



## **Seven Corners Trip Protection Elite**

INSURANCE FOR RESIDENTS OF NEW YORK TRAVELING  
IN THE UNITED STATES AND INTERNATIONALLY

Covers trips up to 90 days



**SEVEN CORNERS**  
TRAVEL INSURANCE

## SEVEN CORNERS TRIP PROTECTION ELITE PLAN

Administered by:  
Seven Corners, Inc.  
Carmel, IN USA

### **IMPORTANT**

For a list of the benefits and limits you purchased, please refer to your ID Card.

Note: Certain capitalized words are defined terms in the attached Certificate of Insurance.

If you entered \$0 as your trip cost, there is no Trip Cancellation benefit, and the Trip Interruption benefit covers only return airfare up to \$1,000 per person. All other benefits apply.

# Schedule of Benefits

**POLICYHOLDER NAME:** Seven Corners Trip Protection Elite

| Benefit Per Trip                                        | Maximum Benefit Amount / Principal Sum |
|---------------------------------------------------------|----------------------------------------|
| 24-Hour Accidental Death and Dismemberment.....         | \$25,000                               |
| Common Carrier Accidental Death and Dismemberment.....  | \$25,000                               |
| Accident and Sickness Medical Expense.....              | \$250,000                              |
| Trip Cancellation.....                                  | Trip Cost (\$0-\$100,000)              |
| Trip Interruption.....                                  | 150% of Trip Cost                      |
| Baggage and Personal Effects.....                       | \$2,500                                |
| Baggage Delay.....                                      | \$600                                  |
| Trip Delay.....                                         | \$1,500                                |
| Emergency Medical Evacuation and Return of Remains..... | \$1,000,000                            |
| Missed Connection.....                                  | \$1,500                                |

| Optional Benefits                                     | Maximum Benefit Amount / Principal Sum |
|-------------------------------------------------------|----------------------------------------|
| Trip Cancellation for Work Reasons.....               | 100% of Trip Cost                      |
| Accidental Death and Dismemberment - Flight Only..... | \$100,000, \$250,000, or \$500,000     |
| Collision Damage Waiver.....                          | \$35,000                               |
| Lost Skier Days.....                                  | \$500                                  |
| Lost Golf Rounds.....                                 | \$500                                  |
| Sports Equipment Rental.....                          | \$500                                  |

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

(Hereinafter referred to as "the Company")

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## TRAVEL PROTECTION INSURANCE

### Certificate of Insurance

This Certificate of Insurance describes all of the travel insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the Company. The insurance benefits vary from program to program. Please refer to the accompanying Confirmation of Benefits. It provides the Insured with specific information about the program You purchased. The Insured should contact the Company immediately if he or You believe that the Confirmation of Benefits is incorrect.

Signed for the Company, President,



Insurance provided by this Certificate is subject to all of the terms and conditions of the Group Policy. If there is a conflict between the Policy and Certificate, the Policy will govern.

If the Insured is not completely satisfied with the insurance You must notify the Company within 10 days of purchase and return the certificate. The Company will give the Insured a full refund of premium provided You have not already departed on the Covered Trip or filed a claim.

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# Section I. Coverages

## Coverage A

### 24-HOUR ACCIDENTAL DEATH AND DISMEMBERMENT

This Coverage A Benefit is provided only if shown as covered on the Confirmation of Benefits.

You are eligible for benefits 24 hours a day, up to the Maximum Benefit Amount shown when you sustain an Injury during the Covered Trip which results in a Loss noted below within 180 days of the date of the Injury causing the Loss.

Benefits will be paid as follows:

**Table of Losses**

| Type of Loss                  | Benefit Amount            |
|-------------------------------|---------------------------|
| Loss of life                  | Principal Sum             |
| Loss of both feet             | Principal Sum             |
| Loss of both hands            | Principal Sum             |
| Loss of both eyes             | Principal Sum             |
| Loss of one hand and one foot | Principal Sum             |
| Loss of one hand and one eye  | Principal Sum             |
| Loss of one foot and one eye  | Principal Sum             |
| Loss of one hand              | Half of the Principal Sum |
| Loss of one foot              | Half of the Principal Sum |
| Loss of one eye               | Half of the Principal Sum |

**Loss of hand or hands, or foot or feet**, means severance at or above the wrist joint or ankle joint, respectively,

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof. Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: a) two limbs; b) both eyes; or c) one limb and one eye is payable only when such loss results from the same accident.

The Principal Sum is shown in the Confirmation of Benefits.

## Coverage B

### COMMON CARRIER ACCIDENTAL DEATH AND DISMEMBERMENT

This Coverage B Benefit is provided only if shown as covered on the Confirmation of Benefits.

When an Insured sustains covered Injuries: a) received while a passenger (not as a pilot, operator or member of the crew) riding in, boarding or alighting from a public conveyance provided by a Common Carrier; and b) resulting in any of the following losses within 180 days from the date of the accident.

Benefits will be paid as follows:

**Table of Losses**

| Type of Loss                  | Benefit Amount            |
|-------------------------------|---------------------------|
| Loss of life                  | Principal Sum             |
| Loss of both feet             | Principal Sum             |
| Loss of both hands            | Principal Sum             |
| Loss of both eyes             | Principal Sum             |
| Loss of one hand and one foot | Principal Sum             |
| Loss of one hand and one eye  | Principal Sum             |
| Loss of one foot and one eye  | Principal Sum             |
| Loss of one hand              | Half of the Principal Sum |
| Loss of one foot              | Half of the Principal Sum |
| Loss of one eye               | Half of the Principal Sum |

**Loss of hand or hands, or foot or feet,** means severance at or above the wrist joint or ankle joint, respectively.

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof. Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: a) two limbs; b) both eyes; or c) one limb and one eye is payable only when such loss results from the same accident.

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

## Coverage C

### ACCIDENT MEDICAL EXPENSE

For the purpose of this benefit:

**“Covered Expense”** means expense incurred for services and supplies: a) listed below; and b) ordered or prescribed by a Legally Qualified Physician as Medically Necessary for diagnosis or treatment; which is limited to:

1. The services of a Legally Qualified Physician;
2. Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Covered Trip, if recommended as a substitute for a hospital room for recovery of an Injury);
3. transportation furnished by a professional ambulance company to and/or from a Hospital; and prescribed drugs, prosthetics and therapeutic services and supplies.

Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount, if You incur a Covered Expense as a result of an accidental Injury that occurs during the Covered Trip. Only Covered Expenses incurred during the Covered Trip will be reimbursed. Expenses incurred after the Covered Trip are not covered.

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure an Insured's admission to a Hospital, because of a covered accidental Injury. The authorized travel assistance company will coordinate advance payment to the Hospital.

These benefits will not duplicate any benefits payable under the policy, or any coverage(s) attached to the policy. The maximum Benefit Amount is shown in the Confirmation of Benefits.

## Coverage D

### SICKNESS MEDICAL EXPENSE

This Coverage D is made a part of the policy. It is subject to all the provisions of this Coverage D.

For the purposes of this benefit:

**“Covered Expense”** means expense incurred for services and supplies: a) listed below; and b) ordered or prescribed by a Legally Qualified Physician as Medically Necessary for diagnosis or treatment; which is limited to:

1. The services of a Legally Qualified Physician;
2. Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Covered Trip, if recommended as a substitute for a hospital room for recovery of a Sickness);
3. Transportation furnished by a professional ambulance company to and/or from a Hospital; and
4. Prescribed drugs, prosthetics and therapeutic services and supplies.

Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount, if You incur a Covered Expense as a result of Sickness that first manifests itself during the Covered Trip. Only Covered Expenses incurred during the Covered Trip will be reimbursed.

Expenses incurred after the Covered Trip are not covered.

Benefits will include expenses for emergency dental treatment not to exceed \$750.00.

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure an Insured's admission to a Hospital, up to the Maximum Benefit Amount, because of a covered Sickness. The authorized travel assistance company will coordinate advance payment to the Hospital.

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

The maximum Benefit Amount is shown in the Confirmation of Benefits.

## Coverage E

### TRIP CANCELLATION

This Coverage E is made a part of the policy. It is subject to all the provisions of this Coverage E.

Benefits will be paid up to the Maximum Benefit Amount purchased to cover You for the Published Penalties and unused non-refundable prepaid expenses for Travel Arrangements when You are prevented from taking Your Covered Trip due to:

1. Death involving You or Your Traveling Companion, or You or Your Traveling Companion's Business Partner, or You or Your Traveling Companion's Family Member;
2. A covered Sickness or Injury involving You, Your Traveling Companion, Business Partner, or Your Family Member, or You or Your Traveling Companion's Family Member, which necessitates Medical Treatment at the time of cancellation and results in medically imposed restrictions, as certified by a Legally Qualified Physician, which prevents an Insured's participation in the Covered Trip;
3. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after the effective date), or served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
4. You or Your Traveling Companion's principal place of residence being rendered uninhabitable by unforeseen circumstances or burglary of primary residence within 10 days of departure;
5. You or Your or Traveling Companion being directly involved in a traffic accident, which must be substantiated by a police report, while en route to an Insured's scheduled point of departure;
6. Strike that causes complete cessation of services of Your Common Carrier for at least 48 consecutive hours;
7. Felonious Assault on You or on Your Traveling Companion within 10 days of the Scheduled Departure Date;
8. You or Your Traveling Companion are in the Military and called to emergency duty for a national disaster other than war;
9. Employer termination or layoff affecting You or a person(s) sharing the same room with You during Your Covered Trip. Employment must have been with the same employer for at least 3 continuous years;
10. Bankruptcy or Default of an airline, cruise line, or tour operator (other than the tour operator or travel agency from whom You purchased your travel arrangements) which stops service more than 14 days following Your effective date. Your Scheduled Departure Date must be no more than 15 months beyond the Insured's effective date. Benefits will be paid due to Bankruptcy or Default 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 the Insured to transfer to another airline in order to get to the Insured's intended destination;
11. Weather that causes complete cessation of services of Your Common Carrier for at least 48 consecutive hours;
12. A Terrorist Incident that occurs in a city listed on the itinerary of Your Covered Trip and within 30 days prior to Your Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your cancellation of the Covered Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary.

Provided such circumstances occurred after Your effective date.

All cancellations must be reported 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, the event should be reported as soon as possible. All other delays of reporting beyond 72 hours will result in reduced benefit payments.

If the Insured's Travel Supplier cancels the Insured's Covered Trip, the Insured is covered up to \$75.00 for the reissue fee charged by the airline for the tickets. The Insurance must have covered the entire cost of the Covered Trip including the airfare.

The Maximum Benefit Amount is the lesser of: a) total cost of the Insured's Covered Trip; or b) the total amount of coverage the Insured purchased as shown in the Confirmation of Benefits.

## Optional Purchase

### TRIP CANCELLATION FOR WORK REASONS

#### Optional Coverage:

Applicable only when purchased within 20 days at the time of original plan purchase and if the appropriate additional premium has been paid.

- a. You, Your Traveling Companion, or Family Member traveling with You is directly involved in the merger of Your employer or the acquisition of Your employer by another company;
- b. A transfer of You or Your Traveling Companion by the employer by whom You or Your Traveling Companion are employed on Your effective date which requires their principal residence to be relocated;
- c. You, Your Traveling Companion, or a Family Member traveling with You is required to work during the Trip. A written statement by an unrelated company official and/or the human resources department demonstrating revocation of previously approved time off will be required. This provision is not applicable to temporary employment, independent contractors or self-employed persons;
- d. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other Natural Disaster and You and/or Your Traveling Companion are required to work as a result.

Provided such circumstances occurred after Your effective date.

All cancellations must be reported 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, the event should be reported as soon as possible. All other delays of reporting beyond 72 hours will result in reduced benefit payments.

If the Insured's Travel Supplier cancels the Insured's Covered Trip, the Insured is covered up to \$75.00 for the reissue fee charged by the airline for the tickets. The Insurance must have covered the entire cost of the Covered Trip including the airfare.

The Maximum Benefit Amount is the lesser of: a) total cost of the Insured's Covered Trip; or b) the total amount of coverage the Insured purchased as shown in the Confirmation of Benefits.

#### Single Supplement

Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a Traveling Companion has their Covered Trip delayed, canceled or interrupted for a covered reason and an Insured does not cancel.

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

The Maximum Benefit Amount is the lesser of: a) total cost of the Insured's Covered Trip; or b) the total amount of coverage the Insured purchased as shown in the Confirmation of Benefits.

## Coverage F

### TRIP INTERRUPTION

This Coverage F is made a part of the policy. It is subject to all the provisions of this Coverage F.

Benefits will be paid, up to the Maximum Benefit Amount, for the non-refundable, unused portion of the prepaid expenses for Travel Arrangements and/or the Additional Transportation Cost paid to return home or rejoin the Covered Trip, when You are prevented from completing Your Covered Trip due to:

1. Death involving You or Your Traveling Companion, or You or Your Traveling Companion's Business Partner, or You or Your Traveling Companion's Family Member;
2. A covered Sickness or Injury involving You, Your Traveling Companion, Business Partner, or Your Family Member, or Your Traveling Companion, which necessitates Medical Treatment at the time of cancellation and results in medically imposed restrictions, as certified by a Legally Qualified Physician, which prevents an Insured's participation in the Covered Trip;
3. Your or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after the effective date), or served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
4. You or Your Traveling Companion's principal place of residence being rendered uninhabitable by unforeseen circumstances or burglary of primary residence within 10 days of departure;
5. You or Your or Traveling Companion being directly involved in a traffic accident, which must be substantiated by a police report, while en route to an Insured's scheduled point of departure;
6. Strike that causes complete cessation of services of Your Common Carrier for at least 48 consecutive hours;
7. Felonious Assault on You or on Your Traveling Companion within 10 days of the Scheduled Departure Date;
8. You or Your Traveling Companion are in the Military and called to emergency duty for a national disaster other than war;
9. Employer termination or layoff affecting You or a person(s) sharing the same room with You during Your Covered Trip. Employment must have been with the same employer for at least 3 continuous years;
10. Bankruptcy or Default of an airline, cruise line, or tour operator (other than the tour operator or travel agency from whom You purchased your travel arrangements) which stops service more than 14 days following Your effective date. Your Scheduled Departure Date must be no more than 15 months beyond the Insured's effective date. Benefits will be paid due to Bankruptcy or Default 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 the Insured to transfer to another airline in order to get to the Insured's intended destination;
11. Weather that causes complete cessation of services of Your Common Carrier for at least 48 consecutive hours;
12. A Terrorist Incident that occurs in a city listed on the itinerary of Your Covered Trip and within 30 days prior to Your Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your cancellation of the Covered Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary.

Provided such circumstances occurred after Your effective date.

If a Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation and transportation expenses incurred by You to remain with the traveling companion up to \$150 per day and limited to 10 days.

If an Insured cannot continue travel due to a covered Injury or Sickness not requiring hospitalization, and an Insured must extend his or her Covered Trip with additional hotel nights up to \$100 per day and limited to 10 days due to medically imposed restrictions, as certified by a Legally Qualified Physician.

If Your Travel Supplier cancels Your Covered Trip, the Insured is covered up to \$75.00 for the reissue fee charged by the airline for the tickets. You must have covered the entire cost of the Covered Trip including the air.

The combined maximum payable under this benefit is the lesser of: a) total cost of Your Covered Trip; or b) the total amount of coverage You purchased.

The maximum payable under this benefit is the lesser of: a) total cost of Your Covered Trip; or b) the total amount of coverage You purchased

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

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

## Coverage G

### BAGGAGE AND PERSONAL EFFECTS

This Coverage G is made a part of the policy. It is subject to all the provisions of this Coverage G.

**“Baggage and Personal Effects”** means goods being used by You during a Covered Trip.

The term Baggage and Personal Effects does not include:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. aircraft;
7. bicycles, except when checked as baggage with a Common Carrier;
8. household effects and furnishings;
9. antiques and collector's items;
10. sunglasses, contact lenses, artificial teeth, dental bridges, or hearing aids;
11. prosthetic limbs;
12. prescribed medications;
13. keys, money, credit cards (except as coverage is otherwise specifically provided herein);
14. securities, stamps, tickets, and documents (except as coverage is otherwise specifically provided herein);
15. professional or occupational equipment or property, whether or not electronic business equipment; or
16. telephones, computer hardware or software.

**For Baggage and Personal Effects:** Coverage will be provided to You: a) against all risks of permanent loss, theft or damage to baggage and personal effects; b) subject to all Exclusions and Limitations in the policy; c) up to the Maximum Benefit Amount; and d) occurring while this coverage is in force.

The lesser of the following amounts will be paid:

- a. the actual cash value (cost less proper deduction for depreciation) at the time of loss, theft, or damage;
- b. the cost to repair or replace the article with material of a like kind and quality; or
- c. \$300 per article.

A combined maximum of \$1,000 will be paid for jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, articles trimmed with fur, cameras and their accessories and related equipment.

A maximum of \$50 will be paid for the cost of replacing a passport or visa.

A maximum of \$50 will be paid for the cost associated with the unauthorized use of lost or stolen credit cards, subject to verification that the Insured has complied with all conditions of the credit card company.

**For Baggage Delay:** If, while on a Covered Trip, Your checked baggage is delayed or misdirected by a Common Carrier for more than 12 hours from Your time of arrival at a destination other than at Your place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount, for the actual expenditure for necessary personal effects. You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.

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

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

## Coverage H

### TRIP DELAY

This Coverage H is made a part of the policy. It is subject to all the provisions of this Coverage H.

If You are delayed for 6 hours or more hours while in route to or from a Covered Trip, due to:

1. any delay of a Common Carrier. The delay must be certified by the Common Carrier;
2. a traffic accident in which You or Your Traveling Companion are not directly involved (must be substantiated by a police report);
3. lost or stolen passports, travel documents, or money (must be substantiated by a police report);
4. quarantine, hijacking, strike, natural disaster, terrorism, or riot; or
5. documented weather condition preventing the Insured from getting to the point of departure.

Benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for:

1. the Additional Transportation Cost from the point where You were delayed to a destination where You can join the Covered Trip;
2. the Additional Transportation Cost to return You to Your originally scheduled return destination;
3. reasonable accommodation and meal expenses up to \$300 per day necessarily incurred by You for which You have proof of purchase, and which were not paid for or provided by any other source; and
4. the non-refundable, unused portion of the prepaid expenses for the Covered Trip as long as the expenses are supported by proof of purchase and are not reimbursable by any other source.

You must provide the following documentation when presenting a claim for these benefits:

- a. Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the loss, including but not limited to: scheduled departure and return times, and actual departure and return times.

Benefits will not be paid for any expenses which have been reimbursed, or for any services that have been provided by the Common Carrier.

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

The maximum Benefit Amount is shown in the Confirmation of Benefits.

## Coverage I

### EMERGENCY MEDICAL EVACUATION AND RETURN OF REMAINS

This Coverage I is made a part of the policy. It is subject to all the provisions of this Coverage I.

When You suffer loss of life for any reason or incur a Sickness or Injury during the course of a Covered Trip, the following benefits are payable, up to the Maximum Benefit Amount.

1. **For Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

If You are in the Hospital for more than seven consecutive days and Your dependent children who are under 18 years of age and accompanying You on the Covered Trip, are left unattended, Economy Transportation will be paid to return the dependents to their home (with an attendant, if considered necessary by the travel assistance company).

If You are traveling alone and are in the Hospital for more than seven consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside.

2. **For Medical Repatriation:**
  - a. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your place of permanent residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for Your return to Your permanent residence via:
    - i. one-way Economy Transportation; or
    - ii. commercial upgrade based on an Insured's condition as recommended by the local attending Legally Qualified Physician and verified in writing.

Transportation must be via the most direct and economical route.

- b. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your place of permanent residence for continued treatment of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for transportation to the Hospital or medical facility closest to Your permanent place of residence capable of providing that treatment. Transportation must be by the most direct and economical route. Covered land or air transportation includes, but is not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company.
3. **For Return of Remains:** In the event of Your death, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your place of residence or to the place of burial.

Benefits are paid less the value of Your original unused return travel ticket.

If benefits are payable under this Coverage I and You have other insurance that may provide benefits for this same loss, the Company reserves the right to recover from such other insurance. You shall:

- a. notify the Company of any other insurance;
- b. help the Company exercise the Company's rights in any reasonable way that the Company may request, including the filing and assignment of other insurance benefits;
- c. not do anything after the loss to prejudice the Company's rights; and
- d. reimbursement to the Company, to the extent of any payment the Company has made, for benefits received from such other insurance.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

## Coverage J

### MISSED CONNECTION

This Coverage J is made a part of the policy. It is subject to all the provisions of this Coverage J.

If You miss Your cruise or tour departure because the airline flight is delayed for 3 or more hours, due to:

- a. any delay of a Common Carrier. The delay must be certified by the Common Carrier;
- b. documented weather condition preventing the Insured from getting to the point of departure;
- c. quarantine, hijacking, Strike, natural disaster, terrorism, or riot.

Benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for:

- a. the Additional Transportation Cost to join the Covered Trip;
- b. reasonable accommodations and meal expenses up to \$150 per day necessarily incurred by an Insured for which You have proof of purchase, and which were not paid for or provided by any other source.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

## Optional Purchase

### ACCIDENTAL DEATH AND DISMEMBERMENT - FLIGHT ONLY

This Coverage Benefit is provided only if shown as covered on the Confirmation of Benefits.

When You sustain covered Injuries:

- a. while riding solely as a passenger in an aircraft on a regularly scheduled airline flight or regularly scheduled charter operated;
  - i. in scheduled air transportation pursuant to economic authority issued by the Civil Aeronautics Board;
  - ii. by an intrastate scheduled airline of United States registry maintaining regularly published schedules and licensed for the transportation of passengers by a duly constituted authority having jurisdiction over civil aviation in the state in which said airline operates; or
  - iii. by a scheduled airline of foreign registry maintaining regularly published schedules and licensed for transportation of passengers by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline;
- b. received while riding as a passenger in any aircraft, other than a single-engine jet, which at the time is making a flight for the principal purpose of transporting passengers and not for any other operational, tactical, or test purpose and which is operated by:
  - i. the Military Airlift Command of the United States;
  - ii. the Royal Canadian Air Force Air Transport Command; or
  - iii. the Royal Air Force Air Transport Command of Great Britain;
- c. received while riding as a passenger in any land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this policy;
- d. received while riding as a passenger in a vehicle licensed to carry passengers for hire, but only:
  - i. When going to an airport to board an aircraft on which you are covered by this policy; or
  - ii. When leaving an airport after alighting from such an aircraft;
- e. received while upon airport premises designated for passenger use immediately before boarding or immediately after alighting from an aircraft on which you are covered by this policy.

Benefits will be paid as follows:

**Table of Losses**

| Type of Loss                                             | Benefit Amount            |
|----------------------------------------------------------|---------------------------|
| Loss of life                                             | Principal Sum             |
| Loss of both feet, both hands, or both eyes              | Principal Sum             |
| Loss of one hand and one foot                            | Principal Sum             |
| Loss of one hand and one eye,<br>or one foot and one eye | Principal Sum             |
| Loss of one hand, one foot, or one eye                   | Half of the Principal Sum |

**Loss of hand or hands, or foot or feet**, means severance at or above the wrist joint or ankle joint, respectively.

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: a) two limbs; b) both eyes; or c) one limb and one eye is payable only when such loss results from the same accident.

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

Flight Only Accidental Death and Dismemberment also includes an Accident Medical Expense Benefit that provides the Insured a maximum of \$50 of Accident Medical Expense Benefit Limit for each \$1,000 of the Insured's chosen Flight Only Accidental Death and Dismemberment Benefit amount. Covered Accident Medical Expenses incurred due to Injury only are paid up to the maximum Accident Medical Expense Benefit Limit, for the following eligible expenses: treatment by a licensed physician or surgeon; care or service from a legally constituted hospital; services and supplies provided by an ambulatory medical-surgical facility; home health care from a licensed home health agency, but only if continued hospital care would have otherwise been required; attendance of a registered graduate nurse; X-ray examination; or use of an ambulance.

You must receive initial medical treatment within 100 days of the date of accident. Eligible Medical Expenses must be incurred within 52 weeks of the date of accident. This insurance does not cover injuries received while making a parachute jump (unless to save a life).

To receive benefits, loss must be independent of sickness and all other causes.

## Optional Purchase

### COLLISION DAMAGE WAIVER

This Coverage Benefit is provided only if shown as covered on the Confirmation of Benefits.

The Insured is eligible for benefits up to the Maximum Benefit Amount per reservation if the Insured rents a car while on the Trip, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood, or any cause not in the Insured's control while in the Insured's possession, or the car is stolen while in the Insured's possession and is not recovered. The Company will pay the lesser of:

- a. The cost of repairs and rental charges imposed by the rental company while the car is being repaired; or
- b. The Actual Cash Value of the car, meaning purchase price less depreciation; or
- c. The amount shown on the Schedule.

Coverage is provided to the Insured, provided the Insured and Traveling Companions are licensed drivers, and are listed on the rental agreement.

Coverage is provided to the Insured for up to ninety (90) consecutive days.

### DEFINITIONS

**"Exotic Vehicles"** includes Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Clenet, Corvette, Cosworth, De Lorean, Excalibre, Ferrari, Iso, Jaguar, Jensen Healy, Lamborghini, Lancia, Lotus, Maserati, Mercedes Benz, MG, Morgan, Pantera, Panther, Pininfarina, Porsche, Rolls Royce, Rover, Stutz, Sterling, Triumph, and TVR. The Insured must call the Company's authorized administrator before renting to obtain confirmation that the vehicle is covered.

## WHAT IS NOT PAYABLE UNDER COLLISION DAMAGE WAIVER

Unless otherwise stated, benefits are not payable for:

1. Any obligation of the Insured, a Traveling Companion or Family Member traveling with the Insured assumed under any agreement (except insurance collision deductible);
2. Rentals of trucks, campers, trailers, off-road or four-wheel drive vehicles, motor bikes, motorcycles, recreational vehicles, or Exotic Vehicles;
3. Any loss which occurs if the Insured or anyone traveling with the Insured are in violation of the rental agreement;
4. Failure to report the loss to the proper local authorities and the rental car company;
5. Damage to any other vehicle, structure or person as a result of a covered loss.

## ADDITIONAL CLAIMS PROVISIONS SPECIFIC TO COLLISION DAMAGE WAIVER

The following outlines the Insured's Duties in the event of any damage to the vehicle. The Insured must:

- a. Take all necessary and reasonable steps to protect the vehicle and prevent further damage to it;
- b. Report the loss to the appropriate local authorities and the rental company as soon as possible;
- c. Obtain all information on any other party involved in the Accident, such as name, address, insurance information, and driver's license number;
- d. Provide the Company with all documentation such as rental agreement, police report, and damage estimate.

## Optional Purchase

### LOST SKIER DAYS

If You are unable to ski during Your Trip due to 50% or more of the mountain trails closing during Your Trip, benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for: the value of the ski lift ticket for the date/time of the closure only will be paid.

**"Trails"** means named skier paths with grade of difficulty intended to provide skiing down the mountain. Trails does not include connecting paths between trails.

1. Benefits begin on the date You arrive at the mountain or the date You have a valid ski lift ticket;
2. A minimum of 10 trails must be open on the date of Your arrival at the mountain in order to be eligible for this Benefit;
3. This Benefit does not apply to Season Passes;
4. If Your ski lift ticket applies to multiple ski mountains and one of the mountains is open for skiing per this Benefit as noted above, this Benefit is not provided;
5. Written documentation from authorized personnel at the ski location must be submitted as proof of loss;
6. Maximum Lost Skier Days Benefit is \$500.

Benefits are not payable for lift tickets under this Lost Skier Days Benefit if lift tickets are used for:

- Heli-Skiing
- Back Country Skiing

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

## Optional Purchase

### LOST GOLF ROUNDS

If You or Your Traveling Companion are unable to Golf during Your Trip due to the inability to complete play on at least nine (9) holes of an eighteen (18) hole round due to weather during the round where the Course management expressly cancels or puts the Golf round on delay or suspension for more than three (3) hours on the day of play, and documents same, the Company will reimburse You (on a pro-rated basis) for the value of Your Prepaid Golf tickets or greens fees for each day of the loss of Golf during Your Trip, up to the Maximum Benefit Amount shown on the Schedule of Benefits.

You must provide a copy of the Prepaid Golf receipts and reports from the resort or Course management stating the date, length of time, and reason for Course closure or reason for cancellation or suspension for which You are submitting a claim.

**“Golf”** or **“Golfing”** means the recreation of playing Golf on an officially registered Golf Course measuring over 4,000 yards with a par rating of at least sixty-eight (68) for eighteen (18) holes of play, or that has multiple eighteen (18) hole Courses of at least 4,000 yards each, within the resort and operated by the same management, that is accessed by a prepaid use ticket for rounds, play time, and/or use or admission. However, Golf or Golfing does not include miniature, executive or par-3 courses, or Golf that takes place where discounted rates are in effect for “twilight,” early evening, winter season, or nighttime play.

**“Course”** means land that is specifically and physically maintained for use as a Golf Course and depicted for such on a course card with distance and/or slope and handicap ratings as provided by management.

This Lost Golf rounds Benefit does not cover loss, delay, or suspension of Golf due to actual and/or tangible damage to the Course from any reason whatsoever, regardless of cause.

The following conditions must be met for this Lost Golf rounds Benefit to be payable:

- a. You must have made a confirmed reservation, including a Prepaid deposit, at least forty-eight (48) hours in advance of Your tee time with the course management;
- b. You must incur a cancellation charge by the course management if You do not play or lose the value of Your Golf fees if play is suspended. If the operator issues You a credit, there is no loss;
- c. You or Your playing group must not have caused any delay by missing or initiating Your game past the reserved start time for the round;
- d. Maximum tee time reservations covered is five rounds for any one Trip.

## Optional Purchase

### SPORTS EQUIPMENT RENTAL

If, while on Your Trip, Your checked sports equipment is lost, stolen, damaged or delayed by a Common Carrier for 12 hours or more, benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the reasonable cost of renting sports equipment during Your Trip.

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

## Section II. Definitions

**“Additional Transportation Cost”** means the actual cost incurred for one-way Economy Transportation by Common Carrier reduced by the value of an unused travel ticket.

**“Bankruptcy”** means the filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 L.S.C. Subsection 101 et seq.

**“Business Partner”** means an individual who a) is involved in a legal general partnership with You; and/or b) is actively involved in the day-to-day management of Your business.

**“Common Carrier”** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**“Confirmation of Benefits”** means the coverage confirmation provided to You following enrollment and payment of the applicable premium.

**“Covered Trip”** means scheduled trips, tours or cruises for which a) coverage is requested; and b) the required premium is submitted prior to the Scheduled Departure Date.

**“Default”** means a material failure or inability to provide contracted services.

**“Economy Transportation”** means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Insured purchased for the Covered Trip.

**“Family Member”** means You or Your Traveling Companion’s legal spouse or common-law spouse where legal; legal guardian; son or daughter (adopted, foster or step); son-in-law; daughter-in-law; grandmother; grandmother-in-law; grandfather; grandfather-in-law; grandchild; aunt; uncle; niece; or nephew; brother, step-brother; sister; step-sister; brother-in-law; sister-in-law; mother; mother-in-law; father; father-in-law; step-parent.

**“Hospital”** means a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; b) a place 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; c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a hospital or institution licensed or used principally: 1) for the treatment or care of drug addicts or alcoholics; or 2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home, or home for the aged.

**“Inclement Weather”** means any weather condition that delays the scheduled arrival or departure of a Common Carrier.

**“Injury”** or **“Injuries”** means accidental bodily injuries: a) received while insured under the policy and any attached coverages; b) resulting in loss independent of sickness and all other causes; and c) not excluded from coverage.

**“Insured”** means the individual named on the enrollment form who has purchased a Covered Trip and who has paid the required premium.

**“Intoxicated”** mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.

**“Legally Qualified Physician”** means a physician or a Christian Science Practitioner a) other than You, a Traveling Companion or a Family Member; b) practicing within the scope of Your license; and c) recognized as a physician in the place where the services are rendered.

**“Maximum Benefit Amount”** means the maximum amount payable for coverage provided to an Insured as shown in the Confirmation of Benefits.

**“Medical Treatment”** means treatment advice or consultation by a Legally Qualified Physician.

**“Medically Necessary”** means a service or supply which: a) is recommended by the attending Legally Qualified Physician; b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; c) could not have been omitted without adversely affecting Your condition or quality of medical care; d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and e) is not considered experimental unless coverage for experimental services or supplies is required by law.

**“Pre-existing Condition”** means any injury, sickness, or condition (including any condition from which death ensues) of the Insured, or Traveling Companion, or Your and/or Traveling Companion’s Family Member, or Your Business Partner, for which within the 60-day period prior to the effective date of Your Trip Cancellation coverage under the policy which a) manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care, or treatment; b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or c) required medical treatment or treatment was recommended by a Legally Qualified Physician.

**“Published Penalties”** means any published cancellation penalties issued by Your travel agency or travel supplier that apply to all clients of the travel agency or travel supplier and can be documented at time of trip sale. The maximum amount reimbursable under the travel agencies published penalties is 10% of the total trip cost excluding taxes and other non-commissionable items.

**“Scheduled Departure Date”** means the date on which You are originally scheduled to leave on the Covered Trip.

**“Scheduled Return Date”** means the date on which You are originally scheduled to return to the point of origin or the original final destination.

**“Sickness”** means an illness or disease that is diagnosed or treated by a Legally Qualified Physician after the effective date of insurance and while You are covered under the policy.

**“Strike”** means any stoppage of work: a) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased; and b) which interferes with the normal departure and arrival of a Common Carrier.

**“Terrorist Incident”** means an incident deemed a terrorist act by the United States Government that causes property damage and loss of life.

**“Third Party”** means a person or entity other than You or the Company.

**“Transportation Expense”** means: a) the cost of conveyance of You and any medical personnel (if Medically Necessary); and b) Medically Necessary services or supplies.

**“Travel Arrangements”** means: a) transportation; b) accommodations; and c) other specified services arranged by the Travel Supplier for the covered trip.

**“Traveling Companion”** means a person or persons with whom a covered person has coordinated travel arrangements and intends to travel with during the trip.

**“Travel Supplier”** means any entity or organization that coordinates or supplies travel services for You.

**“Usual and Customary Charges”** means those comparable charges for similar treatment, services, and supplies in the geographic area where treatment is performed.

## Section III. Insuring Provisions

Insured's Term of Coverage:

**For Trip Cancellation:** Coverage begins on the effective date and time specified in the Confirmation of Benefits. Coverage ends at the point and time of departure on Your Scheduled Departure Date.

**For Trip Delay:** Coverage is in force while en route to and from the Covered Trip.

**For All Other Coverages:** Coverage begins at the point and time of departure on the Scheduled Departure Date. Coverage ends at the point and time of return on Your Scheduled Return Date.

In the event the Scheduled Departure Date and/or the Scheduled Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which neither the Travel Supplier nor You have control, Your term of coverage shall be automatically adjusted in accordance with the Travel Supplier's notice to the Company of the delay or change.

### Excess Insurance Limitation

The following provision does not apply to the Accident Medical Expense, Sickness Medical Expense, or Emergency Medical Evacuation and Repatriation benefits, if provided under this Certificate.

The insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company 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.]

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## Section IV. General Exclusions and Limitations

Benefits are not payable for Sickness, Injuries or losses of You, Your Family Member or Traveling Companion or Your Traveling Companion's Family Member, or Your Business Partner:

1. resulting from suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
2. resulting from an act of declared or undeclared war;
3. while participating in maneuvers or training exercises of an armed service;
4. while riding, driving or participating in races, or speed or endurance contests;
5. while mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. while participating as a member of a team in an organized sporting competition;
7. while participating in skydiving, hang gliding, bungee cord jumping, scuba diving, or deep-sea diving;
8. while piloting, or learning to pilot, or acting as a member of the crew of any aircraft;
9. received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician;
10. to which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
11. due to normal childbirth, normal pregnancy through the first 9 months of pregnancy, or voluntarily induced abortion;
12. for dental treatment (except as coverage is otherwise specifically provided herein);
13. which exceed the Maximum Benefit Amount for each attached coverage as shown in the Confirmation of Benefits; or
14. due to a Pre-existing Condition, as defined in the policy. The Pre-existing Condition Limitation does not apply to: a) Emergency Medical Evacuation, Medical Repatriation and Return of Remains coverage; or b) to coverage purchased within 20 days from the time the initial Covered Trip deposit is paid.

**The following limitation applies to Trip Cancellation:** All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72 hour period, the Company will not pay for additional charges, which would not have, been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.

### **Additional Limitations and Exclusions Specific to Baggage and Personal Effects**

Benefits are not payable for any loss 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 vehicle;
- e. property illegally acquired, kept, stored, or transported;
- f. Your negligent acts or omissions; or
- g. property shipped as freight or shipped prior to the Scheduled Departure Date.

## Section V. General Provisions

**Notice of Claim:** Notice of claim must be reported 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 the Company or designated representative and should include sufficient information to identify the Insured.

**Claim Forms:** When notice of claim is received by the Company or designated 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 sending 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. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

**Time of Payment of Claims:** The Company or its designated representative will pay the claim after receipt of acceptable proof of loss.

**Payment of Claims:** Benefits for loss of life are payable to the Principal Insured, who is the beneficiary for all other Insureds. If: a) the Principal Insured predeceases You; and b) a beneficiary is not otherwise designated by the Principal Insured benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- a. the Principal Insured's spouse;
- b. the Principal Insured's child or children jointly;
- c. Your parents jointly if both are living or the surviving parent if only one survives;
- d. Your brothers and sisters jointly; or
- e. the Principal Insured's estate.

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

Other than for loss of life, if any benefit is payable to: a) You or the Principal Insured's beneficiary who is minor or otherwise not able to give a valid release; or b) the Principal Insured's estate: the Company may pay up to \$1,000.00 to the Principal Insured's beneficiary or any relative to whom the Company finds entitled to the payment. Any payment made in good faith shall fully discharge the Company to the extent of such payment.

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

**Legal Actions:** No legal action for a claim can be brought against us until 60 days after we receive proof of loss. No legal action for a claim can be brought against us more than 3 years after the time required for giving proof of loss. This 3-year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

**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.

**Other Insurance with the Company:** You may be covered under only one travel policy with the Company for each Covered 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 selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

**Subrogation:** If the Company has 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, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event You recover damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recovery for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

**Additional Claims Provisions Specific to Baggage:** Insured's Duties After Loss of or Damage to Property or Delay of Baggage: In case of loss, theft, damage or delay of baggage or personal effects, and Insured must:

- a. take all reasonable steps to protect, save or recover the property;
- b. promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss;
- c. produce records needed to verify the claim and its amount, and permit copies to be made;
- d. provide to the Company, within 90 days from the date of loss, a detailed proof of loss signed and sworn to; and
- e. be examined, if requested.

**Reductions in the Amount of Insurance:** The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this coverage for this Covered Trip.

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## STATE EXCEPTIONS

### NEW YORK MANDATES:

Under New York Law, certain mandated benefits are required to be provided under a medical expense policy. The Company will pay benefits as applicable to this program for such mandates.

The definition of "Hospital" is amended to read:

**"Hospital"** means a short-term, acute, general hospital, that:

- a. is primarily engaged in providing, by or under the continuous supervision of physicians to inpatients, diagnostic services and therapeutic services for diagnosis, treatment, and care of injured or sick persons;
- b. has organized departments of medicine and major surgery;
- c. has a requirement that every patient must be under the care of a physician or dentist;
- d. provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- e. if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97, (42 USCA 1395xk);(f) is duly licensed by the agency responsible for licensing such hospitals; and
- f. Is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

The definition of "Pre-Existing Condition" is amended to read:

**"Pre-Existing Condition"** means the existence of symptoms in You, Your Traveling Companion, Your Family Member, You or Your Traveling Companion's Family Member that would ordinarily cause a prudent person to seek diagnosis, care, or treatment within a 60-day period preceding the effective date of Your coverage, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 60-day period preceding the effective date of Your coverage.

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

|              |                                                                                                                                                                                                                                                                                                                                                               |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Why?</b>  | Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do                                               |
| <b>What?</b> | <p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>▪ Social Security number and income</li> <li>▪ credit scores and credit-based insurance scores</li> <li>▪ insurance claim history and employment information</li> </ul> |
| <b>How?</b>  | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Crum & Forster chooses to share; and whether you can limit this sharing                                                      |

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

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To Limit Our Sharing</b> | <ul style="list-style-type: none"> <li>▪ Call 844-254-5754</li> <li>▪ Email us at: <a href="mailto:CFChiefLegalOfficer@cfins.com">CFChiefLegalOfficer@cfins.com</a></li> </ul> <p>Please note: If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p> |
| <b>Questions</b>            | Call 844-254-5754 or email us at: <a href="mailto:CFChiefLegalOfficer@cfins.com">CFChiefLegalOfficer@cfins.com</a> unless you provide a separate FCRA opt out form.                                                                                                                                                                                                                                                                                                                         |

| Who We Are                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who is providing this notice?                            | Crum & Forster and its affiliates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| What We Do                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| How does Crum & Forster protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with applicable federal and state law. These measures include computer safeguards and secured files and buildings.                                                                                                                                                                                                                                                                                                              |
| How does Crum & Forster collect my personal information? | <p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>▪ apply for insurance or pay insurance premiums</li> <li>▪ file an insurance claim or give us your contact information</li> <li>▪ provide employment information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates or other companies.</p>                                                                                                                                  |
| Why can't I limit all sharing?                           | <p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>▪ sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>▪ affiliates from using your information to market to you</li> <li>▪ sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>                                                               |
| Definitions                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Affiliates</b>                                        | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>▪ <i>Our affiliates include: United States Fire Insurance Company, The North River Insurance Company, Crum &amp; Forster Indemnity Company, Seneca Insurance Company, Inc., Travel Insured International, Inc., Monitor Life Insurance Company of New York, MTAW Insurance Company, Bail USA, Inc. and any other company within the Crum &amp; Forster group of companies.</i></li> </ul> |
| <b>Non-affiliates</b>                                    | <p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>▪ <i>Crum &amp; Forster does not share with nonaffiliates so they can market to you.</i></li> </ul>                                                                                                                                                                                                                                                                                   |
| <b>Joint marketing</b>                                   | <p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>▪ <i>Crum &amp; Forster doesn't jointly market.</i></li> </ul>                                                                                                                                                                                                                                                                                                       |

## Other Important Information

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

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

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

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

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

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

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

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