

**Federal Insurance Company**

**Business Travel Accident Insurance Application**

**Section I Policyholder Information**

**Name of Policyholder:** SALESFORCE.COM INC.  
**Address** THE LANDMARK @ ONE MARKET  
**City** SAN FRANCISCO **State** CA **Zip Code** 94105  
**Phone Number:**  
**Contact Name:**  
**Effective Date:** 06/01/2018  
**Policy Number:** 9907-18-39

**INSURANCE REQUESTED**

**A) CLASS OF INSURED PERSONS**

- 1 All active US based employees working 20 or more hours per week, including expatriates and Foundation employees.
- 2 All active non US based employees working 20 or more hours per week.
- 3 All non employee directors.

**B) PRINCIPAL SUM**

- 1 Two (2) times Salary subject to a Maximum of \$1,000,000
- 2 Two (2) times Salary subject to a Maximum of \$1,000,000
- 3 \$200,000

**C) HAZARD**

- 1 24 Hour Business Travel
- 2 24 Hour Business Travel
- 3 Non-Employee Directors Business Travel

**D) ACCIDENTAL DEATH AND DISMEMBERMENT**

**Class**  
All

<b>Accidental:</b>	<b>Benefit Amounts (Percentage of Principal Sum)</b>
<b>Loss of Life</b>	100%
<b>Loss of Speech and Loss of Hearing</b>	100%
<b>Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye</b>	100%
<b>Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye</b>	100%
<b>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</b>	100%
<b>Quadriplegia</b>	100%
<b>Paraplegia</b>	75%
<b>Hemiplegia</b>	50%
<b>Loss of Hand, Loss of Foot or Loss of Sight of one Eye (Any one of each)</b>	50%
<b>Loss of Speech or Loss of Hearing</b>	50%
<b>Uniplegia</b>	25%
<b>Loss of Thumb and Index Finger of the same Hand</b>	25%

**E) ADDITIONAL BENEFITS**

CLASS	BENEFIT	BENEFIT AMOUNT
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1	<b>Carjacking</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>
1	<b>Child Care Expense</b>	<b>10% of the Principal Sum up to a maximum of \$10,000 for each Dependent Child Maximum Benefit Amount \$25,000</b>
1	<b>Cobra Premium Expense</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>
1	<b>Coma</b>	<b>1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum</b>
1	<b>Home Alteration or Vehicle Modification</b>	<b>Benefit Amount for Home Alteration \$10,000 Benefit Amount for Vehicle Modification \$10,000 Maximum Benefit Amount \$20,000</b>
1	<b>Medical Evacuation And Repatriation</b>	<b>Maximum Benefit Amount Unlimited Benefit Amount for Hospital Admission Guaranty \$5,000 Family Travel Expense Maximum per Day \$100 Maximum Number of Days 5 Evacuation Expense Amount \$100,000</b>
1	<b>Psychological Therapy</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>
1	<b>Rehabilitation Expense</b>	<b>\$10,000</b>
1	<b>Seatbelt Occupant Protection Device</b>	<b>10% of Principal Sum Occupant Protection Device Benefit Amount 10% of Principal Sum Maximum Benefit Amount 20% of Principal Sum up to \$50,000</b>
1	<b>Spouse or Domestic Partner Employment Training Expense</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>
2	<b>Carjacking</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>
2	<b>Child Care Expense</b>	<b>10% of the Principal Sum up to a maximum of \$10,000 for each Dependent Child Maximum Benefit Amount \$25,000</b>
2	<b>Cobra Premium Expense</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>
2	<b>Coma</b>	<b>1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum</b>
2	<b>Home Alteration or Vehicle Modification</b>	<b>Benefit Amount for Home Alteration \$10,000 Benefit Amount for Vehicle Modification \$10,000 Maximum Benefit Amount \$20,000</b>
2	<b>Medical Evacuation And Repatriation</b>	<b>Maximum Benefit Amount Unlimited Benefit Amount for Hospital Admission Guaranty \$5,000 Family Travel Expense Maximum per Day \$100 Maximum Number of Days 5</b>

		<b>Evacuation Expense Amount \$100,000</b>
2	<b>Permanent Total Disability Lump Sum</b>	<b>Maximum Benefit Amount 100% of Principal Sum up to \$160,000 Elimination Period 365 day(s)</b>
2	<b>Psychological Therapy</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>
2	<b>Rehabilitation Expense</b>	<b>\$10,000</b>
2	<b>Seatbelt Occupant Protection Device</b>	<b>10% of Principal Sum Occupant Protection Device Benefit Amount 10% of Principal Sum Maximum Benefit Amount 20% of Principal Sum up to \$50,000</b>
2	<b>Spouse or Domestic Partner Employment Training Expense</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>
2	<b>Temporary Total Disability</b>	<b>Weekly Amount \$815 Maximum Benefit Period 104 week(s) Elimination Period 14 day(s)</b>
3	<b>Carjacking</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>
3	<b>Child Care Expense</b>	<b>10% of the Principal Sum up to a maximum of \$10,000 for each Dependent Child Maximum Benefit Amount \$25,000</b>
3	<b>Cobra Premium Expense</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>
3	<b>Coma</b>	<b>1% of Principal Sum Maximum Benefit Amount 100% of Principal Sum</b>
3	<b>Home Alteration or Vehicle Modification</b>	<b>Benefit Amount for Home Alteration \$10,000 Benefit Amount for Vehicle Modification \$10,000 Maximum Benefit Amount \$20,000</b>
3	<b>Medical Evacuation And Repatriation</b>	<b>Maximum Benefit Amount Unlimited Benefit Amount for Hospital Admission Guaranty \$5,000 Family Travel Expense Maximum per Day \$100 Maximum Number of Days 5 Evacuation Expense Amount \$100,000</b>
3	<b>Psychological Therapy</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>
3	<b>Rehabilitation Expense</b>	<b>\$10,000</b>
3	<b>Seatbelt Occupant Protection Device</b>	<b>10% of Principal Sum Occupant Protection Device Benefit Amount 10% of Principal Sum Maximum Benefit Amount 20% of Principal Sum up to \$50,000</b>
3	<b>Spouse or Domestic Partner Employment Training Expense</b>	<b>10% of Principal Sum Maximum Benefit Amount \$10,000</b>

**Aggregate Limit of Insurance**

The Aggregate Limit of Insurance applies:

\$20,000,000 per Accident