

A STOCK COMPANY



MARKEL INSURANCE COMPANY

Deerfield, Illinois 60015

**BLANKET
ACCIDENT AND HEALTH POLICY
SPECIAL RISK**

THE ATTACHED SPECIAL POLICY CONDITIONS, FORMS
AND ENDORSEMENTS COMPLETE THIS POLICY.

The insurance described in this Policy provides limited benefits only. It does not provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department

Markel Insurance Company

Evanston, Illinois 60201

Endorsement No. 2

In consideration of premium paid, it is hereby agreed that:

MSR101, Section 1, Item 3:

Description of Hazards Covered has been amended as follows:

"All eligible undergraduate members, associate members and or pledges of the sponsoring organization are insured for covered injuries, which are received while the policy is in force and occur while: (a) In good standing within the sponsoring organization and (b) an enrolled student at an institution of higher learning where there is an undergraduate chapter of the sponsoring organization, except during holiday or summer break. If the covered injury occurs during a holiday or summer break, the eligible member will have had to have been an enrolled student during the prior school term and continuing at an institution of higher learning the following term."

Nothing herein contained shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations or Terms of the undermentioned Policy other than as stated hereon.

Effective date 10-01-2006 Attached to and forming part of Policy No. 4102AH257598 - 3

of Markel Insurance Company

issued to Zeta Psi Fraternity



President



Secretary

SECTION 2

DEFINITIONS

You, your or yours means the Policyholder shown in Section 1.

We, us or our means Market Insurance Company.

Insured means a member of the class(es) of person(s) as shown in Section 1, while they are covered under this Policy.

Physician means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist and graduate nurse. Physician shall not include a member of the Insured's immediate family.

Hospital means a licensed institution including a tax supported institution of the state, which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

Ambulatory Surgical Center or Ambulatory Medical Center means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Loss means medical Expense caused by Injury or Sickness and covered by the Policy.

Injury means bodily harm caused by an accident which occurs while this Policy is in force and is the sole cause of the Loss.

Sickness means disease or illness which causes a Loss while the Insured is covered by this Policy. In the event, 75% of the eligible participants of the Policyholder, reaching a minimum of 300 participants are insured, then Sickness means illness or disease resulting in Loss covered by this Policy. "Sickness" includes Normal Pregnancy and Complications of Pregnancy.

Pre-existing Condition means conditions manifesting themselves in symptoms which would cause an ordinary prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received during the six months immediately preceding the effective date of coverage or as to a pregnancy existing on the enrollment date of coverage. A condition will not be considered pre-existing once an Insured has been covered for 12 months following the effective date of coverage.

Complications of Pregnancy means conditions whose diagnoses are distinct from pregnancy, but are adversely affected by or are caused by pregnancy. Such complications include, but are not limited to: a) acute nephritis; b) nephrosis; c) cardiac decompensation; d) missed abortion; e) hyperemesis gravidarum; f) preeclampsia; and g) similar medical and surgical conditions of comparable severity. Complications of Pregnancy also includes: a) nonelective Cesarean sections; b) ectopic pregnancy which is terminated; and c) spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy shall not mean: a) false labor; b) occasional spotting; c) Physician prescribed rest during the period of pregnancy; d) morning sickness; or e) similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct Complication of Pregnancy.

Prescription Medicines or Drugs means any medicine or drug, under applicable state law, that is dispensed only with written prescription from a Physician and has a label bearing the legend: "Caution: Federal Law prohibits the dispensing without a prescription." It is also means any mixed medicine with at least one ingredient bearing the above legend; and also cancer drugs that are not FDA approved.

Expense means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Accident means a sudden, unexpected, identifiable event caused solely by an external physical force resulting in Injury to a person. Accident does not include a Loss arising out of a health condition or health impairment.

Usual and Customary Expense means an Expense which: (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

Medically Necessary means medical services, supplies or treatments authorized by a Physician to treat an Insured Person's bodily Injury or Sickness which are: (a) consistent with the symptoms or diagnosis; (b) appropriate and accepted according to good medical practice standards; (c) not primarily for the convenience of the Insured Person, Physician or other providers; and (d) consistent with the most appropriate supply or level of services, which can safely be provided to the patient.

The Aggregate Limit of Indemnity stated in Section 1 shall be the total limit of our liability for all coverages payable under the Policy with respect to all classes of Insured Persons arising out of injury sustained by two or more Insured Persons as the result of any one accident. If the total of such indemnities exceed the Aggregate Limit of Indemnity, we shall not be liable to any one Insured Person for a greater proportion of such Insured Person's indemnity than said Aggregate Limit of Indemnity bears to the total indemnities afforded by the coverage to all such Insured Persons.

Deductible means the amount an Insured is required to pay as provided by the applicable coverage under this Policy in the event of a Loss.

Benefit Period means the time during which an Insured Person's incurred Expense for a covered Injury or Sickness is eligible for reimbursement. The Benefit Period starts on the date of the accident for an Injury or the date of the first treatment for a Sickness.

Maternity Inpatient Care means inpatient hospitalization services for a covered mother and a newborn child for a minimum of forty eight (48) hours after an uncomplicated vaginal delivery and ninety six (96) hours after delivery by an uncomplicated cesarean section. Such coverage for maternity care shall include the services of a midwife licensed pursuant to article 140 of the education law, practicing consistent with a written agreement pursuant to section 6951 of the education law and affiliated or practicing in conjunction with a facility licensed pursuant to article 28 of the public health law. Maternity care coverage shall also include: parent education, assistance and training in breast or bottle feeding, and the performance of any necessary maternal and newborn clinical assessments. The covered mother shall have the option to be discharged earlier than the time periods established in the above. In such case, the inpatient Hospital coverage must include at least one home care visit, which shall be in addition to, rather in lieu of, any home health care coverage available under this Policy. This Policy will cover the home care visit, which may be requested at any time within 48 hours of the time of delivery (96 hours in the case of cesarean section), and shall be delivered within 24 hours of the time of discharge, or (II) of the time of the mother's request, whichever is later. Such home care coverage shall not be subject to Deductibles, or coinsurance, but will be subject to the Maximum Sickness Medical Expense Benefit shown in Section 1 - Schedule of Insurance.

Mammography Expense means Low-Dose Mammography Screening for breast cancer or diagnosis, or for any nonsymptomatic woman covered under the Policy subject to the following: 1) a baseline mammogram for women age thirty-five to thirty-nine; 2) a mammogram for women age forty to forty-nine, inclusive, every two years or more frequently based on the recommendation of the patient's Physician; 3) a mammogram every year for women age fifty and over; and 4) a mammogram for any woman, upon the recommendation of a Physician, where such woman, her mother or her sister has a prior history of breast cancer. "Mammography Screening" means the x-ray examination of the breast using equipment specifically designed and dedicated for mammography, including the x-ray tube, filter, compression device, films, and cassettes, with an average alandular radiation dose of less than .05 rem per view per breast.

Cervical Cytology Screening shall include an annual pelvic examination, an annual cervical cytology screening for cervical cancer and its precursor for women aged eighteen and older, cervical cytology screening shall include an annual pelvic examination, collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear.

Breast Reconstruction means inpatient hospital care for such period as is determined by the attending Physician in consultation with the patient to be medically appropriate for such covered person undergoing a lymph node dissection or a lumpectomy for the treatment of breast cancer or a mastectomy covered by this Policy. It also includes reconstructive surgery after a mastectomy for: a) all stages of reconstruction of the breast on which the mastectomy has been performed; and b) surgery and reconstruction of the other breast to produce a symmetrical appearance in a manner determined by the attending Physician and the patient to be appropriate.

Enteral Formulas means the cost of enteral formulas for home use for which a Physician or other licensed health care provider legally authorized to practice under title eight of the education law has issued a written order. Such written order shall state that the enteral formula is clearly Medically Necessary and has been proven effective as a disease specific treatment regime for those individuals who are or will become malnourished or suffer from disorders, which if left untreated, cause chronic physical disability, mental retardation or death. Specific diseases for which enteral formulas have been proved effective shall include, but are not limited to: a) inherited disease of amino-acid or organic acid metabolism; b) Crohn's Disease; c) gastroesophageal reflux with failure to thrive; d) disorders of gastrointestinal motility such as chronic intestinal pseudoobstruction; and multiple severe food allergies which left untreated will cause malnourishment, chronic physical disability, mental retardation or death. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low protein or which contain modified protein, which are Medically Necessary.

Diabetes Equipment, Supplies and Training means all medically appropriate and necessary diabetes equipment, supplies, including but not limited to blood glucose monitors and blood glucose monitors for the legally blind, data management systems, test strips for glucose monitors and visual reading and urine testing strips, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices and oral agents for controlling blood sugar. It shall include diabetes self-management education to ensure persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diets. Such coverage for self-management education and education relating to diet shall be limited to visits medically necessary upon the diagnosis of diabetes, where a physician diagnoses a significant change in the patient's symptoms or conditions which necessitate changes in a patient's self-management, or where reeducation or refresher education is necessary. Such education may be provided by the physician or other licensed health care provider legally authorized to prescribe under title eight of the education law, or their staff, as part of an office visit for diabetes diagnosis or treatment, or by a certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian upon the referral of a physician or other licensed health care provider legally authorized to prescribe under title eight of the education law.

Prostate Cancer Screening means standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and an annual standard diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age fifty and over who are asymptomatic and for men age forty and over with a family history of prostate cancer or other prostate cancer risk factors.

SECTION 3 EFFECTIVE DATE, POLICY TERM, POLICY TERMINATION AND RENEWAL

This Policy is effective on the Effective Date in Section 1 and expires on the Expiration Date. With our consent, it may be renewed by paying the renewal premium within the grace period in Section 5. Upon 60 days' prior written notice, we may change the premium rate, but not more often than once every twelve months. We reserve the right to refuse to renew this Policy.

SECTION 4 EFFECTIVE DATE OF INDIVIDUAL INSURANCE

The person eligible for inclusion as Insured Persons shall be all persons denoted in classifications described in Section 1. Insurance for such eligible persons shall become effective with respect to the activity and/or trip covered and benefits designated in Section 1 on the effective date in Section 1.

The insurance for any Insured shall terminate on the earliest of the following dates:

1. The date this Policy expires; or
2. The Premium due date if you fail to pay the required premium for the Insured, subject to the Grace Period, except as the result of an inadvertent error; or
3. The date the Insured ceases to be a member of any class, as shown in Section 1.

Termination of coverage will not affect any claim, which starts before the termination date.

SECTION 5 POLICY PROVISIONS

Entire Contract; Changes

The Policy, the Application of the Policyholder (a copy of which is attached), Endorsement, Riders and attached papers constitute the entire contract between the parties. If an application of an Insured is required, the application of any Insured, at our option, may also be made a part of this contract.

All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person; or, in the event of his death or incapacity, his beneficiary or representative. After two years from the Covered Person's effective date of coverage, no such statement, except with respect to eligibility for coverage, will cause such coverage to be contested.

No change in the Policy will be valid until approved by one of our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

Grace Period

This policy has a 31-day Grace Period. If the premium is not paid by the due date, it may be paid during the 31 days immediately following the due date. The Policy will remain in force during the Grace Period. The Grace Period does not apply:

- (a) to the first premium due; or
- (b) to premiums due thereafter if we have given you 60 days prior notice that we will not renew this Policy.

Proofs of Loss

Written Proof of Loss must be given to us within 90 days of such Loss. We will not deny or reduce any claim because proof is not filed within this time, if it is filed as soon as reasonably possible. In any event, the proof must be given, unless the claimant is legally incapacitated.

Time of payment of Claims

After receiving written Proof of Loss, benefits will be payable no more than 60 days after receipt of proof.

Payment of Claims

After receiving written Proof of Loss we will pay benefits to the Insured. It is not required that the service be rendered by a particular Hospital or person.

Benefits for accidental death, if any, will be paid to the named beneficiary, other than the policyholder or an officer thereof, if then living. If no beneficiary is named, or the named beneficiary predeceases the Insured, benefits will be paid to the Insured's estate.

Discontinuance of this Policy will not prejudice any claim incurred while this Policy is in force.

Notice of Claim

Notice of Claim must be given to us within 30 days after a Loss occurs or as soon thereafter as possible. The notice can be given to us at P. O. Box 2039, Glen Allen, VA 23058-2039. Notice should include the Insured Person's name and Policy Number.

Claim Forms

When we receive the Notice of Claim, we will send the Insured Proof of Loss forms. If we do not send these forms within 15 days, the Insured can meet the Proof of Loss requirement by giving us a written statement of the nature and extent of the Loss within the time limit in the Proof of Loss section.

Assignment

This Policy and Insured's coverage may not be assigned.

Records Maintained

You must retain adequate records of this insurance.

Right of Recovery

Payments made by us which exceed the Covered Expenses (after allowance for Deductible and coinsurance clauses, if any) payable hereunder, shall be recoverable by us from or among any persons, firms or corporations to or for whom such payments were made.

Physical Examination

We, at our Expense, have the right to have an Insured examined by a Physician of our choice as often as reasonably necessary while a claim is pending.

Legal Actions

No legal action may be brought to recover on this Policy: (a) within 60 days after written Proof of Loss has been given as required; or (b) after 6 years from the time written Proof of Loss is required, or after the expiration of the applicable statute of limitations, if greater.

Change of Beneficiary

The Insured can change the beneficiary at any time giving us written notice. The beneficiary's consent is not required for this or any other change in coverage.

Conformity With State Statutes

Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which it is issued or in which the Insured Person resides, is hereby amended to conform to the minimum requirements of such statutes.

Subrogation

When benefits are paid to or for an Insured Person under the terms of the Policy, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such Insured Person once the Insured has been indemnified for his Loss, against any person who might be acknowledged liable or found legally liable by a Court of competent jurisdiction for the Injury or Sickness that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment, and we shall pay fees and costs associated with such recovery.

Worker's Compensation

The Policy is not in place of and does not affect any requirements for such coverage by worker's compensation insurance.

SECTION 6 COVERAGE

All Policy benefits are indicated in Section 1 - Schedule of Insurance and as described herein, or in riders attached to and made a part of this Policy.

Accident Medical Expense Benefit

When an Insured's Injury requires:

- (a) Treatment by a Physician;
- (b) Hospital services;
- (c) Services of a licensed practical nurse or RN;
- (d) X-ray service;
- (e) Use of operating room, anesthesia (including the administration thereof) laboratory service;
- (f) Use of an ambulance;
- (g) Use of an Ambulatory Surgical Center or Ambulatory Medical Center;
- (h) If ordered by a Physician, prescription medicines, drugs, or any other therapeutic services, supplies; or
- (i) Home Care Expenses.

We will pay the Expense, subject to the Coinsurance Percentage, incurred within the Benefit Period after the date of the accident that exceeds the Deductible Amount. Our payment will not exceed the Aggregate Maximum for a single accident. The Deductible Amount, Coinsurance Percentage, Benefit Period and the Aggregate Maximum are shown in Section 1 - Schedule of Insurance. These amounts apply to each Insured.

Accidental Death and Dismemberment Benefits

Accidental Death and Dismemberment Insurance covers the Insured for a Loss as shown below. The Loss must result from an accident directly and independently of all other causes. The accident must take place while the person is an Insured under this Policy.

The following losses must take place within 52 weeks after the accident.

The following table shows the amount we will pay:

<u>Accidental Death & Dismemberment</u>	<u>Amount</u>
Life	Principal
Both hands or both feet or sight of both eyes	Principal
One hand and one foot	Principal
One hand and sight of one eye	Principal
One foot and sight of one eye	Principal
One hand or one foot or sight of one eye	1/2 the Principal

The following paralytic losses must begin within ninety days of the date of accident and continue for a period of six months.

<u>Accidental Death & Dismemberment</u>	<u>Amount</u>
Quadriplegia	Quadriplegia Benefit
Paraplegia	Paraplegia Benefit
Hemiparesis	Hemiparesis Benefit
Paralysis to one lower limb or one upper limb	1/2 Quadriplegia Benefit

The most we will pay for all Losses to an Insured as the result of one Accident is the Principal shown on the Schedule. Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

Paralysis means the complete inability to move one or more limbs as a result of neurological damage. The paralysis must begin within ninety days of the date of accident and continue for a period of six months. If the Insured suffers a Loss of use due to paralysis, payment will be made after seven months of continuous disability. The paralysis must be diagnosed by the attending Physician, and be medically determined to be permanent and irrecoverable at the end of the waiting period.

Paralytic conditions not stated above will be paid in proportion to comparable severity to those stated under the schedule.

Accidental Death, and Dismemberment Benefits Limitations

We will not pay for a Loss caused in any way by:


1. Bodily or mental infirmity or illness;
2. Infection; except pyogenic or bacterial infection in a cut or wound caused by an accident;
3. Medical or surgical treatment; except for surgery which results from an accident;
4. Air travel, other than as a fare-paying passenger on scheduled commercial flight;
5. War or act of war;
6. Taking part in a riot or felony; this shall not include being a victim of a felony;
7. Suicide attempted suicide or intentional self-inflicted injury.

SECTION 7 EXCLUSIONS

This Policy does not cover Loss nor provide benefits for:

1. Expenses for treatment on the teeth, except for treatment resulting from injury to natural teeth or care for treatment necessary due to congenital disease or anomaly;
2. Services normally provided without charge by you or your employees;
3. Eyeglasses, hearing aids, and examinations for the prescription of fitting thereof;
4. Suicide, attempted suicide or intentionally self-inflicted Injury;
5. Injury due to participation in a riot;

6. Cosmetic surgery. Except that Cosmetic Surgery shall not include reconstructive surgery when such service is incidental to or following surgery resulting from trauma, infection, or other disease of the involved part and reconstructive surgery because of congenital disorder or anomaly of a covered dependent child which has resulted in a functional defect;
7. Loss resulting from air travel, except as a fare-paying passenger on a commercial airline;
8. Injury or Sickness resulting from any declared or undeclared war;
9. Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, we will refund the unearned pro rata premium to the Insured;
10. Injury or Sickness to the extent that such coverage is provided by any workers' compensation or occupational disease law;
11. Treatment provided in a government Hospital unless the Insured is legally obligated to pay such charges;
12. Infections except pyogenic or bacterial infections caused wholly by a covered Injury or Sickness;
13. The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
14. Claims occurring while parachuting or hang-gliding
15. Pre-existing Conditions as defined in Section 2 Definitions.


President


Secretary

Service Address:
Markel Insurance Company
P O. Box 3870
Glen Allen, VA 23058-3870
(800) 431-1270

(A Stock Insurance Company, Herein Called the Company)

AGREES with the Policyholder, named below in consideration of the payment of the premium and subject to the limits of liability, exclusions, conditions and other terms of the policy:
TO PAY the benefits described in Item 4, Coverage.

SECTION I SCHEDULE

1. Name of Policyholder: Zeta Psi Fraternity
Address: 15 South Henry Street
Pearl River, NY 10965

2. Policy Period: From 10-01-2006 to 10-01-2007 at 12:01 A.M. Standard Time at your mailing address shown above.

3. Class of Insured Persons:
All registered participants of the named insured group for whom premium has been paid.

Description of Hazards Covered:

Insured persons are covered for Injury resulting from an Accident which occurs directly from: 1) activities that are scheduled, sponsored or supervised by the policyholder; or 2) premises owned, leased or borrowed by the policyholder; or 3) travel scheduled, sponsored or supervised by the policyholder.

4. Coverage:

THE POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS AND RIDERS. THE BENEFIT AMOUNT SHOWN IS THE LIMIT SELECTED BY THE POLICYHOLDER. IF THE COVERAGE WAS NOT REQUESTED BY THE POLICYHOLDER, THAT IS INDICATED BY THE WORD NIL. THE PREMIUM FOR EACH COVERAGE IS ALSO SHOWN AS IS THE TOTAL PREMIUM AT THE BOTTOM OF THE SCHEDULE.

COVERAGE	BENEFIT AMOUNT	PREMIUM
AGGREGATE LIMIT OF INDEMNITY	\$1,000,000	INCL.
ACCIDENT MEDICAL EXPENSE BENEFIT		INCL.
DEDUCTIBLE AMOUNT	\$0	
COINSURANCE PERCENTAGE	100%	
BENEFIT PERIOD	52 Weeks	
AGGREGATE MAXIMUM	\$100,000	
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS		INCL.
PRINCIPAL SUM	\$5,000	
QUADRIPLEGIA	NIL	
PARAPLEGIA	NIL	
HEMIPARESIS	NIL	
PARALYSIS TO ONE LOWER LIMB OR ONE UPPER LIMB	NIL	
SICKNESS MEDICAL EXPENSE BENEFIT		N/A
DEDUCTIBLE AMOUNT	NIL	
COINSURANCE PERCENTAGE	NIL	
BENEFIT PERIOD	NIL	
AGGREGATE MAXIMUM	NIL	
TOTAL TEMPORARY DISABILITY BENEFIT		N/A
BENEFITS COMMENCE WITH THE RATE PER WEEK	NIL DAY	
PERCENT OF BASIC EARNINGS	NIL	
MAXIMUM PERIOD	NIL WEEKS	
TOTAL:		\$4,620.00

5. Form(s) and endorsement(s) made a part of the policy at the time of issue:

MSR100-NY(12/01), MSR101-NY(12/01), MSR123-NY(10/01), MSR128(01/95), MSR128(01/96), MSR200-NY(12/01)

HSR
Health Special Risk, Inc.

- PLEASE FULLY COMPLETE THIS FORM
- ATTACH ITEMIZED BILLS
- MAIL TO: Health Special Risk, Inc.
4001 N. Josey Lane
Carrollton, Texas 75007
Phone: (888) 765-7223
Fax: (972) 492-4946
E-mail: claims@hsri.com



Preferred Plan™
"The Network of Choice."



Call 800-557-6794
for Facilities Referral

Policy Number:

4102AH257598 - 3

School Name (if applicable):

Markel Insurance Company

PART I - POLICYHOLDER'S REPORT

1. NAME OF POLICY HOLDER Zeta Psi Fraternity		2. ADDRESS OF POLICY HOLDER Street City State Zip	
3. NAME OF INSURED PERSON		4. SOCIAL SECURITY NUMBER - -	5. SEX <input type="checkbox"/> F <input type="checkbox"/> M
6. BIRTHDAY - / - / -		7. ADDRESS OF INSURED PERSON Street City State Zip	
8. PARENTS' NAME, ADDRESS AND PHONE NUMBER (INCLUDE AREA CODE)			
9. DATE AND TIME OF ACCIDENT		10. PLACE WHERE ACCIDENT OCCURRED	
11. WAS INSURED A PARTICIPANT, STAFF MEMBER, GUEST OR VOLUNTEER?			
FOR DENTAL CLAIMS ONLY	12. INDICATE WHICH TEETH WERE INVOLVED IN THE ACCIDENT		
	13. DESCRIBE CONDITION OF INJURED TEETH PRIOR TO ACCIDENT: <input type="checkbox"/> WHOLE, SOUND AND NATURAL <input type="checkbox"/> FILLED <input type="checkbox"/> CAPPED <input type="checkbox"/> ARTIFICIAL		
14. NATURE OF INJURY (INDICATE PART OF BODY INJURED - SUCH AS BROKEN ARM, SPRAINED ANKLE, ETC.)			
15. DESCRIBE HOW ACCIDENT OCCURRED - GIVE ALL POSSIBLE DETAILS - MUST BE A BODILY INJURY DUE TO ACCIDENT			
16. DID ACCIDENT OCCUR (CIRCLE YES OR NO) FOR EACH OF THE FOLLOWING:			
A. During a policyholder sponsored & supervised activity?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. During programmed hours?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. On activity premises?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. While on the job (if applicable)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. While traveling directly and uninterruptedly to or from home and policyholder premises?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
F. During Intercollegiate/scholastic athletic practice? <input type="checkbox"/> YES <input type="checkbox"/> NO or competition?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
G. During a USGF sanctioned event? (Gymnastics schools only)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. NAME OF EVENT OR ACTIVITY:		18. NAME & TITLE OF SUPERVISOR	
19. SIGNATURE OF POLICYHOLDER REPRESENTATIVE		20. TITLE	21. DATE

PART II - OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health care coverage through your employer or other source on you? YES NO
If Yes, name of insurance company _____ Policy # _____

Is the Claimant enrolled as an individual, employee or dependent member of one of the following:
Preferred Provider Organization (PPO), Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan? YES NO
If Yes, name of insurance company _____ Policy # _____

If your son/daughter has health care coverage as a dependent from your previous marriage as mandated in a divorce decree, please provide the following:
Name of Insurance Company _____ Policy # _____

IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim. IF NO OTHER INSURANCE or HEALTH PLAN EXISTS, PLEASE READ & SIGN BELOW.
I agree that should it be determined at a later date there is insurance (or similar), to reimburse HEALTH SPECIAL RISK, INC., or the insurance company to the extent of any amount collectible.

SIGNATURE OF PARTICIPANT OR PARENT _____ WITNESS _____ DATE _____

AUTHORIZATION TO PAY BENEFITS TO PROVIDER

I authorize medical payments to physician or supplier for services described on any attached statements enclosed.
SIGNATURE _____ DATE _____

I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

SIGNATURE _____ DATE _____



MARKEL INSURANCE COMPANY

4600 Cox Road Glen Allen, Virginia 23060-9817 P.O. Box 3870, Glen Allen, Virginia 23058-3870

09-14-2006

NOTICE OF MARKEL INSURANCE COMPANY'S PRIVACY POLICY

While information is the cornerstone of our ability to provide superior service to you, our most important asset is our customer's trust. Keeping customer information secure is a top priority for all of us at Markel. We intend to use information collected only in the normal course of our business and as permitted by law. Following is our privacy policy to our individual customers.

We collect nonpublic personal information about you from the following sources:

- * Information we receive from you on applications or other forms
- * Information about your transactions with us, our affiliates or others, and
- * Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

We may disclose nonpublic personal information about you to third party financial service providers, such as your insurance agent and/or broker. We may also disclose nonpublic personal information about you to non-affiliated third parties as permitted by law.

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with applicable standards to guard your nonpublic personal information.

For further information, please contact us at 1-800-431-1270.



IMPORTANT PRIVACY NOTICE - PLEASE READ

Markel Insurance Company is committed to safeguarding your privacy. We understand your concerns regarding the privacy of your nonpublic personal financial information, and want to assure you that we do not sell this information to anyone for marketing or other purposes. We only use and share this type of information with non-affiliated third parties for purposes of underwriting insurance, administering your policy or claim and other purposes permitted by law, such as disclosures to insurance regulatory authorities or in response to legal process.

Federal law and the various state insurance departments regulate what types of disclosures are acceptable. For example, we are permitted to disclose nonpublic personal financial information as necessary to administer your policy or claim. Representative types of non-affiliated third parties that may be involved in your insurance transaction include the following individuals or organizations:

- * Your insurance agent, broker or agency.
- * A government agency or other organization pursuant to an examination of our records and/or practices.
- * Your attorney, trustee or anyone else who has a legal interest in your policy.
- * Persons to whom a court requires us, by order or subpoena, to provide information.
- * Claims adjusters or investigators.
- * An insurance support organization to prevent or prosecute fraud.
- * Insurance rate advising organizations.
- * Reinsurers.

We have and maintain strict policies and procedures to protect the confidentiality of your nonpublic personal financial information. We maintain physical, electronic and procedural safeguards to protect this information from unauthorized access. Access to your information is restricted to those individuals having a business need for such information.

At Markel Insurance Company, we take your privacy very seriously. Enclosed you will find our privacy notice with your policy.

Markel Insurance Company

BLANKET INSURANCE - APPLICATION

The undersigned hereby applies for a policy based on the statements set forth below.

Item 1. Name of Policyholder Zeta Psi Fraternity
Address 15 South Henry Street Pearl River, NY 10965

Business is set up as: individual corporation partnership organization joint venture

Item 2. Underwriting information

Estimated Enrollment _____

Describe specific activities to be covered: _____

Ages 13 & under _____ Ages 14 - 18 _____ Ages 19 & over _____

Is coverage desired for staff/supervisors? Yes No Total Number: _____

Item 3. Policy Term and Term of Coverage. If the application has been approved by the Company at its Accident and Health Division Office

(a) the policy shall become effective _____ and terminate _____
12:01 A.M. Standard Time at the address of the Policyholder.

(b) Coverage Type: Excess (Coordination of Benefits) Primary

Item 4. The Premium for the policy shall be calculated on the following basis as to eligible Insured Persons:

Per Participant \$ _____ Per _____

Dated at: _____ this _____ day of _____ 20 _____

Applied for by: _____

Applicant: _____

Agent's Signature: _____

Approved By: _____

Address: _____

On behalf of Markel Insurance Company

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



Markel Insurance Company

Evanston, Illinois 60201

Endorsement No. 1

In consideration of premium paid, it is hereby agreed that:

Form MSR100, Section 6, Coverage, Accidental Death and Dismemberment Benefits, additional coverage is added:

When as a result of Injury, the Insured Person is disabled by Paralysis, we will pay the Principal Sum as indicated on MSR101. The Paralysis must be diagnosed by the attending Physician as being permanent and irrecoverable. paralysis is defined as the complete inability to move one or more limbs as a result of neurological damage due to a covered Injury.

All other terms and conditions of the policy remain the same.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations or Terms of the undermentioned Policy other than as stated hereon.

Effective date 10-01-2006 Attached to and forming part of Policy No. 4102AH257598 - 3

of Markel Insurance Company

issued to Zeta Psi Fraternity

President

Secretary

Markel Insurance Company
Evanston, Illinois 60201

Endorsement No. 1

In consideration of premium paid, it is hereby understood and agreed that:

MSR 100, Section 5, Notice of Claim is amended to read:
180 days in lieu of 30 days.

MSR 100, Section 7, Exclusions, #14 is amended to remove the wording "intoxicated or". Amend #15 to read: Claims occurring while parachuting or hang-gliding. Add #17: Coverage is excluded during holiday or summer break unless the student was enrolled during the prior school term and continuing at an institution of higher learning following the term.

All Intercollegiate and Club sports are excluded. Intramural tackle football, rugby and hockey are also excluded.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Agreements, Conditions, Declarations, Exclusions, Limitations or Terms of the undermentioned Policy other than as stated hereon.

Effective date 10-01-2006 Attached to and forming part of Policy No. 4102AH257598 - 3

of Markel Insurance Company

issued to Zeta Psi Fraternity



President



Secretary



Markel Insurance Company

COORDINATION OF BENEFITS

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable expenses.

When a claim is made other valid and collectible group insurance or group plan pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable expenses. No plan pays more than it would without the coordination of benefits provision. In the absence of other valid and collectible group insurance or group plan, it is our intention that expenses incurred in connection with any covered injury or sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

"Other valid and collectible group insurance or group plan" shall mean any plan providing medical expense benefits for or by reason of dental, physician, nurse, hospital care, treatment or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by any of the following:

- 1) any type of service plan contract;
- 2) any group blanket insurance (except a blanket school accident plan);
- 3) any employee benefit plan;
- 4) any plan arranged through an employer, trustee, union or employee benefit association;
- 5) any plan or program created or administered by the national or state government or agencies thereof.

A plan without a coordinating provision is always the primary plan.

This rider is attached to and becomes a part of this Policy.



Markel Insurance Company

NOTICE TO POLICYHOLDERS

The policy to which this notice is attached is subject to a minimum, fully earned premium of \$350.

Should you have any questions regarding this, such questions should be directed to us (the Company) or to your agent.