EXCLUSIONS
This insurance does not cover any loss caused by or resulting from intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane; war or act of war, declared or not, injury sustained while riding 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, disease, or 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 condition; or the Insured Person's commission of or attempt to commit a felony.

EFFECTIVE AND TERMINATION DATE
Your insurance under this program is effective on the earlier of: 1) May 1, 2003, or 2) the date you become an eligible person. Your insurance under this program will cease on the earliest of: 1) the date the insurance policy is terminated; 2) the date your Account ceases to be in good standing; or 3) the date you cease to be an eligible person.

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. Written notice of claim must be given to the Company within 90 days after the occurrence of any covered loss, or as soon thereafter as is reasonably possible.

INSURANCE PROVIDER
The insurance provided as described in this Description of Coverage brochure is issued and underwritten by National Union Fire Insurance Company of Pittsburgh, PA (the “Company”), with offices in New York, NY. The insurance policy issued and underwritten by Company described in this Description of Coverage, including limitations and exclusions, are contained in Policy Number SNC 9102411 (the “Policy”).

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. 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.

“Cardholder” means an individual who has been issued a commercial credit card account by U.S. Bank. Commercial credit card accounts may include Corporate Card, Executive Card, Relocation Card, One Card or Purchasing Card. “Authorized Traveler” means an individual traveling at the request of a designated organization, whose ticket is charged to a U.S. Bank Commercial Credit Card account established by U.S. Bank. Other eligible persons include a Cardholder’s/Authorized Traveler’s respective legal spouse, unmarried children who are primarily dependent on the Cardholder/Authorized Traveler for maintenance and support, and who are under the age of 19, or up to age 23 if classified as a full-time student at an accredited institution of higher learning and Authorized Users (as defined in the “Policy”).

At no extra cost for cardholders of U.S. Bank Corporate Payment Systems

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.
DESCRIPTION OF COVERAGE

THE PROGRAM

As a U.S. Bank Travel Cardholder or Authorized Traveler on a U.S. Bank Credit Travel System (CTS) account, you, your accompanying spouse, and your accompanying dependent children and any Authorized Users of the account ("Insured Persons"), will be automatically insured worldwide while on the business of your employer (designated organization), against an accident or injury that is the sole cause of loss of life, limb, sight, speech, or hearing, while traveling as a passenger in, entering or exiting any Common Carrier, if you are either the entire cost of the Common Carrier passenger fare is charged to your Account prior to departure from the airport, terminal or station, and transportation to the airport, terminal or station is provided by a Public Conveyance; coverage begins while riding as a passenger in, entering, or exiting any such Public Conveyance, or only while traveling directly to the airport, terminal or station, immediately preceding departure of the Common Carrier. "Public Conveyance" means any land or water, rail or air conveyance, including taxi, bus, train, or airport/Airport. This benefit is not excluded by the following:

- Coverage ends when arriving at the airport, terminal or station immediately after arrival on the Common Carrier, or
- If arriving from the airport, terminal or station using other than a Public Conveyance, coverage ends when departing from the airport, terminal or station immediately after arrival on the Common Carrier.

ELIGIBILITY

This Common Carrier travel accident insurance coverage is provided only by a U.S. Bank Credit Cardholder or Authorized Traveler on a U.S. Bank Credit Card Travel System (CTS) account when the entire cost of the Common Carrier passenger fare is charged to your Account while the insurance is effective. It is not necessary for you to notify U.S. Bank, the Program Administrator, or the Company when Common Carrier tickets are purchased.

THE COST

This Common Carrier Travel Accident Insurance Program ("Program") is provided at no additional cost to U.S. Bank Credit Cardholders or Authorized Travelers on a U.S. Bank Credit Travel System (CTS) account.

BENEFICIARY

The loss of life benefit is paid to the beneficiary designated by the Insured Person. If no such designation has been made, or if no beneficiary is living on the date of the Insured Person's death, that benefit will be paid to the surviving beneficiary in the following order: (a) the Insured Person's spouse; (b) the Insured Person's children; (c) the Insured Person's parents; (d) the Insured Person's brothers and sisters; or (e) the Insured Person's estate. All other indemnities will be paid to the Insured Person.