



## **Seven Corners Trip Protection Choice**

INSURANCE FOR RESIDENTS OF MISSOURI TRAVELING  
IN THE UNITED STATES AND INTERNATIONALLY

Covers trips up to 180 days



**SEVEN CORNERS**  
TRAVEL INSURANCE

**United States Fire Insurance Company**  
Administrative Office: 5 Christopher Way, Eatontown, NJ 07724  
Phone Number: 973-490-6600

## INDIVIDUAL TRAVEL INSURANCE POLICY

### Seven Corners Trip Protection Choice

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. Please refer to the Schedule of Benefits, which provides the insured, also referred to as "You" or "Your", with specific information about the program You purchased. 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.

#### 15 Day Free Look Period

If You are not satisfied for any reason, You may cancel this policy within 15 days after receipt by providing Us or Our authorized representative the cancellation notice. We will refund Your premium paid, 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

All coverages are per-trip amounts and the limits shown below are applicable to each covered trip taken during the period of coverage. No benefits will duplicate any other benefit or coverage provided under this policy. Should there be a duplication of coverage or benefits, then We will pay the benefit providing the largest amount of coverage.

Travel Arrangement Protection	Maximum Benefit Amount
Trip Cancellation	100% of non-refundable insured Trip Cost*, to a maximum of \$100,000 per person
Trip Interruption	150% of non-refundable insured Trip Cost**
Additional Trip Interruption Traveling Companion Hospitalization \$0 Insured Trip Interruption	up to \$150 per day, limited to 10 days up to a maximum of \$1,000 per person
Trip Delay	up to \$250 per day per person, to a maximum of \$2,000
Change Fee	up to \$300
Frequent Traveler Reward	up to \$500
Single Supplement	included up to a maximum of \$500
Missed Tour or Cruise Connection	up to \$250 per day, up to a maximum of \$1,500
Traveling Companion Bedside Daily	up to \$200 per day for 7 days
Pet Kennel	up to \$100 per day, up to a maximum of \$500
Medical Evacuation and Repatriation of Remains Emergency Medical Evacuation Medical Repatriation Repatriation of Remains	up to \$1,000,000 included included included
Additional Medical Evacuation Transportation of Children/Child Bedside Visit Transportation to Join You	 included up to \$1,000 included up to \$1,000
Bedside Traveling Companion Daily	up to \$1,000
Political or Security Evacuation	\$20,000



Protection For Your Belongings		Maximum Benefit Amount
Baggage and Personal Effects		\$2,500 subject to per item maximum of \$250
Passport, Visa or Other Travel Documents Replacement		up to \$200
Credit Card Charges and Interest		up to \$50
Items Subject to Special Limitations		\$1,000 maximum combined
Baggage Delay		up to \$100 per day, to a maximum of \$500
Travel Insurance Benefit(s)		Maximum Benefit Amount
Emergency Accident and Sickness Medical Expense		up to \$500,000
Dental Expense Sublimit		\$750
Accidental Death and Dismemberment		Maximum Benefit Amount
Accidental Death and Dismemberment 24-Hour Other than Common Carrier		\$20,000
Accidental Death and Dismemberment Common Carrier		\$40,000
<b>The maximum number of insureds allowed under this policy is 10.</b>		
*Trip Cancellation is not applicable when \$0 Trip Cost is displayed on Your confirmation of coverage.		
**\$1,000 return air ticket cost only if \$0 Trip Cost is displayed for Trip Cancellation on Your confirmation of coverage.		
<p style="text-align: center;"><b>OPTIONAL BENEFITS</b></p> <p>The Optional Benefit(s) are applicable only when specifically required on the enrollment document(s) and You have paid the additional premium and the purchase is confirmed on Your confirmation of benefits.</p>		
Optional Travel Arrangement Protection		Maximum Benefit Amount
Optional Cancel for Any Reason		75% of non-refundable insured Trip Cost*
Optional Trip Interruption for Any Reason		75% of non-refundable insured Trip Cost
Optional Event Ticket Registration Fee Protection		up to \$15,000
Optional Rental Car Damage and Theft		up to \$35,000
Optional Protection For Your Belongings		Maximum Benefit Amount
Optional Sports and Golf Equipment Rental		up to \$2,500 per item, to a maximum of \$5,000
*Trip Cancellation is not applicable when \$0 Trip Cost is displayed on Your confirmation of coverage.		

T7000IP-P&C-SOB.MO1

## 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 who are a citizen or resident of the United States of America.

### Non-Refundable Provision

After the 15-day review period, the premium for this policy is non-refundable.

## SECTION II. WHEN COVERAGE BEGINS AND ENDS

### When Coverage Begins

**This is Your Effective Date and time for All Coverages, unless otherwise specified within the benefit:**

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, unless otherwise specified within the benefit:**

Your 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. BENEFITS

### EXTENSION OF COVERAGE

#### AUTOMATIC EXTENSION OF COVERAGE

**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.

Benefits will not exceed the Maximum Benefit Amounts shown in the Schedule of Benefits.

T7000I-MO-AUTOEXTALL2

### EXTENSION OF COVERAGE

#### MEDICAL EVACUATION AND REPATRIATION EXTENSION

**Coverage:**

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.

T7000I-MO-AUTOEXTMEDEVAC1

### EXTENSION OF COVERAGE

#### ACCIDENT AND SICKNESS MEDICAL EXPENSE EXTENSION

**Coverage:**

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 14 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 date Your Coverage Ends.

Benefits will not exceed the Maximum Benefit Amount for the Accident and Sickness Medical Expense shown in the Schedule of Benefits.

T7000I-MO-AUTOEXTMED1C

## TRAVEL ARRANGEMENT PROTECTION

### TRIP CANCELLATION

#### When Coverage Begins:

This is Your Effective Date and time for **Trip Cancellation**:

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.

#### When Coverage Ends:

**Trip Cancellation** 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.

#### Coverage:

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 must cancel Your Trip due to a pregnancy or childbirth. The date of conception, as verified by medical records, must occur after Your Effective Date for Trip Cancellation
2. Financial Default or Financial Insolvency of an entity that directly provides Travel Arrangements, including a Travel Supplier, a Common Carrier, or other travel entity that causes a complete cessation of travel services if the Financial Default or Financial Insolvency occurs more than 14 days following Your Effective Date for Your Trip Cancellation benefit. Benefits will be paid due to Financial Default or Financial Insolvency of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination;
3. 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;
4. mechanical breakdown/equipment failure of a Common Carrier 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;



5. mandated shutdown by local government authorities of travel services of an airport or air traffic control system, resulting in the complete cessation of services other than terrorism or act of war for at least 48 consecutive hours of Your Common Carrier;
6. shutdown of the air traffic control system or an airport due to fire or power outage from which You are scheduled to depart, resulting in the complete cessation of services other than terrorism or act of war for at least 48 consecutive hours of Your Common Carrier;
7. 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;
8. an unannounced Strike results in a complete cessation of services for at least 48 consecutive hours of a Common Carrier on which You or Your Traveling Companion are scheduled to travel;
9. Inclement Weather that causes a complete cessation of services, or closure of public roadways by local government authorities, for at least 48 consecutive hours of a Common Carrier on which You or Your Traveling Companion are scheduled to travel;
10. Your or Your Traveling Companion's Primary Residence or Scheduled Destination Accommodations are made Uninhabitable and remain Uninhabitable during Your Trip or are inaccessible by the mode of transportation as shown on the travel documents or itinerary within 30 days of Your Scheduled Departure Date 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. We will only pay the benefits for losses occurring within 30 days after the named hurricane renders Your Scheduled Destination Uninhabitable or inaccessible. This coverage only applies if You purchased the policy within the Time Sensitive Period;

11. 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;
12. You or Your Traveling Companion are hijacked or Quarantined;
13. 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;
14. You or Your Traveling Companion are called to active military duty or emergency service as a reservist, either to serve or to provide aid or relief in the event of a Natural Disaster;
15. 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;
16. Your Host at Your Scheduled Destination being unable to provide Accommodations due to a life-threatening Sickness or Injury, or due to his/her death. You must provide official documentation of the event;
17. a Terrorist Incident occurs before Your Trip:
  - a. within 30 days of Your Scheduled Departure Date in the Scheduled Trip Departure City or in a city listed on the scheduled itinerary of Your Trip.

Provided Your Travel Supplier (if applicable) did not offer a substitute itinerary. Losses resulting from a cancellation due to a potential Terrorist Incident are not covered, even if the cancellation is due to the issuance of travel advisories, bulletins, or alerts. The Terrorist Incident must be documented in a travel alert or travel warning for levels 4 and higher issued by the United States Department of State advising Americans to avoid that certain country;

18. a documented theft of Your passports, travel documents, or visas within 14 days of the Scheduled Departure Date specifically required for Your Trip. A police report must substantiate the theft;

19. You or Your Traveling Companion are the victim of a Felonious Assault within 10 days prior to the Scheduled Departure Date;
20. You or Your Traveling Companion have an involuntary transfer of employment within the same organization of 100 or more miles, which requires Your or Your Traveling Companion's Primary Residence to be relocated. Provided that You or Your Traveling Companion have been an active employee with the same employer for at least 1 continuous year. Notification of the transfer must occur after the Effective Date of Your Trip Cancellation coverage. This provision is not applicable to temporary or seasonal employment, independent contractors, freelancers, or self-employed persons;
21. 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.

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. However, no claim will be denied based upon the insured's failure to provide notice within such specified time, unless this failure operates to prejudice Our rights, as per Missouri regulation 20 CSR 100-1.020.

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

**The following exclusion applies to the Trip Cancellation benefit.**

1. We will not pay for any loss or expense caused due to, arising, or resulting from a Pre-Existing Medical Condition, as defined in the policy.

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.

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

**Your duties in the event of a loss:**

For **Trip Cancellation**, You must:

Immediately, or as soon as possible, call Your Travel Supplier and the program administrator to report Your cancellation to avoid non-covered charges due to late reporting. If You are prevented from taking Your Trip as scheduled due to Sickness or Injury, You should obtain medical care immediately. We require an examination and treatment by a Physician prior to cancellation. Provide all unused transportation tickets, official receipts, etc.

T7000I-MO-TRIPCAN6

## TRAVEL ARRANGEMENT PROTECTION

### TRIP INTERRUPTION

#### Coverage:

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 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 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 must interrupt Your Trip due to a pregnancy or childbirth. The date of conception as verified by medical records must occur after Your Effective Date for Trip Cancellation;
2. mechanical breakdown/equipment failure of a Common Carrier 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. local government mandated shutdown of travel services of an airport or air traffic control system, resulting in the complete cessation of services other than terrorism or act of war for at least 48 consecutive hours of Your Common Carrier;
4. shutdown of the air traffic control system or an airport due to fire or power outage from which You are scheduled to depart or to make a connection, resulting in the complete cessation of services other than terrorism or act of war for at least 48 consecutive hours of Your Common Carrier;
5. 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;

6. an unannounced Strike resulting in complete cessation of travel services for at least 48 consecutive hours of the Common Carrier on which You or Your Traveling Companion are scheduled to travel;
7. 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;
8. Inclement Weather that causes a complete cessation of services, for at least 48 consecutive hours of a Common Carrier on which You or Your Traveling Companion are scheduled to travel;
9. Your or Your Traveling Companion's Scheduled Destination Accommodations are made Uninhabitable and remains Uninhabitable during Your Trip or are inaccessible by the mode of transportation as shown on the travel documents or itinerary by a Natural Disaster, vandalism, or burglary.

Coverage for a hurricane only applies if You purchased insurance prior to the tropical storm first being upgraded to a hurricane. 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. We will only pay the benefits for losses occurring within 30 days after the named hurricane renders Your Scheduled Destination Uninhabitable or inaccessible. This coverage only applies if You purchased the policy within the Time Sensitive Period;

10. Your Scheduled Destination is under a hurricane warning or hurricane watch, as issued by the NOAA Hurricane Center, after Your Scheduled Departure Date;
11. You or Your Traveling Companion are hijacked or Quarantined;
12. 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;
13. You or Your Traveling Companion are called to active military duty or emergency service as a reservist, either to serve or to provide aid or relief in the event of a Natural Disaster;
14. 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;
15. Your Host at Your Scheduled Destination being unable to provide Accommodations due to a life-threatening Sickness or Injury, or due to his/her death. Official documentation of the event must be provided;
16. a Terrorist Incident that occurs during Your Trip:
  - a. in a city listed on the scheduled itinerary of Your Trip; or
  - b. provided Your Travel Supplier (if applicable) did not offer a substitute itinerary.

Losses resulting from interruption due to a potential Terrorist Incident are not covered, even if the interruption is due to the issuance of travel advisories, bulletins, or alerts. The Terrorist Incident must be documented in a travel alert or travel warning for levels 4 and higher issued by the United States Department of State advising Americans to avoid travel to that particular country;

17. 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;
18. You or Your Traveling Companion are the victim of a Felonious Assault while on Your Trip;
19. a travel alert or travel warning for levels 4 and higher or an evacuation order is issued after Your Effective Date of Your Trip Interruption coverage, to a Scheduled Destination specifically listed on Your itinerary. The travel alert, warning, etc. must occur during Your scheduled Trip.

For up-to-date information, refer to the U.S. State Department website at [travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html);

20. You or Your Traveling Companion have an involuntary transfer of employment within the same organization of 100 or more miles, which requires Your or Your Traveling Companion's Primary Residence to be relocated and You or Your Traveling Companion have to interrupt the Trip. Provided that You or Your Traveling Companion have been an active employee with the same employer for at least 1 continuous year. Notification of the transfer must occur while You or Your Traveling Companion are on the Trip, and the transfer must occur during the Trip. This provision is not applicable to temporary employment, seasonal employment, independent contractors, freelancers, or self-employed persons;
21. 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;
22. Financial Default or Financial Insolvency of an entity that directly provides Travel Arrangements, including a Travel Supplier, Common Carrier, or other travel entity that causes a complete cessation of travel services if the Financial Default or Financial Insolvency occurs more than 14 days following Your Effective Date for Trip Interruption. Benefits will be paid due to Financial Default or Financial Insolvency of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your Scheduled Destination;
23. If You cannot continue on Your Trip due to a covered Injury or Sickness not requiring Hospitalization and You must extend Your Trip due to medically imposed restrictions, as certified by a treating Physician, benefits will be paid for additional hotel nights, meal(s), and local transportation expenses until You are Medically Fit to Travel up to \$100 per day, limited to 10 days and a maximum of \$1,000.

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.

**The following exclusion applies to the Trip Interruption benefit.**

Unless otherwise shown below, these exclusions apply to You, Your Traveling Companion, Family Members, and Business Partners scheduled and booked to travel with You. We will not pay for any loss or expense caused due to, arising, or resulting from:

1. We will not pay for any loss or expense caused due to, arising, or resulting from a Pre-Existing Medical Condition, as defined in the policy.

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.

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

**Your duties in the event of a loss:**

For **Trip Interruption**, You must:

Immediately, or as soon as possible, call Your Travel Supplier and the program administrator to report Your interruption to avoid non-covered charges due to late reporting. If You 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 interruption. Provide all unused transportation tickets, official receipts, etc.

T7000I-MO-TRIPINT8



## TRAVEL ARRANGEMENT PROTECTION

### TRIP INTERRUPTION

#### ADDITIONAL TRIP INTERRUPTION

##### Coverage:

1. If You must interrupt Your Trip because Your Traveling Companion is Hospitalized and must remain Hospitalized due to a covered Injury or Sickness for at least 3 days during Your Trip, We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the Reasonable Expenses incurred by You to remain with Your Traveling Companion after Your Scheduled Return Date.
2. If You have \$0 insured Trip Cost, and You interrupt Your Trip for a covered Unforeseen reason, We will reimburse You for the additional cost, as shown in the Schedule of Benefits, for expenses incurred for one-way airfare (using the same class of fare as the original travel ticket) to return You to Your originally scheduled Return Destination.

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.

T7000I-MO-ADDTLTRIPINT2

## TRAVEL ARRANGEMENT PROTECTION

### TRIP DELAY

##### When Coverage Begins:

This is Your Effective Date and time for **Trip Delay**:

Coverage is in force while en route to and from the Covered Trip.

##### Coverage:

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 for at least 6 consecutive hours 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.

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) 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.

#### **Your duties in the event of a loss:**

For **Trip Delay**, You must:

Obtain any specific dated documentation, which provides proof of the reason for delay (airline or cruise line forms, medical statements, etc.). Submit this documentation along with Your trip itinerary and all receipts for additional expenses incurred.

T7000I-MO-TRIPDELAY1

## **TRAVEL ARRANGEMENT PROTECTION**

### **CHANGE FEE**

#### **Coverage:**

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the change fee charged by a Common Carrier for changing a ticket, or the fees assessed by Your Travel Supplier for changing Your original Travel Arrangements, prior to the Scheduled Departure Date or on the date when You depart on the first Travel Arrangement or while You are on Your Trip for covered Unforeseen reasons listed under Trip Cancellation and Trip Interruption.

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

T7000I-MO-CHANGEFEE1

## **TRAVEL ARRANGEMENT PROTECTION**

### **FREQUENT TRAVELER REWARD**

#### **Coverage:**

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the cost charged to re-deposit frequent traveler reward(s) into Your traveler/member account, provided that frequent traveler reward(s) were utilized to purchase the Travel Arrangements for Your Trip, and Your Trip must be cancelled prior to the Scheduled Departure Date due to any of the covered Unforeseen reasons or Other Covered Events shown in Your Trip Cancellation benefit section.

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

T7000I-MO-FREQTRAVELER1

## TRAVEL ARRANGEMENT PROTECTION

### SINGLE SUPPLEMENT

#### Coverage:

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.

T7000I-MO-SINGLESUPP1

## TRAVEL ARRANGEMENT PROTECTION

### MISSED TOUR OR CRUISE CONNECTION

#### Coverage:

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.

Coverage is secondary if reimbursable by any other source.

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.

#### Your duties in the event of a loss:

For **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.

T7000I-MO-MISSEDTTC1A

## **TRAVEL ARRANGEMENT PROTECTION**

### **TRAVELING COMPANION BEDSIDE DAILY**

#### **Coverage:**

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, if Your Traveling Companion is Hospitalized for at least 3 days during Your Trip, for Reasonable Expenses incurred by You to remain near Your Traveling Companion. If the patient is an insured Child, a Traveling Companion bedside companion is available immediately upon Hospital admission. For purposes of this benefit, the Traveling Companion must accompany You on the Trip. 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.

T7000I-MO-TRAVELINGCOMPBEDSIDE1

## **TRAVEL ARRANGEMENT PROTECTION**

### **PET KENNEL**

#### **Coverage:**

We will reimburse You, up to a Maximum Benefit Amount shown in the Schedule of Benefits, to cover the necessary additional kennel fees or expenses if You are delayed past the Scheduled Return Date for at least 6 consecutive hours while en route to Your Return Destination, if You have a covered Trip Interruption, Trip Delay, or Missed Connection claim. You must have placed Your Pet in a licensed commercial kennel for the duration of Your Trip and are unable to collect Your Pet on the day previously agreed upon with the kennel.

You must provide the following documentation when presenting a claim:

- a. written confirmation of the reasons for the delay from the Common Carrier whose delay resulted in the loss, including, but not limited to, schedule departure and return times and actual departure and return times;
- b. written confirmation from the licensed commercial kennel advising the original pick-up date and the actual pick-up date; and
- c. receipts for the expenses incurred.

This benefit is payable for only one delay per Trip.

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

T7000I-MO-PETKENNEL1B

## **TRAVEL ARRANGEMENT PROTECTION**

### **MEDICAL EVACUATION AND REPATRIATION OF REMAINS**

#### **Coverage:**

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 Usual and Customary transportation expenses for an Emergency Medical Evacuation, to the nearest suitable Hospital or medical facility where Medically Necessary treatment is available to treat an Unforeseen Sickness or Injury, provided:

1. the local attending Physician and Our designated Travel Assistance Services Provider determine that Your condition is acute, severe, or life threatening; and
2. that adequate Medically Necessary treatment is not available in Your immediate area.

#### **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, if Your local attending Physician and Our designated Travel Assistance Services Provider determine that it is Medically Necessary.

We will pay for one of the following methods of transportation, as pre-approved (prior to the evacuation) and arranged by Us or Our designated Travel Assistance Services Provider:

- a. one-way economy transportation;
- 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.

Transportation must be via the most direct, efficient, and economical method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, Your Common Carrier tickets will be used.

We will also pay a benefit for Usual and Customary 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 Evacuation expenses will only be payable at the Usual and Customary level or payment for necessary transportation, related medical services, and medical supplies.

For purposes of this benefit, the following definition is included:

**Medical Escort** means a medically trained professional who is approved by Us or Our designated Travel Assistance Services Provider and is contracted to accompany and provide medical care to a sick or injured person while they are being transported.



## **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.

For purposes of this benefit, the following definition is included:

**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; 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.

All Repatriation Expenses must be authorized and arranged in advance by Us or Our designated Travel Assistance Services Provider. 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 expenses for the Emergency Medical Evacuation and Medical Repatriation must be authorized and arranged in advance by Us or Our designated Travel Assistance Services Provider.

In the event You have not contacted Us or Our designated Travel Assistance Services Provider to arrange for Emergency Medical Evacuation, Medical Repatriation, or Repatriation of Remains, benefits will be limited to the amount We would have paid, had We or Our designated Travel Assistance Services Provider been contacted and related services pre-approved.

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

T7000I-MO-MEDEVAC2C

**TRAVEL ARRANGEMENT PROTECTION**  
**MEDICAL EVACUATION AND REPATRIATION OF REMAINS**  
**ADDITIONAL MEDICAL EVACUATION**

**Coverage:**

**Transportation of Children/Child**

If You die or are Hospitalized for more than 7 consecutive days following 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 economy transportation ticket, or 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, if considered necessary by Us or Our designated Travel Assistance Services Provider.

**Bedside Visit Transportation to Join You**

If You are or will be Hospitalized for more than 7 consecutive days following 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 is not imminent.

Additional Medical Evacuation benefits are supplemental to benefits provided under Medical Evacuation and Medical Repatriation, and Your Medical Evacuation and Medical Repatriation coverage may not exceed the 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.

T7000I-MO-ADDTLMEDEVAC3A

**TRAVEL ARRANGEMENT PROTECTION**  
**BEDSIDE TRAVELING COMPANION DAILY**

**Coverage:**

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, if You are Hospitalized for at least 3 days during Your Trip, for Reasonable Expenses incurred for Your Traveling Companion to remain near You. For an insured Child, a bedside companion is available immediately upon Hospital admission. For purposes of this benefit, Your Traveling Companion or traveling Family Member must be insured under this policy and accompany You on Your Trip.

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.

T7000I-MO-BEDSIDECOMP1

## TRAVEL ARRANGEMENT PROTECTION

### POLITICAL OR SECURITY EVACUATION

#### Coverage:

We will pay, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for all reasonable Political or Security Evacuation expenses and Related Costs incurred for Your transportation, if You must interrupt Your Trip for a covered Political or Security Event and while traveling outside Your Home Country.

The Political or Security Evacuation must occur within 14 days of the Political or Security Event, and the arrangements will be by the most appropriate and by most efficient, practical, and economical means available and consistent with Your health and safety.

Following the Political or Security Evacuation and when safety allows, We will pay for one-way economy transportation and Related Costs to return You to one of the following locations as chosen by You:

- a. back to the Host Country if return is safe and permitted; or
- b. back to Your Home Country; or
- c. back to Your Return Destination; or
- d. to the Nearest Place of Safety necessary to ensure Your safety and well-being as determined by Us or Our designated Travel Assistance Services Provider.

#### Political or Security Evacuation Definitions

For purposes of this benefit, the following definitions are included:

**Political or Security Evacuation** means Your extraction from or within the Host Country due to a Political or Security Event that results in You being placed in imminent physical danger.

**Political or Security Event** means:

1. civil, military, or political unrest for which a formal written recommendation from the appropriate local government authorities, or the U.S. State Department, for You to leave a country is issued;
2. You being expelled or declared a persona non-grata by a country You are visiting on Your Trip;
3. You or Your Traveling Companion are the victim of Felonious Assault while on Your Trip.

Children under the age two (2) for whom no Travel Arrangements are obtained but are named on Your travel itinerary will be covered for Political or Security Evacuation. This coverage does not apply to a Political or Security Evacuation incurred by any Child born or adopted during Your Trip.

#### Political or Security Evacuation Conditions and Limitations

1. The benefits and services described herein are provided to You only if authorized, arranged, and coordinated by Us or Our designated Travel Assistance Services Provider;
2. We will not pay for any loss or expense recoverable under any other valid and collectible insurance, or through an employer;
3. We or Our designated Travel Assistance Services Provider will advise or recommend the means, methods, and timing of a Political or Security Evacuation. However, the decision to travel is Your own responsibility;
4. You will be responsible for all transportation and living costs while located at the safe haven;

5. We are not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond Our control. This includes Our inability to provide You an evacuation or any additional services when United States of America law, local laws, or regulatory agencies prohibit the rendering of such evacuation or service. We will not cover a Political or Security Evacuation from OFAC designated countries;
6. We will not pay any costs or expenses arising from:
  - a. Political or Security Evacuation from Your Home Country;
  - b. Political or Security Evacuation when the Political or Security Event precedes Your arrival in the Host Country;
  - c. Political or Security Evacuation when the evacuation notice has been issued or posted by the recognized government of Your Home Country or the Host Country for a period of more than seven (7) days and You have failed to notify Us or Our designated Travel Assistance Services Provider regarding Your need to be evacuated;
  - d. the actual or threatened use or release of any nuclear, chemical, or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause;
  - e. We will not pay for more than one (1) Political or Security Evacuation from a country or territory per Trip;
  - f. We will not pay for any loss or expense arising from or attributable to: a) fraudulent or criminal acts committed or attempted by You; b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent; or c) failure to maintain required documents or visas;
  - g. We will not pay for any loss or expense arising from or attributable to: a) debt, insolvency, business, or commercial failure; b) the repossession of any property; or c) Your non-compliance with a contract, license, or permit;
  - h. We will not pay for any loss or expense arising from or due to liability assumed by You under any contract;
  - i. Your arrival into a country for which a formal recommendation in the form of a travel alert or travel warning from the U.S. State Department advising caution at a level 4 or higher in traveling to specified destinations due to reasons such as armed violence, civil or political unrest, high incidence of crime (specially kidnapping and/or murder), natural disaster, or outbreak of one or more contagious diseases has been issued preceding Your arrival into that country on Your Trip.

**Right of Recovery:** If, after a Political or Security Evacuation is completed, it becomes clear that You were an active participant in the events that led to a Political or Security Event, We have the right to recover all transportation and Related Costs from You.

**Excess Provision:** Benefits payable for the eligible expenses under this Political or Security Evacuation benefit are in excess of any other forms of insurance and will be limited to that part of the eligible expense, if any, which is in excess of the total benefits payable for the same Political or Security Evacuation under any other valid and collectible insurance or other indemnity. If the other valid and collectible insurance or indemnity provides benefits on an excess coverage basis, benefits will be paid first by Us or services plan whose coverage has been in effect for the longer period at the date of the Political or Security Evacuation.

For purposes of this benefit, Your entitlement to other valid and collectible insurance or indemnity will be determined as if this benefit did not exist and will not depend on whether timely application for benefits from other valid and collectible insurance or indemnity is made by or on behalf of You.

These benefits will be reduced to the extent that expenses are covered by any other valid and collectible insurance or indemnity whether or not a claim is made for such benefits.

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

T7000I-MO-POLITICALSECURITYEVAC1A

## **PROTECTION FOR YOUR BELONGINGS**

### **BAGGAGE AND PERSONAL EFFECTS**

#### **Coverage:**

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; and for charges and interest incurred due to unauthorized use or replacement of Your lost or stolen credit cards, if such use or loss occurs during Your Trip, subject to verification that You have complied with all conditions of the credit card company.

#### **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.

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

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. trailers;
- e. motors;
- f. aircraft;
- g. bicycles, except when checked as baggage with a Common Carrier;
- h. household effects and furnishings;
- i. antiques and collectors' items;
- j. 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;



- k. artificial limbs or other prosthetic devices;
- l. prescribed medications;
- m. keys, money, stamps, and credit cards (except as otherwise specifically covered herein);
- n. securities, stamps, tickets, and documents (except as coverage is otherwise specifically provided herein);
- o. professional or occupational equipment or property, whether or not electronic business equipment;
- p. telephones or wireless devices, computer hardware or software;
- q. computers (including personal computers and laptops), digital or electronic equipment or media;
- r. 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;
- s. property shipped as freight or shipped prior to the Scheduled Departure Date.

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

### **Your duties in the event of a loss:**

For **Baggage and Personal Effects**, You must:

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;
- 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.

T7000I-MO-BAGGAGE1

## PROTECTION FOR YOUR BELONGINGS

### BAGGAGE AND PERSONAL EFFECTS

#### BAGGAGE DELAY

**Coverage:**

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.

For purposes of this benefit, the following definition is included:

**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.

**Exclusions and limitations apply to 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. trailers;
- e. motors;
- f. aircraft;
- g. bicycles, except when checked as baggage with a Common Carrier;
- h. household effects and furnishings;
- i. antiques and collectors' items;
- j. 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;
- k. artificial limbs or other prosthetic devices;
- l. prescribed medications;
- m. keys, money, stamps, and credit cards (except as otherwise specifically covered herein);
- n. securities, stamps, tickets, and documents (except as coverage is otherwise specifically provided herein);
- o. professional or occupational equipment or property, whether or not electronic business equipment;
- p. telephones or wireless devices, computer hardware or software;
- q. computers (including personal computers and laptops), digital or electronic equipment or media;
- r. 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.

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

## Your duties in the event of a loss:

For **Baggage Delay**, You must:

In case of delayed Baggage and Personal Effects, You must:

1. 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 Necessary Personal Items.

T7000I-MO-BAGDELAY1B

## TRAVEL INSURANCE BENEFITS

### EMERGENCY ACCIDENT AND SICKNESS MEDICAL AND DENTAL EXPENSE

#### Coverage:

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.

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.

For purposes of this benefit, the following definition is included:

**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 pay benefits in excess of the Usual and Customary level of charges. We will not cover any expenses provided by another party at no cost to You, or already included within the cost of Your Trip.

For purposes of this benefit, the following definition is included:

**Emergency Condition** means an Injury or Sickness diagnosed by a Physician, for which You have sudden and unexpected severe or acute symptoms requiring immediate care, and the failure to obtain such care could reasonably result in serious deterioration of Your condition or place Your life in jeopardy. 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.

For purposes of this benefit, the following definition is included:

**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.

We will not pay benefits in excess of the Usual and Customary level of charges. We will not cover any expenses provided by another party at no cost to You, or already included within the cost of Your Trip.



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

Unless otherwise shown below, these exclusions apply to You, Your Traveling Companion, Family Members, and Business Partners scheduled and booked to travel with You. We will not pay for any loss or expense caused due to, arising, or resulting from:

1. We will not pay for any loss or expense caused due to, arising, or resulting from a Pre-Existing Medical Condition, as defined in the policy;  
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;
2. routine physical examinations or routine dental care;
3. traveling for the purpose or intent of securing medical treatment or advice;
4. Experimental or Investigative treatment or procedures;
5. Elective Treatment and Procedures;
6. 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;
7. any medical service provided by You, a Family Member, or Traveling Companion;
8. alcohol, marijuana abuse or substance abuse or treatment for the same, including admittance to a rehab facility;
9. Normal pregnancy (except Complications of Pregnancy) or childbirth, or elective abortion;
10. a Mental, Nervous, or Psychological Condition or Disorder, unless Hospitalized or Partially Hospitalized while the policy is in effect;
11. 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;
12. Your participation in Adventure or Extreme Activities, riding or driving in any races, or participation in speed or endurance competition or events, except as a spectator;
13. Your participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition.

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

**Your duties in the event of a loss:**

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

1. Provide Us with all receipts from the provider of services and reports for medical and/or dental expenses claimed, stating the amount paid and listing the diagnosis and treatment.

T7000I-MO-ERMD1A

**TRAVEL INSURANCE BENEFITS**  
**ACCIDENTAL DEATH AND DISMEMBERMENT**  
**24-HOUR OTHER THAN COMMON CARRIER**

**Coverage:**

We will pay the percentage of the Principal Sum shown in the Table of Losses of the Maximum Benefit Amount shown in the Schedule of Benefits, when You, as a result of an Injury caused by an Accident occurring during Your Trip, sustained a Loss shown in the Table of Losses below.

**Table of Losses**

Loss of	% of Principal Sum
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Thumb and Index Finger of Same Hand	25%

The Loss must occur within 181 days of the date of the Accident, which caused Injury. The Accident must occur while You are on Your Trip and are covered under this policy.

If more than one Loss is sustained by You as a result of the same Accident, only one amount, the largest applicable to the Losses incurred, will be paid. We will not pay more than 100% of the Maximum Benefit Amount shown in the Schedule of Benefits for all Losses due to the same Accident.

**Loss** with regard to:

- a. hand(s), or foot/feet, means actual severance at or above a wrist joint proximal to the elbow or actual severance at or above the ankle proximal to the knee, respectively; and
- b. eye or eyes means total and irrecoverable Loss of entire sight thereof in that eye; and
- c. thumb and index finger means complete severance through or above the joint that meets the palm.

**Accidental Death and Dismemberment Exclusions**

In addition to the General Exclusions, the following exclusions apply to the Accidental Death and Dismemberment benefits. We will not provide benefits for any loss due to, arising, or resulting from:

- a. Sickness or disease of any kind, directly or indirectly;
- b. riding solely as a passenger in or on, boarding or alighting from, any public conveyance provided by a Common Carrier.

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

T7000I-MO-ADD24HOUROTHERTHANCOMMON1

**TRAVEL INSURANCE BENEFITS**  
**ACCIDENTAL DEATH AND DISMEMBERMENT**  
**COMMON CARRIER**

**Coverage:**

We will pay the percentage of the Principal Sum shown in the Table of Losses of the Maximum Benefit Amount shown in the Schedule of Benefits, when You, as a result of an Injury caused by an Accident occurring during Your Trip, while:

1. riding solely as a passenger in or on, boarding or alighting from, any public conveyance provided by a Common Carrier, that results in a Loss shown in the Table of Losses below.

**Table of Losses**

Loss of	% of Principal Sum
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Thumb and Index Finger of Same Hand	25%

The Loss must occur within 181 days of the date of the Accident, which caused Injury. The Accident must occur while You are on Your Trip and are covered under this policy.

If more than one Loss is sustained by You as a result of the same Accident, only one amount, the largest applicable to the Losses incurred, will be paid. We will not pay more than 100% of the Maximum Benefit Amount shown in the Schedule of Benefits for all Losses due to the same Accident.

**Loss with regard to:**

- a. hand(s), or foot/feet, means actual severance at or above a wrist joint proximal to the elbow or actual severance at or above the ankle proximal to the knee, respectively; and
- b. eye or eyes means total and irrecoverable Loss of entire sight thereof in that eye; and
- c. thumb and index finger means complete severance through or above the joint that meets the palm.

**Accidental Death and Dismemberment Exclusions**

In addition to the General Exclusions, the following exclusions apply to the Accidental Death and Dismemberment benefits. We will not provide benefits for any loss due to, arising, or resulting from:

- a. Sickness or disease of any kind, directly or indirectly.

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

T7000I-MO-ADDCOMMON1

## SECTION IV. OPTIONAL BENEFITS

### TRAVEL ARRANGEMENT PROTECTION

#### CANCEL FOR ANY REASON

##### When Coverage Begins:

This is Your Effective Date and time for **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.

##### When Coverage Ends:

**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.

##### Coverage:

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 retail Travel Supplier or the failure of the retail 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.

##### Your duties in the event of a loss:

For **Cancel For Any Reason**, You must:

Immediately, or as soon as possible, call Your Travel Supplier and the program administrator to report Your cancellation to avoid non-covered charges due to late reporting. If You are prevented from taking Your Trip as scheduled due to Sickness or Injury, You should obtain medical care immediately. We require an examination and treatment by a Physician prior to cancellation. Provide all unused transportation tickets, official receipts, etc.

T7000I-MO-CFAR1

## **TRAVEL ARRANGEMENT PROTECTION**

### **TRIP INTERRUPTION FOR ANY REASON**

#### **Coverage:**

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.

If the above conditions are met, We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the Additional Transportation Cost to either:

- 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 or final destination of Your Trip.

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

In no event shall the amount reimbursed for Trip 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.

#### **Your duties in the event of a loss:**

For **Trip Interruption For Any Reason**, You must:

Immediately, or as soon as possible, call Your Travel Supplier and the program administrator to report Your interruption to avoid non-covered charges due to late reporting. If You 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 interruption. Provide all unused transportation tickets, official receipts, etc.

T7000I-MO-TIFAR1A

## TRAVEL ARRANGEMENT PROTECTION

### EVENT TICKET REGISTRATION FEE PROTECTION

#### Coverage:

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the cost of unused, forfeited, prepaid, non-refundable Event Ticket(s) Registration Fee(s) You paid for the event, if You are unable to attend or complete the event due to any of the following covered Unforeseen reasons listed below, provided You purchased this benefit within the Time Sensitive Period:

1. any of the covered Unforeseen reasons or Other Covered Events listed under Trip Cancellation and Trip Interruption.

If the unused, forfeited, prepaid, non-refundable Event Ticket(s) Registration Fee(s) cost is attributed to multiple persons, and all persons do not experience a covered Unforeseen reason shown above, We will reimburse You on a pro-rata basis.

We will reimburse You the pro-rated, unused portion of the non-refundable Event Ticket(s) Registration Fee(s) cost paid for the event, if Your attendance at the event is discontinued after the Start Date, due to any of the covered Unforeseen reasons shown above. Reimbursement will be calculated based on the first day of the season, regardless of the actual date the Registration or Event Ticket(s) was/were purchased.

For purposes of this benefit, the following definitions are included:

**Event Ticket** means paid admission ticket to: an event such as sports competitions, performing arts, concerts or other similar events for one specific day and time, or a multi-day or multi-event admission ticket to a series of events such as season tickets for sports, performing arts, concert, or other similar events. Series tickets for a regular sporting season do not include post season or play-offs, unless indicated in the confirmation of coverage, itinerary, or other travel documents.

**Registration Fee** means the total amount paid for the registration for event(s), including taxes and service and handling fees.

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

T7000I-MO-EVENTTICKET1

## TRAVEL ARRANGEMENT PROTECTION

### RENTAL CAR DAMAGE AND THEFT

#### When Coverage Begins:

This is Your Effective Date and time for **Rental Car Damage and Theft**:

Coverage begins when You sign the Rental Car Agreement and take legal possession of the Rental Car, provided You pay the required premium.

#### When Coverage Ends:

**Rental Car Damage and Theft** coverage ends when the car is returned to the rental car company on or before the return date and time listed on the Rental Car Agreement, at Your location on the return date and time listed on the Rental Car Agreement if the car is not returned as specified on the Rental Car Agreement and the rental period has not been extended by You.

#### Coverage:

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, if Your Rental Car is damaged while on a Trip due to collision, theft, vandalism, Natural Disaster, or any cause beyond Your control while in Your possession, or Your Rental Car is stolen and not recovered. Benefits will be paid for the lesser of:

- a. reasonable and customary cost of repairs and rental charges imposed by the rental company while the vehicle is being repaired (i.e. "loss of use" charges); or
- b. Actual Cash Value of the Rental Car, less its reasonable salvage value.

#### Rental Car Damage and Theft Exclusions and Limitations

In addition to the General Exclusions and Limitations, the following exclusions and limitations apply to the Rental Car Damage and Theft benefit. Unless otherwise shown below, these exclusions and limitations apply to You or Your Traveling Companion. Benefits are not payable for any loss due to, arising, or resulting from:

1. any loss that occurs if You or anyone traveling with You are in violation of the Rental Car Agreement;
2. any obligation You, Your Traveling Companion, or Family Member traveling with You assumed under any agreement (except insurance collision deductible);
3. alcohol intoxication 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;
4. rentals of trucks, full-size vans mounted on truck chassis, heavy duty trucks, jeep-type vehicles, campers, trailers, motor bikes, motorcycles, off road vehicles, recreational vehicles, or Exotic Vehicles;
5. failure to report the loss to the proper local authorities and the Rental Car company;
6. damage to any other vehicle, structure, or person as a result of a covered loss;
7. the decreased value of the vehicle as a result of the Accident and the subsequent repairs;
8. any loss as the result of or attributed to driving the Rental Car: while under the influence of alcohol, marijuana, or any illegal substance or the abuse of a legal substance; while using any medication that recommends abstinence from driving; in a speed competition; for compensation for hire; for illegal trade purposes, or transporting contraband;
9. any loss as the result of physical damage or loss attributed to: mechanical failure or breakdown of the Rental Car; wear and tear, gradual deterioration, corrosion, rust, or freezing; any neglect or abuse of the Rental Car; any dishonest act or conversion; any consequence of war (declared or otherwise); or contamination by a radioactive material;



10. participation in contests of speed, motor sport or motor racing, including training or practice for the same;
11. gross negligence, or Willful and Wanton conduct by You or Your Traveling Companion;
12. any loss that occurs on a Trip with a destination less than 100 miles from Your Primary Residence, or on a Trip that is not overnight in length.

**The following condition applies:** Coverage is provided to You or Your Traveling Companion, if the Rental Car is damaged while being operated by You or Your Traveling Companion at the time the damage occurs and must be listed on the Rental Car Agreement.

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

**Your duties in the event of a loss:**

For **Rental Car Damage and Theft**, You must:

1. take all necessary and reasonable steps to protect the vehicle and prevent further damage to it;
2. report the loss to the appropriate local authorities and the rental company as soon as possible;
3. obtain all information on any other party involved in an automobile accident, such as name, address, insurance information, and driver's license number;
4. provide Us all documentation such as rental agreement, police report, and damage estimate.

T7000I-MO-RENTALCAR1

## **PROTECTION FOR YOUR BELONGINGS**

### **BAGGAGE AND PERSONAL EFFECTS**

### **SPORTS AND GOLF EQUIPMENT RENTAL**

#### **Coverage:**

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the reasonable cost of renting sports or golf equipment, if Your property is lost, stolen, damaged, destroyed, or delayed by a Common Carrier for 6 or more hours during Your Trip.

Our designated Travel Assistance Services Provider or We must authorize the sports or golf equipment rental expenses and make all arrangements in advance. Benefits will not be provided if You make such arrangements on Your own.

#### **Exclusions and limitations apply to Sports and Golf Equipment Rental.**

#### **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.

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

#### **Your duties in the event of a loss:**

For **Baggage and Personal Effects – Sports and Golf Equipment Rental**, 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;
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.

T7000I-MO-SPORTGOLF1

## 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).

**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.

**Adventure or Extreme Activities** means B.A.S.E. jumping, bodily contact sports, bull riding, bungee jumping, cliff diving, fly-by-wire, free diving, hang gliding, heli-skiing, heli-snowboarding, hot air ballooning, motor sport or motor racing, Mountain Climbing over 9,000 feet (2,700 meters), multi-sport endurance competitions, parachuting, paragliding, parkour, rock climbing without equipment, running of the bulls, scuba diving if the depth exceeds 131 feet (40 meters), skydiving, wingsuit flying, and any activity materially similar to the above.

**Air Common Carrier** means an air conveyance operated under a license for the transportation of passengers for hire.

**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.

**Child Caregiver** means an individual providing basic childcare service needs for Your minor Children under the age of 18 while You are on Your Trip without the minor Children. Arrangements for having child caregiver services during Your Trip must be made thirty (30) or more days prior to the Scheduled Departure Date.

**Children/Child** means a person:

1. under the age of 17 and primarily dependent on You for support and maintenance; or
2. who is at least age seventeen (17) but less than age twenty-six (26) 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 causes 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.

**Deductible** means the amount of charges that must be incurred by You before benefits become payable. The amount of the Deductible is shown in the Schedule of Benefits for each benefit to which a Deductible applies.

**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 10 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.

**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.

**Exotic Vehicle** means antique cars that are over 20 years old or have not been manufactured for 10 or more years, or any vehicle with an original Manufacturer's Suggested Retail Price (MSRP) greater than \$50,000.

**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 or Your Traveling Companion:

- a. Spouse, 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, or 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.

**Financial Default or Financial Insolvency** means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition or the total cessation or complete suspension of operations following the filing of a bankruptcy petition, whether voluntary or involuntary by an airline, or cruise line, tour operator or other travel provider, provided the Financial Default or Financial Insolvency occurs more than 14 days following Your Effective Date for Your Trip Cancellation benefits.

**Home Country** means the country or territory of residence, or Your citizenship as shown on Your passport. If You have dual citizenship, for the purposes of this benefit, Your Home Country is the country of the passport You used to enter the Host Country, while covered under this policy.

**Hospital** means a facility that:

- a. is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
- b. is recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals;
- c. 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;

A Hospital does not include:

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

**Host at Scheduled Destination** means the person with whom You are sharing prearranged overnight Accommodations in the host's home or has made previous arrangements to stay at the host's personal residence during Your Trip.

**Host Country** means a country or territory You are visiting, or in which You are living, which is not Your Home County, other than an excluded country, while covered under this policy.

**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)/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 all other causes of loss covered by this policy. Injury must not be caused by, or result from, Sickness. The injury(ies) requires examination and treatment and must be verified by a Physician.

**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 or Veterinarian 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.

**Mountain Climbing** means the ascent or descent of a mountain requiring the use of specialized equipment, including, but not limited to, ropes, belay devices, pick-axes, anchors, pitons, bolts, crampons, carabiners, and lead or top-rope anchoring equipment.

**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.

**Nearest Place of Safety** means a location determined by Us or Our designated Travel Assistance Services Provider where:

- a. You can be presumed safe from the Occurrence that precipitated Your security evacuation; and
- b. You have access to transportation to Your Home Country; and
- c. You have the availability of temporary lodging, if needed.

**Occurrence** means any of the following situations in which You find Yourself while covered by this policy:

- a. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
- b. political or military events or Civil Disorder or Riot involving a Host Country, if the government authorities in Your Home Country or in the Host Country issue an advisory stating that citizens of Your Home Country or citizens of the Host Country should leave the Host Country;
- c. Natural Disaster within 7 days of an event.

**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 Trip. 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.

**Pet(s)** means Your domesticated dog(s) or cat(s) that live with You in Your Primary Residence as companions.

**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. 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.

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

**Quarantined** means You or Your Traveling Companion are forced into strict medical isolation by a recognized government authority, their authorized deputies, medical examiners, or Physician to prevent the spread of the disease due to You or Your Traveling Companion 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, essential telephone calls, 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.

**Related Costs** means food, lodging, and if necessary, physical protection for You during the transport to the Nearest Place of Safety.

**Rental Car** means a private passenger vehicle, including mini-vans and sport utility vehicles, rented from a rental car agency and being used solely for transportation on public roads.

**Rental Car Agreement** means the entire contract into which You enter when renting a vehicle from a rental car agency that describes in full all of the terms and conditions of the rental, as well as the responsibility of all parties under the rental car agreement.

**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 enrollment, 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 enrollment, itinerary or other travel documents.

**Scheduled Destination** means as shown in the enrollment, 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.

**Service Animal** means any guide dog, signal dog, or other animal individually trained to work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding persons with impaired vision, alerting persons with impaired hearing to intruders or sounds, pulling a wheelchair, or fetching dropped items.

**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.

**Tarmac Delay** means the holding of an aircraft on the ground either before taking off, after gate departure, or after landing, with no opportunity for its passengers to deplane.

**Terrorist Incident** means 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 the Assistance Company as listed within the Description of Coverage.

**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 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 becomes 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.

**Usual and Customary** means the comparable level of charges for similar treatment, services, and supplies in the geographic area where treatment, services, or supplies are provided or performed.

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

**Veterinarian** means a licensed practitioner pertaining to the medical and surgical treatment of animals, especially domesticated animals, acting within the scope of his/her license. The treating Veterinarian may not be You, a Traveling Companion, or a Family Member.

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

**Willful** means deliberate or intentional.

**You, 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, Your Traveling Companion, Family Members, and Service Animals scheduled and booked to travel with 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, 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 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;
6. participation in a Civil Disorder or Riot, or insurrection, except as the policy specifically provides otherwise;
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.

### 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. 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.

**Claim Forms:** When notice of claim is received by Us or Our authorized representative, 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 Us 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.

**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.

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

## SECTION IX. GENERAL PROVISIONS

**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.

**Conformity With Statute:** Terms of this policy that conflict with the laws of the state where it is delivered are amended to conform to such laws.

**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 is 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.aspx](http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx).

**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.

**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.

**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.

**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 will be subrogated to that right. 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.

**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.

**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.

## MISSOURI AMENDATORY ENDORSEMENT

This Amendatory Endorsement is attached to and made a part of the policy issued to You. The provisions of this Amendatory Endorsement are effective on the Effective Date and will expire concurrently with the policy, unless otherwise terminated. The policy is hereby amended for Missouri as follows:

1. **Section VI Exclusions and Limitations**, Exclusion 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"*; if included in the policy, is deleted and replaced with the following:

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;

2. The Notice of Claim provision, located within **Section VII How to File a Claim** of the policy, is deleted and replaced with the following:

**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. However, no claim will be denied based upon Your failure to provide notice within such specified time period unless this failure operates to prejudice Our rights, as per Missouri regulation 20 CSR 100-1.020.

3. The Payment of Claims provision, located within **Section VII How to File a Claim** of the policy, is hereby deleted and replaced with the following:

**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 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.

4. The Concealment and Misrepresentation provision, located within **Section IX General Provisions** of the policy, is deleted and replaced with the following Rescission provision:

**Rescission:** Subject to the Misstatement of Age provision, a material misrepresentation or omission during the enrollment process will be the basis for later rescission of the policy. A misrepresentation or omission is only material if We would not have issued the policy at the premium rate charged but for the misrepresentation or omission. Rescission voids all coverage and means that no benefits will be paid for any claim submitted. All paid premium will be refunded if the policy is rescinded.



5. The Legal Actions Against Us provision, located within **Section IX General Provisions** of the policy, is deleted and replaced with the following:

**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 10 years from the time written proof of loss is required to be furnished.

If there is a conflict between the policy and these Endorsements, the terms of these Endorsements will govern.

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



Marc J. Adee  
Chairman and CEO



Michael P. McTigue  
Secretary

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **MISSOURI CHANGES – GUARANTY ASSOCIATION**

This endorsement modifies insurance provided under the following:  
**INDIVIDUAL TRAVEL PROTECTION INSURANCE POLICY**

### **MISSOURI PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION COVERAGE LIMITATIONS**

- A.** Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (to be referred to as the Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (to be referred to as the Association), the Association will pay claims covered under the Act if we become insolvent.
- B.** The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitations apply subject to all other provisions of the Act:
1. Claims covered by the Association do not include a claim by or against an insured of an insolvent insurer, if the insured has a net worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes insolvent; provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.

2. Payments made by the Association for covered claims will include only that amount of each claim which is less than \$300,000.

However, the Association will not:

- (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
- (2) Return to an insured any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.

## PRIVACY NOTICE

United States Fire Insurance Company, The North River Insurance Company and affiliates within Crum & Forster (collectively, “The Company”) values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information including nonpublic personal information about our customers and claimants. Nonpublic personal information means information that allows someone to identify or contact you (“Information”). We are committed to protecting such Information and we will comply with all applicable federal and state laws and regulations. This notice describes how we collect, use and share your Information, your rights with respect to insurance products issued by The Company and our legal duties and privacy practices. State laws require that we provide this notice. Please review this Notice and keep a copy of it with your records.

### **Your privacy is our concern**

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. The Company limits the collection, use, and disclosure of such information to only what is needed to properly produce, underwrite and service its insurance products and/or fulfill legal or regulatory requirements. The Company maintains administrative, technical and physical safeguards that comply with state and federal regulations to protect your Information. We also limit employee access to Information to those with a business reason for knowing such Information and we take measures to enforce employee privacy responsibilities.

### **What kind of information do we collect about you and from whom?**

We obtain most of our Information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you, or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical providers, insurance support organizations, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

### **What do we do with the information collected about you?**

The Company collects nonpublic information to conduct its business of producing, underwriting, servicing and administering its insurance products. If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

### **To whom do we disclose information about you?**

Access to non-public personal information is limited to those employees, and authorized representatives, attorneys and service providers who specifically need such information to conduct their business responsibilities. In addition, we may disclose all the information that we collect about you to affiliated companies and nonaffiliated third parties (as permitted by law), such as:

- Insurance companies;
- Insurance agencies;
- Loss adjusters;
- Medical providers;
- Third party non-insurance service providers;
- Third party administrators;
- Medical bill review companies;
- Reinsurance companies; and
- Similar service providers.

Crum & Forster requires its service providers to abide by privacy laws in handling non-public personal information obtained through its business relationship with Crum & Forster. Additionally, Crum & Forster may disclose non-public personal information to third parties as allowed or required by law. For example, Crum & Forster may release your Information to comply with reporting requirements, to comply with a subpoena, warrant, legal process or other order or inquiry of a court, governmental agency or state or federal regulator, or to fulfill C&F's obligations to its insurers and reinsurers. We may also share your personal information in order to establish or exercise our rights, to defend against a legal claim, to investigate, prevent, or take action regarding possible illegal activities, suspected fraud, safety of person or property, or a violation of our policies.

If you conclude your relationship with the Company, the Company will continue to safeguard your privacy in accordance with the standards described in this notice. The Company maintains physical, electronic and procedural safeguards to protect non-public personal information.

## **About Our Websites**

We may collect information via technology about how you use our website, including the elements you have interacted with, metadata, and other details about these elements, clicks, change states, and other user actions. This information is used primarily to provide, maintain, protect, and improve our current products and to develop new ones.

We may use cookies on certain pages of our site. Cookies are stored on your computer, not on our site. Most cookies are "session cookies" which means that they are automatically deleted at the end of each session. A cookie itself does not have the ability to automatically collect personal information about you. A cookie can store certain information that identifies your computer to us so that you do not need to re-enter that information as frequently when you use our site. The cookie does not contain your password.

We reserve the right to change our policy regarding cookies and the collection of information from visitors at any time without advance notice. Should any new policy be put into effect, we will post it on this website, and the new policy will apply only to information collected thereafter. You may opt out of receiving cookies or delete any prior cookies by changing your specific internet browser settings. The privacy of communication over the internet cannot be guaranteed. If you are concerned about the security of your communication, we encourage you to send your correspondence through the postal service or use the telephone to speak directly to us. We do not represent or warrant that the site, in whole or in part, is appropriate or available for use in any particular jurisdiction. Those who choose to access the site, do so on their own initiative and at their own risk, and are responsible for complying with all local laws, rules and regulations. We do not assume any responsibility for any loss or damage you may experience or incur by the sending of personal information over the internet by or to us. This Usage Agreement shall be governed by the laws of the United States and of the State of New Jersey, without giving effect to its conflict of laws provisions.

***Please know that The Company has not and will not sell any consumers' personal information. We do not sell your nonpublic personal information to any third parties, nor do we use it for marketing purposes.***

## **How to contact us**

If you have any questions about this Privacy Notice or about how we use the information we collect, please contact us at:

Crum & Forster Legal Department  
305 Madison Avenue  
Morristown, NJ 07960  
[privacyinformation@cfins.com](mailto:privacyinformation@cfins.com)

## **Changes to this Privacy Notice**

We may revise this notice at any time. If we make material changes, we will notify you as required by law.

### **For California Residents Only:**

If you are a California resident, you may be entitled to additional rights over your Information. We do not, and will not, sell Information collected from you. The California Consumer Privacy Act (CCPA) provides California residents, upon a verifiable consumer request, certain rights that include:

**The right** to request that we disclose (1) The categories of personal information that we have collected about you; and (2) The categories of personal information that we have disclosed about you for a business purpose

**The right** to request that we delete the personal information it has collected from you, subject to certain legal exceptions, for example, when such personal information is necessary to fulfill or comply with our legal obligations.

**The right** to be protected from discrimination for exercising your CCPA rights. If you choose to exercise your privacy rights, we will not charge you different prices or provide different quality of services unless those differences are related to your information.

You may designate an authorized agent to act on your behalf and make a request of us under the CCPA.

To exercise your rights under the CCPA or to seek assistance, please do one of the following:

- If you would like to make a Request to Know, go to [www.cfins.com/request-to-know-california-residents](http://www.cfins.com/request-to-know-california-residents) or call 1-844-254-5754
- If you would like to make a Request to Delete, go to [www.cfins.com/request-to-delete-california-residents](http://www.cfins.com/request-to-delete-california-residents) or call 1-844-254-5754
- Fill out and send back to us the [Request to Know](#) / [Request to Delete](#) form to:

Crum & Forster Legal Department  
P.O. Box 1973  
305 Madison Avenue  
Morristown, NJ 07962  
[privacyinformation@cfins.com](mailto:privacyinformation@cfins.com)

We will attempt, where practical, to respond to your requests and to provide you with additional privacy-related information. We will confirm receipt of verifiable consumer requests within ten (10) days of receipt. You may only make a verifiable consumer request for personal information twice within a twelve (12) month period. We cannot respond to your request if we cannot verify your identity or authority to make the request and confirm the personal information relates to you. Any consumer with a disability may access this notice by contacting us at the address, email or toll-free number listed above.

We may change this California Privacy Notice and our privacy practices over time. Our most current Privacy Policy and California Privacy Notice can be found on our website at [www.cfins.com/terms](http://www.cfins.com/terms).

January 2020