COLLEGE AND UNIVERSITY TUITION PROTECTION INSURANCE
CERTIFICATE OF INSURANCE

Atlantic Specialty Insurance Company
A Stock Company, Canton, Massachusetts 02021-1030

READ YOUR CERTIFICATE CAREFULLY

This Certificate serves to describe the insurance provided the students insured under Policy No. TRPC12106

Issued for the term of twelve months starting on the 1st day of August, 2013

To: Name/Address of Policyholder University of Puget Sound
1500 North Warner Street, Tacoma, WA 98416-1039

herein called The College/University

The insurance evidenced by this certificate provides Tuition Refund insurance only. A description of all insurance benefits offered is contained in this document.

BENEFIT SCHEDULE

1. We will pay 80% of Your Term Fees Amount stated beside Your name as specified in the Tuition Fees Schedule attached to the policy for the Period of Coverage, less any refund or credit due You by the college/university, for a covered loss of academic time which is not due to a mental health condition.

2. We will pay 80% of Your Term Fees Amount stated beside Your name as specified in the Tuition Fees Schedule attached to the policy for the Period of Coverage, less any refund or credit due You by the college/university, for a covered loss of academic time due a mental health condition.

3. We will pay 0% of Your Term Fees Amount stated beside Your name as specified in the Tuition Fees Schedule attached to the policy for the Period of Coverage, less any refund or credit due You by the college/university, for a covered loss of academic time whether or not due to a mental health condition, but only after You have been confined in a hospital for 0 consecutive days within the Period of Coverage.

COVERAGE

We agree, subject to the schedule of benefits and other terms and conditions of this certificate, to pay for loss of the term fees amount sustained by You due to your loss of academic time and scholastic credits at the college/university solely as a result of a covered cause of loss. The loss must result in Your “Complete Withdrawal” from the college/university for the balance of the term and loss of all scholastic credits for the term.

COVERED CAUSE OF LOSS

A Covered Cause of Loss is an Injury or Sickness not otherwise excluded under the policy and this certificate.

EXCLUSIONS

Coverage does not apply to loss due to:
(a) war or any act of war (whether declared or undeclared);
(b) the use of any drug, narcotic or agent which is similarly classed or has similar effects unless it is prescribed by a Doctor;
(c) taking part in a riot;
(d) failure to attend classes for any reason other than an Injury or Sickness;
(e) suicide or intentionally self-inflicted Injury or self-inflicted Sickness;
(f) nuclear reaction, nuclear radiation or radioactive contamination.

CONDITIONS

A. Discontinuance of Insurance
Insurance hereby provided shall cease of its own accord on the day after the first of the following to occur:

(1) the date when You cease to remain eligible for coverage as stated in this policy;
(2) the last day of the period of time for which the last premium payment is made by You; or
(3) the expiration date of the policy;
(4) the last day of academic instruction by the college/university due to any cause. If the insurance ceases by reason of item (4) We will make a pro-rata refund of premium; and
(5) the day You make a complete withdrawal for reason other than a Sickness or Injury.

LOSS CONDITIONS

B. Claim Forms
We or Our agent, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by Us for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. Such proof must include a Doctor’s written statement that medically certifies that the sickness or injury prevents the student from completing the registered term.

C. Legal Actions
No legal action at law or in equity shall be brought to recover on the policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the policy and this certificate. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

D. Notice of Claim
Written notice of claim must be given to Us or Our agent within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. (Notice given by or on behalf of the claimant to the offices of A.W.G. Dewar with information sufficient to identify the Insured Student, shall be deemed notice to Us.)

E. Payment of Claims
All benefits will be payable as soon as We receive the proper written proof of loss.

At Our option, the benefits will be paid to You, Your parent(s) or legal guardian(s) or to the college/university for credit to Your account. Any payment made by Us in good faith shall fully discharge Us to the extent of such payment.
F. Physical Examination and Autopsy
We at Our own expense shall have the right and opportunity to have You examined by a Doctor as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

G. Proofs of Loss
Written proof of loss must be furnished to Us or Our agent within 90 days after the date of loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give 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.

DEFINITIONS

“Complete Withdrawal” means a written notice by You, Your parent(s) or guardian(s), indicating that because of an injury or sickness You are unable to complete the term and will not receive any academic credit for the term. Such notice must include a Doctor’s written statement which medically certifies that the Sickness or Injury prevents You from completing the registered term.

“Doctor” means any medical doctor (MD) or where required by law, any other medical practitioner in respect to services performed within the scope of the Doctor’s license. These services must be covered by the terms of this policy. The Doctor must be other than a member of the Insured Student’s family.

“Injury” means bodily injury caused by an accident. The accident must occur on or after the effective date of Your coverage under this certificate and while it remains in force.

“Period of Coverage” means that number of consecutive calendar days within Your period of enrollment.

“Riot” means all forms of violence, disorder or disturbance of the public peace by three or more persons assembled together. It does not matter whether they are acting with a common intent or that damage to person or property or unlawful acts is the intent or result of their action.

“Sickness” means a sickness or disease for which symptoms existed and medical advice or treatment was received after the effective date of Your coverage under the policy and while it remains in force.

“Taking part in a riot” means promoting, inciting, conspiring to promote or incite, aiding, abetting or all forms of taking part in a riot. It shall not include action taken in defense of the Insured Student, if such actions are not taken against persons seeking to maintain or restore law and order.

“We”, “Us” or “Our” refers to the Company providing this insurance.

“You” and “Your” refers to the Insured Student shown in the Declarations.
OUR POLICY REGARDING YOUR PRIVACY

In order to provide tuition refund plans that respond to our customers' diverse needs, A.W.G. Dewar, Inc. (“DEWAR”) collects certain personal information. DEWAR does not disclose any nonpublic personal information to any affiliated or nonaffiliated third party for marketing purposes. At DEWAR, maintaining the confidentiality of our customers' personal information is of the highest importance. DEWAR's personal information-handling practices are governed by this privacy policy and are further regulated by law. This notice describes those practices and how they preserve your privacy in a way that permits DEWAR to provide you with the products and service you demand.

Collection of Personal Information
We get most of our information directly from you. The application you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you to obtain additional information. Your information is used to send your tuition refund plan to you, to contact you when necessary for the transaction, and for billing purposes. Information collected from you may include your name, address, telephone number, email address, school information, student ID number, social security number, credit card number and expiration date.

Disclosure of Personal Information
Information about you which has been collected will be contained in our records. We review it in evaluating your request for a tuition refund plan. We will also use information in our records for purposes related to issuing and servicing plans and settling claims. DEWAR may disclose personal information to others in order to service, process or administer business such as claims operations. In this context, DEWAR may disclose (i) information we receive from you on applications and other forms, including information such as assets, income, and identifying information such as name, address and social security number; and (ii) transaction information such as information about balances, payment history and parties to the transaction.

Parties to Whom Information May be Disclosed
DEWAR will not disclose information about you to others without your written consent unless the disclosure is necessary to conduct our business. By law, DEWAR is permitted to share information about you without prior permission to the following parties: ● Your agent or broker ● Those who perform business, professional or insurance roles for us ● Those who need to research, defend or settle claims involving you ● Insurance support organizations that collect data to help fight and prevent insurance fraud ● Agencies that help regulate our business ● Government agencies that protect us in cases of fraud or illegal activity ● Persons ordered by subpoena, warrant or other court order ● Parties representing you in some way (lawyers, accountants, auditors) ● Insurance rate advisory organizations ● Those backing our rights in regards to debt settlement, audit or interest transfer ● Parties who handle transactions you request or sign off on.

Right of Access to Personal Information
You have the right to know what kind of information we keep in our files about you, to have reasonable access to it and to receive a copy. Write to us if you have questions about the information. Provide your complete name, address, type of tuition refund plan, and certificate number that was issued or applied for with us. Email your request to trp@dewarinsurance.com, or mail your request to A.W.G. Dewar, Inc. 4 Batterymarch Park, Quincy, MA 02169. You may also call 617-774-1555. Certain types of information generally collected when evaluating claims or possible lawsuits need not be disclosed to you.

Within thirty (30) business days of receipt of your request, we will inform you in writing of the nature and substance of retrievable recorded personal information about you in our files. You may review this information in person or receive a copy by mail.

After you have reviewed the personal information about you in our file, you can write to us if you believe it should be corrected, amended or deleted. We will consider your request, and within thirty (30) days either change the information or tell you that we did not and state the reason. If we do not make changes, you will have the right to insert in our file a concise statement containing what you believe to be the correct, relevant or fair information, and explaining which information on file you believe to be improper. We will notify persons designated by you to whom we have previously disclosed the information of the change or your statement. Subsequent disclosures we make also will include your statement.

Confidentiality and Security of Personal Information
Our company maintains appropriate standards and procedures to prevent unauthorized access to your information. DEWAR limits employee access to personally identifiable information to those with a business reason for knowing such information. We educate our employees so that they will understand the importance of confidentiality of personal information and take appropriate measures to enforce privacy responsibilities.

Treatment of Personal Information of Former Customers
DEWAR follows this personal information privacy policy even when a customer relationship no longer exists.

DEWAR may modify this Policy from time to time. The current policy is always available at www.tuitionrefundplan.com. If significant changes are made to the Policy, DEWAR will notify its policyholders.

Effective: February 2011