

Allianz Travel Insurance

# Certificate of Insurance

FOR SERVICE, VISIT OR CALL:  
[www.allianztravelinsurance.com](http://www.allianztravelinsurance.com)  
1-800-284-8300

FOR EMERGENCY ASSISTANCE  
DURING YOUR TRIP CALL:

1-800-654-1908  
(From U.S.)

1-804-281-5700  
(Collect)

Don't forget to  
take this document  
with you!

Global Assistance

Allianz 

*Jefferson*  
Insurance Company<sup>SM</sup>

Allianz Global Assistance and Allianz Travel Insurance branded plans are underwritten by Jefferson Insurance Company. AGA Service Company is the licensed producer for this plan.

## Your Travel Insurance Certificate

Thank you for buying a travel insurance **plan** from us!

Your **plan** is described in the following documents:

- This **certificate**, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

**Please make sure you read these documents carefully.** This **certificate** may describe coverage **your plan** doesn't include. Make sure **you** review carefully **your letter of confirmation**. Contact **us** immediately if **you** don't receive **your letter of confirmation** or if you think there is a mistake.

All dollar amounts in these documents are in US dollars.



### We can help!

Our assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico  
and the U.S. Virgin Islands  
All other locations, call collect

1-800-654-1908  
1-804-281-5700

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## SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean Jefferson Insurance Company and its agents;
- **Jefferson** means Jefferson Insurance Company;
- **you** and **your** mean the people listed on **your letter of confirmation**; and
- all other bolded terms are defined in Section 6, Definitions.

All of the information about travel insurance in this document is subject to the terms and conditions of the Group Policy underwritten by **Jefferson**. No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions. **Our** coverage may be broader than described in the **certificate**. If there is a discrepancy between the Group Policy and the **certificate**, the Group Policy governs.

### About this agreement

**Please read your certificate carefully for full details.** This is a legal contract. The entire contract consists of the master policy, the **certificate**, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.

**We** have issued the **certificate** and any attached riders based on **your** payment of the premium and on the information **you** included in **your** enrollment or other form. The statements **you** made in **your** enrollment or other form are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this **certificate** are for convenience only.

### Satisfaction Guarantee

**We** will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company, 9950 Mayland Drive, Richmond, VA 23233



Mike Nelson, President



Fred Faett, Secretary

## SECTION 2: WHAT THIS CERTIFICATE INCLUDES

This is a named perils travel insurance **certificate**, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your letter of confirmation** to confirm **your** coverage and limits.

**Your plan** also includes assistance services, which are described in *Help while traveling*.

Coverage	When it applies	Page
	<b>Your trip is canceled or interrupted</b>	<b>5</b>
Trip cancellation	<b>Your trip</b> is canceled before <b>you</b> get started	
Trip interruption	<b>Your trip</b> is interrupted after <b>you've</b> left	
	<b>You're delayed</b>	<b>8</b>
Travel delay	<b>Your</b> travel is delayed six hours or more	
	<b>Your baggage is lost, damaged, stolen or delayed</b>	<b>10</b>
Lost, damaged or stolen baggage	<b>Your baggage</b> is lost, damaged or stolen	
Delayed baggage	<b>Your baggage</b> is delayed by a <b>common carrier</b>	
Lost, damaged or stolen electronic and sporting equipment	<b>Your</b> electronic and sporting equipment is lost, damaged or stolen	
	<b>Other coverage</b>	<b>12</b>
Existing medical condition	<b>You</b> have an <b>existing medical condition</b>	
Change fee	<b>You</b> have to change <b>your</b> airline ticket due to <b>covered reasons</b>	

\* Underwritten by Jefferson Insurance Company

### How to read Section 2

**When it applies** Tells **you** when **you're** eligible to make a claim. These situations and events are called **covered reasons**.

**What it covers** Tells **you** the kinds of things **you** can be reimbursed for. **You'll** find out more in Section 5, *Claims information*.

**We can help!** Tells **you** about related assistance services that are available to **you** worldwide. **You'll** find a complete list in *Help while traveling*.



#### Important

Be sure to also read Section 3, *What this certificate excludes*, as well as Section 4, *Who is covered and when*, for important information on how your coverage works. Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

## YOUR TRIP IS CANCELED OR INTERRUPTED



#### Important

**You** need to contact **your travel suppliers** within 72 hours of canceling or interrupting **your trip** to qualify for the largest reimbursement possible. If **you** notify **your** suppliers later and get a smaller **refund**, **we** will not cover the difference. If **you're** seriously ill or injured, contact **your travel suppliers** as soon as **you** can.



#### We can help!

Need help sending an emergency message or getting flight information? See *Help while traveling*, for a complete list of ways **we** can help.

### Trip cancellation and Trip interruption coverage

**When it applies** **Your trip** is canceled before **you** get started, or interrupted after **you've** left, for one of the following **covered reasons**:

#### **Health**

*Injury, illness or medical condition*

**You** or a **traveling companion** is seriously ill or injured.

Specific requirements:

- The **injury, illness or medical condition** must be disabling enough to make a reasonable person delay, cancel or interrupt their **trip**.
- A **doctor** must examine **you** or a **traveling companion** and advise **you** or a **traveling companion** to cancel or interrupt **your trip** before **you** cancel or interrupt it. If that isn't possible, a **doctor** must examine **you** within 72 hours of **your** cancellation or interruption.

A **family member** who isn't traveling with **you** is seriously ill or injured.

Specific requirement:

- The **injury, illness or medical condition** must be considered life threatening, require hospitalization, or he or she must require **your** care.

*Death*

**You**, a **traveling companion** or **family member** dies.

Specific requirement:

- A **traveling companion's** or **family member's** death must occur before or during **your trip**.

*Quarantine*

**You** or a **traveling companion** is quarantined.

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### **Transportation and accommodation**

*Traffic accident*

**You** or a **traveling companion** is in a traffic **accident** on the way to **your** point of departure, and:

- **you** or the **traveling companion** need medical attention; or
- the car needs to be repaired because it's not safe to drive.

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### **Legal**

*Jury duty or court-ordered appearance*

**You're** summoned by a court order or subpoena to serve on a jury or appear in court.

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### **Environment**

*Home uninhabitable*

**Your primary residence** is **uninhabitable** because of a **natural disaster**, fire, flood, burglary or vandalism.

*Canceled services*

**Your** airline, cruise line, or tour operator or **travel supplier** stops offering all services for at least 24 consecutive hours where **you're** departing, arriving or making a connection because of:

- a **natural disaster**;
- **severe weather**; or
- a strike.

Specific requirements: (all must apply)

- **Your travel supplier** doesn't offer **you** a substitute itinerary; and
- The striking workers aren't employed by the supplier **you** purchased **your plan** or travel services from, or an affiliate of that supplier.

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### **Politics and violence**

*Hijacking*

**You** or a **traveling companion** is hijacked.

*Terrorism*

A **terrorist event** happens at **your** U.S. or foreign **destination** within 30 days of the day **you're** scheduled to arrive.

Specific requirement:

- For locations outside the United States, **you're** not covered if there's been a **terrorist event** at **your destination** in the 30 days before **your plan's** effective date.

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### **Work**

*Termination or layoff*

**You** or a **traveling companion** is terminated or laid off from a company after **your plan's** effective date.

Specific requirements: (all must apply)

- The termination or layoff isn't **your** fault; and
- **You** worked for this employer for at least three continuous years.

*Military Duty in the U.S. Armed Forces*

**You** or a **traveling companion**, serving in the U.S. Armed Forces, is reassigned, or have personal leave revoked, except because of war, the War Powers Act, base or unit mobilization, unit reassignment or disciplinary action.

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### **Other**

*Extended travel delay*

**You** miss more than half of the total length of **your trip** because **your** travel is delayed.

Specific requirements: (all must apply)

- **Your plan** must include travel delay coverage; and
- **You** must be delayed for a **covered reason** listed under travel delay coverage.

## What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

### ***Trip cancellation coverage***

#### *Non-refundable payments and deposits*

Payments and deposits **you** made before **your trip** was canceled, less any published **refunds you're** entitled to receive.

#### *Accommodation*

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

### ***Trip interruption coverage***

#### *Prepaid expenses*

The unused part of **your** prepaid expenses, less any **refunds you** receive.

#### *Accommodation*

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

#### *Transportation*

Reasonable transportation expenses for getting to:

- **your** final **destination** or a place where **you** can continue **your trip**; or
- **your** original **destination** another way, if **your** travel is delayed for 24 hours or more at the start of **your trip**.

#### *Expenses for the cost of staying longer than you planned*

Extra **accommodation** and transportation expenses because a **traveling companion** is hospitalized.

#### Special limit:

- Maximum of \$100 a day for up to five days.

## YOU'RE DELAYED



### Important

**You** need to make reasonable efforts to continue **your trip** if **you're** delayed or **you** miss **your** flight or cruise. The coverage described here can help. Any **refunds you** receive from **your travel suppliers** will be deducted from **your** claim.



### We can help!

Need help rebooking **your** flight or arranging for alternative transportation? See *Help while traveling*, for a complete list of ways **we** can help.

## Travel delay coverage

### When it applies

**Your** travel is delayed for six or more consecutive hours for one of the following **covered reasons**:

#### *Strike or common carrier delay*

- **Your** departure is delayed by a **common carrier**.
- **Your** departure is delayed by an unannounced strike.

#### *Quarantine*

- **You** are **quarantined**.

#### *Natural disaster*

- There's a **natural disaster**.

#### *Politics, violence or theft*

- **Your** passports, money or other travel documents are lost or stolen.
- **Your** travel is delayed by a hijacking.
- **Your** travel is delayed by civil disorder or unrest.

### What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

#### *Prepaid expenses*

The unused part of **your** prepaid expenses, less any **refunds you** receive.

and

#### *Meals, accommodation and transportation*

- Reasonable expenses for additional meals and **accommodation** while **you're** delayed.
- Reasonable additional transportation expenses.

#### Special limit:

- Maximum of \$150 per person per day, up to the limit shown on **your letter of confirmation**.

## YOUR BAGGAGE IS LOST, DAMAGED, STOLEN OR DELAYED



### Important

Any **refunds you** receive will be deducted from **your** claim.



### We can help!

Need help contacting local authorities or getting emergency cash from home? See *Help while traveling*, for a complete list of ways **we** can help.

## Lost, damaged or stolen baggage coverage

**When it applies** Your **baggage** is lost, damaged or stolen while **you're** traveling.

Specific requirements: (all must apply)

- **You** take reasonable steps to keep **your baggage** safe and intact, and to recover it; and
- **You** file a report giving a description of the property and its value with the appropriate local authorities, **common carrier**, hotel or tour operator within 24 hours of the loss.

**What it covers** Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

*Actual price, actual cash value, repair or replacement (whichever is less)*

- actual price is the amount it would cost to buy a similar item.
- actual cash value is the amount the item is worth based on its **current market value**. If **you** don't have an original receipt, **we'll** cover up to 75% of its **current market value**.
- repair or replacement is the cost to repair or replace the item.

Special limit:

- Maximum \$500 in total for all jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items. **You** need to provide original receipts for these items or they won't be covered.

## Delayed baggage coverage

**When it applies** A **common carrier**, hotel or tour operator delays **your baggage** for 24 hours or more.

Specific requirement:

- **You** report the loss and file a claim with the **common carrier**, hotel or tour operator.

**What it covers** Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

*Reasonable essential items*

Reasonable essential items for **you** to use until **your baggage** arrives.

## Lost, damaged or stolen electronic or sporting equipment coverage

**When it applies** Your electronic or sporting equipment is:

- lost or damaged by a **common carrier**.
- stolen while **you're** traveling.

Specific requirements: (all must apply)

- **You** take reasonable steps to keep **your** equipment safe and intact, and to recover it; and
- **You** file a report giving a description of the property and its value with the appropriate local authorities or **common carrier** within 24 hours of the loss.

**What it covers** Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

*Repair or reimbursement (whichever is less)*

- the cost to repair a damaged item; or
- a portion of the original cost, based on the age of the item:

12 months old or less	90%
13-24 months old	50%
25-48 months old	25%
More than 48 months old	no benefit

## OTHER COVERAGE



### Important

Please check **your letter of confirmation** to confirm **your** coverage and limits.

### Existing medical condition coverage

If **your plan** includes this coverage, **you**, a **traveling companion** or **family member** can have an **existing medical condition** and **you** will still be eligible for all coverage and assistance services, as long as:

- **you** purchased **your plan** within 14 days of making **your** first **trip** payment or first **trip** deposit;
- **you** purchased trip cancellation coverage that covers the full cost of all **your** non-refundable **trip** arrangements;
- **you** were a U.S. resident and medically able to travel on the day **you** purchased the **plan**;
- the total cost of **your trip** is \$10,000 per person or less; and
- all other stated terms and conditions are met.

### Change fee coverage

#### When it applies

**You** have to change the dates on **your** airline ticket for one of the following **covered reasons**:

- **your trip** is canceled or interrupted for a **covered reason** listed under trip cancellation/trip interruption coverage, except cessation of operations.
- **you** or a **traveling companion** are delayed by **severe weather** on the way to **your** flight.

Specific requirement:

- If **you** were delayed by **severe weather**, **you** allowed enough time in **your** itinerary to reach **your** flight on time.

#### What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits.

#### *Change fees*

Fees to change the dates on **your** airline ticket.

## SECTION 3: WHAT THIS CERTIFICATE EXCLUDES

### GENERAL EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), unless there are unforeseen complications or problems with the pregnancy;
- fertility treatments, childbirth or elective abortion;
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom); or
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom).

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member;
- participating in or training for any professional or amateur sporting competition; or
- participating in extreme, high-risk sports like:
  - skydiving, hang gliding or parachuting;
  - bungee jumping;
  - caving;
  - extreme skiing, heli-skiing or skiing outside marked trails;
  - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate);
  - mountain climbing or any other high altitude activities; or
  - scuba diving below 120 feet (40 meters) or without a dive master.

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**;
- an **epidemic** or **pandemic**;
- **natural disasters** like hurricanes, earthquakes, fires and floods (unless specifically included in Section 2);
- air, water or other pollution, or the threat of a pollutant release;
- **nuclear reaction**, radiation or radioactive contamination;
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest (unless specifically included in Section 2);
- **terrorist events** (unless specifically included in Section 2);

- **financial default** (unless specifically included in Section 2); or
- **unlawful acts.**

**You** aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates; or
- the departure and return dates on **your** enrollment or other form don't represent when **you** actually intended to travel.

## SPECIFIC EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following specific exclusions unless they're included in Section 2, *What this certificate includes*.

### Lost, damaged or stolen baggage coverage

- intentional loss of or damage to equipment;
- defective materials or workmanship; or
- ordinary wear and tear.

These items aren't covered:

- animals;
- cars and accessories, motorcycles and motors, aircraft, boats and other vehicles;
- bicycles, skis and snowboards (unless they're checked with a **common carrier**);
- eyeglasses, sunglasses and contact lenses;
- hearing aids, artificial teeth and limbs;
- wheelchairs and other mobility devices;
- consumables, medicines, perfumes, cosmetics and perishables;
- tickets, passports, deeds and other documents;
- money, credit cards, securities, bullion, stamps and keys;
- rugs and carpets;
- property for business or trade; and
- **baggage** when it is:
  - shipped as freight;
  - sent before **your scheduled departure date**;
  - left in or on a car trailer; or
  - left in an unlocked car.

### Lost, damaged or stolen electronic or sporting equipment coverage

- intentional loss of or damage to equipment;
- defective materials or workmanship; or
- ordinary wear and tear.

Also doesn't cover equipment when it is:

- shipped as freight;
- sent before **your** departure date; or
- left in or on a car or car trailer.

## SECTION 4: WHO IS COVERED AND WHEN

### WHO IS COVERED BY YOUR PLAN

**Your plan** covers the people listed on **your** *letter of confirmation*.

### WHEN YOUR COVERAGE BEGINS AND ENDS

**You're** only eligible for coverage if **we** accept **your** request for insurance.

**Your plan's** effective date depends on how **you** purchased it.

if you purchased	it's effective:
in person	the day and time <b>you</b> purchase <b>your plan</b> .
by mail	the day after <b>your</b> enrollment or other form is postmarked.
over the phone	the day after <b>you</b> place <b>your</b> telephone order.
by fax	the day after <b>we</b> receive <b>your</b> fax.
online	the day after <b>we</b> receive <b>your</b> online order.

Trip cancellation coverage begins on **your plan's** effective date, as long as **we** receive **your** premium before **you** cancel **your trip** or make a claim.

All other coverage begins on **your scheduled departure date**, as long as **we've** received **your** payment. **Your** departure and return dates are counted as two separate days of travel when **we** calculate the duration of **your trip**.

**Your** coverage ends on the earliest of:

- the day **you're** scheduled to return;
- the day **you** actually return, if **you** come back earlier;
- the day and time **you** cancel **your trip**; or
- the 365<sup>th</sup> day of the **trip**.

If **your** return travel is delayed for a **covered reason**, **we'll** extend **your** coverage until **you** can get home.

**Your plan** can't be renewed.



## SECTION 5: CLAIMS INFORMATION

### HOW TO MAKE A CLAIM

Making a claim is easy – just visit [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com), email or call **us** and **we'll** be happy to help.

#### Go online to:

- find out what forms and documentation **you** need.
- download a claims form and mail it in.
- file a claim electronically and track its progress.

#### Email or call to:

- find out what forms and documentation **you** need.
- file a claim and check its progress.

#### Claims inquiry:

- **Website:** [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com)
- **Email:** [claimsinquiry@allianzassistance.com](mailto:claimsinquiry@allianzassistance.com)
- **Telephone:** 1-800-334-7525

### IMPORTANT INFORMATION ABOUT CLAIMS

**You** have 90 days from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

#### Proof of Loss

**You** are responsible for providing all necessary documentation to prove **your** loss.

#### Assignment

**You** can assign **your** rights under **your** plan by notifying **us** in writing.

#### About beneficiaries

All benefits will be paid to **your** estate.

#### Duplicate coverage

If **you're** covered by another certificate or policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the certificate or policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.

#### Recovery

**We** have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

#### Subrogation

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

#### About fraud

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** on **your** enrollment or other form is deliberately misleading or inaccurate; or
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

#### Resolving disputes

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**; and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



#### Important

This is a named perils travel insurance **certificate**, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

**We'll** only pay for reasonable, appropriate expenses that are covered by the **plan** **you** purchased. Please check **your** *letter of confirmation* to confirm **your** coverage and limits in **your** plan.

## SECTION 6: DEFINITIONS

<b>Accident</b>	An unexpected and unintended event that causes <b>injury</b> , property damage or both.
<b>Accommodation</b>	A hotel or other kind of lodging where <b>you</b> make a reservation and pay a fee.
<b>Assault</b>	Physical <b>assault</b> that requires treatment in a <b>hospital</b> .
<b>Baggage</b>	Personal property <b>you</b> take on <b>your trip</b> and the suitcases or other kinds of containers <b>you</b> use to carry them.
<b>Common carrier</b>	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
<b>Covered reasons</b>	The specific situations and events that are covered by this <b>certificate</b> .
<b>Current market value</b>	The dollar amount an item could reasonably be sold for, based on its original price, age and current condition.
<b>Destination</b>	A place more than 100 miles from <b>your primary residence</b> where <b>you</b> spend more than 24 hours of <b>your trip</b> .
<b>Doctor</b>	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either <b>your immediate family</b> , or any member of the sick or injured person's <b>immediate family</b> .
<b>Domestic partner</b>	A person <b>you've</b> lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. <b>You</b> must be able to show evidence that <b>you've</b> lived together for 12 consecutive months.
<b>Epidemic</b>	An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC).
<b>Existing medical condition</b>	<p>An <b>illness</b> or <b>injury</b> that <b>you</b>, a <b>traveling companion</b> or <b>family member</b> were seeking or receiving treatment for or had symptoms of on the day <b>you</b> purchased <b>your plan</b>, or at any time in the 120 days before <b>you</b> purchased it.</p> <p><b>You</b>, a <b>traveling companion</b> or <b>family member</b> are considered to have an <b>existing medical condition</b> if <b>you</b>, a <b>traveling companion</b> or <b>family member</b>:</p> <ul style="list-style-type: none"><li>• saw or were advised to see a <b>doctor</b>;</li><li>• had symptoms that would cause a prudent person to see a <b>doctor</b>; or</li><li>• were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed.</li></ul>

### Family member

Any of the following people, whether or not they're traveling with **you**:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings;
- grandparents and grandchildren;
- the following in-laws: mother, father, son, daughter, brother, sister;
- aunts, uncles, nieces and nephews;
- legal guardians and wards;
- business partners;
- paid, live-in caregivers; and
- service animals (as defined by the Americans with Disabilities Act).

### Immediate family members are:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings; and
- grandparents and grandchildren.

### Financial default

A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.

### Hospital

A facility whose primary function is to diagnose and treat sick and injured people under the supervision of **doctors**. It must:

- have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses;
- be compensated by patients or their insurance providers for performing these services; and
- be licensed where required.

### Illness

Sickness, infirmity or disease. It doesn't include conditions **you** already had or knew about when **you** purchased **your plan** (see **existing medical condition**).

### Injury

Physical harm directly caused by an **accident** or **assault**, without other contributing causes.

### Medical condition

A physical condition **you** have, or have symptoms of, that **you**:

- have seen or been advised to see a **doctor** about;
- have symptoms of that would cause a prudent person to see a **doctor**; or
- are taking prescribed medication for.

### Natural disaster

A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption.

<b>Pandemic</b>	An <b>epidemic</b> over a wide geographic area that affects a large portion of the population.
<b>Primary residence</b>	<b>Your</b> permanent, fixed address and <b>primary residence</b> for legal and tax purposes. <b>We</b> call the place <b>your primary residence</b> is located <b>your</b> place of residence.
<b>Quarantine</b>	Mandatory isolation or restrictions on where <b>you</b> can go, intended to stop a contagious disease from spreading.
<b>Refund</b>	Cash or a credit or voucher for future travel that <b>you</b> get from a travel agent, tour operator, airline, cruise line or other <b>travel supplier</b> , or any credit, recovery or reimbursement <b>you</b> get from <b>your</b> employer, another insurance company, a credit card issuer or any other entity.
<b>Scheduled departure date</b>	The day and time <b>you</b> listed on <b>your</b> enrollment or other form as the day and time <b>you</b> plan to start <b>your trip</b> . <b>You</b> have paid for travel that starts on this date.
<b>Severe weather</b>	Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm.
<b>Terrorist event</b>	When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. <b>Terrorist events</b> don't include general civil protest, unrest, rioting or acts of war.
<b>Travel supplier</b>	A travel agent, tour operator, airline, cruise line or other travel service provider.
<b>Traveling companion</b>	A person traveling with <b>you</b> whose name appears with <b>yours</b> on the same <b>trip</b> arrangement and who will accompany <b>you</b> on <b>your trip</b> . A group or tour leader is not considered a <b>traveling companion</b> unless <b>you</b> are sharing the same room with the group or tour leader.
<b>Trip</b>	Round-trip or one-way travel to and from a place at least 100 miles from <b>your</b> home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
<b>Unlawful acts</b>	Felonies committed by <b>you</b> , a <b>traveling companion</b> or a <b>family member</b> , even if the <b>family member</b> isn't covered by <b>your plan</b> .
<b>Uninhabitable</b>	A <b>natural disaster</b> , fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their home or other <b>accommodation</b> unfit for use.

## Your Travel Insurance Certificate

Thank you for buying a travel insurance **plan** from **us**!

**Your plan** is described in the following documents:

- This **certificate**, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

**Please make sure you read these documents carefully.** This **certificate** may describe coverage **your plan** doesn't include. Make sure **you** review carefully **your letter of confirmation**. Contact **us** immediately if **you** don't receive **your letter of confirmation** or if **you** think there is a mistake.

All dollar amounts in these documents are in US dollars.



### We can help!

**Our** assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico  
and the U.S. Virgin Islands  
All other locations, call collect

**1-800-654-1908**  
**1-804-281-5700**

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## SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean Jefferson Insurance Company and its agents;
- **Jefferson** means Jefferson Insurance Company;
- **you** and **your** mean the people listed on **your letter of confirmation**; and
- all other bolded terms are defined in Section 6, Definitions.

All of the information about travel insurance in this document is subject to the terms and conditions of the Group Policy underwritten by **Jefferson**. No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions. **Our** coverage may be broader than described in the certificate. If there is a discrepancy between the Group Policy and the **certificate**, the Group Policy governs.

### About this agreement

**Please read your certificate carefully for full details.** This is a legal contract. The entire contract consists of the master policy, the **certificate**, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.

**We** have issued the **certificate** and any attached riders based on **your** payment of the premium and on the information **you** included in **your** enrollment or other form. The statements **you** made in **your** enrollment or other form are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this **certificate** are for convenience only.

### Satisfaction Guarantee

**We** will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company, 9950 Mayland Drive, Richmond, VA 23233



Mike Nelson, President



Fred Faett, Secretary

## SECTION 2: WHAT THIS CERTIFICATE INCLUDES

This is a named perils travel insurance **certificate**, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your letter of confirmation** to confirm **your** coverage and limits.

**Your plan** also includes assistance services, which are described in *Help while traveling*.

Coverage	When it applies	Page
	<b>You get sick or hurt while traveling</b>	<b>25</b>
Emergency medical/dental	<b>You</b> have to pay for <b>emergency medical or dental care</b>	
Travel accident	<b>You're</b> in an <b>accident</b>	
Flight accident	<b>You're</b> in an airplane <b>accident</b>	
	<b>Other coverage</b>	<b>27</b>
Existing medical condition	<b>You</b> have an <b>existing medical condition</b>	

\* Underwritten by Jefferson Insurance Company

### How to read Section 2

**When it applies** Tells **you** when **you're** eligible to make a claim. These situations and events are called **covered reasons**.

**What it covers** Tells **you** the kinds of things **you** can be reimbursed for. **You'll** find out more in Section 5, *Claims information*.

**We can help!** Tells **you** about related assistance services that are available to **you** worldwide. **You'll** find a complete list in *Help while traveling*.



#### Important

Be sure to also read Section 3, *What this certificate excludes*, as well as Section 4, *Who is covered and when*, for important information on how **your** coverage works. Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

## YOU GET SICK OR HURT WHILE TRAVELING



#### We can help!

Need help finding a **doctor** or getting emergency cash from home to pay for treatment? See *Help while traveling*, for a complete list of ways **we** can help.

### Emergency medical/dental coverage

#### When it applies

**You** have to pay for **emergency medical or dental care** for one of the following **covered reasons**:

- **you** have a sudden, unexpected **illness** or **injury** during **your trip** that's either life threatening or could cause serious and irreparable harm if it isn't treated.
- **you** have an **injury** or infection, a lost filling or a broken tooth during **your trip** that requires immediate treatment by a **dentist**.

Specific requirement:

- The treatment is **medically necessary** and is provided by a **doctor, dentist, hospital or other licensed provider** during **your trip**.

#### What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**, including any **deductible** for **outpatient** care that may apply to **your plan**.

*Reasonable and customary costs*

**Reasonable and customary costs** for supplies and services from a **doctor, dentist, hospital or other licensed provider**.

**California Residents:** If **you** are purchasing a **plan** that includes emergency medical/dental coverage, please note the following: This **plan** contains disability insurance benefits or health insurance benefits, or both, that only apply during the covered **trip**. **You** may have coverage from other sources that already provides **you** with these benefits. **You** should review **your** existing policies. If **you** have any questions about **your** current coverage, call **your** insurer or health plan.



#### Important

This is secondary coverage. If **you** have health insurance, **you** must submit **your** claim to that provider first. Any benefits **you** receive from **your** primary insurance provider or from any excess coverage will be deducted from **your** claim.

If **you're** eligible for benefits or compensation through a government-funded program other than Medicaid, **you** don't qualify for this coverage.

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## Travel accident coverage

### When it applies

You're in an **accident** during **your trip** that results in:

- **your** death.
- total and permanent loss of sight in one or both of **your** eyes.
- permanent loss of one or both of **your** hands or feet when they are severed at or above the wrist or ankle.

Specific requirement:

- The loss is a direct result of the **accident** and happens within 365 days of the **accident**.

### What it covers

Please refer to **your letter of confirmation** to confirm the coverage and limits in **your plan**.

#### *Death benefit*

In the event of **your** death, **we** will pay 100% of the travel accident benefit shown on **your letter of confirmation**.

#### *Dismemberment benefit*

If **you** lose one eye, hand or foot, **you're** eligible for 50% of the travel accident benefit shown on **your letter of confirmation**. If **you** lose more than one eye, hand or foot, in any combination, **you're** eligible for 100% of the benefit.

Benefits are payable for only one loss and are paid in a lump sum.

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## Flight accident coverage

### When it applies

You're in an **accident** on an airplane that results in:

- **your** death.
- total and permanent loss of sight in one or both of **your** eyes.
- permanent loss of one or both of **your** hands or feet when they are severed at or above the wrist or ankle.

Specific requirements: (all must apply)

- **You** are a ticketed passenger on a regularly scheduled airline operating a certified passenger aircraft;
- The **accident** happens while **you're** boarding, traveling in or disembarking from the plane; and
- The loss is a direct result of the **accident** and happens within 365 days of the **accident**.

### What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

#### *Death benefit*

In the event of **your** death, **we** will pay 100% of the flight accident benefit shown on **your letter of confirmation**.

#### *Dismemberment benefit*

If **you** lose one eye, hand or foot, **you're** eligible for 50% of the flight accident benefit shown on **your letter of confirmation**. If **you** lose more than one eye, hand or foot, in any combination, **you're** eligible for 100% of the benefit.

Benefits are payable for only one loss and are paid in a lump sum.

## OTHER COVERAGE



### Important

Please check **your letter of confirmation** to confirm **your** coverage and limits.

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## Existing medical condition coverage

If **your plan** includes this coverage, **you**, a **traveling companion** or **family member** can have an **existing medical condition** and **you** will still be eligible for all coverage and assistance services, as long as:

- **you** purchased **your plan** within 14 days of making **your first trip** payment or first **trip** deposit;
- **you** were a U.S. resident and medically able to travel on the day **you** purchased the **plan**;
- the total cost of **your trip** is \$10,000 per person or less; and
- all other stated terms and conditions are met.



### Important

The benefit is only payable for one event during **your trip**.

Please refer to **your letter of confirmation** to confirm that **you** have this coverage and the amount of the benefit **you** can receive.

## SECTION 3: WHAT THIS CERTIFICATE EXCLUDES

### GENERAL EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), unless there are unforeseen complications or problems with the pregnancy;
- fertility treatments, childbirth or elective abortion;
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom); or
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom).

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member;
- participating in or training for any professional or amateur sporting competition; or
- participating in extreme, high-risk sports like:
  - skydiving, hang gliding or parachuting;
  - bungee jumping;
  - caving;
  - extreme skiing, heli-skiing or skiing outside marked trails;
  - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate);
  - mountain climbing or any other high altitude activities; or
  - scuba diving below 120 feet (40 meters) or without a dive master.

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**;
- an **epidemic** or **pandemic**;
- **natural disasters** like hurricanes, earthquakes, fires and floods (unless specifically included in Section 2);
- air, water or other pollution, or the threat of a pollutant release;
- **nuclear reaction**, radiation or radioactive contamination;
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest (unless specifically included in Section 2);

- **terrorist events** (unless specifically included in Section 2);
- **financial default** (unless specifically included in Section 2); or
- **unlawful acts**.

**You** aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates; or
- the departure and return dates on **your** enrollment or other form don't represent when **you** actually intended to travel.

### SPECIFIC EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following specific exclusions unless they're included in Section 2, *What this certificate includes*.

#### Lost, damaged or stolen baggage coverage

- intentional loss of or damage to equipment;
- defective materials or workmanship; or
- ordinary wear and tear.

These items aren't covered:

- animals;
- cars and accessories, motorcycles and motors, aircraft, boats and other vehicles;
- bicycles, skis and snowboards (unless they're checked with a **common carrier**);
- eyeglasses, sunglasses and contact lenses;
- hearing aids, artificial teeth and limbs;
- wheelchairs and other mobility devices;
- consumables, medicines, perfumes, cosmetics and perishables;
- tickets, passports, deeds and other documents;
- money, credit cards, securities, bullion, stamps and keys;
- rugs and carpets;
- property for business or trade; and
- **baggage** when it is:
  - shipped as freight;
  - sent before **your scheduled departure date**;
  - left in or on a car trailer; or
  - left in an unlocked car.

## SECTION 4: WHO IS COVERED AND WHEN

### WHO IS COVERED BY YOUR PLAN

Your plan covers the people listed on your letter of confirmation.

### WHEN YOUR COVERAGE BEGINS AND ENDS

You're only eligible for coverage if we accept your request for insurance.

Your plan's effective date depends on how you purchased it.

if you purchased	it's effective:
in person	the day and time you purchase your plan.
by mail	the day after your enrollment or other form is postmarked.
over the phone	the day after you place your telephone order.
by fax	the day after we receive your fax.
online	the day after we receive your online order.

All coverage begins on your scheduled departure date, as long as we've received your payment. Your departure and return dates are counted as two separate days of travel when we calculate the duration of your trip.

Your coverage ends on the earliest of:

- the day you're scheduled to return;
- the day you actually return, if you come back earlier;
- the day and time you cancel your trip; or
- the 365<sup>th</sup> day of the trip.

If your return travel is delayed for a covered reason, we'll extend your coverage until you can get home.

Your plan can't be renewed.

## SECTION 5: CLAIMS INFORMATION

### HOW TO MAKE A CLAIM

Making a claim is easy – just visit [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com), email or call us and we'll be happy to help.

#### Go online to:

- find out what forms and documentation you need.
- download a claims form and mail it in.
- file a claim electronically and track its progress.

#### Email or call to:

- find out what forms and documentation you need.
- file a claim and check its progress.

#### Claims inquiry:

- **Website:** [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com)
- **Email:** [claimsinquiry@allianzassistance.com](mailto:claimsinquiry@allianzassistance.com)
- **Telephone:** 1-800-334-7525

### IMPORTANT INFORMATION ABOUT CLAIMS

You have 90 days from the date of your loss to submit your claim to us, except as otherwise provided by law.

#### Proof of Loss

You are responsible for providing all necessary documentation to prove your loss.

#### Assignment

You can assign your rights under your plan by notifying us in writing.

#### About beneficiaries

If you named a beneficiary on your enrollment or other form, travel accident and flight accident benefits will be paid to your beneficiary if you die. All other benefits will be paid to your estate.

#### Duplicate coverage

If you're covered by another certificate or policy that we've issued with the same or similar coverage, we'll use the terms and conditions of the certificate or policy that pays the most. We'll also refund any premium you've paid for duplicate coverage.



### Medical examinations and autopsy

**We** have the right to have **you** medically examined as reasonably necessary to make a decision about **your** medical claim. If someone covered by **your plan** dies, **we** may also require an autopsy (except where prohibited by law). **We** will cover the cost of these medical examinations or autopsies.

### Recovery

**We** have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

### Subrogation

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

### About fraud

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** on **your** enrollment or other form is deliberately misleading or inaccurate; or
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

### Resolving disputes

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**; and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



### Important

This is a named perils travel insurance **certificate**, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

**We'll** only pay for reasonable, appropriate expenses that are covered by the **plan you** purchased. Please check **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

## SECTION 6: DEFINITIONS

<b>Accident</b>	An unexpected and unintended event that causes <b>injury</b> , property damage or both.
<b>Assault</b>	Physical <b>assault</b> that requires treatment in a <b>hospital</b> .
<b>Common carrier</b>	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
<b>Covered reasons</b>	The specific situations and events that are covered by this certificate.
<b>Deductible</b>	The dollar amount <b>you</b> must contribute to the loss.
<b>Dentist</b>	Someone who is licensed and legally entitled to practice dentistry or dental surgery. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either of your <b>immediate families</b> , or any member of the sick or injured person's <b>immediate family</b> .
<b>Doctor</b>	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either of <b>your immediate family</b> , or any member of the sick or injured person's <b>immediate family</b> .
<b>Domestic partner</b>	A person <b>you've</b> lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. <b>You</b> must be able to show evidence that <b>you've</b> lived together for 12 consecutive months.
<b>Emergency medical and/or dental care</b>	Medical and dental services, supplies and charges that are for a health emergency. It doesn't include things like: <ul style="list-style-type: none"><li>• elective cosmetic surgery or cosmetic foot care;</li><li>• physical exams;</li><li>• allergy treatments (unless life threatening);</li><li>• hearing aids, eyeglasses and contact lenses;</li><li>• palliative care; or</li><li>• experimental treatment.</li></ul>
<b>Epidemic</b>	An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an <b>epidemic</b> by The Centers for Disease Control and Prevention (CDC).
<b>Existing medical condition</b>	An <b>illness</b> or <b>injury</b> that <b>you</b> , a <b>traveling companion</b> or <b>family member</b> were seeking or receiving treatment for or had symptoms of on the day <b>you</b> purchased <b>your plan</b> , or at any time in the 120 days before <b>you</b> purchased it.  <b>You</b> , a <b>traveling companion</b> or <b>family member</b> are considered to have an <b>existing medical condition</b> if <b>you</b> , a <b>traveling companion</b> or <b>family member</b> :

- saw or were advised to see a **doctor**;
- had symptoms that would cause a prudent person to see a **doctor**; or
- were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed.

**Family member**

Any of the following people, whether or not they're traveling with **you**:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings;
- grandparents and grandchildren;
- the following in-laws: mother, father, son, daughter, brother, sister;
- aunts, uncles, nieces and nephews;
- legal guardians and wards;
- business partners;
- paid, live-in caregivers; and
- service animals (as defined by the Americans with Disabilities Act).

**Immediate family members are:**

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings; and
- grandparents and grandchildren.

**Financial default**

A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.

**Hospital**

A facility whose primary function is to diagnose and treat sick and injured people under the supervision of **doctors**. It must:

- have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses;
- be compensated by patients or their insurance providers for performing these services; and
- be licensed where required.

**Illness**

Sickness, infirmity or disease. It doesn't include conditions **you** already had or knew about when **you** purchased **your plan** (see **existing medical condition**).

**Injury**

Physical harm directly caused by an **accident** or **assault**, without other contributing causes.

**Medically necessary**

Treatment that's appropriate for **your illness** or **injury**, consistent with **your** symptoms, and that can safely be provided to **you**. It meets the standards of good medical practice and isn't for **your** convenience or the provider's convenience.

**Natural disaster**

A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption.

**Other licensed provider**

A person or entity that isn't a **doctor** or **hospital** but provides medical or dental services, and is licensed where required.

**Outpatient**

Someone who receives medical or dental treatment but doesn't have to stay at a **hospital** for overnight care.

**Pandemic**

An **epidemic** over a wide geographic area that affects a large portion of the population.

**Reasonable and customary costs**

What customers would usually be charged for a specific service in a particular geographic area. The charges are appropriate to the availability of the service, and of skilled and licensed service providers.

**Scheduled departure date**

The day and time **you** listed on **your** enrollment or other form as the day and time **you** plan to start **your trip**. **You** have paid for travel that starts on this date.

**Terrorist event**

When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. **Terrorist events** don't include general civil protest, unrest, rioting or acts of war.

**Traveling companion**

A person traveling with **you** whose name appears with **yours** on the same **trip** arrangement and who will accompany **you** on **your trip**. A group or tour leader is not considered a **traveling companion** unless **you** are sharing the same room with the group or tour leader.

**Trip**

Round-trip or one-way travel to and from a place at least 100 miles from **your** home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.

**Unlawful acts**

Felonies committed by **you**, a **traveling companion** or a **family member**, even if the **family member** isn't covered by **your plan**.

## HELP WHILE TRAVELING

If **you** need help while traveling, **our** assistance team is available 24 hours a day.

**Our** services are here to help make challenging situations a little easier. With **our** global reach, **we** can get **you** in touch with licensed medical and legal professionals and other kinds of help.



### Important

Please note that the General exclusions for **your plan** also apply to **our** assistance services. **You'll** find the list of these exclusions in Section 3, *What this certificate excludes*.

## HOW TO REACH US

In the United States, Canada, Puerto Rico and U.S. Virgin Islands, call **1-800-654-1908**  
All other locations, call collect **1-804-281-5700**  
If **you** can't call collect, **we'll** call **you** back.

Please have this information ready when **you** call:

- **your** name, location and phone number
- **your** identification number

## MEDICAL ASSISTANCE

### *Finding a doctor, dentist or medical facility*

If **you** need care from a **doctor**, **dentist** or medical facility while **you're** traveling, **we** can help **you** find one.

### *Paying or guaranteeing your hospital bill*

If **you** need to be admitted to a **hospital** as an **inpatient** for longer than 24 hours, **we** can guarantee or advance payments up to the limit of **your emergency medical/dental coverage** (described in Section 2).

### *Monitoring your care*

If **you're** hospitalized, **our** medical staff will stay in contact with **you** and the **doctor** caring for **you**. **We** can also notify **your** family and **your doctor** back home of **your illness** or **injury** and update them on **your** status.

## LEGAL ASSISTANCE

### *Finding a legal advisor*

**We** can help **you** find local legal advice if **you** need it while **you're** traveling.

### *Arranging a cash transfer*

If **you** need to pay legal fees, **we** can arrange to transfer funds from **your** family or friends.

## TRAVEL AND DOCUMENT ASSISTANCE

### *Replacing lost travel tickets*

If **your** tickets are lost or stolen, **we** can contact the airline or other **common carrier**, and can help **you** with **your** travel arrangements if **your trip** is interrupted.

### *Replacing lost passports and other travel documents*

If **your** passport or other travel documents are lost or stolen, **we** can help **you** reach the appropriate authorities, contact **your** family or friends, and assist **you** in getting **your** documents replaced.

## OTHER ASSISTANCE SERVICES

### *Getting flight information*

If **you** miss **your** flight or it's canceled, **we** can give **you** arrival and departure times for other flights that will get **you** to **your** connecting flight or final **destination**.

### *Getting emergency cash*

If **your** cash is lost or stolen or **you** need extra money to pay for unexpected expenses, **we** can arrange to transfer funds from **your** family or friends.

### *Delivering emergency messages*

**We** can help **you** get an urgent message to someone back home. **We'll** try calling up to three times within 24 hours and confirm whether **we** were able to reach the person **you** asked **us** to contact.

### **About our assistance services**

**Our** goal is to help **you** with **your** problem no matter where **you're** traveling.

**We'll** make all reasonable efforts to help **you** as **we've** described, but there may be times when **we** aren't able to resolve **your** problem for reasons that are beyond **our** control.

**We** will always do **our** best to refer **you** to appropriate professionals, but please be aware that they are independent providers and **we** can't be held responsible for the results of any services they provide.

## EMERGENCY MEDICAL TRANSPORTATION



### Important

If **your** emergency is immediate and life threatening, seek local emergency care at once.

Please refer to **your** cover letter to confirm **your** coverage and limits in **your plan**.

**You** or **your** representative must contact **us** and **we** must make all transportation arrangements in advance. **We** will not pay for any of the services listed in this section if **we** didn't authorize and arrange it.

### *Moving you to a hospital or medical clinic (emergency medical evacuation)*

If **you're** seriously **ill** or **injured** during **your trip** and **our** medical team determines that the local medical facilities are unable to provide appropriate medical treatment:

- **our** medical team will consult with the local **doctor**;
- **we'll** identify the closest appropriate facility, make arrangements and pay to transport **you** to that facility; and
- **we'll** arrange and pay for a **medical escort** if **we** determine one is necessary.

### *Getting you home after your care (medical repatriation)*

If **you're** seriously **ill** or **injured** during **your trip**, under the care of a local **doctor** and unable to continue **your trip**, medical repatriation takes place once **our** medical team determines that **you** are medically stable to return home via commercial transportation carrier, such as a scheduled passenger airline. **We'll**:

- arrange and pay (less any **refunds** for unused tickets) for **you** to be transported via a commercial transportation carrier in the same class of service that **you** were booked for **your trip**. The transportation will be to one of the following:
  - **your primary residence**;
  - a location of **your** choice in the United States; or
  - a medical facility near **your primary residence** or city of **your** choice in the United States. **We'll** take **your** request into consideration as long as the medical facility will accept **you** as a patient and is approved as medically appropriate for **your** continued care by **our** medical director.
- arrange and pay for a **medical escort** if **our** medical team determines a **medical escort** is necessary.

### *Bringing a friend or family member to you (transport to bedside)*

If **you're** told **you** will be hospitalized for more than seven days during **your trip**, **we'll** transport a friend or **family member** to stay with **you**. **We'll** arrange and pay for round-trip transportation in economy class on a **common carrier**.

### *Getting your children home (return of dependents)*

If **you're** told **you** will be hospitalized for more than seven days during **your trip**, **we'll** arrange for and pay (less any **refunds** for unused tickets) to transport **your** children under the age of 23 who are traveling with **you** to one of the following:

- **your primary residence**; or
- a location of **your** choice in the United States.

Transportation will be on a **common carrier** in the same class of service they were originally booked.

### *Transporting your remains (repatriation of remains)*

**We'll** arrange and pay for the reasonable and necessary services to transport **your** remains to one of the following:

- a funeral home near **your primary residence**; or
- a funeral home located in the United States.

**We'll** also assist the sending and receiving funeral homes coordinate with each other.

This benefit does not include funeral, burial or cremation expenses or related containment expenses for items such as a coffin, urn or vault.

**Your** representative must contact **us** in advance to make these arrangements. If this is not possible, **your** representative must contact **us** within a reasonable time, but no later than one year after the transportation.

**Medical escort** A professional person contracted by **our** medical team to accompany a seriously **ill** or **injured** person while they are being transported. A **medical escort** is trained to provide medical care to the person being transported. A friend or **family member** cannot be a **medical escort**.

VisitorsCoverage.com  
Maxn Insurance Services, Inc.  
2350 Mission College Blvd,  
Santa Clara CA 95054  
Phone: 1-866-384-9104  
Fax: 408-496-1090  
E-mail: insurance@VisitorsCoverage.com  
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