

This endorsement, effective January 1, 2018, forms a part of **Policy** No. GTU 2855720, issued to The University of Iowa.

- I. It is hereby understood and agreed that effective January 1, 2018 the following benefit is added to and becomes part of **SECTION VI – ADDITIONAL BENEFITS** of the **Policy**:

FELONY VICTM BENEFIT

If an **Insured** suffers an **Injury** resulting in loss of life or **Covered Loss**, which is payable under the **Accidental Death Benefit** or the applicable **Accidental Dismemberment Benefit** as a result of a **Felony Crime** committed by someone other than the **Covered Person** a fellow employee or a member of the Insured's family or household., **We** will pay an additional benefit equal to 10% of the **Insured's Principal Sum** to a maximum of \$50,000.

For purposes of this rider only, the following additional definition applies:

Felony Crime(s) means the following actual or attempted felony crimes of murder, robbery, battery, theft, assault, sexual assault or kidnapping.

- II. It is also understood and agreed that effective January 1, 2018 the following benefit is added to and becomes part of **SECTION VI – ADDITIONAL BENEFITS** of the **Policy**:

TERRORISM BENEFIT

If an **Insured** suffers an **Injury** resulting in a loss of life or **Covered Loss**, which is payable under the **Accidental Death Benefit** or applicable **Accidental Dismemberment Benefit**, that was directly caused by an **Act of Terrorism**, **We** will pay an additional benefit equal to the lesser of 50% of the **Insured's Principal Sum** or \$100,000.

For purposes of this rider only, the following additional definition applies:

Act of Terrorism means any intentionally violent or forceful act anywhere in the world by any person(s), acting on behalf of an organization or group, with the purpose of creating political turmoil or overthrowing any government.

For purposes of this rider only, the following additional condition applies:

We may cancel this Terrorism Benefit by sending the **Policyholder**, at its most recent address in **Our** records, a ten (10) day notice of **Our** intent to cancel. Upon cancellation of this rider, **We** will return any unearned premium on a pro-rata basis that the **Policyholder** has paid, but this is not a condition of termination. A change or termination in this benefit will not affect a claim that begins while this benefit is in force. In the event of cancellation of this rider, the **Policyholder** is responsible for notifying all **Insureds**.

Except for the above, this Amendatory Endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Endorsement No. 5

Signed for by Zurich American Insurance Company _____



Date: July 19, 2017

(RK, 7/19/17)