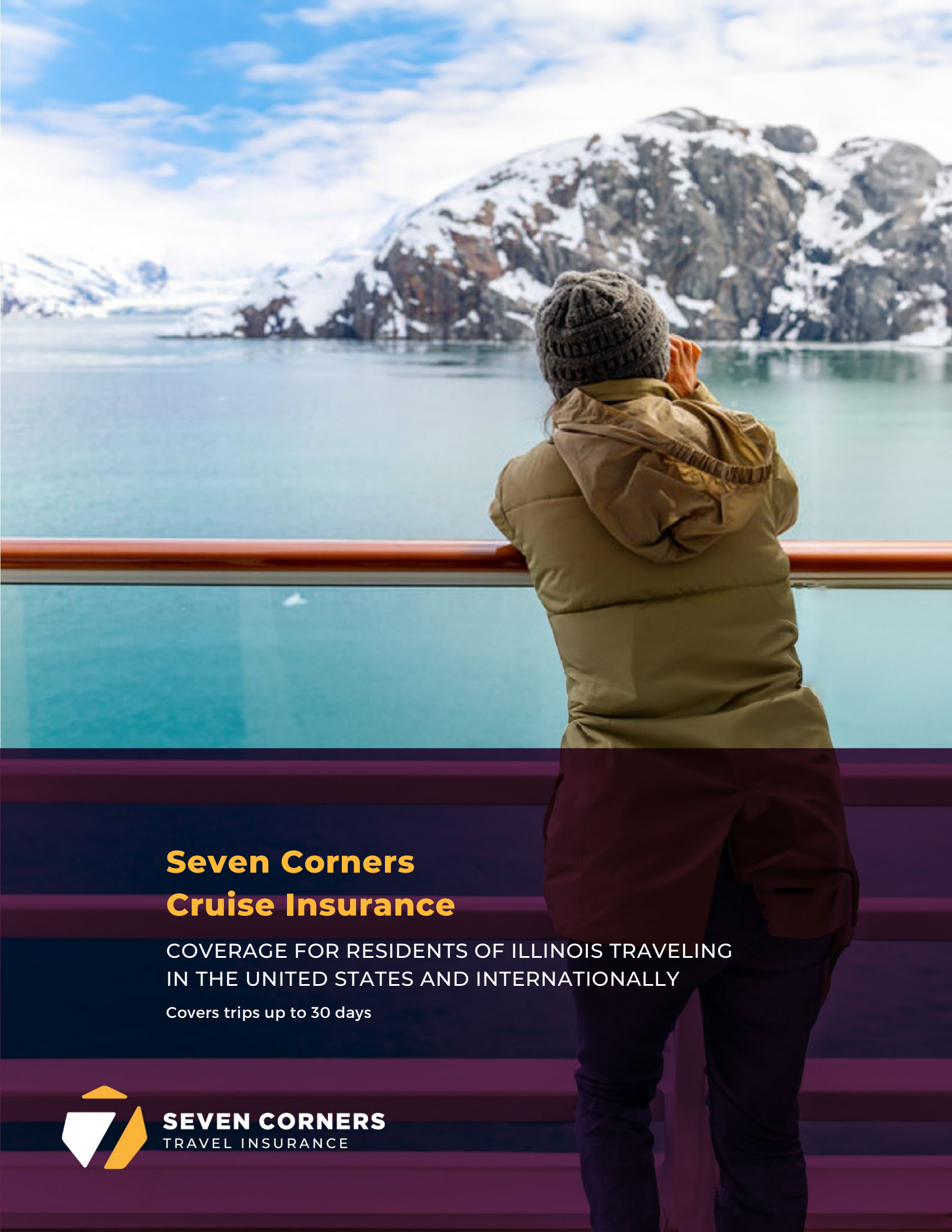


# Seven Corners Cruise Insurance

COVERAGE FOR RESIDENTS OF ILLINOIS TRAVELING IN THE UNITED STATES AND INTERNATIONALLY

Covers trips up to 30 days

SEVEN CORNERS
TRAVEL INSURANCE

**United States Fire Insurance Company**
Administrative Office: 5 Christopher Way, Eatontown, NJ 07724

# INDIVIDUAL TRAVEL PROTECTION INSURANCE POLICY

## Seven Corners Cruise Insurance

United States Fire Insurance Company, herein referred to as the "Company" or as "We", "Us" and "Our", agrees to pay the benefits provided by this policy per its provisions. This policy provides travel protection insurance benefits. Defined terms are capitalized, and their meanings are listed in the General Definitions section.

**PLEASE READ THIS DOCUMENT CAREFULLY FOR FULL DETAILS**

This document is a legal contract issued in consideration of Your enrollment and payment of the premium due collected by Us or Our authorized representative.

**14 Day Free Look Period**

If You are not satisfied for any reason, You may cancel this policy within 14 days from the date of purchase by providing Us or Our authorized representative the cancellation notice. We will refund Your premium provided there has been no incurred loss; You have not departed on Your Trip or filed a claim under this policy. When so returned, all coverages under this policy are invalid from the beginning.

INCORPORATION PROVISION: The provisions of this policy and all amendments to this policy, after its effective date, are made part of this policy.

**Signed for United States Fire Insurance Company By:**



Marc J. Adee
Chairman and CEO



Michael P. McTigue
Secretary

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# Schedule of Benefits

If You incur one or more losses from the same covered Unforeseen reason for which amounts are payable under more than one of the following benefits, the maximum amount payable under all benefits combined will not collectively exceed the largest Maximum Benefit Amount shown in the Schedule of Benefits for any one of the following applicable benefits. We indemnify all covered losses arising from the same covered Unforeseen reason at the amount of the largest applicable Maximum Benefit Amount.

| SECTION IV<br>Travel Arrangement Protection | Maximum Benefit Amount |
|---|---|
| Trip Cancellation | up to 100% of non-refundable insured Trip Cost,<br>to a maximum of $30,000 per person |
| Optional Cancel for Any Reason | 75% of non-refundable insured Trip Cost |
| Trip Interruption | up to 150% of non-refundable insured Trip Cost |
| Optional Interruption for Any Reason | 75% of non-refundable insured Trip Cost |
| Trip Delay (6 hours) | up to $250 per day per person, to a maximum of $1,000 |
| Missed Tour or Cruise Connection (3 hours) | up to $250 per day, to a maximum of $1,500 |
| Itinerary Change | up to $500 |
| Single Supplement | up to 100% of Trip Cost, to a maximum of $500 |
| Travel Inconvenience | |
| Cruise Diversion<br>Cruise Disablement | $250 per each inconvenience,<br>to a maximum of $500 |
| Medical Evacuation and Repatriation of Remains | up to $500,000 |
| Emergency Medical Evacuation | included |
| Medical Repatriation | included |
| Repatriation of Remains | included |
| Transportation of Children / Child | included up to $1,000 |
| Transportation to Join You | included up to $1,000 |

| SECTION V<br>Protection For Your Belongings | Maximum Benefit Amount |
|---|---|
| Baggage and Personal Effects | up to $250 per item, to a maximum of $2,000 |
| Passport, Visa or Other Travel Documents Replacement | up to $50 maximum |
| Items Subject to Special Limitations | $1,000 maximum combined |
| Baggage Delay (6 hours) | up to $100 per day, to a maximum of $500 |

**Optional Benefit(s)**
We only cover You for the Optional Benefit(s) Cancel for Any Reason and/or Interruption for Any Reason that You elect during the enrollment process, provided You paid the required additional premium and We or Our authorized representative received Your premium within the Time Sensitive Period.

The Optional Benefit(s) are applicable only when specifically requested on the enrollment document(s) and You have paid the additional premium, and the purchase is confirmed on Your confirmation of benefits.

**Maximum Group Exposure** is a limit of 10 persons per one family or Traveling Companions booked to travel together on the same Trip.

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# Section I. Coverage Provisions

## WHO IS ELIGIBLE FOR COVERAGE

A person who is booked to travel on a Trip and pays the required premium is covered under this policy. Eligibility for purchase of this policy will be determined at the time of claim. If it is determined that a person or Trip is not eligible for coverage, any claim for benefits will be denied and Your premium for this policy will be refunded. Coverage is only available for persons under the age of 100. Coverage is only available for persons who are residents of the United States of America.

**Individual Coverage:** If You selected individual coverage on Your enrollment document(s), You are the only person covered under this policy. This is shown in the Schedule of Benefits as individual coverage.

**Family Coverage:** If You selected family coverage on Your enrollment document(s), You and those eligible individuals You identified as additional insureds on Your enrollment document(s) are covered under this policy.

## NON-REFUNDABLE PROVISION

After the 14-day review period, the premium for this policy is non-refundable.

## MAXIMUM NUMBER OF INSUREDS

The maximum number of insureds allowed under this policy is 10.

# Section II. When Coverage Begins and Ends

## WHEN COVERAGE BEGINS

**This is Your Effective Date and time for Trip Cancellation and Optional Cancel For Any Reason:** Coverage begins at 12:01 a.m. at Your location on the day after the date We or Our authorized representative receive the required premium to cover Your Trip.

**This is Your Effective Date and time for Trip Interruption and Optional Interruption For Any Reason:** Coverage begins when You depart on Your first scheduled Travel Arrangement (or if You must use an alternate Travel Arrangement after Your Scheduled Departure Date to reach Your Scheduled Destination, on the Scheduled Departure Date) for Your Trip.

**This is Your Effective Date and time for Trip Delay:** Coverage begins when You depart on Your first scheduled Travel Arrangement (or if You must use an alternate travel arrangement after Your Scheduled Departure Date to reach Your Scheduled Destination, on the Scheduled Departure Date) for Your Trip.

**This is Your Effective Date and time for All Other Coverages:** Coverage begins on the date and time You depart on the first Travel Arrangement (or alternate travel arrangement if You must use an alternate Travel Arrangement to reach Your Scheduled Destination) for Your Trip.

### WHEN COVERAGE ENDS

**Trip Cancellation and Optional Cancel For Any Reason:** Coverage(s) automatically ends on the earlier of:

1. the date and time You depart on Your Trip; or
2. the date and time You cancel Your Trip.

**All Other Coverages:** Coverage automatically ends on the earlier/est of:

1. the date You complete Your Trip;
2. the Scheduled Return Date;
3. Your arrival at Your Return Destination on a round Trip, or Your Scheduled Destination on a one-way Trip; or
4. cancellation of Your Trip covered by this policy.

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# Section III. Extension of Coverage

### AUTOMATIC EXTENSION OF COVERAGE

All coverages will be extended if Your entire Trip is covered by this policy and Your return is delayed due to unavoidable circumstances beyond Your control. This extension of coverage will end on the earlier of the date You reach Your originally scheduled Return Destination or 10 days after the originally Scheduled Return Date.

### MEDICAL EVACUATION AND REPATRIATION EXTENSION

If You incur a covered Injury or Sickness on Your Trip and a treating Physician certifies that You are not Medically Fit to Travel to Your Return Destination on Your Scheduled Return Date, the Medical Evacuation and Repatriation benefit will be automatically extended until You are Medically Fit to Travel and transported to Your Primary Residence or You reached the Maximum Benefit Amount shown in the Schedule of Benefits.

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# Section IV. Travel Arrangement Protection

## TRIP CANCELLATION

If You cancel Your Trip prior to the Scheduled Departure Date, We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for unused, forfeited, prepaid, non-refundable Payments or Deposits for the Travel Arrangements You purchased for Your Trip, provided the cancellation occurs while coverage is in effect for You and is due to any of the following covered Unforeseen reasons, as defined:

1. Your, a Family Member's, a Traveling Companion's, or a Business Partner's death, which occurs before departure on Your Trip.
2. Your, a Family Member's, a Traveling Companion's, or a Business Partner's Sickness or Injury, that:
    a. occurs before departure on Your Trip;
    b. is examined and treated by a Physician prior to cancellation; and
    c. as certified by a Physician, results in medical restrictions so disabling as to cause You to cancel Your Trip.

    Sickness or Injury of Your Business Partner must be so disabling as to reasonably cause You to cancel Your Trip to assume daily management of the business.
3. You or Your Traveling Companion must cancel Your Trip due to Other Covered Events as defined, provided such circumstances occur while coverage is in effect.

**Other Covered Events** means:

1. You or Your Traveling Companion have Complications of Pregnancy, which are verified by medical records and occur after the Effective Date of coverage;
2. You or Your Traveling Companion are directly involved in a traffic accident while en route to Your Scheduled Trip Departure City. The traffic accident must be documented by a police report;
3. mechanical breakdown/equipment failure of a Common Carrier or cruise boat on which You are scheduled to travel, that causes a cancellation or delay of Your or Your Traveling Companion's travel for at least 48 consecutive hours, provided no alternative Travel Arrangements were available;
4. due to a Natural Disaster, a mandatory evacuation is ordered by local government authorities at Your Scheduled Trip Departure City or Scheduled Destination, which prevents You from traveling to/arriving at Your Scheduled Trip Departure City or Scheduled Destination. This coverage only applies if You purchased the policy within the Time Sensitive Period;
5. Inclement Weather that causes a delay or cancellation by a Common Carrier for at least 6 consecutive hours;
6. Your or Your Traveling Companion's Primary Residence or Scheduled Destination is made Uninhabitable and remains Uninhabitable during Your Trip by a Natural Disaster, vandalism, or burglary.

    Claims are not payable if a hurricane is foreseeable prior to Your Effective Date for Trip Cancellation. A hurricane is foreseeable on the date it becomes a named storm;
7. Your Scheduled Trip Departure City or Scheduled Destination is under a hurricane warning or hurricane watch, as issued by the NOAA Hurricane Center, within 24 hours of Your Scheduled Departure Date. Cancellation of Your Trip must occur more than 14 days following Your Effective Date of coverage for Trip Cancellation;
8. You or Your Traveling Companion are hijacked or Quarantined;
9. You or Your Traveling Companion are subpoenaed, served with a court order, required to serve on a jury, or required to appear as a witness in a legal action, provided You or Your Traveling Companion are not: 1) a party to the legal action; except 2) appearing in a law enforcement capacity;

10. You, Your Traveling Companion, or Family Member are called to active military duty or emergency service as a reservist, firefighter, or police officer, either to serve or to provide aid or relief in the event of a Natural Disaster, a Civil Disorder, or Terrorist Incident other than war;
11. Your or Your Traveling Companion's previously granted military leave is revoked or reassigned for reasons due to war or an act of war, or for reasons other than war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required. The military leave for the dates of travel must have been approved prior to the Effective Date of Trip Cancellation coverage and the leave revoked or reassigned after the Effective Date of Trip Cancellation coverage;
12. a documented theft of Your passports, travel documents, or visas specifically required for Your Trip. A police report must substantiate the theft;
13. You or Your Traveling Companion are the victim of a Felonious Assault within 10 days prior to the Scheduled Departure Date;
14. You or Your Traveling Companion are involuntarily terminated or laid off by Your or Your Traveling Companion's employer. The termination notice must occur at least 30 days after Your Trip Cancellation Effective Date. You or Your Traveling Companion must have been an active employee with the same employer for at least 1 continuous year. This provision is not applicable to temporary or seasonal employment, independent contractors, freelancers, or self-employed persons.

The maximum payable under this Trip Cancellation benefit is the Maximum Benefit Amount shown in the Schedule of Benefits.

You must report all cancellations to the Travel Supplier within 72 hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the 72 hours, You should report the event as soon as possible. We do not cover increased amounts of published penalties and unused, prepaid, non-refundable Payments or Deposits that result from all other delays or reporting beyond 72 hours.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

## OPTIONAL CANCEL FOR ANY REASON

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the unused, forfeited, prepaid, non-refundable Payments or Deposits for the Travel Arrangements You purchased for Your Trip, when You cancel Your Trip prior to Your Scheduled Departure Date for any reason not otherwise covered by this policy, provided the following conditions are met:

1. You purchase the Cancel for Any Reason benefit within the Time Sensitive Period; and
2. You cancel Your Trip no later than 2 days prior to the Scheduled Departure Date of Your Trip.

This Cancel for Any Reason benefit does not cover penalties associated with any Travel Arrangements not provided by the Travel Supplier or the failure of the Travel Supplier to provide the bargained-for Travel Arrangements due to cessation of operations for any reason.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

## TRIP INTERRUPTION

If You must start Your Trip late or are unable to complete Your Trip, We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the unused, forfeited, prepaid, non-refundable Payments or Deposits paid to the Travel Supplier for the Travel Arrangements You purchased for Your Trip, plus the Additional Transportation Cost paid to:

a. join Your Trip if You must depart after Your Scheduled Departure Date or travel via alternate travel arrangements; or

b. rejoin Your Trip from the point where You interrupted Your Trip to the next Scheduled Destination; or

c. transport You to Your originally scheduled Return Destination of Your Trip.

The benefit payable for the above will not exceed the cost of a one-way economy airfare (or first or business class, if the original tickets were first or business class) by the most direct route less any refunds paid or payable for Your unused original tickets. Note that reimbursement of non-refundable Payments or Deposits will be calculated/pro-rated on a daily basis, less the cost of Your original airfare booked by You.

Trip Interruption must occur while coverage is in effect for You and due to any of the following covered Unforeseen reasons, as defined:

1. Your, a Family Member's, a Traveling Companion's, or a Business Partner's death, which occurs while You are on Your Trip.
2. Your, a Family Member's, a Traveling Companion's, or a Business Partner's Sickness or Injury, that:
    a. occurs while You are on Your Trip;
    b. is examined and treated by a Physician prior to the time of interruption; and
    c. as certified by a Physician, results in medical restrictions so disabling as to prevent Your continued participation on Your Trip.

    Sickness or Injury of Your Business Partner must be so disabling as to reasonably cause You to interrupt Your Trip to assume daily management of the business.
3. You or Your Traveling Companion must interrupt Your Trip due to Other Covered Events as defined, provided such circumstances occur while coverage is in effect.

**Other Covered Events** means:

1. You or Your Traveling Companion have Complications of Pregnancy, which are verified by medical records and occur while You or Your Traveling Companion are on Your Trip;
2. mechanical breakdown/equipment failure of a Common Carrier or cruise boat on which You or Your Traveling Companion are scheduled to travel, that causes complete cessation or delay of You or Your Traveling Companion's travel for at least 48 consecutive hours, provided no alternative Travel Arrangements were available;
3. mandatory evacuation ordered by local government authorities at Your Scheduled Trip Departure City or Scheduled Destination due to a Natural Disaster or hurricane named after the Effective Date of Your Trip Interruption benefits, which prevents You from traveling to/arriving at Your Scheduled Trip Departure City or Scheduled Destination;
4. You or Your Traveling Companion are directly involved in and are delayed due to a traffic accident, while en route to Your Scheduled Destination or Return Destination. The traffic accident must be documented by a police report;
5. Inclement Weather that causes a delay or cancellation by a Common Carrier for at least 6 consecutive hours;

6. Your or Your Traveling Companion's Primary Residence or Scheduled Destination is made Uninhabitable and remains Uninhabitable during Your Trip by a Natural Disaster, vandalism, or burglary.

   Claims are not payable if a hurricane is foreseeable prior to Your Effective Date for Trip Interruption. A hurricane is foreseeable on the date it becomes a named storm;

7. Your Scheduled Destination is under a hurricane warning or hurricane watch, as issued by the NOAA Hurricane Center, after Your Scheduled Departure Date;
8. You or Your Traveling Companion are hijacked or Quarantined;
9. You or Your Traveling Companion are subpoenaed, served with a court order, required to serve on a jury, or required to appear as a witness in a legal action, provided You or Your Traveling Companion are not: 1) a party to the legal action; except 2) appearing in a law enforcement capacity;
10. You, Your Traveling Companion, or Family Member are called to active military duty or emergency service as a reservist, firefighter, or police officer, either to serve or to provide aid or relief in the event of a Natural Disaster, a Civil Disorder, or Terrorist Incident other than war;
11. Your or Your Traveling Companion's previously granted military leave is revoked or reassigned for reasons due to war or an act of war, or for reasons other than war, while You or Your Traveling Companion are on the Trip and You or Your Traveling Companion have to interrupt the Trip. Official written notice of the revocation or re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required. The military leave for the dates of travel must have been approved prior to the Effective Date of Trip Interruption coverage and the leave revoked or reassigned after the Effective Date of Trip Interruption coverage;
12. a theft or loss of passports, travel documents, or visas while on Your Trip, specifically required for Your Trip, which is substantiated by a police report;
13. You or Your Traveling Companion are the victim of a Felonious Assault while on Your Trip;
14. You or Your Traveling Companion are involuntarily terminated or laid off by Your or Your Traveling Companion's employer while You are on Your Trip. You or Your Traveling Companion must have been an active employee with the same employer for at least 1 continuous year. This provision is not applicable to temporary employment, seasonal employment, independent contractors, freelancers, or self-employed persons.

In no event shall the amount reimbursed for Trip Interruption exceed the lesser of the amount You prepaid for Your Trip, or the Maximum Benefit Amount shown in the Schedule of Benefits.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

## OPTIONAL INTERRUPTION FOR ANY REASON

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for unused, forfeited, prepaid, non-refundable Payments or Deposits paid to the Travel Supplier for the Travel Arrangements You purchased for Your Trip, if You interrupt Your Trip 48 or more hours after the actual Scheduled Departure Date for any reason not otherwise covered by this policy, provided the following conditions are met:

1. You purchase the Interruption for Any Reason benefit within the Time Sensitive Period.

This benefit does not cover penalties associated with Travel Arrangements not provided by the Travel Supplier for this Trip and failure of the Travel Supplier to provide the agreed upon arrangements for Your Trip for any reason.

In no event shall the amount reimbursed for Interruption for Any Reason exceed the lesser of the amount You prepaid for Your Trip, or the Maximum Benefit Amount shown in the Schedule of Benefits.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

## TRIP DELAY

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the Reasonable Expenses You incur, if You are delayed for 6 consecutive hours or more while en route to or from, or during the course of Your Trip, for one of the covered Unforeseen reasons:

1. You or Your Traveling Companion are not directly involved in and are delayed due to a traffic accident, while en route to Your Scheduled Trip Departure City, Scheduled Destination, or Return Destination. The traffic accident must be substantiated by a police report;
2. Common Carrier delay (the delay must be documented by the Common Carrier);
3. a theft or loss of passports, travel documents, or visas specifically required for Your Trip, substantiated by a police report or the copy of the request for a new passport, travel documents, or visas;
4. You or Your Traveling Companion are hijacked or Quarantined;
5. an unannounced Strike resulting in a complete cessation of services of the Common Carrier on which You or Your Traveling Companion are scheduled to travel, which prevents You from reaching Your Scheduled Destination or Return Destination;
6. Inclement Weather that causes a delay of a Common Carrier on which You or Your Traveling Companion are scheduled to travel, which prevents You from reaching Your Scheduled Destination or Return Destination;
7. due to a Natural Disaster, a mandatory evacuation order by local government authorities at Your Scheduled Trip Departure City, Scheduled Destination, or Return Destination is issued, which prevents You from traveling to/arriving at Your Scheduled Trip Departure City, Scheduled Destination, or Return Destination;
8. Security Breach, Civil Disorder or Riot while at an airport or other port for at least 6 consecutive hours, preventing You from reaching Your Scheduled Destination, Return Destination, or departing on Your Trip.

Receipts must accompany Reasonable Expenses incurred.

If You incur more than one delay in the same Trip, We will reimburse You for the delay with the largest benefit up to the Maximum Benefit Amount shown in the Schedule of Benefits. We will not pay the Trip Delay benefits for: 1) any expenses which have been reimbursed, or 2) for any services that have been provided by a Common Carrier or travel services provider.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

## MISSED TOUR OR CRUISE CONNECTION

If You miss Your tour or cruise departure because Your arrival at Your Trip destination is delayed for at least 3 consecutive hours, due to:

1. any delay, cancellation, or mechanical breakdown of regularly scheduled Common Carrier (must be documented by the Common Carrier);
2. Inclement Weather that is documented;
3. Quarantine, hijacking, Strike, Natural Disaster, terrorism, or Civil Disorder or Riot.

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for:

1. Reasonable Expenses; and
2. Additional Transportation Cost incurred by You to join the departed cruise or tour; and
3. unused, forfeited, prepaid, non-refundable Payments or Deposits paid for the land or water Travel Arrangements You purchased for Your Trip.

This benefit may not be combined with Trip Cancellation, Trip Interruption, or Trip Delay benefits.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

## ITINERARY CHANGE

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the unused, forfeited, prepaid, non-refundable event/activity expenses paid by You if a cruise line, Travel Supplier, or Common Carrier makes a change to Your Trip itinerary, which either prevents You from participating in the previously scheduled event/activity or eliminates a destination from originally scheduled itinerary. Benefits are payable if:

1. the event or activity was prepaid prior to Your Scheduled Departure Date, and the cost of the event or activity was included in the cost of the Payments and Deposits for purposes of calculating the premium; and
2. the itinerary change is made after the Scheduled Departure Date of the Trip; and
3. no comparable event, activity, or refund, whether provided in credit or cash, was provided to offset the loss.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

## SINGLE SUPPLEMENT

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid, non-refundable Travel Arrangements, if a person booked to share Accommodations with You cancels or interrupts his/her Trip due to any of the covered Unforeseen reasons or Other Covered Events shown in Your Trip Cancellation or Trip Interruption section(s), and You do not cancel or interrupt Your Trip. Proof of cancellation or interruption by a person booked to share Accommodations with You is required.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

## TRAVEL INCONVENIENCE

We will pay You, the amount shown in the Schedule of Benefits, if while on a Trip, any of the following covered Unforeseen reasons occur:

1. **Cruise Diversion:** Your cruise does not stop at a scheduled port of call due to Inclement Weather, a Natural Disaster, or a mechanical breakdown;
2. **Cruise Disablement:** if You are confined for more than 24 hours on the cruise ship operating without one or more of the following essential provisions: power, food, water, or restroom facilities while on a Trip.

The maximum limit payable between all events will not exceed the Travel Inconvenience benefit limit shown in the Schedule of Benefits.

This benefit may not be combined with Trip Cancellation, Trip Interruption, Trip Delay, Baggage Delay, or Emergency Medical Evacuation benefits.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

## MEDICAL EVACUATION AND REPATRIATION OF REMAINS

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, when You suffer a Sickness, Injury, or loss of life during Your Trip, for the following:

### EMERGENCY MEDICAL EVACUATION

We will pay for the transportation expenses incurred for an Emergency Medical Evacuation, to the nearest suitable Hospital or medical facility where adequate treatment is available to treat an Unforeseen Sickness or Injury, provided:

1. the local attending Physician determines that Your condition is acute, severe, or life threatening; and
2. that adequate treatment is not available in Your immediate area.

We have a designated Travel Assistance Service Provider who can arrange Your evacuation. You do not have to utilize the designated Travel Assistance Service Provider to arrange Your evacuation. However, all benefits payable under this coverage will be limited to the maximum amount that would have been payable had You utilized the designated Travel Assistance Service Provider to make Your evacuation arrangements.

### MEDICAL REPATRIATION

Following an Emergency Medical Evacuation or a covered Injury or Sickness, We will pay for Medical Evacuation expenses to return You to Your point of origin, Your Primary Residence, or to a Hospital or medical facility closest to Your Primary Residence capable of providing continued treatment. The Medical Repatriation must be approved by Your local attending Physician.

We will pay for one of the following methods of transportation:

a. one-way transportation, which may be of the same class as Your original ticket(s), unless this option is not available;
b. commercial air upgrade to business or first class, less refunds from Your unused transportation tickets;
c. other covered land or air transportation including, but not limited to, commercial stretcher, Medical Escort, or the contracted charges for air ambulance.

If possible, Your Common Carrier tickets will be used.

We have a designated Travel Assistance Service Provider who can arrange Your repatriation. You do not have to utilize the designated Travel Assistance Service Provider to arrange Your repatriation. However, all benefits payable under this coverage will be limited to the maximum amount that would have been payable had You utilized the designated Travel Assistance Service Provider to make Your repatriation arrangements.

We will also pay a benefit for the expenses incurred for a Medical Escort's transportation and accommodations if an onsite attending Physician recommends in writing that a Medical Escort accompany You.

**Medical Escort** means a medically trained professional who is contracted to accompany and provide medical care to a sick or injured person while they are being transported.

We have a designated Travel Assistance Service Provider who can arrange the services of a Medical Escort. You do not have to utilize the designated Travel Assistance Service Provider to arrange the services of a Medical Escort. However, all benefits payable under this coverage will be limited to the maximum amount that would have been payable had You utilized the designated Travel Assistance Service Provider to arrange the services of a Medical Escort.

We will not pay benefits for any loss caused by or resulting from transportation taken against the advice of the local attending Physician.

Medical Evacuation expenses will only be payable for necessary transportation, related medical services, and medical supplies.

## REPATRIATION OF REMAINS

Benefits will be paid for covered Repatriation Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, to return Your body to Your city of Primary Residence or Your origination point or to the place of burial in the United States of America if You die during Your Trip. If You are located outside of the United States because of Your or Your Family Member's service in the armed forces or government of the United States of America, You may choose to have Your body returned to any city within the United States of America, or to any city within the country where You are stationed, or Your Family Member is stationed.

**Repatriation Expenses** means:

a. embalming or local cremation; and

b. associated temporary storage costs for up to 30 days, or until local authorities of the country/state in which the death occurred, will permit further transportation of the body, whichever is later; and the most economical coffin or receptacle adequate to transport the remains;

c. the cost of transportation of the remains, by the most direct and economical conveyance and route possible, to: 1) the nearest location where the body can be embalmed or cremated, if not locally available; and/or 2) the receiving funeral home or morgue, at the Return Destination, or a different place of burial within United States or country where You are stationed, or Your Family Member is stationed; and

d. the cost for the creation and transmission of necessary documentation required to transport the body, such as a death certificate, autopsy, or police report.

We have a designated Travel Assistance Service Provider who can arrange the transportation of Your remains. The person who seeks to return Your remains does not have to utilize the designated Travel Assistance Service Provider to arrange the transportation of Your remains. However, all benefits payable under this coverage will be limited to the maximum amount that would have been payable had such person utilized the designated Travel Assistance Service Provider to arrange the transportation of Your remains.

Once Your remains are claimed by the receiving funeral home or morgue, or in the event of local cremation, coverage under this benefit ends.

## TRANSPORTATION OF CHILDREN / CHILD

If You die or are Hospitalized for more than 7 consecutive days following, or unable to travel due to, an Emergency Medical Evacuation or Injury and Sickness that occurred during Your Trip, We will pay, up to the cost of a single one-way transportation ticket of the same class as the original transportation ticket, less the value of any applied credit from any unused return travel tickets for each person, to return Your Children/Child who were accompanying You on Your Trip (and any accompanying minor persons under Your care), who are left unattended by Your death or Hospitalization, to their Primary Residence or to Your residence in the United States, including the cost of an attendant.

We have a designated Travel Assistance Service Provider who can arrange the return transportation of Your Child/Children. You do not have to utilize the designated Travel Assistance Service Provider to arrange the return transportation Your Child/Children. However, all benefits payable under this coverage will be limited to the maximum amount that would have been payable had You utilized the designated Travel Assistance Service Provider to arrange the return transportation of Your Child/Children.

## TRANSPORTATION TO JOIN YOU

If You are or will be Hospitalized for more than 7 consecutive days following, or unable to travel due to, an Emergency Medical Evacuation or Injury and Sickness that occurred during Your Trip, We will pay, up to the cost of a single round-trip economy transportation ticket, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for Reasonable Expenses for one person chosen by You to visit Your bedside, provided You are traveling alone and Emergency Medical Evacuation or Medical Repatriation is not imminent.

You must provide all receipts for all covered expenses incurred during the stay.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

# Section V. Protection for Your Belongings

## BAGGAGE AND PERSONAL EFFECTS

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, if Your Baggage and Personal Effects are lost, stolen, damaged, or destroyed during Your Trip or while checked with a Common Carrier, less any amount paid or payable by a Common Carrier, hotel, Travel Supplier, or any other party responsible for Your loss, provided You have taken all reasonable measures to protect, save, and/or recover Your property at all times.

We will also reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for fees associated with the replacement of Your passport, visas, and other travel documents which are lost, stolen, damaged, or destroyed during Your Trip.

**Valuation and Payment of Loss**

The lesser of the following amounts will be paid:

a. the Actual Cash Value as determined by Us; or

b. the cost to repair or replace the item with material of a like kind and quality.

Not to exceed the Maximum Benefit Amount shown in the Schedule of Benefits.

In the event of a loss to a pair or set of items, We may choose to:

a. repair or replace any part to restore the pair or set to its value before the loss; or

b. pay the difference between the current replacement cost of the items before and after the loss.

**Items Subject to Special Limitations**

The following items are subject to the maximum combined amount(s) shown in the Schedule of Benefits**:** jewelry, precious or semi-precious gems, decorative or personal articles consisting in whole or in part of silver, gold, or platinum, watches, furs or articles trimmed with fur, cameras and camera equipment.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

## BAGGAGE DELAY

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the cost of Necessary Personal Items purchased by You while on Your Trip, if Your checked Baggage and Personal Effects are delayed or misdirected by a Common Carrier for at least 6 consecutive hours or more from Your time of arrival at a Scheduled Destination other than Your Return Destination.

This coverage terminates upon Your arrival at the Return Destination of Your Trip.

**Necessary Personal Items** means replacement for clothing or toiletries, which are included in Your Baggage and Personal Effects and are required for Your Trip. Necessary Personal Items do not include jewelry, perfume, or alcohol.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

**Exclusions and limitations apply to Baggage and Personal Effects and Baggage Delay.**

We will not provide benefits for any loss or damage for the following items:

a. animals;
b. automobiles and automobile equipment;
c. boats or other vehicles or conveyances;
d. motorcycles;
e. trailers;
f. motors;
g. aircraft;
h. bicycles, except when checked as baggage with a Common Carrier;
i. household effects and furnishings;
j. antiques and collectors' items;
k. any type of or repair or replacement of any type of eyeglasses, sunglasses, contact lenses, artificial teeth, dentures, dental braces, dental bridges, retainers or other orthodontic devices, or hearing aids;
l. artificial limbs or other prosthetic devices;
m. prescribed medications;
n. keys, money, stamps, and credit cards (except as otherwise specifically covered herein);
o. securities, stamps, tickets, and documents (except as coverage is otherwise specifically provided herein);
p. professional or occupational equipment or property, whether or not electronic business equipment;
q. sports equipment if the loss results from the use thereof;
r. telephones or wireless devices, computer hardware or software;
s. computers (including personal computers and laptops), digital or electronic equipment or media;
t. contraband.

**Losses Not Covered**

We will not provide benefits for any loss or damage caused by or resulting from:

a. breakage of brittle or fragile articles;
b. wear and tear or gradual deterioration;
c. confiscation or appropriation by order of any government or custom's rule;
d. theft or pilferage while left in any unlocked or unattended vehicle;
e. property illegally acquired, kept, stored, or transported;
f. Your negligent acts or omissions;
g. property shipped as freight or shipped prior to the Scheduled Departure Date;
h. electrical current, including electric arcing that damages or destroys electrical devices or appliances;
i. Vermin.

# Section VI. General Definitions

**Accident** means a sudden, unexpected, unusual, specific event that occurs at an identifiable time and place and shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

**Accommodation(s)** means any establishment used for the purposes of temporary, overnight lodging, such as an apartment, condominium, or other vacation or timeshare residential unit(s).

**Actual Cash Value** means current replacement cost of such item of like kind and quality.

**Additional Transportation Cost** means the actual cost incurred for one-way economy transportation (or for the original class of fare, if the original tickets were for a higher class of fare) by Common Carrier by the most direct route, less any refunds paid or payable, for Your unused original tickets.

**Baggage and Personal Effects** means luggage and personal possessions taken by You on Your Trip, whether owned, borrowed, or rented.

**Business Partner** means a person who is: 1) involved with You or Your Traveling Companion in a legal partnership; and 2) actively involved in the daily management of the business.

**Children or Child** means a person under the age of 18 and primarily dependent on You for support and maintenance.

The age limit does not apply to a child who is incapable of self-sustaining employment by reason of mental or physical incapacity.

**Civil Disorder or Riot** means a public disturbance by a person or persons acting in revolt, coup, rebellion, or resistance against an established government or civil authority or involvement in acts of violence that cause immediate danger, damage, or injury to others or their property**.**

**Common Carrier** means an air, land or sea conveyance operated under a license for the transportation of passengers for hire not including taxicabs or rented, leased, or privately owned motor vehicles.

**Complications of Pregnancy** means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include hyperemesis gravidarum, preeclampsia, eclampsia, gestational diabetes, gestational hypertension, acute nephritis, nephrosis, cardiac decompensation, and missed abortion. Complications of pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated, and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of pregnancy do not include Physician-prescribed rest during the period of pregnancy (except due to conditions noted above), false labor, occasional spotting, morning sickness, elective abortion, and similar conditions associated with the management of a difficult pregnancy, not constituting a categorically distinct complication of pregnancy.

**Effective Date** means the date and time Your coverage begins, as indicated in When Coverage Begins and Ends section of this policy, or if not specifically outlined therein, the date You paid the total required premium for the coverage.

**Family Member** means the following relatives of You or Your Traveling Companion:

a. Spouse, civil union partner;

b. children, children-in-law, step-children, foster children, ward, or legal ward;

c. siblings, siblings-in-law, step-siblings;

d. parents, parents-in-law, step-parents, legal guardians;

e. grandparents, grandchildren;

f. aunts or uncles;

g. nieces or nephews.

**Felonious Assault** means an act of violence against You or Your Traveling Companion, which requires medical treatment in a Hospital, and is substantiated by a police report.

**Hospital** means a facility that:

a. is operated according to law for the care and treatment of sick or Injured people;

b. is licensed or recognized as a general hospital by the proper authority of the state in which it is located;

c. is recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals;

d. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a pre-arranged basis;

e. is operated for the care and treatment of resident Inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and x-ray facility;

f. is supervised by one or more Physicians available at all times.

A Hospital does not include:

1. a nursing, convalescent, or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care;

2. a facility which primarily treats drug, marijuana, or alcoholism addictions;

3. a facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged, nor does it include any ward, room, wing, or other section of the Hospital that is used for such purposes.

**Hospitalized or Hospitalization** means admitted to a Hospital overnight or where the patient is charged by the Hospital for a minimum of one day of inpatient charges.

**Inclement Weather** means any severe weather condition that delays the scheduled arrival or departure of a Common Carrier or causes closure of public roadways by local or government authorities.

**Injury(ies) or Injured** means a bodily injury caused by an Accident occurring while Your coverage under this policy is in force and resulting directly and independently of disease or bodily infirmity. Injury must not be caused by, or result from, Sickness. The Injury(ies) requires examination and treatment and must be verified by a Physician.
**Inpatient** means a person:

a. who is confined in a Hospital as a registered bed patient overnight; and

b. for whom at least one day's room and board is charged by the Hospital.

**Medically Fit to Travel** means based on assessment by a treating Physician, following Your Injury or Sickness that occurs while on Your Trip, You are medically able to travel.

**Medically Necessary** means that a treatment, service, or supply:

a. is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed;

b. meets generally accepted standards of medical practice;

c. is ordered by a Physician and performed under his or her care, supervision, or order; or

d. is not used for the convenience of You, Physician, other providers, or any other person.

**Mental, Nervous, or Psychological Condition or Disorder** means a mental or nervous health condition including, but not limited to, anxiety, depression, neurosis, panic attack, phobia (such as fear of flying, fear of terrorism, fear of disease, etc.), psychosis, or any related physical manifestation. Mental, Nervous, or Psychological Condition or Disorder does not include drug addiction, marijuana addiction, or alcohol addiction.

**Natural Disaster** means a flood, tsunami, cyclone, hurricane, tornado, earthquake, mudslide, avalanche, landslide, volcanic eruption, sandstorm, sinkhole, named winter storm, severe hailstorm, fire, wildfire, or blizzard; all of which are due to natural causes.

**Partial Hospitalization** means an outpatient program specifically designed for the diagnosis or active treatment of a serious mental disorder when there is a reasonable expectation for improvement, or when it is necessary to maintain a patient's functional level and prevent relapse or full hospitalization. Partial Hospitalization programs are usually furnished by a Hospital as distinct and organized intensive ambulatory treatment service of less than 24-hour daily care.

**Payments or Deposits** means the cash, check, or credit card amounts actually paid for Your Travel Arrangements. Certificates, vouchers, discounts, and/or credits applied (in part or in full) towards the cost of Your Travel Arrangements are not Payments or Deposits as defined herein.

**Physician** means a licensed practitioner of medical, surgical, or dental services, acting within the scope of his/her license in the jurisdiction where the services are rendered. The treating Physician cannot be You, a Traveling Companion, a Family Member, or a Business Partner.

**Pre-Existing Medical Condition** means an illness, disease, or other condition during the 60-day period immediately prior to the date Your coverage is effective for which You, Your Traveling Companion, Family Member, or Business Partner scheduled or booked to travel with You:

1. received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened, or became acute, or had symptoms which would have prompted a reasonable person to seek diagnosis, care, or treatment; or
2. took or received a prescription for drugs or medicine. Item 2 of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before coverage is effective under this policy; or
3. required a change in prescribed medication. Change in prescribed medication means the dosage or frequency of a medication has been reduced, increased, stopped, and/or new medications have been prescribed due to the worsening of an underlying condition that is being treated with the medication, unless the change is:
    a. between a brand name and a generic medication with comparable dosage; or
    b. an adjustment to insulin or anti-coagulant dosage.

Death resulting from a Pre-Existing Medical Condition will not be excluded. Death must occur prior to the termination date of the benefit under which the claim is being made.

**Primary Residence** means Your fixed, permanent, and main home for legal and tax purposes.

**Quarantined** means You, Your Traveling Companion, Family Member, or Business Partner are forced into medical isolation by a recognized government authority, their authorized deputies, medical examiners, or Physician to prevent the spread of the disease due to You, Your Traveling Companion, Family Member, or Business Partner either having, or being suspected of having, a contagious disease, infection, or contamination.

An embargo preventing You, Your Traveling Companion, Family Member, or Business Partner from entering a country is not a Quarantine.

**Reasonable Expenses** means reasonable expenses for meals, local transportation, and lodging which are necessarily incurred as the result of a Common Carrier or Trip Delay, and which are not provided by the Common Carrier or any other party free of charge.

**Rental Property** means a hotel room, vacation home, or other rental property You booked for Your stay during Your Trip.

**Return Destination** means Your final destination as shown in the itinerary or other travel documents and the place to which You expect to return from Your Trip.

**Scheduled Departure Date** means the date on which You are originally scheduled to leave on Your Trip. This date is specified in the itinerary or other travel documents.

**Scheduled Destination** means as shown in the itinerary or other travel documents where You expect to travel to on Your Trip other than Return Destination.

**Scheduled Return Date** means the date on which You are scheduled to return to the point where Your Trip started or to a different specified Return Destination.

**Scheduled Trip Departure City** means the city from which You are originally scheduled to depart on the Trip.

**Security Breach** means any incident involving unauthorized and uncontrolled access by an individual or prohibited item into a sterile area or secured area of an airport that is determined by TSA or other airport security officials to present an immediate danger.

**Sickness** means an illness or disease of the body, that commences while Your coverage is in effect and requires examination, diagnosis, and treatment by a Physician.

An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the Effective Date of Your coverage is not a Sickness as defined herein and is not covered by the policy.

Sickness does not include any Mental, Nervous, or Psychological Condition or Disorder including, but not limited to, anxiety, depression, neurosis, phobia, psychosis, or any related physical manifestation. Sickness does not include drug addiction, marijuana addiction, or alcohol addiction.

**Spouse** means Your lawful spouse, if not legally separated or divorced. For the purposes of this policy, the term Spouse includes civil union partner whenever used.

**Strike** means a labor disagreement resulting in a stoppage of work which:

a. is unannounced and unpublished at time this policy is purchased;

b. is organized, and legally sanctioned by a labor union or other organized association of workers, in a trade or profession, formed to protect and further their rights and interests; and

c. interferes with the normal departure and arrival of a Common Carrier.

**Terrorist Incident** means an act of violence by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent of overthrow or influence the control of any government, or an act of violence committed by a Foreign Terrorist Organization (designated or recognized as such by the U.S. State Department) that results in property damage, Injury, or loss of life.

**Third Party(ies)** means any person, corporation, or other entity (except You, Rental Property, and Us).

**Time Sensitive Period** means insurance must be purchased within 20 days of the date Your initial Payments or Deposits for Your Trip is received, and within 15 days of payment for any subsequent Travel Arrangements added to Your Trip.

**Travel Arrangements** means: a) transportation; b) Accommodations; and c) other specified services arranged for Your Trip by Your Travel Supplier.

**Travel Assistance Services Provider** means Seven Corners, Inc.

**Travel Supplier** means any entity or organization that coordinates or supplies Travel Arrangements for You.

**Traveling Companion** means a person or persons whose name(s) appear(s) with Yours on the same Travel Arrangements and who, during Your Trip, will accompany You. A group or tour organizer, sponsor, or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit, or other lodging with You.

**Trip** means a scheduled Trip of 30 days or less in length, for which coverage is elected and the premium paid, and all Travel Arrangements are arranged prior to the Scheduled Departure Date.

**Trip Cost** means the dollar amount for Trip Payments or Deposits:

a. which are not refunded or refundable by the Travel Supplier, or are subject to restrictions; and

b. which are not bit coins or digital currency; and

c. which are paid by or on Your behalf prior to Your Trip Scheduled Departure Date, or which You are obligated, or later become obligated, to pay as a result of cancelling or interrupting Your Trip; and

d. which are identified by You on the enrollment documents; and

e. for which insurance was purchased.

For a Trip that is not priced on a per person basis (such as multiple occupancy hotel rooms and vacation rentals), or for Trips where the Travel Supplier does not provide a per person cost, Your Trip Cost will include the dollar amount that You have paid individually.

**Unforeseen** means not known, anticipated, or reasonably expected, and occurring after the effective date of the benefit under which the claim is being made.

**Uninhabitable** means:

1. the building structure itself is unstable and there is a risk of collapse in whole or in part; or
2. there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail, or flood; or
3. immediate safety hazards have yet to be cleared, such as debris or downed electrical lines; or
4. the property is without electric gas, sewer service, or water; or
5. local government authorities have issued a mandatory evacuation; or
6. the destination is inaccessible by the mode of transportation as shown on the travel documents or itinerary.

**Vermin** means small animals and insects that are harmful or annoying and are often difficult to control.

**Wanton** means senseless, unprovoked, unjustifiable, or deliberately malicious.

**Willful** means deliberate or intentional.

**You or Your** means the person that is scheduled to participate on a Trip; for whom any required enrollment has been completed, and the required premium has been paid.

# Section VII. Exclusions and Limitations

Unless otherwise shown below, these exclusions apply to You, Your Traveling Companion, and Family Members scheduled and booked to travel with You.

**The following exclusion(s) appl(y)(ies) to the Trip Cancellation and Trip Interruption benefits.**

We will not pay for any loss or expense caused due to, arising, or resulting from:

1. a Pre-Existing Medical Condition, as defined in the policy;
2. being arrested for a DUI/DWI and as result, being admitted into a i) drug, marijuana, or alcohol treatment facility; ii) jail; or iii) awaiting trial;
3. Your inability to travel on Your Trip after court mandated treatment at, or voluntarily admitted into, a drug, marijuana, or alcohol treatment facility;
4. Your inability to travel on Your Trip to provide the emotional support for someone who is in a drug, marijuana, or alcohol treatment facility.

**In addition to any applicable benefit-specific exclusions, the following general exclusions apply to all losses and all benefits.**

We will not pay for any loss or expense caused due to, arising, or resulting from:

1. suicide, attempted suicide, or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member, or Business Partner booked and scheduled to travel with You, while sane or insane;
2. being under the influence of drugs, marijuana, or narcotics, unless administered upon the advice of a Physician as prescribed;
3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol, or substances are excluded from coverage;
4. expenses incurred by any Child born or adopted during Your Trip;
5. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war, except as the policy specifically provides otherwise;
6. participation in a Civil Disorder or Riot, or insurrection;
7. the commission of or attempt to commit a felony or being engaged in an illegal occupation by You, a Traveling Companion, Family Member, or Business Partner;
8. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release, or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter, or contamination;
9. air travel on a privately owned aircraft (whether as a pilot or a passenger);
10. piloting, or learning to pilot, or acting as a member of the crew of any aircraft;
11. a loss or damage caused by detention, confiscation, or destruction by customs;
12. expenses resulting from a motor vehicle accident, unless the driver is properly licensed to operate the vehicle at the place and time of the Accident;
13. gross negligence, or Willful and Wanton conduct by You or Your Traveling Companion.

### MEDICALLY FIT TO TRAVEL EXCLUSION

We will not pay any expense as a result of You having been advised in writing that You, Your Traveling Companion, Family Member, or Business Partner scheduled and booked to travel with You are not Medically Fit to Travel at the time of purchase of coverage for a Trip, as defined in the policy.

If coverage for a Trip is purchased and it is later determined that You, Your Traveling Companion, Family Member, or Business Partner scheduled and booked to travel with You were not Medically Fit to Travel at the time of purchase of coverage for Your Trip, as defined in the policy, the coverage is cancelled and premium paid will be returned.

### PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

We will waive the Pre-Existing Medical Condition exclusion if all of the following conditions are met:

a. Your premium for this policy and enrollment form is received within the Time Sensitive Period; and
b. You or Your Traveling Companion are medically able and not disabled from travel at the time Your premium is paid, based on assessment of a Physician.

## Section VIII. Premiums

**Premiums:** Coverage is not effective unless all premium due has been paid prior to the date of loss. In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid indirect proportion of the actual amount paid to the required premium due.

## Section IX. Claims Procedures

Your duties in the event of a loss:

For **Trip Cancellation, Optional Cancel For Any Reason, Trip Interruption, and Optional Interruption For Any Reason**, You must:

Immediately, or as soon as possible, call Your Travel Supplier and the program administrator (see Where to Report a Claim) to report Your cancellation, interruption, or delayed arrival to avoid non-covered charges due to late reporting.

If You are prevented from taking Your Trip as scheduled or must interrupt Your Trip due to Sickness or Injury, You should obtain medical care immediately. We require an examination and treatment by a Physician prior to cancellation or interruption. Provide all unused transportation tickets, official receipts, etc.

For **Trip Delay and Missed Tour or Cruise Connection**, You must obtain any specific dated documentation, which provides proof of the reason for delay or missed connection (airline or cruise line forms, medical statements, etc.). Submit this documentation along with Your trip itinerary and all receipts for additional expenses incurred.

For **Baggage and Personal Effects**, in case of lost, stolen, damaged, destroyed, or delayed Baggage and Personal Effects, You must:

1. report theft losses to police or other local authorities as soon as possible and obtain their written report of Your loss;
2. report the baggage delay to the Common Carrier as soon as possible. Submit proof of the report and documentation confirming delivery, as well as reimbursement and receipts for essential items;
3. take reasonable steps to protect Your Baggage and Personal Effects from further damage and make necessary and reasonable temporary repairs. We will reimburse You for those expenses. We will not pay for further damage if You fail to protect Your items;
4. allow Us to examine the damaged Baggage and Personal Effects and/or We may require the damaged item to be sent in the event of payment;
5. original receipts (if available) and a complete list of stolen, damaged, or lost item(s) must be provided along with proof of loss providing amount of loss, date, time and cause of loss, and a repair estimate, if the item(s) is damaged;
6. for claimed items without original receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss, not to exceed the Maximum Benefit Amount shown in the Schedule of Benefits.

# Section X. How to File a Claim

**Notice of Claim:** Notice of claim must be reported to Us or Our authorized representative within 20 days after a loss occurs, or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our authorized representative and should include sufficient information to identify You. Failure by You or someone on Your behalf to make such notification may result in no benefits being paid.

**Claim Forms:** When notice of claim is received by Us or Our authorized representative, Seven Corners, Inc., forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

**Proof of Loss:** Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Failure to furnish such proof within the provided period will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. Proof of loss must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

All claims require You to provide Seven Corners, Inc. with the following: a Trip invoice, itinerary, or confirmation showing details of Your Trip (dates of travel, destination, etc.); and any other information reasonably required to prove the loss.

**Where to Report a Claim:** Seven Corners, Inc.

1. Online: sevencorners.com/claims
2. Mail: P.O. Box 211760, Eagan, MN 55121
3. Telephone: 1-800-335-0611 (toll free) or 317-575-2652 (worldwide)
4. E-mail: claims@sevencorners.com
5. Fax: 317-575-2256
6. Seven Corners, Inc. will accept electronic copies of claim submissions, except as expressly stated elsewhere. However, Seven Corners, Inc. may, at its discretion, require original documentation to be sent.

**Payment of Claims:** Benefits for loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

1. Your spouse;
2. Your child or children jointly;
3. Your parents jointly if both are living or the surviving parent if only one survives;
4. Your brothers and sisters jointly; or
5. Your estate.

All other benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the policy may, at Your option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

If any benefit is payable to: a) You who is a minor or otherwise not able to give a valid release; or b) Your estate, We may pay any amount due under the policy to Your beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

If You paid for the cost of Your Trip for Yourself, as well as other travelers and incurred a covered loss, benefits will be paid directly to You, unless otherwise directed.

**Time of Payment of Claims:** All claims and indemnities payable under the terms of the policy shall be paid within 30 days following receipt by Us of due proof of loss. Failure to pay within such period shall entitle You to interest at the rate of 9 percent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by Us of any known failure to provide sufficient documentation for a due proof of loss within 30 days after receipt of the claim. Any required interest payments shall be made within 30 days after the payment.

**Benefit to Bailee:** This insurance will in no way inure to the benefit of any carrier or other bailee.

**Recovery:** As a condition to receiving the applicable benefits listed above, You agree, except as may be limited or prohibited by applicable law, to reimburse Us for any such benefits paid to or on behalf of You, if such benefits are recovered, in any form, from any coverage.

We will not pay or be responsible, without Our written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on Your behalf or such other person against any coverage.

Coverage as used in this Recovery section means any other fund or insurance policy except coverage provided under this policy.

**Subrogation:** If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We are assigned the right to recover from the Third Party, or his or her insurer, to the extent of the benefits we paid for that Sickness or Injury. You are required to furnish any information or assistance or provide any documents that We may reasonably require in order to exercise Our rights under this provision. This provision applies whether or not the Third Party admits liability. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss. Our right of subrogation applies even if Your entire loss has not been compensated.

# Section XI. General Provisions

**Civil Unions:** Whenever the term Spouse is used throughout the policy, or in any document attached to the policy, this term, and any other term denoting a marital relationship, shall include parties to a civil union under Illinois law. Any Family Member brought within the scope of the policy as a result of Your marriage is also brought within the scope of the policy by Your civil union under Illinois law.

**Duplicate Coverage:** If You are covered by another insurance policy with the same or similar coverage, We shall share proportionately with any similar coverage in the amount of the loss, subject to the Maximum Benefit Amounts as stated in the Schedule of Benefits.

**Beneficiary Designation and Change:** Your beneficiary(ies) is (are) the person(s) designated by and on file with Us or Our administrator. If You are over the age of majority and legally competent, You may change Your beneficiary designation at any time, unless an irrevocable designation has been made. You do not need to obtain the consent of the designated beneficiary(ies) in order to make a change of beneficiary. You must provide a written request for a change of beneficiary to Us or Our administrator. When the request is received, whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by Us prior to receipt of the request.

**Clerical Error:** We or Our authorized representative may make a clerical error in keeping data. If so, when the error is found, benefits will be adjusted according to the correct data. If You have been charged in excess of the correct premium amount due to Our error, We or Our authorized representative will refund the excess premium charged. An error will not end insurance validly in force, nor will it continue insurance validly ended.

**Concealment and Misrepresentation:** The entire coverage will be void, if before, during, or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

**Data Needed:** We or Our authorized representative will keep a record of all the data needed to compute premium and carry out the terms of this policy. We may examine such data at any reasonable time.

**Economic or Trade Sanctions:** Any payments under this policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws, and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred, or claims made involving travel that are in violation of such sanctions, laws and regulations will not be covered under this policy. For more information, You may consult the OFAC internet website at www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.

**Exclusions Due to Drugs and Alcohol:** If any exclusion in the policy provides that a claim will be denied if the loss is due to, arising, or resulting from the use of drugs (including marijuana), We will not deny a claim due to, arising, or resulting from the use of drugs, unless a medical professional, law enforcement officer, or legal proceeding determines that the relevant person consumed a substance listed in either Schedule I or Schedule II of Part 1308 of Title 21 of the Code of Federal regulations, including marijuana.

If any exclusion in the policy provides that a claim will be denied if the loss is due to, arising, or resulting from the consumption of alcohol, We will not deny a claim due to, arising, or resulting from the consumption of alcohol, unless a medical professional, law enforcement officer, or legal proceeding determines that the relevant person was intoxicated above the statutory legal limit allowed for operating a motor vehicle in the state or jurisdiction where You are located at the time of loss.

**Exclusions Due to Racing:** If any exclusion in the policy provides that a claim will be denied if the loss is due to, arising, or resulting from contests of speed (speed competitions), motor sports, motor racing, or racing of any kind, including training or practice for the same, the exclusion shall only apply if the contest of speed (speed competition), motor sport, motor race, race, training session, or practice was prearranged or organized.

**The Contract:** The entire contract is made up of the policy and amendments if applicable, and Your application, a copy of which is attached. No agent or other person may change it in any way. The contract cannot be revised midterm without the mutual consent of the You and the Company. Only an officer of the Company can approve a change on behalf of the Company, and any such change must be attached.

**Legal Actions Against Us:** All policy terms will be interpreted under the laws of the state in which the policy was issued. No legal action may be brought to recover on the policy within 60 days after written proof of loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written proof of loss is required to be furnished. However, the running of such 3 year period to bring suit is tolled from the date proof of loss is filed until the date the claim is denied in whole or in part.

**Limit on Agent's Authority:** No agent may change or waive any provisions of this policy. Our office must approve any change or waiver in writing.

**Maximum Benefit Limit of Liability:** All limits are applied per Trip.

**Misstatement of Age:** If premiums are based on age and You have misstated Your age, there will be a fair adjustment of premiums based on Your true age. If the benefits for which You are insured are based on age and You have misstated Your age, there will be an adjustment of said benefit based on Your true age. We may require satisfactory proof of age before paying any claim.

**Other Insurance With Us:** You may be covered under only one travel policy with Us for each Trip. If You are covered under more than one such policy, You may select the coverage that is to remain in effect. In the event of death, the beneficiary or estate will make the selection. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

**Physician Examination and Autopsy:** We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense) where it is not forbidden by law, and where performing an autopsy on You would not violate Your sincere religious beliefs.

**Pre-Approval Not Required:** Any requirement that provides that We, the designated Travel Assistance Services Provider, and/or Designated Security Consultant must pre-approve or arrange the use of any service or transportation for You to be eligible for any benefits under any coverage in the policy, or in any rider attached thereto, shall not apply.

**Substitute Transportation Expenses:** Notwithstanding any provision to the contrary, if a coverage provides benefits for unplanned transportation expenses meant to serve as a substitute for transportation booked for Your Trip, no benefits payable shall be reduced solely because the substitute transportation arranged is of the same type and class of transportation as the transportation that was originally booked.

**Termination of This Policy:** Termination of this policy will not affect a claim for loss, which occurs after You pay the premium and while the policy is in force.

**Transfer of Coverage:** Coverage under this policy cannot be transferred to anyone else.

**Travel Assistance Services Provider Limitation:** Notwithstanding any provision to the contrary, You are not required to utilize the services of the designated Travel Assistance Services Provider/Designated Security Consultant to arrange any services or transportation under any coverage in the policy or in any rider attached thereto. However, if You elect not to utilize the services of the designated Travel Assistance Services Provider/Designated Security Consultant, all benefits payable under any coverage where a designated Travel Assistance Service Provider/Designated Security Consultant is available to make arrangements for services or transportation will be limited to the amount that would have been payable had You utilized the designated Travel Assistance Service Provider/Designated Security Consultant. Amounts exceeding this shall not be covered.

**United States Fire Insurance Company**
Administrative Office: 5 Christopher Way, Eatontown, NJ 07724

# INDIVIDUAL TRAVEL PROTECTION INSURANCE POLICY

## Seven Corners Cruise Insurance

United States Fire Insurance Company, herein referred to as the "Company" or as "We", "Us" and "Our", agrees to pay the benefits provided by this policy per its provisions. This policy provides travel protection insurance benefits. Defined terms are capitalized, and their meanings are listed in the General Definitions section.

**PLEASE READ THIS DOCUMENT CAREFULLY FOR FULL DETAILS**

This document is a legal contract issued in consideration of Your enrollment and payment of the premium due collected by Us or Our authorized representative.

**14 Day Free Look Period**

If You are not satisfied for any reason, You may cancel this policy within 14 days from the date of purchase by providing Us or Our authorized representative the cancellation notice. We will refund Your premium provided there has been no incurred loss; You have not departed on Your Trip or filed a claim under this policy. When so returned, all coverages under this policy are invalid from the beginning.

INCORPORATION PROVISION: The provisions of this policy and all amendments to this policy, after its effective date, are made part of this policy.

**Signed for United States Fire Insurance Company By:**



Marc J. Adee
Chairman and CEO



Michael P. McTigue
Secretary

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# Schedule of Benefits

If You incur one or more losses from the same covered Unforeseen reason for which amounts are payable under more than one of the following benefits, the maximum amount payable under all benefits combined will not collectively exceed the largest Maximum Benefit Amount shown in the Schedule of Benefits for any one of the following applicable benefits. We indemnify all covered losses arising from the same covered Unforeseen reason at the amount of the largest applicable Maximum Benefit Amount.

| SECTION IV<br>Travel Insurance Benefit(s) | Maximum Benefit Amount |
|---|---|
| Emergency Accident and Sickness Medical Expense | up to $250,000 |
| Emergency Dental Expense | up to $1,000 |
| **Maximum Group Exposure** is a limit of 10 persons per one family or Traveling Companions booked to travel together on the same Trip. | |

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# Section I. Coverage Provisions

## WHO IS ELIGIBLE FOR COVERAGE

A person who is booked to travel on a Trip and pays the required premium is covered under this policy. Eligibility for purchase of this policy will be determined at the time of claim. If it is determined that a person or Trip is not eligible for coverage, any claim for benefits will be denied and Your premium for this policy will be refunded. Coverage is only available for persons under the age of 100. Coverage is only available for persons who are residents of the United States of America.

**Individual Coverage:** If You selected individual coverage on Your enrollment document(s), You are the only person covered under this policy. This is shown in the Schedule of Benefits as individual coverage.

**Family Coverage:** If You selected family coverage on Your enrollment document(s), You and those eligible individuals You identified as additional insureds on Your enrollment document(s) are covered under this policy.

## NON-REFUNDABLE PROVISION

After the 14-day review period, the premium for this policy is non-refundable.

## MAXIMUM NUMBER OF INSUREDS

The maximum number of Insureds allowed under this policy is 10.

# Section II. When Coverage Begins and Ends

## WHEN COVERAGE BEGINS

**This is Your Effective Date and time for All Coverages:** Coverage begins on the date and time You depart on the first Travel Arrangement (or alternate travel arrangement if You must use an alternate Travel Arrangement to reach Your Scheduled Destination) for Your Trip.

## WHEN COVERAGE ENDS

**All Coverages:** Coverage automatically ends on the earlier/est of:

1. the date You complete Your Trip;
2. the Scheduled Return Date;
3. Your arrival at Your Return Destination on a round Trip, or Your Scheduled Destination on a one-way Trip; or
4. cancellation of Your Trip covered by this policy.

# Section III. Extension of Coverage

### AUTOMATIC EXTENSION OF COVERAGE

All coverages under this policy will be extended if Your entire Trip is covered by this policy and Your return is delayed due to unavoidable circumstances beyond Your control. This extension of coverage will end on the earlier of the date You reach Your originally scheduled Return Destination or 10 days after the originally Scheduled Return Date.

### ACCIDENT AND SICKNESS MEDICAL EXPENSE EXTENSION

If You are Hospitalized due to a covered Injury or Sickness on Your Trip and a treating Physician certifies that You are not Medically Fit to Travel to Your Return Destination on Your Scheduled Return Date, this benefit will be extended for an additional 30 days, or until You are released from the Hospital and Medically Fit to Travel, or You reached the Maximum Benefit Amount shown in the Schedule of Benefits, whichever is earlier, provided that Hospitalization goes beyond the Scheduled Return Date.

# Section IV. Travel Insurance Benefits

## EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE

Benefits will be paid for Medical Expenses incurred by You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, subject to the following:

a. Sickness must first commence or manifest itself and Injury must first occur while on Your Trip;

b. only Medical Expenses incurred by You during Your Trip will be reimbursed. Medical Expenses incurred after You return from Your Trip are not covered;

c. benefits payable as a result of incurred Medical Expenses will only be paid after benefits have been paid under any other valid and collectible insurance in effect for You, or in accordance with a provision in jurisdictions where excess coverage provisions are not permitted.

If You suffer one or more Injury or Sickness while on the same Trip, the maximum amount payable for all Injuries or Sicknesses will not exceed the Maximum Benefit Amount shown in the Schedule of Benefits.

**Medical Expenses** means expenses incurred only for the following:

1. medical services (including charges for anesthetics, x-ray examinations or treatments, and laboratory tests) and supplies, prescription drugs, and therapeutic services ordered or prescribed by a Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services, including expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Trip, if recommended by Your attending Physician and approved by Us or Our designated Travel Assistance Services Provider as a substitute for a hospital room for recovery from Your Injury, Sickness, or Emergency Condition;
3. local transportation expense to and/or from a Hospital.

We will not cover any expenses provided by another party at no cost to You or already included within the cost of Your Trip.

**Emergency Condition** means an Injury or Sickness manifesting itself by acute symptoms of sufficient severity, regardless of the final diagnosis given, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

1. placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. serious impairment to bodily functions;
3. serious dysfunction of any bodily organ or part;
4. inadequately controlled pain; or
5. with respect to a pregnant woman who is having contractions:
    a. inadequate time to complete a safe transfer to another hospital before delivery; or
    b. a transfer to another hospital may pose a threat to the health or safety of the woman or unborn child.

The severe or acute symptoms must occur while on Your Trip.

Hospital confinement must be certified as Medically Necessary by the onsite attending Physician.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

## EMERGENCY DENTAL EXPENSE

Benefits will be paid for Emergency Dental Expenses incurred by You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, subject to the following:

a. benefits will be payable only for Emergency Dental Expenses resulting from an Injury to sound natural teeth that occurs while on Your Trip and requires treatment in person by a Physician;
b. only Emergency Dental Expenses incurred by You during Your Trip will be reimbursed. Dental Expenses incurred after You return from Your Trip are not covered;
c. benefits payable as a result of incurred Emergency Dental Expenses will only be paid after benefits have been paid under any other valid and collectible insurance in effect for You, or in accordance with a provision in jurisdictions where excess coverage provisions are not permitted.

**Emergency Dental Expenses** means expenses incurred only for the following:

1. dental services (including charges for anesthetics, x-ray examinations or treatments, and laboratory tests) and supplies, prescription drugs, and therapeutic services ordered or prescribed by a Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services, including expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Trip, if recommended by Your attending Physician and approved by Us or Our designated Travel Assistance Services Provider as a substitute for a hospital room for recovery from Your Injury;
3. emergency dental treatment incurred during Your Trip due to an Accidental Injury to sound natural teeth. Dental Expenses incurred after Your Trip are not covered;
4. local transportation expense to and/or from a Hospital.

We will not cover any expenses provided by another party at no cost to You or already included within the cost of Your Trip.

These benefit(s) will not duplicate any other benefits payable under the policy, or any coverage(s) attached to the policy.

# Section V. General Definitions

**Accident** means a sudden, unexpected, unusual, specific event that occurs at an identifiable time and place and shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

**Accommodation(s)** means any establishment used for the purposes of temporary, overnight lodging, such as an apartment, condominium, or other vacation or timeshare residential unit(s).

**Business Partner** means a person who is: 1) involved with You in a legal partnership; and 2) actively involved in the daily management of the business.

**Children or Child** means a person under the age of 18 and primarily dependent on You for support and maintenance.

The age limit does not apply to a child who is incapable of self-sustaining employment by reason of mental or physical incapacity.

**Civil Disorder or Riot** means a public disturbance by a person or persons acting in revolt, coup, rebellion, or resistance against an established government or civil authority or involvement in acts of violence that cause immediate danger, damage, or injury to others or their property**.**

**Common Carrier** means an air, land or sea conveyance operated under a license for the transportation of passengers for hire not including taxicabs or rented, leased, or privately owned motor vehicles.

**Complications of Pregnancy** means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include hyperemesis gravidarum, preeclampsia, eclampsia, gestational diabetes, gestational hypertension, acute nephritis, nephrosis, cardiac decompensation, and missed abortion. Complications of pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated, and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of pregnancy do not include Physician-prescribed rest during the period of pregnancy (except due to conditions noted above), false labor, occasional spotting, morning sickness, elective abortion, and similar conditions associated with the management of a difficult pregnancy, not constituting a categorically distinct complication of pregnancy.

**Domestic Partner** means an opposite or a same-sex partner who is at least eighteen (18) years of age and has met all of the following requirements for at least 12 months**:**

a. resides with You;

b. shares financial assets and obligations with You;

c. is not related by blood or adoption to You to a degree of closeness that would prohibit a legal marriage;

d. neither You nor domestic partner is married to anyone else, nor has any other domestic partner.

We may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership, or whatever documentation is required by the state in which You reside.

**Effective Date** means the date and time Your coverage begins, as indicated in When Coverage Begins and Ends section of this policy, or if not specifically outlined therein, the date You paid the total required premium for the coverage.

**Elective Treatment and Procedures** means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by Us to be research or experimental or that is not recognized as a generally accepted medical practice.

**Experimental or Investigative** means treatments, devices, or prescription medications, which are recommended by a Physician, but are not considered by the U.S. medical community as a whole, to be safe and effective for the condition for which the treatments, devices, or prescription medications are being used. This includes any treatments, procedures, facilities, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other U.S. governmental agency approval not received at the time services are rendered.

**Family Member** means the following relatives of You:

a. Spouse, civil union partner, Domestic Partner;

b. children, children-in-law, step-children, foster children, ward, or legal ward;

c. siblings, siblings-in-law, step-siblings;

d. parents, parents-in-law, step-parents, legal guardians;

e. grandparents, grandchildren;

f. aunts or uncles;

g. nieces or nephews.

**Hospital** means a facility that:

a. is operated according to law for the care and treatment of sick or Injured people;

b. is licensed or recognized as a general hospital by the proper authority of the state in which it is located;

c. is recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals;

d. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a pre-arranged basis;

e. is operated for the care and treatment of resident Inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and x-ray facility;

f. is supervised by one or more Physicians available at all times.

A Hospital does not include:

1. a nursing, convalescent, or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care;

2. a facility which primarily treats drug, marijuana, or alcoholism addictions;

3. a facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged, nor does it include any ward, room, wing, or other section of the Hospital that is used for such purposes.

**Hospitalized or Hospitalization** means admitted to a Hospital overnight or where the patient is charged by the Hospital for a minimum of one day of inpatient charges.

**Injury(ies) or Injured** means a bodily injury caused by an Accident occurring while Your coverage under this policy is in force and resulting directly and independently of disease or bodily infirmity. Injury must not be caused by, or result from, Sickness. The Injury(ies) requires examination and treatment and must be verified by a Physician.

**Inpatient** means a person:

a. who is confined in a Hospital as a registered bed patient overnight; and

b. for whom at least one day's room and board is charged by the Hospital.

**Medically Fit to Travel** means based on assessment by a treating Physician, following Your Injury or Sickness that occurs while on Your Trip, You are medically able to travel.

**Medically Necessary** means that a treatment, service, or supply:

a. is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed;

b. meets generally accepted standards of medical practice;

c. is ordered by a Physician and performed under his or her care, supervision, or order; or

d. is not used for the convenience of You, Physician, other providers, or any other person.

**Mental, Nervous, or Psychological Condition or Disorder** means a mental or nervous health condition including, but not limited to, anxiety, depression, neurosis, panic attack, phobia (such as fear of flying, fear of terrorism, fear of disease, etc.), psychosis, or any related physical manifestation. Mental, Nervous, or Psychological Condition or Disorder does not include drug addiction, marijuana addiction, or alcohol addiction.

**Payments or Deposits** means the cash, check, or credit card amounts actually paid for Your Travel Arrangements. Certificates, vouchers, discounts, and/or credits applied (in part or in full) towards the cost of Your Travel Arrangements are not Payments or Deposits as defined herein.

**Physician** means a licensed practitioner of medical, surgical, or dental services, acting within the scope of his/her license in the jurisdiction where the services are rendered. The treating Physician cannot be You, a Traveling Companion, a Family Member, or a Business Partner.

**Pre-Existing Medical Condition** means an illness, disease, or other condition during the 60-day period immediately prior to the date Your coverage is effective for which You:

1. received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened, or became acute, or had symptoms which would have prompted a reasonable person to seek diagnosis, care, or treatment; or
2. took or received a prescription for drugs or medicine. Item 2 of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60-day period before coverage is effective under this policy; or
3. required a change in prescribed medication. Change in prescribed medication means the dosage or frequency of a medication has been reduced, increased, stopped, and/or new medications have been prescribed due to the worsening of an underlying condition that is being treated with the medication, unless the change is:
    a. between a brand name and a generic medication with comparable dosage; or
    b. an adjustment to insulin or anti-coagulant dosage.

Death resulting from a Pre-Existing Medical Condition will not be excluded. Death must occur prior to the termination date of the benefit under which the claim is being made.

**Rental Property** means a hotel room, vacation home, or other rental property You booked for Your stay during Your Trip.

**Return Destination** means Your final destination as shown in the itinerary or other travel documents and the place to which You expect to return from Your Trip.

**Scheduled Departure Date** means the date on which You are originally scheduled to leave on Your Trip. This date is specified in the itinerary or other travel documents.

**Scheduled Destination** means as shown in the itinerary or other travel documents where You expect to travel to on Your Trip other than Return Destination.

**Scheduled Return Date** means the date on which You are scheduled to return to the point where Your Trip started or to a different specified Return Destination.

**Scheduled Trip Departure City** means the city from which You are originally scheduled to depart on the Trip.

**Sickness** means an illness or disease of the body, that commences while Your coverage is in effect and requires examination, diagnosis, and treatment by a Physician.

An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the Effective Date of Your coverage is not a Sickness as defined herein and is not covered by the policy.

Sickness does not include any Mental, Nervous, or Psychological Condition or Disorder including, but not limited to, anxiety, depression, neurosis, phobia, psychosis, or any related physical manifestation. Sickness does not include drug addiction, marijuana addiction, or alcohol addiction.

**Spouse** means Your lawful spouse, if not legally separated or divorced. For the purposes of this policy, the term Spouse includes civil union partner whenever used.

**Third Party(ies)** means any person, corporation, or other entity (except You, Rental Property, and Us).

**Time Sensitive Period** means insurance must be purchased within 20 days of the date Your initial Payments or Deposits for Your Trip is received, and within 15 days of payment for any subsequent Travel Arrangements added to Your Trip.

**Travel Arrangements** means: a) transportation; b) Accommodations; and c) other specified services arranged for Your Trip by Your Travel Supplier.

**Travel Assistance Services Provider** means Seven Corners, Inc.

**Travel Supplier** means any entity or organization that coordinates or supplies Travel Arrangements for You.

**Traveling Companion** means a person or persons whose name(s) appear(s) with Yours on the same Travel Arrangements and who, during Your Trip, will accompany You. A group or tour organizer, sponsor, or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit, or other lodging with You.

**Trip** means a scheduled Trip of 30 days or less in length, for which coverage is elected and the premium paid, and all Travel Arrangements are arranged prior to the Scheduled Departure Date.

**Unforeseen** means not known, anticipated, or reasonably expected, and occurring after the effective date of the benefit under which the claim is being made.

**Wanton** means senseless, unprovoked, unjustifiable, or deliberately malicious.

**Willful** means deliberate or intentional.

**You or Your** means the person that is scheduled to participate on a Trip; for whom any required enrollment has been completed, and the required premium has been paid.

# Section VI. Exclusions and Limitations

Unless otherwise shown below, these exclusions apply to You.

**The following exclusions apply to the Medical and Dental Expense benefits.**

We will not pay for any loss or expense caused due to, arising, or resulting from:

1. a Pre-Existing Medical Condition, as defined in the policy;
2. routine physical examinations or routine dental care;
3. traveling for the purpose or intent of securing medical treatment or advice;
4. any Trip taken against the advice of a Physician and any losses occurred during such Trip;
5. mental health care;
6. physical therapy or occupational therapy;
7. Experimental or Investigative treatment or procedures;
8. Elective Treatment and Procedures;
9. care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection, or disease that first manifested or occurred during Your Trip;
10. any medical service provided by You, a Family Member, or Traveling Companion;
11. any treatment or medication which, at the time of Your Scheduled Departure Date, is required to be continued during Your Trip;
12. alcohol, marijuana abuse, or substance abuse or treatment for the same, including admittance to a rehab facility;
13. Normal pregnancy (except Complications of Pregnancy) or childbirth, or elective abortion;
14. a Mental, Nervous, or Psychological Condition or Disorder, unless Hospitalized or Partially Hospitalized while the policy is in effect;
15. any loss that results from an illness, disease or other condition, event, or circumstance that occurs at a time when the policy is not in effect for You.

**In addition to any applicable benefit-specific exclusions, the following general exclusions apply to all losses and all benefits.**

We will not pay for any loss or expense caused due to, arising, or resulting from:

1. suicide, attempted suicide, or any intentionally self-inflicted injury of You, while sane or insane;
2. being under the influence of drugs, marijuana, or narcotics, unless administered upon the advice of a Physician as prescribed;
3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol, or substances are excluded from coverage;
4. expenses incurred by any Child born or adopted during Your Trip;
5. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war, except as the policy specifically provides otherwise;
6. participation in a Civil Disorder or Riot, or insurrection;
7. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
8. due to loss or damage (including death or Injury) and any associated cost or expense resulting directly from the discharge, explosion, or use of any device, weapon, or material employing or involving chemical, biological, radiological, or similar agents, whether in time of peace or war, and regardless of who commits the act, and regardless of any other sequence thereto;

9. air travel on a privately owned aircraft (whether as a pilot or a passenger);
10. piloting, or learning to pilot, or acting as a member of the crew of any aircraft;
11. expenses resulting from a motor vehicle accident, unless the driver is properly licensed to operate the vehicle at the place and time of the Accident;
12. gross negligence, or Willful and Wanton conduct by You or Your Traveling Companion.

### MEDICALLY FIT TO TRAVEL EXCLUSION

We will not pay any expense as a result of You having been advised in writing that You are not Medically Fit to Travel at the time of purchase of coverage for a Trip, as defined in the policy.

If coverage for a Trip is purchased and it is later determined that You were not Medically Fit to Travel at the time of purchase of coverage for Your Trip, as defined in the policy, the coverage is cancelled and premium paid will be returned.

### PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

We will waive the Pre-Existing Medical Condition exclusion if all of the following conditions are met:

a. Your premium for this policy and enrollment form is received within the Time Sensitive Period; and
b. You are medically able and not disabled from travel at the time Your premium is paid, based on assessment of a Physician.

## Section VII. Premiums

**Premiums:** Coverage is not effective unless all premium due has been paid prior to the date of loss. In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid indirect proportion of the actual amount paid to the required premium due.

## Section VIII. Claims Procedures

Your duties in the event of a loss:

For **Medical and Emergency Dental Expenses**, You must:

1. provide Us with all receipts from the provider of services and reports for medical and/or emergency dental expenses claimed, stating the amount paid, and listing the diagnosis and treatment;
2. provide any requested information, including, but not limited to, an explanation of benefits from any other applicable insurance. Provide a copy of their final disposition of Your claim;
3. sign a patient authorization to release any information required by Us to investigate Your claim.

# Section IX. How to File a Claim

**Notice of Claim:** Notice of claim must be reported to Us or Our authorized representative within 20 days after a loss occurs, or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our authorized representative and should include sufficient information to identify You. Failure by You or someone on Your behalf to make such notification may result in no benefits being paid.

**Claim Forms:** When notice of claim is received by Us or Our authorized representative, Seven Corners, Inc., forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

**Proof of Loss:** Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Failure to furnish such proof within the provided period will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. Proof of loss must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

All claims require You to provide Seven Corners, Inc. with the following: a Trip invoice, itinerary, or confirmation showing details of Your Trip (dates of travel, destination, etc.); and any other information reasonably required to prove the loss.

**Where to Report a Claim:** Seven Corners, Inc.

1. Online: sevencorners.com/claims
2. Mail: P.O. Box 211760, Eagan, MN 55121
3. Telephone: 1-800-335-0611 (toll free) or 317-575-2652 (worldwide)
4. E-mail: claims@sevencorners.com
5. Fax: 317-575-2256
6. Seven Corners, Inc. will accept electronic copies of claim submissions, except as expressly stated elsewhere. However, Seven Corners, Inc. may, at its discretion, require original documentation to be sent.

**Payment of Claims:** Benefits for loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

1. Your spouse;
2. Your child or children jointly;
3. Your parents jointly if both are living or the surviving parent if only one survives;
4. Your brothers and sisters jointly; or
5. Your estate.

All other benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the policy may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

If any benefit is payable to: a) an Insured who is a minor or otherwise not able to give a valid release; or b) Your estate, We may pay any amount due under the policy to Your beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

If You paid for the cost of Your Trip for Yourself, as well as other travelers and incurred a covered loss, benefits will be paid directly to You, unless otherwise directed.

**Time of Payment of Claims:** All claims and indemnities payable under the terms of the policy shall be paid within 30 days following receipt by Us of due proof of loss. Failure to pay within such period shall entitle You to interest at the rate of 9 percent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by Us of any known failure to provide sufficient documentation for a due proof of loss within 30 days after receipt of the claim. Any required interest payments shall be made within 30 days after the payment.

**Benefit to Bailee:** This insurance will in no way inure to the benefit of any carrier or other bailee.

**Recovery:** As a condition to receiving the applicable benefits listed above, You agree, except as may be limited or prohibited by applicable law, to reimburse Us for any such benefits paid to or on behalf of You, if such benefits are recovered, in any form, from any coverage.

We will not pay or be responsible, without Our written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an Insured or such other person against any coverage.

Coverage as used in this Recovery section means any other fund or insurance policy except coverage provided under this policy.

**Reimbursement Provision:** If You recover expenses for Sickness or Injury that occurred due to the negligence of a third party, We have the right to first reimbursement for all benefits We paid from any and all damages collected from the negligent third party for those same expenses whether by action at law, settlement, or compromise, by You, Your parents if You are a minor or Your legal representative as a result of that Sickness or Injury. You are required to furnish any information or assistance or provide any documents that We may reasonably require in order to exercise Our rights under this provision. This provision applies whether or not the third party admits liability.

**Subrogation:** If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We are assigned the right to recover from the Third Party, or his or her insurer, to the extent of the benefits we paid for that Sickness or Injury. You are required to furnish any information or assistance or provide any documents that We may reasonably require in order to exercise Our rights under this provision. This provision applies whether or not the Third Party admits liability. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss. Our right of subrogation applies even if Your entire loss has not been compensated.

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# Section X. General Provisions

**Civil Unions:** Whenever the term Spouse is used throughout the policy, or in any document attached to the policy, this term, and any other term denoting a marital relationship, shall include parties to a civil union under Illinois law. Any Family Member brought within the scope of the policy as a result of Your marriage is also brought within the scope of the policy by Your civil union under Illinois law.

**Excess Insurance:** Insurance provided by this policy shall be in excess of all other valid and collectible insurance or indemnity or as required by state law. If at the time of the occurrence of any loss payable under this policy there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

**Beneficiary Designation and Change:** Your beneficiary(ies) is (are) the person(s) designated by and on file with Us or Our administrator. You are over the age of majority and legally competent may change Your beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us or Our administrator with a written request for change. When the request is received, whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by it prior to receipt of the request.

**Clerical Error:** We or Our authorized representative may make a clerical error in keeping the data. If so, when the error is found, the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly ended.

**Concealment and Misrepresentation:** The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

**Data Needed:** We or Our authorized representative will keep a record of all the data needed to compute premium and carry out the terms of this policy. We may examine such data at any reasonable time.

**Economic or Trade Sanctions:** Any payments under this policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws, and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred, or claims made involving travel that are in violation of such sanctions, laws and regulations will not be covered under this policy. For more information, You may consult the OFAC internet website at www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.

**Entire Contract Changes:** This policy and any other attachments are the entire contract of insurance. No agent or other person may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this policy or its attachments.

**Legal Actions Against Us:** All policy terms will be interpreted under the laws of the state in which the policy was issued. No legal action may be brought to recover on the policy within 60 days after written proof of loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written proof of loss is required to be furnished. However, the running of such 3 year period to bring suit is tolled from the date proof of loss is filed until the date the claim is denied in whole or in part.

**Limit on Agent's Authority:** No agent may change or waive any provisions of this policy. Our office must approve any change or waiver in writing.

**Maximum Benefit Limit of Liability:** All limits are applied per Trip.

**Misstatement of Age:** If premiums are based on age and You have misstated Your age, there will be a fair adjustment of premiums based on Your true age. If the benefits for which You are insured are based on age and You have misstated Your age, there will be an adjustment of said benefit based on Your true age. We may require satisfactory proof of age before paying any claim.

**Other Insurance With Us:** You may be covered under only one travel policy with Us for each Trip. If You are covered under more than one such policy, You may select the coverage that is to remain in effect. In the event of death, the beneficiary or estate will make the selection. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

**Physician Examination and Autopsy:** We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense) where it is not forbidden by law.

**Termination of This Policy:** Termination of this policy will not affect a claim for loss, which occurs after You pay the premium and while the policy is in force.

**Transfer of Coverage:** Coverage under this policy cannot be transferred to anyone else.

**United States Fire Insurance Company**
Administrative Office: 5 Christopher Way, Eatontown, NJ 07724

# OUTLINE OF COVERAGE

**THIS IS NOT YOUR INSURANCE POLICY.** This outline of coverage provides an abbreviated description of the important features of Your Policy. Your Policy sets forth all details of Your coverages, benefits, and Policy limitations.

## BENEFITS

Your Policy provides the following coverages. Benefits payable will not exceed the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits and/or deductibles.

Emergency Accident and Sickness Medical Expense

Emergency Dental Expense

## EXCLUSIONS AND LIMITATIONS

Unless otherwise shown below, these exclusions apply to You.

**The following exclusions apply to the Medical and Dental Expense benefits.**

We will not pay for any loss or expense caused due to, arising, or resulting from:

1. a Pre-Existing Medical Condition, as defined in the policy;
2. routine physical examinations or routine dental care;
3. traveling for the purpose or intent of securing medical treatment or advise;
4. any Trip taken against the advice of a Physician and any losses occurred during such Trip;
5. mental health care;
6. physical therapy or occupational therapy;
7. Experimental or Investigative treatment or procedures;
8. Elective Treatment and Procedures;
9. care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection, or disease that first manifested or occurred during Your Trip;
10. any medical service provided by You, a Family Member, or Traveling Companion;
11. any treatment or medication which, at the time of Your Scheduled Departure Date, is required to be continued during Your Trip;
12. alcohol, marijuana abuse, or substance abuse or treatment for the same, including admittance to a rehab facility;
13. Normal pregnancy (except Complications of Pregnancy) or childbirth, or elective abortion;
14. a Mental, Nervous, or Psychological Condition or Disorder, unless Hospitalized or Partially Hospitalized while the policy is in effect;
15. any loss that results from an illness, disease or other condition, event, or circumstance that occurs at a time when the policy is not in effect for You.

**In addition to any applicable benefit-specific exclusions, the following general exclusions apply to all losses and all benefits.**

We will not pay for any loss or expense caused due to, arising, or resulting from:

1. suicide, attempted suicide, or any intentionally self-inflicted injury of You, while sane or insane;
2. being under the influence of drugs, marijuana, or narcotics, unless administered upon the advice of a Physician as prescribed;
3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol, or substances are excluded from coverage;
4. expenses incurred by any Child born or adopted during Your Trip;
5. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war, except as the policy specifically provides otherwise;
6. participation in a Civil Disorder or Riot, or insurrection;
7. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
8. due to loss or damage (including death or Injury) and any associated cost or expense resulting directly from the discharge, explosion, or use of any device, weapon or material employing or involving chemical, biological, radiological, or similar agents, whether in time of peace or war, and regardless of who commits the act, and regardless of any other sequence thereto;
9. air travel on a privately owned aircraft (whether as a pilot or a passenger);
10. piloting, or learning to pilot, or acting as a member of the crew of any aircraft;
11. expenses resulting from a motor vehicle accident, unless the driver is properly licensed to operate the vehicle at the place and time of the Accident;
12. gross negligence, or Willful and Wanton conduct by You or Your Traveling Companion.

## MEDICALLY FIT TO TRAVEL EXCLUSION

We will not pay any expense as a result of You having been advised in writing that You are not Medically Fit to Travel at the time of purchase of coverage for a Trip, as defined in the policy.

If coverage for a Trip is purchased and it is later determined that You were not Medically Fit to Travel at the time of purchase of coverage for Your Trip, as defined in the policy, the coverage is cancelled and premium paid will be returned.

# ILLINOIS NOTICE

This notice is to advise you that should any complaints arise regarding this insurance, you may contact the following:

**The Insurance Company may be contacted at:**

United States Fire Insurance Company
Admin. Offices: 5 Christopher Way
Eatontown, NJ 07724
1-800-227-3745

You may file a consumer complaint online at the Illinois Department of Insurance's website idoihelpcenter.illinois.gov/s/ or by mail.

The Department maintains a Consumer Division in Chicago and in Springfield. Addresses are as follows:

**Chicago:**
Illinois Department of Insurance
115 S. LaSalle Street, 13th Floor
Chicago, IL 60603

**Springfield:**
Illinois Department of Insurance
320 W. Washington St.
Springfield, IL 62767

# Illinois Guaranty Notice

Title 50, Chapter I, Subchapter 11, Part 3401 of the Illinois Insurance Code requires all Group Life and Health insurers to provide a summary of the basic provisions of the Illinois Life and Health Insurance Guaranty Association Law.

Any questions concerning this summary should be directed to the Illinois Life and Health Guaranty Association or to the Illinois Insurance Department at the addresses contained in the summary.

## ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW

Residents of Illinois who purchase health insurance, life insurance, and annuities should know that the insurance companies licensed in Illinois to write these types of insurance are members of the Illinois Life and Health Insurance Guaranty Association. The purpose of this Guaranty Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its policy obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the covered claims of policyholders that live in Illinois (and their payees, beneficiaries, and assignees) and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however, as noted below.

## ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION DISCLAIMER

The Illinois Life and Health Insurance Guaranty Association provides coverage of claims under some types of policies if the insurer becomes impaired or insolvent. COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY. Even if coverage is provided, there are substantial limitations and exclusions. Coverage is generally conditioned on continued residence in Illinois. Other conditions may also preclude coverage.

You should not rely on availability of coverage under the Life and Health Insurance Guaranty Association Law when selecting an insurer. Your insurer and agent are prohibited by law from using the existence of the Association or its coverage to sell you an insurance policy.

The Illinois Life and Health Insurance Guaranty Association or the Illinois Department of Insurance will respond to any questions you may have which are not answered by this document. Policyholders with additional questions may contact:

**Illinois Life and Health Insurance Guaranty Association**
**901 Warrenville Road, Suite 400**
**Lisle, IL 60532-4324**
**(773) 714-8050**
**www.ilhiga.org**

**Illinois Department of Insurance**
**320 West Washington Street, 4th Floor**
**Springfield, Illinois 62767**
**(217) 782-4515**
**www.insurance.illinois.gov**

**SUMMARY OF GENERAL PURPOSES AND CURRENT LIMITATIONS OF COVERAGE**

The Illinois law that provides for this safety-net coverage is called the Illinois Life and Health Insurance Guaranty Association Law ("Law") 215 ILCS 5/531.01, et seq.. The following contains a brief summary of the Law's coverages, exclusions, and limits. This summary does not cover all provisions, nor does it in any way change anyone's rights or obligations under the Law or the rights or obligations of the Guaranty Association. If you have obtained this document from an agent in connection with the purchase of a policy, you should be aware that its delivery to you does not guarantee that your policy is covered by the Guaranty Association.

a) Coverage:
The Illinois Life and Health Insurance Guaranty Association provides coverage to policyholders that reside in Illinois for insurance issued by members of the Guaranty Association, including:

1) Direct non group life insurance, health insurance, annuity and supplemental contracts;

2) life, health, annuity certificates under direct group policies or contracts;

3) unallocated annuity contracts; and

4) contracts to furnish health care services and subscription certificates for medical or health care services issued by certain licensed entities. The beneficiaries, payees, or assignees of such persons are also protected, even if they live in another state.

a) 1) the insurer that issued the policies or contracts domiciled in Illinois; and

2) the states in which the persons reside have associations similar to the Illinois Association; and

3) the persons are not eligible for coverage by an association in any other state due to the fact that the insurer was not licensed in that state at the time specified in that state's guaranty association law.

c) Exclusions from Coverage:

1) The Guaranty Association does not provide coverage for:

A) any policy or portion of a policy for which the individual has assumed the risk;

B) any policy of reinsurance (unless an assumption certificate was issued);

C) interest rate guarantees which exceed certain statutory limitations;

D) any unallocated annuity contracts issued to an employee benefit plan protected under the Pension Benefit Guaranty Corporation and any portion of the contract which is not issued to or in connection with a specific employee, union or association of natural persons benefit plan or a government lottery;

E) any portion of any unallocated annuity contract which is not issued to or in connection with a specific employee, union or association of natural persons benefit plan or a government lottery.

F) any policy or contract providing any hospital, medical, prescription drug, or other health care benefits pursuant to Part C or Part D of Subchapter XVIII, Chapter 7 of Title 42 of the United States Code (commonly known as Medicare Part C & D) or any regulations issued pursuant thereto;

G) any portion of a policy or contract to the extent that the assessments required by Section 531.09 of this Code with respect to the policy or contract are preempted or otherwise not permitted by federal or State law;

H) any portion of a policy or contract issued to a plan or program of an employer, association, or other person to provide life, health, or annuity benefits to its employees, members, or others to the extent that the plan or program is self-funded or uninsured, including, but not limited to, benefits payable by an employer, association, or other person under:

i) a multiple employer welfare arrangement as defined in 29 U.S.C. Section 1144;

ii) a minimum premium group insurance plan;

iii) a stop loss group insurance plan; or

iv) an administrative services only contract.

I) any portion of a policy or contract to the extent that it provides for:

i) dividends or experience rating credits;

ii) voting rights; or

iii) payment of any fees or allowances to any person, including the policy or contract owner, in connection with the service or administration of the policy or contract;

J) any portion of a variable life insurance or variable annuity contract not guaranteed by an insurer; or

K) any contractual agreement that establishes the member insurer's obligations to provide a book value accounting guaranty for defined contribution benefit plan participants by reference to a portfolio of assets that is owned by the benefit plan or its trustee, which in each case is to an affiliate of the member insurer;

L) any portion of a policy or contract to the extent that it provides for interest or other changes in value to be determined by the use of an index or other external reference stated in the policy or contract, but which have not been credited to the policy or contract, or as to which the policy or contract owner's rights are subject to forfeiture, as of the date the member insurer becomes an impaired or insolvent insurer under this Code, whichever is earlier. If a policy's or contract's interest or changes in value are credited less frequently than annually, then for purposes of determining the values that have been credited and are not subject to forfeiture under this Section, the interest or change in value determined by using the procedures defined in the policy or contract will be credited as if the contractual date of crediting interest or changing values was the date of the impairment or insolvency, whichever is earlier, and will not be subject to forfeiture; or

M) any stop loss insurance.

2) In addition, persons are not protected by the Guaranty Association if:

A) the Illinois Director of Insurance determines that, in the case of an insurer which is not domiciled in Illinois, the insurer's home state provides substantially similar protection to Illinois residents which will be provided in a timely manner; or

B) their policy was issued by an organization which is not a member insurer of the Association was not licensed or did not have a certificate of authority to issue the policy or contract in this State.

d) Limits on Amount of Coverage:

1) The Law also limits the amount the Illinois Life and Health Insurance Guaranty Association is obligated to pay. The Guaranty's Association's liability is limited to the lesser of either:

A) the contractual obligations for which the insurer is liable or for which the insurer would have been liable if it were not an impaired or insolvent insurer, or

B) with respect to any one life, regardless of the number of policies, contracts, or certificates:

i) in the case of life insurance, $300,000 in death benefits but nor more than $100,000 in net cash surrender or withdrawal values;

ii) in the case of health insurance:

a) $100,000 for coverages not defined as disability insurance or basic hospital, medical, and surgical insurance or major medical insurance or long-term care insurance, including any net cash surrender and net cash withdrawal values;

b) $300,000 for disability insurance and $300,000 for long-term care insurance as defined in Section 351 A-1 of this Code; and

c) $500,000 for basic hospital medical and surgical insurance and major medical insurance;

iii) with respect to annuities $250,000 in the present value of annuity benefits, including net cash surrender or withdrawal values, and $250,000 in the present value of annuity benefits for individuals participating in certain government retirement plans covered by an unallocated annuity contract. The limit for coverage of unallocated annuity contracts other than those issued to certain governmental retirement plans is $5,000,000 in benefits per contract holder, regardless of the number of contracts.

e) However, in no event is the Guaranty Association liable for more than (1) in aggregate of $300,000 in benefits with respect to any one life except with respect to benefits for basic hospital, medical and surgical insurance and major medical insurance in which case the aggregate liability of the Association shall not exceed $500,000 with respect to any one individual.

# FACTS

## WHAT DOES CRUM & FORSTER DO WITH YOUR PERSONAL INFORMATION?

Rev. August 1, 2025

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|---|---|
| **Why?** | Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do |
| **What?** | The types of personal information we collect and share depend on the product or service you have with us. This information can include:<br>▪ Social Security number and income<br>▪ credit scores and credit-based insurance scores<br>▪ insurance claim history and employment information |
| **How?** | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Crum & Forster chooses to share; and whether you can limit this sharing |

| Reasons we can share your personal information | Does Crum & Forster share? | Can you limit this sharing? |
|---|---|---|
| For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | Yes | No |
| For our marketing purposes – to offer our products and services to you | Yes | No |
| For joint marketing with other financial companies | No | We don't share |
| For our affiliates' everyday business purposes – information about your transactions and experiences | Yes | No |
| For our affiliates' everyday business purposes – information about your creditworthiness | No | We don't share |
| For our affiliates to market to you | Yes | Yes |
| For our non-affiliates to market to you | No | We don't share |

| | |
|---|---|
| **To Limit Our Sharing** | ▪ Call 844-254-5754<br>▪ Email us at: CFChiefLegalOfficer@cfins.com<br>Please note: If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.<br>However, you can contact us at any time to limit our sharing. |
| **Questions** | Call 844-254-5754 or email us at: CFChiefLegalOfficer@cfins.com unless you provide a separate FCRA opt out form. |

| Who We Are | |
|---|---|
| **Who is providing this notice?** | Crum & Forster and its affiliates. |
| **What We Do** | |
| **How does Crum & Forster protect my personal information?** | To protect your personal information from unauthorized access and use, we use security measures that comply with applicable federal and state law. These measures include computer safeguards and secured files and buildings. |
| **How does Crum & Forster collect my personal information?** | We collect your personal information, for example, when you<br>▪ apply for insurance or pay insurance premiums<br>▪ file an insurance claim or give us your contact information<br>▪ provide employment information<br>We also collect your personal information from others, such as credit bureaus, affiliates or other companies. |
| **Why can't I limit all sharing?** | Federal law gives you the right to limit only<br>▪ sharing for affiliates' everyday business purposes – information about your creditworthiness<br>▪ affiliates from using your information to market to you<br>▪ sharing for nonaffiliates to market to you<br>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law. |
| **Definitions** | |
| **Affiliates** | Companies related by common ownership or control. They can be financial and nonfinancial companies.<br>▪ *Our affiliates include: United States Fire Insurance Company, The North River Insurance Company, Crum & Forster Indemnity Company, Seneca Insurance Company, Inc., Travel Insured International, Inc., Monitor Life Insurance Company of New York, MTAW Insurance Company, Bail USA, Inc. and any other company within the Crum & Forster group of companies.* |
| **Non-affiliates** | Companies not related by common ownership or control. They can be financial and nonfinancial companies.<br>▪ *Crum & Forster does not share with nonaffiliates so they can market to you.* |
| **Joint marketing** | A formal agreement between nonaffiliated financial companies that together market financial products or services to you.<br>▪ *Crum & Forster doesn't jointly market.* |

## Other Important Information

**For Insurance Customers in AZ, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR and VA only.** The term "Information" in this section means customer information obtained in an insurance transaction. We may give your Information to state insurance officials, law enforcement, group policy holders about claims experience or auditors as the law allows or requires. We may give your Information to insurance support companies that may keep it or give it to others. We may share medical information, so we can learn if you qualify for coverage, process claims or prevent fraud or if you say we can.

To see your Information, submit a request via email to CFChiefLegalOfficer@cfins.com. You must state your full name, address, the insurance company, policy number (if relevant) and the Information you want. We will tell you what Information we have. You may see and copy the Information (unless privileged) at our office or ask that we mail you a copy for a fee. If you think any Information is wrong, you must write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement.

**For California Residents only.** We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law. We will limit sharing among our affiliates to the extent required by California law. We do not share information about creditworthiness. For further information visit our website.

You have the right to submit a written request to access, correct, amend, or delete certain personal information we collect about you. To submit a request please write your request and send it to the following privacyinformation@cfins.com. You have the right to receive a response to your request within 30 business days of the date of the submission of your request to access, correct, amend, or delete your personal information. If we refuse your request, you have the right to file a statement regarding what you believe to be accurate and fair information and why you disagree with our response. For more information see C&F's Model 670 Notice at www.cfins.com/onlineprivacypolicy/glba/cfmodel670/.

**For Massachusetts Residents only.** You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

**For Nevada Residents only.** We are providing you this notice under state law. Nevada law requires we provide the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov; Crum & Forster: Legal Department, P.O. Box 1973, 305 Madison Avenue, Morristown, NJ 07962, 844-254-5754, CFChiefLegalOfficer@cfins.com.

**For North Dakota Residents only.** We will not share information we collect about you with non-affiliated third parties, except as permitted by North Dakota law. We will limit sharing among our affiliates to the extent required by North Dakota law. For further information visit our website.

**For Vermont Residents only.** Under Vermont law, we will not share information we collect about Vermont residents with companies outside of our affiliates, unless the law allows. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found on our website.