

PG&E Corporation

and all subsidiaries, affiliates and divisions as now exist or may hereafter be created

Business Travel Accidental Death & Dismemberment Insurance • GTU 6534008



The following is a brief description of the Business Travel Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the policy or certificate of insurance. For specific definitions of terms used below as well as further details and information about this Plan, please see the policy or certificate of insurance.

Eligibility

Class I: All PG&E Employees while riding in Policyholder owned, leased, operated or contracted helicopters performing their job duties.

Benefit Amount

Class I: \$1,000,000

Description of Coverage

Full Occupational Coverage

Including Corporate Owned or Leased Aircraft, and Substitute Aircraft, Passenger and Crew, H-4

This plan offers protection anywhere in the world while on or off the premises of the policyholder performing the usual and customary duties of your regular occupation, or while on the **Business of the Policyholder** during a **Bona Fide Trip**, subject to certain limitations (see exclusions/limitations). This includes coverage while you are a member of the crew or cabin attendant on any aircraft that is owned or leased and on file with the policyholder. The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

Hazard Definitions

- **Business of the Policyholder** means an assignment by or at the direction of the policyholder to further the business of the policyholder. It does not include an accident occurring during usual travel to and from work; bona fide leaves of absence or vacation. It does include a Personal Deviation and Side Trips of a personal nature.
- **Bona Fide Trip** means a trip that begins when you leave the place where you normally work or live (whichever last occurs) to go on the trip. It ends when you return from the trip to the place where you normally work or live (whichever occurs first).

Exposure and Disappearance Coverage

If the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event, we will presume that you lost your life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay your benefit amount, subject to all policy terms.

If you are exposed to weather because of an accident and this results in a loss of life, we will pay your benefit amount, subject to all policy terms and conditions.

Benefits Provided

If you have a covered accident that results in any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown to you or your designated beneficiary. If the covered accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

Covered Loss of:	Benefit Amount
(1) Life	100% of benefit amount
(2) Both hands or both feet.....	100% of benefit amount

- (3) One hand and one foot 100% of benefit amount
- (4) One hand or one foot plus the sight of one eye 100% of benefit amount
- (5) Sight of both eyes 100% of benefit amount
- (6) Speech and Hearing 100% of benefit amount
- (7) Speech or Hearing 50% of benefit amount
- (8) One hand, one foot, or sight of one eye 50% of benefit amount
- (9) Thumb and index finger of the same hand 25% of benefit amount
- (10) Hearing in one ear 25% of benefit amount

Plegia **Benefit Amount**

- (1) Quadriplegia (total paralysis of all four Limbs) 100% of benefit amount
- (2) Paraplegia (total paralysis of both lower Limbs) 100% of benefit amount
- (3) Hemiplegia (total paralysis of upper and lower Limbs 100% of benefit amount
on one side of the body)
- (4) Uniplegia (total paralysis of one Limb) 50% of benefit amount

Coma Benefit

If you sustain a covered injury within 365 days of a covered accident and such injury causes you to be in a coma for at least 30 consecutive days, you may receive a monthly benefit of 1% of your benefit amount for the first 11 months you remain in a coma. At the end of the 11 months of payment, if you remain in a coma, we will pay a lump sum benefit equal to your benefit amount less the amount of the 11 months of benefit already received.

Additional Benefits through the Plan (All Classes except where noted)

Critical Burn Benefit

If you suffer an injury and receives a benefit under the Accidental Dismemberment and Plegia Benefit of the policy, and you have received second degree or higher burns over 25% of your body; and you have undergone reconstructive surgery to treat the burned areas of the body; and the reconstructive surgery has taken place within 365 days of the occurrence of your injury, an additional benefit equal to the lesser of 10% of your benefit amount up to \$25,000 may be paid.

Home Alteration and Vehicle Modification Benefit

If you suffer an injury and receive a benefit under the Accidental Dismemberment and Plegia Benefit of the policy, you may be entitled to an additional benefit equal to the lesser of 20% of your benefit amount to a maximum of \$50,000 for the one-time cost of alterations to your primary residence to make it wheelchair accessible and habitable; and the one-time cost of modifications necessary to your motor vehicle to make the vehicle accessible or drivable. You will be entitled to this benefit provided: 1) that you are required to use a wheelchair to be ambulatory on a permanent basis; and 2) the injury that caused the payment of the Accidental Dismemberment and Plegia Benefit is the same injury that requires you to need the wheelchair.

Rehabilitation Benefit

If you suffer an injury which causes you to receive an Accidental Dismemberment and Plegia Benefit under the policy, you may be entitled to receive an additional benefit for the Reasonable and Customary expenses actually incurred for a prescribed Rehabilitation Training program by a licensed physician that is required due to your injury which will prepare you for an occupation which you would not have engaged in except for the injury in an amount equal to the lesser of the actual expenses that are incurred within two years from the date of your covered accident for the Rehabilitation Training; \$25,000; or 10% of your benefit amount.

Therapeutic Counseling Benefit

If you suffer a covered injury which requires Therapeutic Counseling by a licensed therapist or counselor who is registered or certified to provide psychological treatment or counseling, we may reimburse the charges for such counseling up to a maximum of \$2,500, for your incurred expense, provided: 1) all terms and conditions of the policy are met; 2) Therapeutic Counseling begins within ninety (90) days of the covered accident; and 3) Therapeutic Counseling must be received within one (1) year from the date of the covered loss.

To File a Claim

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss. Refer to Plan Number GTU 6534008.

Beneficiary Designation

Benefits for your loss of life will be payable to the beneficiary or beneficiaries designated in writing by you and on file with the policyholder; otherwise the beneficiary or beneficiaries designated under the Group Life insurance policy issued to the policyholder, otherwise, we will pay the benefit to your survivors in the following order: 1) your spouse or domestic partner; 2) your children; 3) your parents; 4) your brothers or sisters; 5) your estate.

All other indemnities shall be payable to you.

General Exclusions

A loss shall not be a covered loss if it is caused by, contributed to, or resulted from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
5. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
6. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy.

Hazard Exclusions

The following exclusions pertain to Hazard H-4.

Coverage is not provided:

- A. If you are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. Unless we have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
 1. any aircraft other than those expressly stated in this Coverage;
 2. any aircraft Owned or Controlled by, or Under lease to the Policyholder except the following aircraft, including Substitute Aircraft:

As on file with the policyholder
provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.
 3. any aircraft owned or controlled by, or under lease to an insured;
 4. any aircraft operated by the policyholder except those indicated in item "2" above, including Substitute Aircraft or one of the policyholder's employees;
 5. any aircraft while it is being used for one or more of the following specialized aviation activities: acrobatic or stunt flying, banner towing, bird or fowl herding, crop dusting, crop seeding, crop spraying, endurance tests, hang gliding, hunting, parachuting or skydiving, racing, skywriting, test or experimental purpose, flight on a rocket-propelled or rocket launched aircraft;

6. any conveyance used for tests or experimental purposes, or in a race or speed test.

Substitute Aircraft means an aircraft, which is not owned by the **Policyholder**, and:

1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;
2. is the same class of aircraft as the specified aircraft; and
3. is being used by the **Policyholder** because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.

General Limitations

Limitation on Multiple Covered Losses. If you suffer more than one loss as a result of the same accident, we will pay only one benefit, the largest benefit.

Limitation on Multiple Benefits. If you can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment and Plegia Benefit, Coma Benefit, as a result of the same accident, the most we will pay for these benefits in total is your benefit amount.

Limitation on Multiple Hazards. If you suffer a covered loss that is covered under more than one Hazard, we will pay only one benefit, the largest benefit.

Aggregate Limit of Liability

The **Aggregate Limit of Liability** per covered accident is \$3,000,000.

Aggregate Limit of Liability means the total benefits we will pay for a covered accident or covered accidents set forth in the Schedule or Coverages section of the policy. For purposes of the Aggregate Limit of Liability provision, covered accident or covered accidents will include a covered loss or covered losses arising out of a single event or related events or originating cause and includes a resulting covered loss or covered losses. If the total benefits under the Aggregate Limit of Liability is not enough to pay full benefits to each Insured, We will pay each one a reduced benefit based upon the proportion that the Aggregate Limit of Liability bears to the total benefits which would otherwise be paid.

Important

This is a brief description of the coverage provided through the business travel Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

Sanctions Exclusion Endorsement

Notwithstanding any other terms under the policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under the policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

Zurich

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The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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