

Continental Casualty Company

CNA Plaza Chicago, Illinois 60685



A Stock Company

has issued Group Policy No. 46-A-1718

to
Financial Services Association
(Herein called the Holder)

insuring eligible customers of
Chase Home Finance
(a participating group)

Continental Casualty Company hereby certifies that You, the insured, are covered under the Policy. If stated as being covered in the Schedule, Your Eligible Family Members are also covered. No coverage is effective, however, if the applicable first premium has not been paid on or before the date it is due.

This Certificate is not the contract of insurance. It is evidence of Your coverage under the Policy. It takes effect at 12:01 a.m. Standard Time on the Effective Date stated in the Schedule. Coverage is subject to all definitions, limitations and conditions of the Policy.

The Policy is in the Holder's possession and may be inspected by You at any time during normal business hours at the Holder's address. ADCS1AA

This Certificate is not valid unless the Schedule is attached. ADCS2AA

30-Day Right to Examine the Certificate: It is important that you understand the coverage described in this certificate and are satisfied with it. It should be read carefully. If there are any questions, you should contact us. If you are not satisfied with the coverage, this certificate should be returned to us within 30 days after receipt. We will refund the premium and the certificate will be considered to have never been issued. ADCS3AA

Signed for the Continental Casualty Company

Bernard L. Abgele

Chairman of the Board

Joshua Kantor

Secretary

SCHEDULE

Insured JOSEPH S BROWN
Customer: 924 MEE CT
LAKE WORTH FL 33461-0000

Certificate No.: 709790291

Effective Date: 03/01/05

Premium: \$8.25 MONTHLY

Principal Sum for Insured Customer:

Non-Contributory - \$1,000 INDIVIDUAL ONLY
Contributory - \$50,000 FAMILY

IMPORTANT: Premiums will be automatically added to your mortgage payment during the first week of each month.

THIS IS AN ACCIDENT ONLY CERTIFICATE. IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

TABLE OF CONTENTS

	Page
Definitions	3
Individual Terminations	3
Description of Coverage	3
24 Hour Comprehensive Coverage	3
Benefits	3
Accidental Death and Dismemberment Benefit	3
Exposure and Disappearance Benefit	3
Monthly In-Hospital Benefit	3
Education Benefit	3
Automatic Benefit Increase	4
Exclusions	4
Uniform Provisions	4
ADGS1AA	4

For customer assistance/information call 1-800-252-2148 8:00 A.M. to 8:00 P.M. Monday through Friday.

ADDITIONAL PROVISIONS

For Connecticut residents only, the certificate is amended as follows:

- A. Under the Extension of Coverage for Handicapped Children provision, the word "retardation" is deleted wherever appearing.
- B. The items under Exclusions pertaining to sickness, felony, and drug or controlled substance are amended to read as follows, respectively:
 - 3. Sickness or disease, except pyogenic infections like fistulas, abscesses or peritonitis that could occur, as the result of an accident, without a visible cut or wound; ADGE3AA-06
 - 6. Committing or attempting to commit a felony; ADGE8AA-06
 - 9. Bodily injury sustained while under the influence of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Physician. ADGE11AA-06

For Mississippi residents only, the certificate is amended as follows:

The "Time of Payment of Claim" provision under Uniform Provisions is changed to read:

TIME OF PAYMENT OF CLAIM: After We receive proper written proof of loss, We will pay all benefits that are due under the Policy within 45 days. Valid claims not paid in that period will be increased by interest at the rate of 1 1/2% per month until finally settled. If We do not pay when due, whoever is entitled to such benefits may bring action to recover such benefits and any other damages. ADCU1AA-23

For North Carolina residents only, the certificate is amended as follows:

- A. The Definition of "Child" is amended to include foster children from the date of placement, and adopted children, from the date of placement for the purposes of adoption or the date of birth if a written agreement to adopt such child was entered into prior to the date of birth.
- B. The item pertaining to felony under Exclusions is changed to read:
 - 6. Active participation in a riot or an illegal occupation; committing or attempting to commit a felony; ADGE8AA-32

For New Hampshire residents only, the certificate is amended as follows:

- A. The provision titled Extension of Coverage for Handicapped Child is amended to read as follows:

Extension of Coverage for Handicapped Child

We will continue coverage for a dependent child who is not physically or mentally capable of self-support beyond the termination age for Dependent children. Coverage for such dependent child will continue while he remains incapacitated and the Insured's coverage stays in force. We will require proof of the incapacity and dependency of the child within 31 days after the date coverage would have otherwise ended and afterwards, as often as We may reasonably require. After 2 years, We will not require such proof more often than once a year. ADCS13AA-28

- B. The provision titled Written Proof of Loss appearing under the Uniform Provisions is amended as follows:

Written Proof of Loss: Written proof of loss must be given to Us within 90 days after the date of such loss. If it is not reasonably possible to give the proof within 90 days, the claim is not affected if the proof is given as soon as possible. ADGU8AA-28

For Oklahoma residents only, the certificate is amended as follows:

The Definition of "Child" is amended to include adopted children, from the date of placement for the purposes of adoption or the date of birth if a written agreement to adopt such child was entered into prior to the date of birth.

For Pennsylvania residents only, the certificate is amended as follows:

- A. Under the Accidental Death and Dismemberment Benefit,
 - The wording that reads: "Loss occurs within 365 days of the accident" is deleted.
 - Loss as used with reference to hand or foot is changed to mean total and permanent loss of function-of the wrist or ankle joint.
 - Loss as used with reference to eye is changed to mean total and permanent loss of sight to the extent of legal blindness.
- B. Under Uniform Provisions:
 - The second sentence under Grace Period is changed to read: If not received, coverage will terminate at the end of the grace period.
 - Conformity with State Statutes is changed to read:
 - **Conformity with State Statutes:** If, on its effective date, any provision of the Policy is in conflict with the statutes of the state in which You reside, the provision is automatically amended to meet the minimum requirements of the statute.

For South Dakota residents only, the certificate is amended as follows:

The items pertaining to intoxication and drug or controlled substance appearing under Exclusions are amended to read as follows, respectively:

- 8. Bodily injury sustained while intoxicated and performing an illegal act, or driving while intoxicated, at the time of the accident. Alcohol intoxication is as defined by the jurisdiction in which the accident occurs; ADGE10AA-40
- 9. Bodily injury sustained while under the influence of any drug or controlled substance and performing an illegal act at the time of the accident, unless used as prescribed by a Physician. Under the influence is as defined by the jurisdiction in which the accident occurs. ADGE11AA-40

For Utah residents only, the certificate is amended as follows:

The Definition of "Child" is amended to include adopted children, from the date of placement for the purposes of adoption or the date of birth if a written agreement to adopt such child was entered into prior to the date of birth.

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GNA Plaza
Chicago, Illinois 60685

A Stock Company

SCHEDULE (continued)

"**Eligible Family Member**" means the Dependent as defined.
Insured Spouse: 60% of the Insured's Contributory Principal Sum.
Each Insured Dependent Child: (a) 20% of the Insured's Contributory Sum if there is an insured spouse at the time of the accident; or (b) 25% of the Insured's Contributory Principal Sum if there is no insured spouse at the time of the accident.
 If an Insured is covered by two or more Certificates issued under the provisions of the Policy, the Contributory Principal Sum applicable to the Insured shall be limited to \$250,000.
 The Principal Sum afforded under the Common Carrier Coverage for loss of life is equal to the Contributory Principal Sum otherwise payable.

When an Insured or spouse is age 70 or older, the Principal Sum applicable to such person is reduced to 50% of the benefits which would have otherwise been payable. ADCS5AA

DEFINITIONS — The following are key words and phrases used in the Certificate. When these words and phrases or forms of them are used, they are capitalized. ADGD1AA

Any word in the male gender equally applies to the female gender unless a distinction is made. ADGD1AA

"**Covered Person**" means You or any eligible Dependents for whom enrollment has been accepted and premium paid. ADGD2AA

"**Dependent**" means: (1.) Your spouse; (2.) Unmarried children under 19 years of age; (3.) Unmarried children from 19 through 22 years of age if the child is: (a.) Attending an accredited school, college, or university full-time; and (b.) Financially dependent on the Insured for support and maintenance. ADGD3AA

If a Dependent is eligible as an Insured, he is not eligible as a Dependent under this certificate. ADGD2AA

In the event both parents of an eligible dependent child are Insureds, such child is considered as a Dependent of either parent. The child may not be considered a Dependent of both parents. ADGD3AA

The term "child" includes Your natural children and those of Your spouse. It also includes adopted children, stepchildren and other children provided: (1.) They depend on You for support; and (2.) They have a parent-child relationship with You. ADGD3AA

"**Elimination Period**" means the required number of days at the beginning of a continuous period of Hospitalization before benefits are payable. ADGD4AA

"**Hospital**" means an establishment which: (1.) Holds a license as a Hospital (if required in the state); (2.) Operates primarily for the reception, care and treatment of sick or injured persons as in-patients; (3.) Provides around the clock nursing service; (4.) Has a staff of one or more Physicians available at all times; (5.) Provides organized facilities for diagnosis and surgery; (6.) Is not primarily a clinic, nursing, rest or convalescent home or a skilled nursing facility or similar establishment; and (7.) Is not, other than incidentally, a place for treatment of alcoholism, drug addiction or mental or nervous disorders.

The nursing service must be by registered or graduate nurses on duty or call. The surgical facilities may be either at the Hospital or at a facility with which it has a formal arrangement.

Confinement in a special unit of a Hospital used primarily as a nursing, rest or convalescent home or skilled nursing facility will not be deemed to be a confinement in a Hospital. ADGD5AA

"**Hospitalization**" means medically necessary and continuous confinement as an in-patient of a Hospital, for which room and board charges are made. Each Hospitalization must begin while coverage is in force on the Covered Person. ADGD7AA

"**Immediate Family**" means the spouse, children, brothers, sisters or parents of a Covered Person. ADGD8AA

"**Injury**" means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force. The Injury must result, directly and independently of all other causes, in loss covered by the Policy as described in the Description of Coverage. ADGD5AA

"**Insured or You**" means the accountholder who is named as the Insured on the Schedule and whose insurance is in force under the Policy. ADGD6AA

"**Maximum Period Payable**" means the maximum period for which benefits due to Hospitalization will be paid as shown in the Schedule. ADGD10AA

"**Physician**" means a licensed practitioner of the healing arts acting within the scope of his license. He may not be: (1.) A Covered Person; (2.) A member of the Covered Person's household; (3.) A member of a Covered Person's Immediate Family; or (4.) A Covered Person's employer. ADGD12AA

"**Schedule**" means the schedule(s), which is part of this certificate.

"**We**," "**Our**" or "**Us**" means Continental Casualty Company. ADGD14AA

Change In Amount Of Insurance A change in the amount of a Covered Person's insurance will be effective on the date shown on the certificate issued following our approval of the request.

Any change in the amount of insurance is subject to: (1.) The payment of any required premium; and (2.) The Elimination Period. Any changed amount of insurance will apply only to those losses resulting from any accident occurring after the effective date of the change. ADGS2AA

DESCRIPTION OF COVERAGE(S) ADGC1AA

24 HOUR COMPREHENSIVE COVERAGE — This coverage applies to loss resulting from Injury sustained by the Covered Person anywhere in the world.

In addition to the losses stated in the EXCLUSIONS, no coverage is provided for loss caused by or resulting from riding as a pilot or crew member in any vehicle or device for aerial navigation. ADCC1AA

COMMON CARRIER COVERAGE — This coverage applies only to loss of life resulting from Injury sustained by a Covered Person in an accident while riding (including boarding or alighting from) as a fare paying passenger and not as a pilot, operator or crew member in any Common Carrier.

"**Common Carrier**" means a concern organized and licensed to transport persons for a fee. It includes any: (1.) Air, land or water conveyance; or (2.) Transport-type aircraft operated by the Air Mobility Command (AMC) of the United States or by the similar service of any recognized country. ADCC2AA

BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT If a Covered Person suffers any of the following losses. We will pay in one sum the indicated percent of the Principal Sum provided: (1.) Coverage is in force; (2.) Loss occurs within 365 days of the accident.

Loss of life	100%
Loss of Both Hands or Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand or One Foot	50%
Loss of Entire Sight of One Eye	50%
ADCBAD1AA	
Loss of Speech and Hearing in Both Ears	100%
Loss of Hearing in Both Ears	50%
Loss of Thumb and Index Finger of Same Hand	25%
Loss of One Foot and the Entire Sight of One Eye	100%
Loss of One Hand and the Entire Sight of One Eye	100%
ADGBAD1AA	

The Principal Sum is shown in the Schedule.

"**Loss**," as used with reference to hand or foot, means complete severance through or above the wrist or ankle joint; as used with reference to eye, means irrecoverable loss of entire sight thereof; as used with reference to speech, means complete and irrecoverable loss of speech; as used with reference to hearing, means complete and irrecoverable loss of hearing in both ears; and as used with respect to thumb and index finger, means the actual and complete severance through or above the metacarpophalangeal joints. ADGBAD2AA

If more than one loss results from the same accident, no more than the largest percentage of the Covered Person's Principal Sum for any one loss will be paid. ADGBAD2AA

EXPOSURE AND DISAPPEARANCE BENEFIT — Loss from exposure to the elements as the result of an Injury will be covered under this provision if such loss is otherwise payable under the Policy.

If the Covered Person is not found within one year after the disappearance, sinking or wrecking of a conveyance in which he was riding at the time of a covered accident, the Covered Person will be presumed to have suffered loss of life resulting from Injury caused by the accident. ADGB7AA

MONTHLY IN-HOSPITAL BENEFIT — When an Injury results in the Hospitalization of a Covered Person, We will pay a Monthly Benefit of 1% of the Covered Person's Contributory Principal Sum up to a maximum of \$1,500 per month after satisfaction of the Elimination Period. Benefits are payable beginning with the 1st day of Hospitalization not to exceed a maximum benefit period of 12 months. Payment for a period of less than one month will be paid on the basis of 1/30th of the Monthly Benefit for each day of Hospitalization. The Maximum Period Payable for any one Injury is 12 months and the Elimination Period is 7 days. ADGB1AA

Recurrent Hospitalization — Successive periods of Hospitalization due to the same or related causes will be considered as one period of Hospitalization unless separated by 90 consecutive days. If confinement recurs after 90 days, it will be subject to: (1.) A new Elimination period; (2.) A new Maximum Period Payable; and (3.) The other provisions of the Policy that are in effect on the

date the confinement recurs.

Recurrence must occur while the Covered Person's coverage is in force. However, no benefits will be provided for any period of Hospitalization which begins after coverage under this policy has terminated, regardless of cause. ADGB6AA

EDUCATION BENEFIT — If: (1.) Benefits for Your loss of life are payable under the Policy; and (2.) Dependents are covered at the time of Your accident; the following additional benefits will be paid: (1.) An Education Benefit for each dependent child if at the time of the accident he is: (a.) Enrolled as a full-time student in a School for Higher Learning; or (b.) A 12th grade student who enrolls as a full-time student in a School for Higher Learning within one year following Your death. Such benefit will be payable for each year the dependent child continues to be enrolled as a full-time student, but not to exceed 4 successive years for any one dependent child. The yearly benefit will be an amount equal to 2% of the Insured's Contributory Principal Sum. It will be paid to or on behalf of the dependent child immediately upon our receipt of satisfactory proof that the above requirements have been met. (2.) A single sum of 2% of Your Contributory Principal Sum to the designated beneficiary if there are no covered dependent children who qualify under 1 above.

With respect to this benefit, "School for Higher Learning" means an educational institution above the 12th grade level. It includes, but is not limited to, any state university, private college or trade school. ADCB2AA

AUTOMATIC BENEFIT INCREASE — We will automatically increase the Insured's Contributory Principal Sum on each second Certificate anniversary date after coverage has been in effect for 24 successive continuous months. The increase will be an amount equal to 5% of the original Contributory Principal Sum. Such increases shall continue until increases which total 25% of the original Contributory Principal Sum have been made, provided such coverage remains in effect continuously. ADGB8AA

EXCLUSIONS — The Policy does not cover loss caused by, contributed to or resulting from: ADCH1AA

1. Suicide or any attempt at suicide or self-destruction while insane (in Missouri, while sane); ADGH1AA
 2. Declared or undeclared war or any act of war; ADGE2AA
 3. Sickness or disease, except infections which occur through an accidental cut or wound; ADGE3AA
 4. Service in the armed forces of any country. However, orders to active military service for two months or less shall not constitute service in the armed forces; ADGH6AA
 5. Participation in speed or endurance contests; ADGE7AA
 6. Participation in a riot or an illegal occupation; committing or attempting to commit a felony; ADGERAA
 7. Riding in any aircraft chartered or leased by or on behalf of the sponsoring organization; ADGE9AA
 8. Bodily injury sustained while driving intoxicated at the time of the accident. Alcohol intoxication is as defined by the jurisdiction in which the accident occurs; ADGE10AA
 9. Bodily injury sustained while under the influence of any drug or controlled substance at the time of the accident, unless used as prescribed by a Physician. Under the influence is as defined by the jurisdiction in which the accident occurs; ADGH1AA
- INDIVIDUAL TERMINATIONS** — Your insurance will terminate on the earliest of: (1.) The date the Policy terminates; (2.) On any premium due date, if that payment toward the cost of insurance had not been made within 31 days following such premium due date; (3.) The date You are no longer associated with the Holder in a capacity making You eligible for insurance. ADCS8AA

The insurance of a Dependent will terminate on the earliest of: (1.) The date the Policy terminates; (2.) The date Your coverage terminates; (3.) On any premium due date, if that payment toward the cost of insurance had not been made within 31 days following such premium due date; (4.) The premium due date that occurs on or next follows the date he ceases to be a Dependent as defined. ADCS10AA

Termination of the insurance will not prejudice any claim originating before the termination date. ADCS11AA

If You die while Your coverage is in force under the Policy, Your spouse may become the Insured if covered under the Policy.

All provisions in the Policy applicable to You (including continued payment premium) will then apply to Your spouse except those pertaining to their personal coverage.

If there is no spouse insured under the Policy, coverage for Dependent children will end. ADCS12AA

Handicapped Child — If an unmarried insured dependent child is: (1.) Incapable of self-support due to mental retardation or physical handicap; and (2.) Dependent on You for support and maintenance, his insurance will not be terminated because of age. We will require due proof of the child's incapacity within 31 days after he reaches the termination age for children. After 2 years, We will not require such proof more often than once a year. The insurance for the child may be continued for as long as: (1.) The incapacity and dependency continues; and (2.) Your insurance

remains in force. ADCS13AA

UNIFORM PROVISIONS ADGU1AA

Entire Contract; Changes: This policy, the Master Application, and any attached papers form the entire contract between the parties.

No one has the right to change any part of this policy or to waive any of its provisions unless the change is approved in writing on this policy by one of Our executive officers. ADGU2AA

Grace Period: A grace period of 31 days is allowed for the payment of each premium due after the first payment. If not received, coverage will terminate on the premium due date for which payment was not received.

The grace period will not apply if We have sent written notice to the Holder or received notice of the intent not to renew the policy. ADGU3AA

Clerical Error: Clerical error in keeping the records will not void insurance otherwise validly in force or continue insurance otherwise validly terminated. Upon discovery of clerical error, an equitable adjustment of premiums will be made. ADGU4AA

Written Notice of Claim: Written notice of claim must be given to Us within 30 days after the loss begins. If notice cannot be reasonably given within that time, it must be given as soon as possible.

The notice will be sufficient if it identifies the Insured and policy number and is sent to Us at Our Home Office, or is given to Our agent at P. O. Box 40586, Nashville, Tennessee 37204. ADGU6AA

Claim Forms: After the written notice of claim is received, claim forms will be furnished within 15 days if they are not, the Insured will be considered to have met the requirements for written proof of loss if We are sent written proof as described below. The proof must describe occurrence, extent and nature of the loss. ADGU7AA

Written Proof of Loss: Written proof of loss must be sent to Us within 90 days after the end of a period for which We are liable. If it is not reasonably possible to give the proof within 90 days, a claim is not affected if the proof is sent as soon as reasonably possible. But, unless the Insured is legally incapacitated, written proof must be given within 1 year of the time it is otherwise required. ADGU8AA

Time of Payment of Claims: We will pay the benefits due under the Policy after We receive due written proof of loss. ADCU1AA

Payment of Claims: Benefits for Your loss of life will be payable in accordance with the beneficiary designation. If no such designation is in effect on the date of Your death, the benefits will be payable to the surviving person or persons in the first of the following classes of successive preference beneficiaries: Your Spouse; Children, including legally adopted children; Parents; Brothers and sisters; or Estate.

Benefits for loss of life of a Dependent will be paid to You, if living, otherwise in the same manner as above.

Benefits provided by the Policy for other than loss of life shall be paid to the Insured unless We received the Insured's written direction to the contrary. Any accrued benefits unpaid at the Insured's death shall be paid in the same manner as above.

If any Benefit becomes payable to Your estate, or to someone who is a minor or otherwise not competent to give a valid release, We may pay such Benefit up to \$1,000.00 to any relative by blood, or connection by marriage of the Insured or beneficiary who is deemed by Us to be equitably entitled to it. ADCU2AA

Any payment made in good faith shall fully discharge Us to the extent of such payment. ADGU9AA

Physical Examination: We have the right to have a Physician examine a Covered Person at Our expense, as often as it is reasonably required while the claim is pending. ADCU5AA

Autopsy: We have the right to have an autopsy performed at Our expense where it is not forbidden by law. ADGU10AA

Legal Actions: No action at law or in equity can be brought until 60 days after the date written proof of loss has been given. No action can be brought after 3 years (Kansas 5 years, South Carolina 6 years) from the date written proof is required. ADGU11AA

Conformity with State Statutes: If on its effective date any provision of the Policy is in conflict with the statutes of the state in which the Policy was issued the provision is automatically amended to meet the minimum requirements of the statute. ADCU6AA

Workers' Compensation: This Policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance. ADPS14AA

Policy Inspection: This Policy shall be available for inspection at the Holder's office any time during the regular business hours of the Holder. ADGS4AA

Currency: All premiums will be paid in lawful currency of the United States of America. ADGS5AA