effective date of the Policy or certificate to which this rider is attached.

The Policy and all certificates are hereby amended by deletion of the words "whether sane or insane" from Exclusion (a).

In all other respects, the Policy and certificates remain the same.

**HARTFORD LIFE INSURANCE COMPANY  
Hartford, Connecticut**

**Form PA-5967 (HL)**

**Printed in U.S.A.**

**ADDITIONAL  
EXCLUSIONS RIDER # 3**

This rider forms a part of Policy Number 10-SR-128242 issued to NEW YORK STATE  
MICROD ASSOCIATION and all certificates furnished in connection with the Policy.

This rider becomes effective on the effective date of the Policy or certificate to which this rider is attached.

The Policy and all certificates are hereby amended by the addition of the following to Exclusions:

- (i) injury sustained for which the Insured Person is entitled to benefits under Worker's Compensation or similar law.
- (j) expenses incurred for services, treatment, supplies or facilities rendered by:
  - (1) the Policyholder's health service or infirmary; or
  - (2) any physician or nurse employed or retained by the Policyholder.unless a charge would have been made in the absence of insurance.
- (k) expenses covered under any automobile reparations insurance (no-fault).

**EXCLUSION OF BENEFITS FOR ANY LOSS SUBJECT  
TO MANDATORY NO-FAULT AUTOMOBILE INSURANCE**

This Policy covers losses for which benefits are recoverable under this Policy:

1. if the losses are not covered by mandatory automobile no-fault benefits;
2. which exceed the maximum benefits provided under mandatory no-fault insurance notwithstanding the deductible and/or co-insurance provisions in this contract;
3. which are not recoverable under mandatory no-fault insurance because of a no-fault deductible, subject to the deductible and/or co-insurance provisions in this contract.

In all other respects, the Policy and certificates remain the same.

**HARTFORD LIFE INSURANCE COMPANY  
Hartford, Connecticut**

**Form PA- 5954 (HL)**

**Printed in U.S.A.**



#### **AMENDATORY RIDER # 4**

This rider forms a part of the Policy and all certificates furnished in connection with the Policy.

This rider becomes effective on the effective date of the Policy or certificate to which this rider is attached.

The Payment of Claims provision under the CLAIM PROVISIONS section is hereby deleted and replaced by the following:

Payment of Claims: We will pay any benefit due for Loss of the Insured Person's Life:

- a) according to the beneficiary designation in effect at the time of his or her death; otherwise
- b) to the survivors in equal shares, in the first of the following classes to have a survivor at the insured person's death:
  - (1) spouse
  - (2) children
  - (3) parents
  - (4) brothers & sisters.

If there is no survivor in these classes, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

If the benefit due is payable to:

- a) the Insured Person's estate or;
- b) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to \$1000 of the benefit 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 Insured 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 Insured Person requests otherwise in writing. The Insured Person must make the request no later than the time he or she files a proof of loss.

In all other respects, the Policy and certificates remain the same.

**HARTFORD LIFE INSURANCE COMPANY**  
**Hartford, Connecticut**

**Form PA-6562 (HL)**

**Printed in U.S.A.**



**Privacy Policy and Practices of The Hartford Financial Services Group, Inc. and its Affiliates**  
(herein called “we, our, and us”)

**This Privacy Policy applies to our United States Operations**

We value your trust. We are committed to the responsible:

- a) management;
  - b) use; and
  - c) protection;
- of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
- b) your address;
- c) your income;
- d) your payment; or
- e) your credit history;

may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
  - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
  - b) brokerage firms;
  - c) insurance companies;
  - d) administrators; and
  - e) service providers;
- who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) “opt-out;” or
  - b) “opt-in;”
- as required by law.

We only disclose **Personal Health Information** with:

- a) your proper written authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
  - b) the integrity of;
- Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data;
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

*As used in this Privacy Notice:*

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
  - b) applying for; or
  - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:

American Maturity Life Insurance Company; First State Insurance Company; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Casualty Insurance Company; Hartford Equity Sales Company, Inc.; Hartford Fire Insurance Company; Hartford Fire, General Agency, Inc.; Hartford HLS Series Fund II, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford International Life Reassurance Corporation; Hartford Investment Financial Services, LLC; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Life and Annuity Insurance Company; Hartford Life Insurance Company; Hartford Life Group Insurance Company, Hartford Lloyd's Insurance Company; Hartford Mezzanine Investors I, LLC; Hartford Securities Distribution Company, Inc.; Hartford Series Fund, Inc.; Hartford Specialty Company; Hartford Specialty Insurance Services of Texas, LLC; Hartford Underwriters Insurance Company; Hartford-Comprehensive Employee Benefit Service Company; HL Investment Advisors, LLC; Hartford Life Private Placement, LLC; M-CAP Insurance Agency, LLC; New England Insurance Company; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Nutmeg Life Insurance Company; Pacific Insurance Company, Limited; Planco, LLC; Planco Financial Services, LLC; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; Specialty Risk Services, LLC.; The Hartford Income Shares Fund, Inc.; The Hartford Mutual Funds II, Inc.; The Hartford Mutual Funds, Inc.; Trumbull Insurance Company; Trumbull Services, L.L.C.; Twin City Fire Insurance Company; Woodbury Financial Services, Inc.

Questions about this Privacy Policy may be directed to the following address: GBD Contracts and Compliance, Hartford Life Insurance Company, P.O. Box 2999, Hartford, CT 06104-2999.