CHUBB

Federal Insurance Company

Business Travel Accident Insurance Application

Section I Policyholder Information

Name of Policyholder: LIGHT & WONDER

Address 360 N ORLEANS STREET

City CHICAGO **State** IL **Zip Code** 60085

Phone Number:

Contact Name:

Effective Date: 01/01/2025

Policy Number: 9906-01-19

INSURANCE REQUESTED

A) CLASS OF INSURED PERSONS

1	All Vice Presidents, Country General Managers and above in active service of the Policyholder.
2	All other active Employees of the Policyholder, not included in Class 1.
3	The Spouse or Domestic Partner of a Primary Insured Person.
4	The Dependent Children of a Primary Insured Person.
5	All other Active Employees of the Policyholder, not included in Class 1 or 2 on expatriate Assignments.

B) PRINCIPAL SUM

1	Ten (10) times Salary subject to a Maximum Principal Sum of $1,000,000
2	Ten (10) times Salary subject to a Maximum Principal Sum of $250,000
3	$100,000
4	$25,000
5	Ten (10) times Salary subject to a Maximum Principal Sum of $250,000

C) HAZARD

1	24 Hour Business Travel
1	Felonious Assault*
1	Bomb*
2	24 Hour Business Travel
2	Felonious Assault*
2	Bomb*
3	Business Travel Family
4	Business Travel Family
5	24 Hour Business and Pleasure

*The following hazards do not apply to Insured Persons traveling and working in Israel: Felonious Assault & Bomb

D) ACCIDENTAL DEATH AND DISMEMBERMENT

Class
All

Accidental:	**Benefit Amounts (Percentage of Principal Sum)**
Loss of Life	100%
Loss of Speech and **Loss of Hearing**	100%
Loss of Speech and one of **Loss of Hand, Loss of Foot or Loss of Sight of One Eye**	100%
Loss of Hearing and one of **Loss of Hand, Loss of Foot or Loss of Sight of One Eye**	100%
Loss of Hands(Both), **Loss of Feet**(Both), **Loss of Sight** or a combination of any two of **Loss of Hand, Loss of Foot or Loss of Sight of One Eye**	100%

Quadriplegia	100%
Paraplegia	100%
Hemiplegia	75%
Loss of Hand, **Loss of Foot** or **Loss of Sight of one Eye** (Any one of each)	50%
Loss of Speech or **Loss of Hearing**	50%
Uniplegia	25%
Loss of Thumb and Index Finger of the same Hand	25%

E) ADDITIONAL BENEFITS

CLASS	BENEFIT	BENEFIT AMOUNT
1	**Baggage Delay**	**Daily Benefit Amount $100** **Maximum Number of Days 5** **Maximum Benefit Amount $500**
1	**Carjacking**	**10% of Principal Sum** **Maximum Benefit Amount $50,000**
1	**Checked Baggage**	**Maximum Benefit Amount $500** **Jewelry and Watches $250** **Other Electronic Equipment $250**
1	**Child Care Expense**	**5% of the Principal Sum up to a maximum of $5,000 for each Dependent Child** **Maximum Benefit Amount $25,000**
1	**Coma**	**1% of Principal Sum** **Maximum Benefit Amount 100% of Principal Sum**
1	**Education Expense**	**$5,000 for each eligible Dependent Child** **Maximum Benefit Amount $25,000**
1	**Home Alteration or Vehicle Modification**	**Benefit Amount for Home Alteration 10% of Principal Sum** **Benefit Amount for Vehicle Modification 10% of Principal Sum** **Maximum Benefit Amount 20% of the Principal Sum to a maximum of $50,000**
1	**Medical Evacuation**	**Maximum Benefit Amount Unlimited** **Medical Expense Amount $250,000** **Benefit Amount for Hospital Admission Guaranty $5,000** **Family Travel Expense** **Maximum per Day $100** **Maximum Number of Days 5**
1	**Natural Disaster Evacuation Expense**	**Benefit Amount $100,000**
1	**Parent Care**	**$5,000** **Maximum Benefit Amount $40,000**
1	**Political Evacuation Expense**	**Benefit Amount (Evacuation Expenses) $100,000**
1	**Psychological Therapy**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
1	**Rehabilitation Expense**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
1	**Seatbelt Occupant Protection Device**	**10% of Principal Sum** **Alternate Benefit Amount $2,000** **Occupant Protection Device Benefit Amount 10% of Principal Sum** **Maximum Benefit Amount 20% of Principal Sum up to $50,000**

1	**Spouse or Domestic Partner Employment Training Expense**	**10% of Principal Sum Maximum Benefit Amount $50,000**
2	**Baggage Delay**	**Daily Benefit Amount $100 Maximum Number of Days 5 Maximum Benefit Amount $500**
2	**Carjacking**	**10% of Principal Sum Maximum Benefit Amount $50,000**
2	**Checked Baggage**	**Maximum Benefit Amount $500 Jewelry and Watches $250 Other Electronic Equipment $250**
2	**Child Care Expense**	**5% of the Principal Sum up to a maximum of $5,000 for each Dependent Child Maximum Benefit Amount $25,000**
2	**Coma**	**1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum**
2	**Education Expense**	**$5,000 for each eligible Dependent Child Maximum Benefit Amount $25,000**
2	**Home Alteration or Vehicle Modification**	**Benefit Amount for Home Alteration 10% of Principal Sum Benefit Amount for Vehicle Modification 10% of Principal Sum Maximum Benefit Amount 20% of the Principal Sum to a maximum of $50,000**
2	**Medical Evacuation**	**Maximum Benefit Amount Unlimited Medical Expense Amount $250,000 Benefit Amount for Hospital Admission Guaranty $5,000 Family Travel Expense Maximum per Day $100 Maximum Number of Days 5**
2	**Natural Disaster Evacuation Expense**	**Benefit Amount $100,000**
2	**Parent Care**	**$5,000 Maximum Benefit Amount $40,000**
2	**Political Evacuation Expense**	**Benefit Amount (Evacuation Expenses) $100,000**
2	**Psychological Therapy**	**5% of Principal Sum Maximum Benefit Amount $25,000**
2	**Rehabilitation Expense**	**5% of Principal Sum Maximum Benefit Amount $25,000**
2	**Seatbelt Occupant Protection Device**	**10% of Principal Sum Alternate Benefit Amount $2,000 Occupant Protection Device Benefit Amount 10% of Principal Sum Maximum Benefit Amount 20% of Principal Sum up to $30,000**
2	**Spouse or Domestic Partner Employment Training Expense**	**10% of Principal Sum Maximum Benefit Amount $50,000**
3	**Baggage Delay**	**Daily Benefit Amount $100 Maximum Number of Days 5 Maximum Benefit Amount $500**
3	**Carjacking**	**10% of Principal Sum Maximum Benefit Amount $50,000**

3	**Checked Baggage**	**Maximum Benefit Amount $500** **Jewelry and Watches $250** **Other Electronic Equipment $250**
3	**Child Care Expense**	**5% of the Principal Sum up to a maximum of $5,000 for each Dependent Child** **Maximum Benefit Amount $25,000**
3	**Coma**	**1% of Principal Sum** **Maximum Benefit Amount 100% of Principal Sum**
3	**Education Expense**	**$5,000 for each eligible Dependent Child** **Maximum Benefit Amount $25,000**
3	**Home Alteration or Vehicle Modification**	**Benefit Amount for Home Alteration 10% of Principal Sum** **Benefit Amount for Vehicle Modification 10% of Principal Sum** **Maximum Benefit Amount 20% of the Principal Sum to a maximum of $50,000**
3	**Medical Evacuation**	**Maximum Benefit Amount Unlimited** **Medical Expense Amount $250,000** **Benefit Amount for Hospital Admission Guaranty $5,000** **Family Travel Expense** **Maximum per Day $100** **Maximum Number of Days 5**
3	**Natural Disaster Evacuation Expense**	**Benefit Amount $100,000**
3	**Parent Care**	**$5,000** **Maximum Benefit Amount $40,000**
3	**Political Evacuation Expense**	**Benefit Amount (Evacuation Expenses) $100,000**
3	**Psychological Therapy**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
3	**Rehabilitation Expense**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
3	**Seatbelt Occupant Protection Device**	**10% of Principal Sum** **Alternate Benefit Amount $2,000** **Occupant Protection Device Benefit Amount 10% of Principal Sum** **Maximum Benefit Amount 20% of Principal Sum up to $20,000**
3	**Spouse or Domestic Partner Employment Training Expense**	**10% of Principal Sum** **Maximum Benefit Amount $50,000**
4	**Baggage Delay**	**Daily Benefit Amount $100** **Maximum Number of Days 5** **Maximum Benefit Amount $500**
4	**Carjacking**	**10% of Principal Sum** **Maximum Benefit Amount $50,000**
4	**Checked Baggage**	**Maximum Benefit Amount $500** **Jewelry and Watches $250** **Other Electronic Equipment $250**
4	**Coma**	**1% of Principal Sum** **Maximum Benefit Amount 100% of Principal Sum**

4	**Home Alteration or Vehicle Modification**	**Benefit Amount for Home Alteration 10% of Principal Sum** **Benefit Amount for Vehicle Modification 10% of Principal Sum** **Maximum Benefit Amount 20% of the Principal Sum to a maximum of $50,000**
4	**Medical Evacuation**	**Maximum Benefit Amount Unlimited** **Medical Expense Amount $250,000** **Benefit Amount for Hospital Admission Guaranty $5,000** **Family Travel Expense** **Maximum per Day $100** **Maximum Number of Days 5**
4	**Natural Disaster Evacuation Expense**	**Benefit Amount $100,000**
4	**Political Evacuation Expense**	**Benefit Amount (Evacuation Expenses) $100,000**
4	**Psychological Therapy**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
4	**Rehabilitation Expense**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
4	**Seatbelt Occupant Protection Device**	**10% of Principal Sum** **Alternate Benefit Amount $2,000** **Occupant Protection Device Benefit Amount 10% of Principal Sum** **Maximum Benefit Amount 20% of Principal Sum up to $5,000**
5	**Baggage Delay**	**Daily Benefit Amount $100** **Maximum Number of Days 5** **Maximum Benefit Amount $500**
5	**Carjacking**	**10% of Principal Sum** **Maximum Benefit Amount $50,000**
5	**Checked Baggage**	**Maximum Benefit Amount $500** **Jewelry and Watches $250** **Other Electronic Equipment $250**
5	**Child Care Expense**	**5% of the Principal Sum up to a maximum of $5,000 for each Dependent Child** **Maximum Benefit Amount $25,000**
5	**Coma**	**1% of Principal Sum** **Maximum Benefit Amount 100% of Principal Sum**
5	**Education Expense**	**$5,000 for each eligible Dependent Child** **Maximum Benefit Amount $25,000**
5	**Home Alteration or Vehicle Modification**	**Benefit Amount for Home Alteration 10% of Principal Sum** **Benefit Amount for Vehicle Modification 10% of Principal Sum** **Maximum Benefit Amount 20% of the Principal Sum to a maximum of $50,000**
5	**Medical Evacuation**	**Maximum Benefit Amount Unlimited** **Benefit Amount for Hospital Admission Guaranty $5,000** **Family Travel Expense** **Maximum per Day $100** **Maximum Number of Days 5**
5	**Natural Disaster Evacuation Expense**	**Benefit Amount $100,000**

5	**Parent Care**	**$5,000** **Maximum Benefit Amount $40,000**
5	**Political Evacuation Expense**	**Benefit Amount (Evacuation Expenses) $100,000**
5	**Psychological Therapy**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
5	**Rehabilitation Expense**	**5% of Principal Sum** **Maximum Benefit Amount $25,000**
5	**Seatbelt Occupant Protection Device**	**10% of Principal Sum** **Alternate Benefit Amount $2,000** **Occupant Protection Device Benefit Amount 10% of Principal Sum** **Maximum Benefit Amount 20% of Principal Sum up to $50,000**
5	**Spouse or Domestic Partner Employment Training Expense**	**10% of Principal Sum** **Maximum Benefit Amount $50,000**

Aggregate Limit of Insurance

The Aggregate Limit of Insurance applies:

$10,000,000 per **Accident**
$10,000,000 per Aircraft **Accident**

Premium

Amount Due	$53,586, payable in three annual installments of $17,862
Due Date	02/01/2025