FILING CLAIMS FOR BENEFITS

To file a claim under this program, write to the Plan Administrator:
Robinson International Incorporated
208 South LaSalle Street
Chicago, Illinois 60604

The Plan Administrator will provide you with instructions and forms for filing proof of loss. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. Written proof of loss must be given to the Company within 90 days after the occurrence of any covered loss, or as soon thereafter as is reasonably possible.

TIME OF PAYMENT OF CLAIMS

Benefits payable under the Policy will be paid immediately upon the Company’s receipt of due written proof of the loss.

PHYSICAL EXAMINATION AND AUTOPSY

The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

LEGAL ACTIONS

No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

INSURANCE PROVIDER

Please read this Description of Coverage and keep it in a safe place with your other insurance documents. This Description of Coverage is not a contract of insurance but is simply an informative statement to each eligible Cardholder or Authorized Traveler of the principal provisions of the insurance. Complete provisions pertaining to this program of insurance, including limitations and exclusions, are contained in Policy Number SRG 9102411 issued and underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. (the “Company”), with offices in New York, NY. If a conflict exists between a statement in this Description of Coverage and any provisions in the Policy, the Policy will govern.

QUESTIONS

If you have any questions regarding this Common Carrier Travel Accident Insurance program, write the Program Administrator:
Robinson International Incorporated
208 South LaSalle Street
Chicago, Illinois 60604

REPLACEMENT OF PRIOR COVERAGE

This Description of Coverage replaces any and all Descriptions of Coverage previously issued with respect to the insurance described herein.

1 For Illinois & Vermont residents, the definition of Injury will read: “Injury” means bodily injury resulting directly from an accident which occurs while the Insured Person is covered under the Policy.

2 For Pennsylvania residents, the one year time frame does not apply to Accidental Death.

3 Missouri residents: suicide or attempted suicide, while sane.

4 For Illinois residents: infections, except infections which occur as a result of accidental injury independent and in the absence of any underlying sickness, disease or condition.

5 For Missouri residents: infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, staphylococci poisoning, accidental ingestion of contaminated substances or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition.

6 For Florida residents: the felony exclusion does not apply.

Notice For Florida Residents only: The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.

$250,000 Worldwide Automatic Common Carrier Travel Accident Insurance

At no extra cost for cardholders of
This is your Description of Coverage – keep it in a safe place with your other insurance documents.

DESCRIPTION OF COVERAGE

THE PROGRAM

As a U.S. Bank Travel Cardholder*, you, your spouse, your dependent children and any Authorized Users of the account; or as an Authorized Traveler® on a U.S. Bank Central Travel System (CTS) account, you (“Insured Person/s”), will be automatically insured traveling worldwide while on the business of the Designated Organization, against an accidental Injury that is the sole cause of loss of life, limb, sight, speech or hearing while riding as a passenger in, entering or exiting any Common Carrier, if you charge the entire cost of the Common Carrier passenger fare(s), less redeemable certificates, vouchers or coupons, to your U.S. Bank Travel account or a U.S. Bank CTS account (“Account”). Frequent flyer and non-revenue Common carrier passenger fares must be redeemed by 1) the Travel Cardholder; or 2) an authorized agent of the Designated Organization for use by a Travel Cardholder or Authorized Traveler of the Designated Organization.

“Common Carrier” means any land, water, or air conveyance operated under a license for the transportation of Passengers for hire. Common Carrier does not include any conveyance that is hired or used for a sport, gamesmanship, contest, sightseeing, observatory and/or recreational activity, regardless of whether such conveyance is licensed.

“Designated Organization” means the legal entity that has a travel card account issued by U.S. Bank for the expenses of its employees and other persons.

While on the business of the Designated Organization” means while on assignment by or at the direction of the Designated Organization for the purpose of furthering the business of the Designated Organization, but does not include any period of time: 1) while you are working at your regular place of employment; 2) during the course of everyday travel to and from work; 3) during an authorized leave of absence or vacation.

Coverage begins on the following: 1) if the entire cost of the Common Carrier passenger fare is charged to your Account at the airport, terminal or station immediately before departure on the Common Carrier, coverage begins at the time such charge is made; or 2) if the entire cost of the Common Carrier passenger fare is charged to your Account prior to departure for the airport, terminal or station and irrecoverable loss of the entire sight in the eye; with respect to hearing in an ear, total and irreversible loss of the entire ability to hear in that ear; with respect to speech, total and irreversible loss of the entire ability to speak. The Company will consider it a loss of hand or foot or thumb and index finger of the same hand even if they are later reattached. “Benefit Amount” means the maximum amount applicable at the time the entire cost of the passenger fare is charged to your Account. The loss must occur within one year of the accident that caused the Injury. If the Insured Person has multiple losses as the result of one accident, the Company will pay the single largest Benefit applicable to the losses incurred. In no event will duplicate request forms or multiple charge cards oblige the Company in excess of the stated Benefit Amounts for any one loss sustained by any one individual Insured Person as the result of any one accident.

Note: Maximum benefits for any one single accident are limited to a $50,000,000 aggregate for all Insured Persons of U.S. Bank combined under the Policy. Benefits will be paid to each Insured Person on a proportionate basis up to this aggregate limit of liability.

EXCLUSIONS

This insurance does not cover any loss caused by or resulting from intentionally self-inflicted Injury; suicide or attempted suicide, whether sane or insane1; war or act of war, declared or not; Injury sustained on any aircraft except a Civil or Public Aircraft or Military Transport Aircraft; Injury sustained while riding on any aircraft a) as a pilot, crewmember or student pilot or b) as a flight instructor or examiner; sickness or disease; infections of any kind regardless of how contracted, except bacterial infections that are directly caused by an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition2; or the Insured Person’s commission of or attempt to commit a felony3.

EFFECTIVE AND TERMINATION DATE

Your insurance under this program is effective on the later of: 1) May 1, 2003; or 2) the date you become an eligible person. Your