



# Texas | MULTI-TRIP PLAN UNIVERSAL

American Modern Home Insurance Company

## SCHEDULE OF BENEFITS

WE WILL PROVIDE THE COVERAGE DESCRIBED IN THIS POLICY AND LISTED BELOW.

BENEFITS	LIMITS
TRIP INTERRUPTION	UP TO \$5,000
SINGLE OCCUPANCY SUPPLEMENT	UP TO 100% OF THE TRIP COST LIMIT
TRIP DELAY	MINIMUM 6 HOURS DELAY \$100 PER DAY, MAXIMUM OF \$750
AIRLINE TICKET CHANGE FEE	\$150
ITINERARY CHANGE	\$500
MISSED CONNECTION	\$150
TRIP INCONVENIENCE	\$150
EMERGENCY ACCIDENT MEDICAL EXPENSE	\$100,000, NO DEDUCTIBLE DENTAL ONLY: \$1,000
EMERGENCY SICKNESS MEDICAL EXPENSE	INCLUDED IN EMERGENCY ACCIDENT MEDICAL EXPENSE LIMIT
EMERGENCY MEDICAL EVACUATION & MEDICALLY NECESSARY REPATRIATION	\$100,000
MEDICALLY NECESSARY REPATRIATION	INCLUDED IN EMERGENCY MEDICAL EVACUATION LIMIT
REPATRIATION OF REMAINS	INCLUDED IN EMERGENCY MEDICAL EVACUATION LIMIT
EMERGENCY NON-MEDICAL EVACUATION DUE TO CATASTROPHE	\$50,000
ACCIDENTAL DEATH AND DISMEMBERMENT	PRINCIPAL SUM: \$25,000
BAGGAGE / PERSONAL EFFECTS	\$1,000, NO DEDUCTIBLE PER ARTICLE: \$100, COMBINED MAXIMUM LIMIT FOR DESCRIBED PROPERTY: \$250
BAGGAGE DELAY & DELIVERY	MINIMUM 12 HOURS DELAY \$100 PER DAY, MAXIMUM OF \$300

## OPTIONAL COVERAGE

THESE COVERAGES ARE OPTIONAL AND MUST BE SHOWN ON YOUR CONFIRMATION OF BENEFITS.

OPTION I: BAGGAGE, PETS, GOLF & SKI		OPTION II: TRAVEL	
BAGGAGE/PE - SPORTS EQUIPMENT	\$1,000	EVENT TICKET CANCELLATION	\$250
BAGGAGE/PE - BUSINESS EQUIPMENT	\$1,000	HOTEL OVERBOOKING	\$500
BAGGAGE/PE - WEDDING RELATED	\$1,000	CHANGE OF MIND OR PLANS	\$500
HOTEL/MOTEL BURGLARY (US/CANADA ONLY)	\$1,000	RENTAL PROPERTY DAMAGE PROTECTION	\$1,500
TRAVELING PET MEDICAL EXPENSE	\$1,000		
LOST GOLF ROUNDS	\$250		
LOST SKIER DAYS	\$250		



## TRAVEL INSURANCE POLICY

This Policy is issued in consideration of enrollment and payment of the premium due. This Policy describes all of the travel insurance benefits underwritten by American Modern Home Insurance Company, herein referred to as We, Us, and Our. This Policy is a legal contract between You (herein referred to as You or Your) and Us. It is important that You read Your Policy carefully. Insurance benefits vary from program to program. Please refer to the Confirmation of Benefits. It provides You with specific information about the program You purchased. This policy is issued for a stated term as shown on the Confirmation of Benefits.

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## SECTION I - GENERAL DEFINITIONS

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

“**Accidental Injury**” means bodily injury caused by an Accident, directly and independently of all other causes and sustained on or after the Effective Date of this coverage and on or before the Scheduled Return Date. Benefits for Accidental Injury will not be paid for any loss caused by Sickness or other bodily diseases or infirmity.

“**Actual Cash Value**” means purchase price less depreciation.

“**Additional Expense**” means any reasonable expenses for meals and lodging which were necessarily incurred as the result of a covered loss and which were not provided by the Common Carrier or any other party free of charge.

“**Assistance Company**” means the service provider with whom We have contracted to coordinate and deliver emergency travel assistance, medical evacuation and repatriation.

“**Baggage**” means luggage and personal effects and possessions whether owned, borrowed, or rented, and taken by You on the Covered Trip.

“**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 U.S.C. Subsection 101 et seq.

“**Business Day**” means all days except Saturday, Sunday, or holidays recognized by Texas.

“**Business Equipment**” means property used in trade, business, or for the production of income; or offered for sale or trade or components of goods offered for sale or trade.

“**Business Partner**” means an individual who: (a) is involved in a legal partnership; and (b) is actively involved in the day to day management of the business.

“**Carry On Baggage**” means a piece of Baggage that is not Checked Baggage and is owned by and accompanies You while traveling on a Common Carrier.

“**Checked Baggage**” means a piece of Baggage for which a claim check has been issued to You by a Common Carrier.

“**Check(ed)-In**” means the moment You register at the Hotel or Motel.

“**Check(ed)-Out**” means the moment You vacate the Hotel or Motel room and pay the itemized total costs incurred for Your stay.

“**City**” means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.

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

“**Complications of Pregnancy**” means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.

“**Covered Expenses**” shall mean expenses incurred by You which are: for Medically Necessary services, supplies, care, or treatment; due to Sickness or Accidental Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under the Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits, under each stated benefit.

“**Covered Trip**” means a trip for which You request insurance coverage and pay the required premium, and includes:



## SECTION I - GENERAL DEFINITIONS

- (a) a period of travel away from home to a destination outside Your City of residence; and
- (b) a maximum trip duration of 90 days or less; and
- (c) at least 100 miles from Your primary place of residence; and
- (d) the purpose of the trip is business or pleasure; and
- (e) the trip has defined Departure and Return dates.

**"Cruise"** means any prepaid sea/ocean and/or inland waterway arrangements made by the Travel Supplier.

**"Deductible"** means the dollar amount You must contribute to the loss.

**"Default"** means a material failure or inability to provide contracted services due to financial insolvency.

**"Dependent Child(ren)"** means Your children, including an unmarried child, stepchild, legally adopted child or foster child who is: less than age 19 and primarily dependent on You for support and maintenance; or who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.

**"Domestic Partner"** means a person, at least 18 years of age, with whom You have been living in a spousal relationship with evidence of cohabitation for at least 6 continuous months prior to the Effective Date of coverage.

**"Effective Date"** means the date and time Your coverage begins, as outlined in Section III. Eligibility and Period of Coverage of the Policy.

**"Emergency Medical Evacuation"** means Your medical condition warrants immediate Transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained.

**"Emergency Sickness"** means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of Your condition or place Your life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while Your coverage is in force and during Your Covered Trip.

**"Emergency Treatment"** means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Accidental Injury or Sickness.

**"Family Member"** means You or Your Traveling Companion's legal or common law spouse, Domestic Partner, Yours or Your Domestic Partner's caregiver, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, foster child, ward, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew.

**"Forceful Entry"** means that someone illegally accessed Your Hotel or Motel room by breaking in a door, window or surrounding walls.

**"Hospital"** means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of 1 or more Physicians available at all times;
- (d) provides 24 hour nursing service and has at least 1 registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the Hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged or similar institution.

**"Inclement Weather"** means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

**"Insured"** means a person who has enrolled for insurance under this Policy. You and Your also means the Insured.

**"Medically Necessary"** means that a treatment, service, or supply is: essential for diagnosis, treatment or care of the Accidental Injury or Sickness for which it is prescribed or performed, meets generally accepted standards of medical practice and is ordered by a Physician and performed under his or her care, supervision or order.

**"Natural Disaster"** means flood, fire, hurricane, tornado, earthquake, tsunami, volcanic eruption, blizzard or avalanche that is due to natural causes.

**"Payments or Deposits"** means the cash, check, or credit card amounts actually paid for Your Covered Trip. Certificates; vouchers; frequent traveler rewards, miles or points; discounts and/or credits applied (in part or in full) towards the cost of Your Covered Trip are not Payments or Deposits as defined herein.

**"Physician"** means a licensed practitioner of medical, surgical or dental services acting within the scope of his or her license and shall include Christian Science Practitioners. The treating Physician may not be You, a Traveling Companion or a Family Member.



## SECTION I - GENERAL DEFINITIONS

**"Policy"** shall mean this individual Policy document, the Schedule of Benefits, and any endorsements, riders or amendments that will attach during the period of coverage.

**"Pre-Existing Condition"** means any Accidental Injury, Sickness or condition of You, Your Traveling Companion, or Your Family Member booked to travel with You for which medical advice, diagnosis, care or treatment was recommended or received within the 90 day period ending on the Effective Date. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

**"Reasonable and Customary / Reasonable and Customary Charges"** means an expense which:

- (a) is charged for treatment, supplies, or medical services Medically Necessary to treat Your condition;
- (b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
- (c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary charges exceed the actual amount charged.

**"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 to a different final destination or to Your primary residence from a Covered Trip.

**"Sickness"** means an illness or disease which is diagnosed or treated by a Physician on or after the Effective Date of insurance and while You are covered under the Policy.

**"Strike"** means a stoppage of work (a) announced, organized and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strikes are work slowdowns and sickouts.

**"Terrorist Attack"** means an incident deemed an act of terrorism by the U.S. Department of State.

**"Transportation"** means any land, sea or air conveyance required to transport You during an Emergency Medical Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.

**"Traveling Companion"** means person(s) booked to accompany You on Your Covered Trip. Note: A group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

**"Travel Supplier"** means any entity involved in providing travel services or travel arrangements.

**"Unforeseen"** means not anticipated or expected, and occurring on or after the Effective Date of the Policy.

## SECTION II - GENERAL PROVISIONS

The following provisions apply to all coverage:

**SUIT AGAINST US:** No legal action in any form can be brought after 2 years and one day after the loss.

**MISREPRESENTATION AND FRAUD:** Your coverage shall be void if, whether before or after a loss, You have concealed or misrepresented any material fact or circumstance concerning the Policy or the subject thereof, or Your interest therein, or if You commit fraud or material misrepresentations in connection with this insurance coverage.

**SUBROGATION:** To the extent We pay for a loss suffered by You, We will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help Us to preserve Our rights against those responsible for the loss. This may involve signing any papers and taking any other steps We may reasonably require. If We take over Your rights, You (or Your designated representative if a minor) must sign an appropriate subrogation form supplied by Us. We will not retain any payments until You have been made whole with regard to any claim payable under the Policy.

**CONTROLLING LAW:** Any part of the Policy that conflicts with the state law where the Policy is issued is changed to meet the minimum requirements of that law.

### CANCELLATION

**Cancellation by the Insured:** You have the right to cancel the Policy at any time by giving advance notice to Our Agent or Us (stating when thereafter the cancellation shall be effective). We will refund any unearned premium to You within 10 days of cancellation.

**Cancellation by Us:** This is a single pay, single term, non-renewable Policy. We have no unilateral right to cancel this Policy after the Effective Date of coverage.



### SECTION III - ELIGIBILITY AND PERIOD OF COVERAGE

**ELIGIBILITY:** Each Insured must enroll for his or her own insurance and pay any premium due. If accepted by Us, each person will become Insured.

**EFFECTIVE DATE AND POLICY TERM:** The Effective Date of Your Policy is shown in the Schedule of Benefits and remains in effect for the stated term shown in the Schedule of Benefits.

**When Your coverage for Benefits Begins:**

**Subject to payment of any premium due:**

- (a) For Trip Delay: Coverage is in force while en route to and from the Covered Trip.
- (b) For all other coverage: Coverage begins at the later of the point and time of Your departure on the Scheduled Departure Date; or your actual departure for Your Covered Trip.

**When Your Coverage Ends:**

Coverage is effective for the stated term shown in Your Schedule of Benefits. In addition, Your coverage will end at 11:59 P.M. local time on the date which is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets;
- (b) the date You return to Your origination point if prior to the Scheduled Return Date;
- (c) the date You leave or change Your Covered Trip (unless due to Unforeseen and unavoidable circumstances covered by the Policy);
- (d) if You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date; or
- (e) the date You cancel Your Covered Trip.

Coverage will not end solely because a person becomes an elected official in Texas.

**EXTENDED COVERAGE:**

All coverage under the Policy will be extended, if:

- (a) Your entire Covered Trip is covered by the Policy; and
- (b) Your return is delayed by covered reasons specified under Trip Cancellation, Trip Interruption or Trip Delay.  
If coverage is extended for the above reasons, coverage will end on: (a) the date You reach Your return destination; or (b) 7 days after the date the Covered Trip was scheduled to be completed.

### SECTION IV- COVERAGES

We will provide the coverage described in this policy only if it is listed on the Table of Insurance Benefits on the Schedule of Benefits.

**TRIP INTERRUPTION**

We will pay a benefit, up to the maximum shown on the Schedule of Benefits, if You are prevented from continuing or resuming Your Covered Trip due to any of the Unforeseen events listed below.

We will pay You for the following:

- (a) unused, non-refundable travel arrangements prepaid to the Travel Supplier(s); or
- (b) additional Transportation expenses incurred by You; or
- (c) return air travel up to the lesser of the cost of an economy flight or the amount shown in the Schedule of Benefits, less the value of applied credit from an unused return travel ticket.

In no event shall the amount We pay exceed the lesser of the amount You prepaid for the Covered Trip or the maximum benefit shown on the Schedule of Benefits.

**SPECIAL CONDITIONS:** You must advise the Travel Supplier and Us as soon as possible in the event of a claim. We will not pay benefits for any additional charges incurred that would not have been charged had You notified the Travel Supplier and Us as soon as reasonably possible.

**Unforeseen Events Include:**

- (a) Accidental Injury, Sickness or death of You, Your Traveling Companion, Your Family Member, or Your Business Partner; which results in medically imposed restrictions as certified by a Physician at the



## SECTION IV- COVERAGES

- time of loss preventing Your participation or continued participation in the Covered Trip. A Physician must advise cancellation of the Covered Trip on or before the Scheduled Departure Date.
- (b) The death or hospitalization of Your Host at Destination.
  - (c) Inclement Weather, Natural Disasters, Terrorist Attacks, or mechanical breakdown of the common carrier which results in the complete cessation of travel services at the point of departure or destination for at least 48 consecutive hours.
  - (d) Mandatory evacuation ordered by local authorities at Your destination due to hurricane or other Natural Disaster. You must have 50% or more of Your Trip remaining at the time the mandatory evacuation ends, in order for this benefit to be payable.
  - (e) Inclement weather or Natural Disaster resulting in the obstruction of public roadways, or curtailment of public Transportation, which prevents Your ability to arrive at Your Land/Sea Arrangements.
  - (f) Strike that causes complete cessation of travel services of Your Common Carrier for at least 48 consecutive hours.
  - (g) Bankruptcy and/or Default of Your Travel Supplier which occurs more than 14 days following Your Effective Date. Your Scheduled Departure Date must be no more than 15 months beyond Your 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 You to transfer to another airline in order to get to Your intended destination.
  - (h) You or Your Traveling Companion who are military personnel, are called to emergency duty for a disaster other than war or are called to active military duty, have their leave revoked or are reassigned for reasons other than War.
  - (i) If within 30 days of Your departure, a politically motivated Terrorist Attack occurs within 50 miles of a City listed on Your itinerary. The Terrorist Attack must occur on or after the Effective Date of Your Trip Cancellation Coverage.
  - (j) A documented theft of passports or visas. Documented means that You have reported the theft to the local authorities.
  - (k) You and/or Your Traveling Companion are hijacked, quarantined, required to serve on a jury, subpoenaed, required to appear as a witness in a legal action, provided You are or Your Traveling Companion are not a party to the legal action or appearing as a law enforcement officer; the victim of felonious assault within 15 days of departure; having Your principal place of residence made uninhabitable by fire, flood or other Natural Disaster; or burglary of Your principal place of residence within 10 days of departure.

**SINGLE OCCUPANCY:** We will pay You, up to the maximum shown on the Schedule of Benefits, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with You has his or her Covered Trip delayed, canceled, or interrupted for a covered reason and You do not cancel Your Covered Trip.

### AIRLINE TICKET CHANGE FEE

We will pay the amount shown in the Schedule of Benefits if You have to change the dates of Your airline ticket for the following reasons and the airline charges You a penalty or change fee:

- (a) All covered reasons listed under the Trip Cancellation and Trip Interruption benefits; or
- (b) You are or Your Traveling Companion is delayed by Inclement Weather while en route to a departure provided You or Your Traveling Companion were scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure; or
- (c) A medical emergency of You, a Traveling Companion or a Family Member. The emergency requires a documented examination by a Physician.

### ITINERARY CHANGE

In the event the Travel Supplier makes a change to Your Covered Trip itinerary which prevents You from participating in an event/activity pre-paid prior to departure and scheduled on Your Covered Trip itinerary, nonrefundable pre-paid event/activity expenses will be reimbursed up to the maximum benefit amount shown in the Schedule of Benefits.

Benefits will not be paid if the event/activity is rescheduled during the course of the Covered Trip. Verification by the Travel Supplier of the change in the scheduled Covered Trip itinerary will be necessary for claim payment.





## SECTION IV- COVERAGES

### MISSED CONNECTION

We will pay the benefit shown in the Schedule of Benefits if You missed Your Covered Trip departure due to cancellation or delay for 6 or more hours of all regularly scheduled airline flights due to Inclement Weather or any delay caused by a Common Carrier. Benefits of up to the amount shown in the Schedule of Benefits are provided to cover:

- (a) additional Transportation expenses needed for You to join the departed Covered Trip,
- (b) reasonable accommodations and meal expenses, and
- (c) non-refundable Covered Trip payments for the unused portion of Your Covered Trip.

Coverage is secondary to any compensation provided by a Common Carrier. Coverage will not be provided to You if You are able to meet Your scheduled departure but cancel Your Covered Trip due to Inclement Weather.

### TRIP INCONVENIENCE

This coverage will pay a one-time benefit per Insured shown on the Schedule of Benefits if any one of the following events occurs while You are on a Covered Trip:

- (a) You are admitted to a Hospital as an inpatient; or
- (b) You are a victim of a felonious assault. A felonious assault may not be inflicted by You, a Family Member, a Traveling Companion or a Traveling Companion's Family Member; or
- (c) You are involved in an automobile Accident, caused by another vehicle, while traveling in Your (owned or leased) personal automobile; or
- (d) Your passport is lost or stolen while on a Covered Trip; or
- (e) Your sports equipment, which is checked with a Common Carrier, is delayed by the Common Carrier for more than 24 hours after You have reached Your Covered Trip destination.

### TRIP DELAY

We will pay You for Additional Expenses on a one-time basis, up to the maximum shown in the Schedule of Benefits, if You are delayed en route to or from the Covered Trip for 6 or more hours due to the Unforeseen events listed under Trip Cancellation and Trip Interruption.

Additional Expenses include:

- (a) any prepaid, unused, non-refundable land, air, or water accommodations;
- (b) any reasonable Additional Expenses incurred;
- (c) an economy fare from the point where You ended Your Covered Trip to a destination where You can resume Your Covered Trip; or
- (d) a one-way economy fare to return You to Your originally scheduled return destination.

### BAGGAGE DELAY & DELIVERY

We will pay You for the expense of replacing necessary personal effects, up to the maximum shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than 12 hours, while on a Covered Trip, except for return travel to Your primary residence.

You must be a ticketed passenger on a Common Carrier. All claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchase or replacement of necessary personal effects must accompany any claim.

If Your Checked Baggage is delayed after You have reached Your destination and the Common Carrier makes a charge for delivery, We will pay the reasonable cost up to the Baggage Delivery Maximum Benefit shown on the Schedule of Benefits to deliver Your Checked Baggage to Your Destination. A copy of the delivery invoice and verification of the delay or misdirection by the Common Carrier must be submitted with the claim.

### BAGGAGE/PERSONAL EFFECTS

We will pay You up to the maximum shown on the Schedule of Benefits, for loss, theft or damage to Baggage and personal effects, provided You, Your Traveling Companion or Your Family Member has taken all reasonable measures to protect, save and/or recover the property at all times. The Baggage and personal effects must be owned by and accompany You during the Covered Trip. If You have checked Your Baggage with a Common Carrier and delivery is



**SECTION IV- COVERAGES**

delayed, coverage for Baggage will be extended until the Common Carrier delivers the property. There is a per article limit shown on the Schedule of Benefits. There is a combined maximum limit shown on the Schedule of Benefits for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; sports equipment; personal computers; radios; cameras; camcorders and their accessories and related equipment; and other electronic items.

We will pay You for fees associated with the replacement of Your passport during Your Covered Trip. Receipts are required for reimbursement. We will also reimburse You for charges and interest incurred due to unauthorized use of Your credit cards if such use occurs during Your Trip and if You have complied with all credit card conditions imposed by the credit card companies. We will pay the lesser of the following:

- (a) Actual Cash Value, as determined by Us, at time of loss, theft or damage to Baggage and Personal Effects; or
- (b) the cost of repair or replacement.

**ACCIDENTAL DEATH AND DISMEMBERMENT**

We will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table below. The loss must occur within 365 days after the date of the Accident causing the loss. The Principal Sum is shown on the Schedule of Benefits.

If more than one loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained loss shown in the Table of Losses.

**TABLE OF LOSSES**

<b>Loss of:</b>	<b>Percentage of Principal Sum:</b>
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%

“Loss” with regard to:

- (a) hand or foot, means actual complete severance through and above the wrist or ankle joints; or
- (b) eye means an entire and irrecoverable loss of sight; or
- (c) speech or hearing means entire and irrecoverable loss of speech or hearing of both ears.

No benefit is payable for loss resulting from or due to stroke, cerebral vascular, or cardiovascular Accident or event; myocardial infarction (heart attack); coronary thrombosis, or aneurysm.

**EXPOSURE:** We will pay benefits for covered Losses which result if You are unavoidably exposed to the elements due to an Accident. The loss must occur within 365 days after the event which caused the exposure.

**DISAPPEARANCE:** We will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident.

**EMERGENCY ACCIDENT AND EMERGENCY SICKNESS MEDICAL EXPENSE**

We will pay Reasonable and Customary Charges up to the maximum limit shown on the Schedule of Benefits, subject to the Deductible, if You incur necessary Covered Expenses while on your Covered Trip and as a result of an Accidental Injury or Emergency Sickness which first manifests itself during the Covered Trip.





## SECTION IV- COVERAGES

Covered Expenses are Medically Necessary services and supplies which are recommended by the attending Physician. They include but are not limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) Hospital or ambulatory medical-surgical center services (this may also include expenses for a Cruise ship cabin or Hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a Hospital room for recovery from a Sickness);
- (d) charges for anesthetics (including administration);
- (e) x-ray examinations or treatments, and laboratory tests;
- (f) ambulance service;
- (g) drugs, medicines, prosthetics and therapeutic services and supplies; and
- (h) emergency dental treatment for the relief of pain.

We will pay benefits, up to \$750, for emergency dental treatment for Accidental Injury to sound natural teeth.

We will not pay benefits in excess of the Reasonable and Customary Charges. We will not cover any expenses incurred by another party at no cost to You or already included within the cost of the Covered Trip.

We will advance payment to a Hospital, up to the maximum shown on the Schedule of Benefits, if needed to secure Your admission to a Hospital because of Accidental Injury or Sickness.

### **EMERGENCY MEDICAL EVACUATION & MEDICALLY NECESSARY REPATRIATION**

We will pay, subject to the limitations set out herein, for Covered Emergency Medical Evacuation expenses reasonably incurred if You suffer an Accidental Injury or Emergency Sickness that warrants Your Emergency Medical Evacuation while You are on a Covered Trip. Benefits payable are subject to the Maximum Benefit per Insured shown on the Schedule of Benefits for all Emergency Medical Evacuations due to all injuries from the same Accident or all Emergency Sickness from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Medical Evacuation and must certify that the severity of Your Accidental Injury or Emergency Sickness warrants Your Emergency Medical Evacuation to the closest adequate medical facility. The Assistance Company or We must review and approve the necessity of the Emergency Medical Evacuation based on the inadequacy of local medical facilities. The Emergency Medical Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Medical Evacuation expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with Your Emergency Medical Evacuation. Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting You; and (c) reviewed and pre-approved by the Assistance Company. We will also pay Reasonable and Customary expenses, for escort expenses required by You, if You are disabled during a Covered Trip and an escort is recommended in writing by an attending Physician and such expenses are pre-approved by the Assistance Company.

If You are hospitalized for more than 7 days following a Covered Emergency Medical Evacuation, We will pay, subject to the limitations set out herein, for expenses:

- (a) to return to the United States where You reside, with an attendant if necessary, any of Your Dependent Children who were accompanying You when the Accidental Injury or Emergency Sickness occurred and were left alone. Our payment will not exceed the cost of a single one-way economy airfare ticket, less the value of applied credit from any unused return travel tickets per person;
- (b) to bring 1 person chosen by You to and from the Hospital or other medical facility where You are confined if You are alone, but not to exceed the cost of 1 round-trip economy airfare ticket.

In addition to the above Covered Expenses, if We have previously evacuated You to a medical facility, We will pay Your airfare costs from that facility to Your primary residence, within 1 year from Your original Scheduled Return Date, less refunds from Your unused Transportation tickets. Airfare costs will be economy, or first class if Your original tickets are first class. This benefit is available only if it is not provided under another coverage in the Policy.



## SECTION IV- COVERAGES

**Transportation of Spouse or Domestic Partner:** If You are confined to the Hospital for more than 7 days or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than 7 consecutive days, or if You die on the Covered Trip and require Repatriation of Remains, We will return Your spouse or Domestic Partner to Your primary residence. Our payment will not exceed the cost of a single one-way economy airfare ticket, less the value of applied credit from any unused return travel ticket.

### **EMERGENCY NON-MEDICAL EVACUATION DUE TO CATASTROPHE**

For purposes of this Benefit, "Catastrophe" means a violent and destructive natural event causing a sudden change in a feature of the earth. Catastrophe includes but is not limited to earthquakes, tsunamis, hurricanes, mudslides, and other similar destructive Natural Disasters.

We will pay, subject to the limitations set out herein, for Covered Emergency Non-Medical Evacuation expenses reasonably incurred if You must be evacuated during Your Covered Trip due to a Catastrophe. Benefits payable are for Transportation only and are subject to the maximum benefit shown on the Schedule of Benefits for all Emergency Non-Medical Evacuations due a single Catastrophe per person.

Your claim must be substantiated by a report from an appropriate authority confirming that it was unsafe and unacceptable for You to stay in Your current accommodations. The certification and approval for Emergency Non-Medical Evacuation must be coordinated through the most direct and economical conveyance and route possible.

Expenses for Transportation must be:

- (a) required by the standard regulations of the conveyance transporting You; and
- (b) reviewed and pre-approved by the Assistance Company.

### **REPATRIATION OF REMAINS**

We will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Covered Trip. No payment will exceed the maximum shown on the Schedule of Benefits.

**Covered Expenses include:** The collection of the body of the deceased; the transfer of the body to a professional funeral home; embalming and preparation of the body or cremation if so desired; standard shipping casket; any required consular proceedings; the transfer of the casket to the airport and boarding of the casket onto the plane; any required permits and corresponding airfare; and the transfer of the deceased to its final destination. All Covered Expenses must be approved in advance by the Assistance Company.

**Escort Service:** We will pay to return any of Your children who were accompanying You at the time of Your death back to Your primary residence, including the cost of an attendant for a minor child. Such expenses shall not exceed the cost of a one-way economy airfare ticket, less the value of any applied credit from any unused return travel tickets for each person.

### **I - BAGGAGE, PETS, GOLF & SKI**

These coverages are optional and must be shown on Your Schedule of Benefits.

#### **BAGGAGE/PERSONAL EFFECTS – SPORTS EQUIPMENT ONLY**

If Your sports equipment is lost by the Common Carrier, or damaged, or stolen, We will pay up to the amount in the Schedule of Benefits provided You have taken all reasonable measures to protect, save and recover Your property at all times. The sports equipment must be owned by and accompany You during the Covered Trip. If You have checked Your sports equipment with a Common Carrier and delivery is delayed, coverage for sports equipment will be extended until the Common Carrier delivers the property.

Property or Losses not covered under this benefit include:

- (a) Items other than sports equipment;
- (b) Intentional acts;
- (c) Gross negligence or willful and wanton misconduct;



**SECTION IV- COVERAGES**

- (d) Sports equipment shipped as freight or shipped prior to Your Scheduled Departure Date;
- (e) Sports equipment that is left unattended in or on a vehicle or a car trailer;
- (f) Sports equipment that is lost by a Common Carrier and the Loss is not reported to the Common Carrier within 24 hours after the Loss and a claim is not filed with the Common Carrier;
- (g) Sports equipment that is stolen and the theft is not reported to the appropriate authorities; or
- (h) Damage to the sports equipment resulting from defective materials or workmanship, ordinary wear and tear, or normal deterioration.

If Your sports equipment is lost or stolen or damaged, We will pay the lesser of:

- (a) The Actual Cash Value of the item; or
- (b) The cost to repair or replace the item.

A police report is required if Your sports equipment is stolen. A Common Carrier property loss report is required for proof of damage, delay or loss caused by the Common Carrier. In addition, damaged sports equipment may require inspection by Us prior to claims payment and should be kept by You as proof of Loss.

Coverage is secondary to any coverage provided by the Common Carrier.

**Sports Equipment Rental Coverage:** If Your sports equipment is damaged, lost or delayed by the Common Carrier for 12 hours or more, or stolen, We will reimburse You on a one-time basis for the reasonable costs of renting replacement sports equipment during Your Covered Trip up to the amount shown in the Schedule of Benefits.

**BAGGAGE/PERSONAL EFFECTS – BUSINESS EQUIPMENT ONLY**

If Your Business Equipment is damaged, lost, stolen, or delayed by a Common Carrier for 12 hours or more, We will pay You on a one-time basis for the reasonable costs of renting replacement Business Equipment during Your Covered Trip, up to the amount indicated on the Schedule of Benefits. A police report is required if Your Business Equipment is stolen. A Common Carrier report is required for proof of damage, delay, or Loss by a Common Carrier. Original receipts and a list of stolen, damaged or lost Business Equipment must be provided along with proof of Loss providing amount of Loss, date, time and cause of Loss, and a repair estimate, if the Business Equipment is damaged. If You have checked Your Business Equipment with a Common Carrier and delivery is delayed, coverage for Business Equipment will be extended until the Common Carrier delivers the property.

**BAGGAGE/PERSONAL EFFECTS – WEDDING RELATED ONLY**

We will pay You up to the maximum shown on the Schedule of Benefits, for Loss, theft or damage to wedding related personal effects, provided You have taken all reasonable measures to protect, save and/or recover the property at all times. The wedding related personal effects must be owned by and accompany You during the Covered Trip. If You have checked Your wedding related personal effects with a Common Carrier and delivery is delayed, coverage for wedding related personal effects will be extended until the Common Carrier delivers the property. Original receipts must be provided for reimbursement.

This coverage is secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance, and shall apply only when such other benefits are exhausted.

We will pay the lesser of the following:

- (a) The Actual Cash Value of the item; or
- (b) The cost to repair or replace the item.

This benefit is available only when:

- (a) the purpose of the Covered Trip is for a wedding for You or Your Family Member or Your Traveling Companion; and
- (b) the cost of the wedding is Your responsibility; and
- (c) wedding related personal effects are damaged, lost, stolen or delayed by a Common Carrier for 12 hours



## SECTION IV- COVERAGES

or more.

We will pay You on a one-time basis for the reasonable costs of renting or replacing such wedding items during Your Covered Trip.

### **HOTEL or MOTEL BURGLARY - UNITED STATES & CANADA ONLY**

We will pay You up to the maximum shown on the Schedule of Benefits, if Your personal property is stolen from Your Hotel or Motel room.

We will pay benefits only if:

- (a) You have Checked-In to Your Hotel or Motel room;
- (b) There is evidence of Forceful Entry;
- (c) You make a sworn statement to police authorities having jurisdiction within 24 hours and furnish a notarized copy of Your statement with Your claim; and
- (d) The Hotel or Motel verifies the Loss.

We will pay You for the personal property's Actual Cash Value, if not replaced, less any amounts paid or payable by the Hotel or Motel or any other valid and collectible insurance available to You, whether such other insurance is stated to be primary, contributing, excess or contingent. No benefit is payable for any loss that occurs after You have Checked-Out of Your Hotel or Motel room. If the Loss is to one or more parts of a pair or set, We will pay benefits only for the part(s) lost.

### **TRAVELING PET MEDICAL EXPENSE**

If Your cat or dog is accompanying You on the Covered Trip and as a result of Sickness or Accidental Injury that first manifests itself or first occurs during the Covered Trip and requires Emergency Medical Treatment, We will pay the benefit amount shown in the Schedule of Benefits if Your cat or dog incurs Covered Medical Expenses. For purposes of this benefit, Emergency Medical Treatment means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Sickness or Accidental Injury. Covered Medical Expenses means necessary services and supplies that are recommended by the attending licensed Veterinarian.

### **LOST GOLF ROUNDS**

If You are unable to Golf during the Covered Trip due to the inability to complete play on at least 9 holes of an 18 hole round golf course due to Inclement Weather during the round where the Club Management expressly cancels or puts Your Golf round on delay or suspension for more than 3 hours on the day of play, and will document same, We will pay You (on a pro-rated basis) the value of Your pre-paid Golf tickets or greens fees for each day of the Loss of Golf during Your Covered Trip, up to the maximum benefit shown on the Schedule of Benefits.

**"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 68 for 18 holes of play, or that might have multiple 18 hole Courses of at least 4,000 yards each, within the resort and operated by the same management, which 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 which takes place where discounted rates are in effect for "twilight," early evening, winter season, or nighttime play.

**"Course"** means land which is specifically and physically maintained for use as a Golf Course and depicted for such on a course scorecard with distance and/or slope and handicap ratings as provided by Course management. This Lost Golf Rounds benefit is not intended for Loss, delay, or suspension of Golfing due to actual and/or tangible damage to the Course from any reason whatsoever, regardless of cause.

This coverage is subject to the following conditions:

- (a) You must have made a confirmed reservation, including a pre-paid deposit, if required, at least [6 to 48] hours in advance of Your tee time with the Course management;
- (b) You must incur a cancellation charge or penalty by the Course management if You do not play, or lose the value of Your greens fees if play is suspended.
- (c) You or Your playing group must not have caused any delay by missing or initiating Your game past the



## SECTION IV- COVERAGES

- reserved tee time for the round;
- (d) This benefit applies only to Golfing that takes place during the high season for Golf at Your destination, meaning when the average temperature within 20 miles of the Course is expected to be, and is historically measured by local forecasts, at or above 60 degrees Fahrenheit at 12:00 PM local time.

The maximum tee time reservations covered is 5 Golf rounds for any 1 Covered Trip. You must provide a copy of the pre-paid Golf receipts and reports from the 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.

### LOST SKIER DAYS

We will pay You, up to the maximum shown on the Schedule of Benefits, for the value of Your ski lift ticket(s), if You are unable to ski during Your Covered Trip due to fifty percent (50%) or more of the mountain trails closing from lack of snow, severe weather or trail conditions, or Natural Disaster, during the time period for which Your ski ticket(s) is(are) in effect.

You must obtain written confirmation from the tour operator (or their representative) of the number of days skiing facilities were closed and the reason for the closure. This coverage is only available if You purchase the insurance at least 30 days prior to Your departure date. Coverage is only available if the ski resort has snow makers and is more than 3,000 feet above sea level, or if the ski resort does not have snow makers and is more than 4,500 feet above sea level. This coverage is available from December 15 through March 30 for ski resorts in the Northern Hemisphere and June 15 through September 30 for ski resorts in the Southern Hemisphere.

## II - TRAVEL

These coverages are optional and must be shown on Your Schedule of Benefits.

### EVENT TICKET CANCELLATION

We will pay You, up to the maximum benefit amount shown on the Schedule of Benefits, for the purchase price of a Ticket (as defined in this Benefit), and any applicable processing fees (up to the lesser of ten percent (10%) of the Event Ticket's face value or \$10), for any nonrefundable Event Ticket in the event the Ticketholder is unable to attend a Ticketed Event due to one of the following eligible reasons:

1. Sickness, Accidental Injury or death of the Ticketholder or Ticketholder's Family Member;
2. Ticketholder is directly involved in a traffic Accident (as evidenced by a police report) while en route to the scheduled Event; or
3. Ticketholder's Common Carrier is delayed due to Strike, breakdown or adverse weather conditions causing the Ticketholder to miss the scheduled Event.

For purposes of this benefit the following definitions are added:

**"Event"** means an entertainment, theatrical or recreational event for which a Ticket is purchased.

**"Ticket"** or **"Ticketed"** means a ticket issued on paper or electronically to an entertainment, theatrical or recreational Event and paid for in full by You.

**"Ticketholder"** means You or a person who receives a Ticket to attend the Event from You.

The following provisions apply:

- (a) The entire cost of the nonrefundable Event Ticket must be paid for by You and You retain an original, valid receipt.
- (b) For series or season Tickets and multi-day Tickets, a particular eligible reason may not be used for cancellation of more than 1 day or Event.
- (c) You must comply with all of the following conditions:
  - (i) You must not be aware of any Ticketholder's Sickness at the time a Ticket is purchased that would inhibit the Ticketholder's ability to attend an Event.
  - (ii) You must not be aware of any material fact, matter or circumstance at the time a Ticket is purchased which is likely to give rise to a claim.
  - (iii) You shall use due diligence, and do and concur in doing all things reasonably practicable to avoid or diminish any loss under this coverage.



## SECTION IV- COVERAGES

- (d) You must advise Us or Our Agent Administrator within fifteen (15) days of the missed Event.

### **HOTEL OVERBOOKING**

We will pay You up to the limit shown on the Schedule of Benefits in Additional Expenses You incur for 1 night's lodging for each room guaranteed or confirmed through Your Travel Supplier that is oversold if Your Hotel is unable to provide reasonable alternative accommodations.

### **CHANGE OF MIND OR PLANS**

We will pay You up to the limit shown on the Schedule of Benefits for cancellation penalties of a Covered Trip which is canceled by You prior to the Scheduled Departure Date because of a change in Your plans. Other than this payment, no benefits are payable for Loss caused by You changing Your plans. The Change of Mind Coverage benefit will not be paid in combination with any other benefit, and is only in effect if the insurance was purchased within 14 days of the initial Trip payment.

### **RENTAL PROPERTY DAMAGE PROTECTION**

We will pay up to the limit shown on the Schedule of Benefits for Loss, theft or damage to covered real or personal property to the owner of a Covered Rental Unit while it is occupied by You or Your Family Member or Your Traveling Companion.

**"Covered Rental Unit"** means a rental property owned by someone other than You or Your Traveling Companion or Your Family Member or Your Traveling Companions' Family Members and where You have paid a rental fee to the Travel Supplier, property owner, realtor or property manager.

The maximum limit of this coverage is an aggregate per stay at a Covered Rental Unit. A per item limit of \$1,000 applies to covered Losses due to theft or damage to electronics, appliances, and artwork. Damage or theft resulting in Losses above these amounts or for Losses which are not covered are Your responsibility. Coverage is provided for the contents of the Covered Rental Unit as furnished by the property owner, or the property owners' Realtor or Property Manager.

We will pay the lesser of:

- (a) The cost to repair the item; or
- (b) The cost to replace the item, up to the limit of coverage, as is practicable and at Our discretion.

The Rental Property Damage Protection Benefit will not cover damage or theft resulting from:

- (a) Acts of God;
- (b) Intentional acts of You, Your Family Member or Your Traveling Companion;
- (c) Gross negligence or willful and wanton misconduct;
- (d) Any Loss, if You, Your Family Member or Your Traveling Companion does not take reasonable and prudent measures to protect the property within the Covered Rental Unit;
- (e) Any Loss, if You do not report the damage to the Realtor or Property Manager, representing the rental unit, in writing using the notification forms provided, by the time of Your vacating the rental property;
- (f) Normal wear and tear;
- (g) Theft without forced entry;
- (h) Theft without a valid police report that must be filed within 24 hours of the occurrence; or
- (i) Damages caused by any pet or other animal allowed onto the premises by You or Your Family Member or Your Traveling Companion.

This benefit does not apply to theft or damage of any property owned by or brought onto the premises by You, Your Family Member or Your Traveling Companion and does not cover Loss of use or lost rental income of the Covered Rental Unit. Claim payments will be made directly to the property owner or realtor or property manager on Your behalf.





## SECTION V- CLAIMS PROCEDURES AND PAYMENT

All benefits will be paid in United States dollars. The following provisions will apply to all benefits.

**PAYMENT OF CLAIMS:** We, or Our authorized designee, will pay a claim after receipt of acceptable Proof of Loss. All claims will be paid to You. All or a portion of all other benefits provided may, at Our option, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, We may make arrangements to pay claims to Your legal guardian, committee or other qualified representative. Any payment made in good faith will discharge Our liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other insurance policies for the same loss.

**NOTICE OF CLAIM:** Written notice of claim must be given by either You or someone acting for You to Us or our authorized designee within 20 days after a covered loss first begins or as soon as reasonably possible. Notice should include Your name, the Travel Supplier's name and the Policy number. Notice should be sent to Our administrative office, at the address shown on the Schedule of Benefits or to Our authorized designee.

Under Baggage / Personal Effects Coverage, If Your covered property is lost, stolen or damaged, You must:

- (a) notify Us, or Our Administrator as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the Loss or damage; and
- (d) notify the police or other authority in the case of robbery or theft within 24 hours.

**CLAIM FORMS:** When We receive a notice of claim, We will send You the forms to be used in filing proof of claim. If We or Our designee do not send You these forms within 15 days, You can meet the Proof of Loss requirement by sending Us or Our designee a written statement of the occurrence, nature and extent of the loss within the time allowed for filing Proof of Loss under this Policy.

**PROOF OF LOSS:** You have 91 days from the date of Your loss to submit Your claim to Us, except as otherwise provided by law. Within 15 Business Days after We receive notice of a claim We will:

- (a) acknowledge receipt of the claim (If acknowledgement of the claim is not made, in writing, We will make a record of the date, means, and content of the acknowledgement.)
- (b) commence any investigation of the claim; and
- (c) request from You all items, statements, and forms that We reasonably believe, at that time, will be required from You. Additional requests may be made if during the investigation of the claim such additional requests are necessary.

We will notify you in writing of the acceptance or rejection of a claim no later than 15 Business Days after We receive all Proof of Loss required by Us. If We reject the claim, We will tell You the reasons for the rejection. If We are unable to accept or reject the claim within 15 Business Days after We receive all Proof of Loss required, We will notify You within the 15 Business-Day period and tell You why We need additional time to investigate the claim. If We require additional time to investigate Your claim, We will notify You if We accept or reject the claim no later than 45 Business Days after We request additional time to investigate the claim. Except as otherwise provided, if We delay payment of a claim for more than 60 Business Days following receipt of all required Proof of Loss, We will pay the amount of the claim plus 18 percent interest per year along together with reasonable attorney fees. If a lawsuit is filed, such attorney fees shall be taxed as part of the costs in the case.

**OTHER INSURANCE WITH US:** You may be covered under only 1 travel Policy with Us for each Covered Trip. If You are covered under more than 1 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.

**PHYSICAL EXAMINATION AND AUTOPSY:** We have the right to physically examine a claimant as often as needed while a claim is pending. We may choose the Physician. We also have the right to have an autopsy performed in the case of death, unless prohibited by law. These will be done at Our expense.



## SECTION VI - GENERAL LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Trip Interruption, Missed Connection, Trip Delay, Airline Ticket Change Fee, Itinerary Change, Missed Connection, Trip Inconvenience, Accidental Death and Dismemberment, Emergency Accident and Sickness Medical Expense, Emergency Medical Evacuation and Medically Necessary Repatriation, and Repatriation of Remains.

Loss caused by or resulting from:

1. Pre-Existing Conditions;
2. Commission or the attempt to commit a criminal act by You, Your Traveling Companion, or Your Family Member, whether insured or not;
3. Dental treatment except as a result of an Accidental Injury to sound natural teeth;
4. Expenses incurred as a result of being under the influence of drugs or intoxicants, unless prescribed by a Physician;
5. Mental or emotional disorders, unless hospitalized;
6. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
7. Participating in bodily contact sports; skydiving; mountaineering where ropes or guides are normally used; hang gliding; parachuting; any race by horse, motor vehicle, or motorcycle; bungee cord jumping; spelunking or caving; or rock climbing; or helicopter skiing or extreme skiing;
8. Participation in any military maneuver or training exercise, police service, or any loss while You are in the service of the armed forces of any country;
9. Participation as a professional athlete; participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;
10. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
11. Pregnancy and childbirth (except for Complications of Pregnancy) except if hospitalized;
12. Services not shown as covered;
13. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
14. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Colorado and Missouri, sane only) committed by You, Your Traveling Companion or Your Family Member, whether or not insured;
15. Traveling for the purpose of securing medical treatment;
16. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war; or Your participation in any military maneuver or training exercise;
17. Your participation in civil disorder, riot or a felony;
18. Accidental Injury or Sickness when traveling against the advice of a Physician;
19. Care or treatment which is not Medically Necessary;
20. Services not shown as covered; and expenses not approved by the Assistance Company in advance;
21. Care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation; or
22. Directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination.

The following exclusions apply to Baggage and Personal Effects, Baggage Delay & Delivery and, if applicable, to: Baggage / Personal Effects – Sports Equipment Only, and Baggage / Personal Effects – Wedding Related Only. We will not provide benefits for any loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft;
8. bicycles (except when checked as Baggage with a Common Carrier);
9. eye glasses, sunglasses, contact lenses, artificial teeth and dental bridges, hearing aids, or prosthetic limbs;



**SECTION VI - GENERAL LIMITATIONS AND EXCLUSIONS**

10. keys, money, stamps, securities and documents;
11. tickets;
12. art objects and musical instruments;
13. consumables including medicines, perfumes, cosmetics, and perishables;
14. professional or occupational equipment or property, whether or not electronic Business Equipment (not applicable when Option I - Baggage, Pets, Golf & Ski, is purchased);
15. telephones; or
16. property illegally acquired, kept, stored or transported.

The following exclusions apply to Hotel or Motel Burglary – United States and Canada Only:

1. Bullion, stamps, cash, coins, checks, securities, credit cards, and other negotiable instruments;
2. tickets, documents, deeds;
3. forcible exit; and
4. eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs.

The following exclusions apply to Baggage / Personal Effects – Business Equipment Only. We will not pay for Loss or damage to, or caused by:

1. items other than Business Equipment;
2. intentional acts, gross negligence or willful and wanton misconduct;
3. Business Equipment shipped as freight or shipped prior to Your Scheduled Departure Date;
4. Business Equipment that is left in or on a vehicle or a car trailer;
5. Business Equipment that is lost by a Common Carrier and the Loss is not reported to the Common Carrier within 24 hours after the Loss and a claim is not filed with the Common Carrier;
6. Business Equipment that is stolen and the theft is not reported to the appropriate authorities; or
7. Damage to the Business Equipment resulting from defective materials or workmanship, ordinary wear and tear and normal deterioration.

Any loss caused by or resulting from the following is excluded:

1. wear and tear or gradual deterioration;
2. breakage of brittle or fragile articles;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. radioactive contamination;
7. war or any act of war whether declared or not;
8. property shipped as freight or shipped prior to the Scheduled Departure Date.
9. delay or loss of market value;
10. indirect or consequential loss or damage of any kind;
11. theft or pilferage while left unattended in any vehicle if the vehicle is not properly secured;
12. electrical current including electric arcing that damages or destroys electrical devices or appliances;
13. mysterious disappearance;
14. confiscation or expropriation by order of any government.

In witness whereof American Modern Home Insurance Company has caused this Policy to be signed by its President and Secretary, at Amelia, Ohio.

President

Secretary



**IMPORTANT NOTICE TO ALL TEXAS POLICYHOLDERS**

**IMPORTANT NOTICE - ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

To obtain information or make a complaint:

You may call American Modern Home Insurance Company's toll-free telephone number for information or to make a complaint at:

1-800-543-2644

You may also write to American Modern Home Insurance Company:

American Modern Home Insurance Company

7000 Midland Blvd.

Amelia, OH 45102-2607

You may contact the Texas Department of Insurance to obtain information on companies, coverage, rights or complaints at: 1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104

Austin, TX 78714-9104

Fax: (512) 475-1771

Web: <http://www.tdi.state.tx.us>

E-mail: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**PREMIUM OR CLAIM DISPUTES:** Should you have a dispute concerning your premium or about a claim you should contact American Modern Home Insurance Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**AVISO IMPORTANTE - UNA ESTE AVISO A SU POLIZA:**

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de American Modern Home Insurance Company para informacion o para someter una queja al:

1-800-543-2644

Usted también puede escribir a American Modern Home Insurance Company:

American Modern Home Insurance Company

7000 Midland Blvd.

Amelia, OH 45102-2607

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de compa-  
nias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104

Austin, TX 78714-9104

Fax: (512) 475-1771

Web: <http://www.tdi.state.tx.us>

E-mail: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**DISPUTAS SOBRE PRIMAS O RECLAMOS:** Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el American Modern Home Insurance Company primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).



**IMPORTANT NOTICE TO PERSONS ON MEDICARE**

**THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

This insurance provides limited benefits, if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- the benefits stated in the policy and coverage for the same event is provided by Medicare.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Other approved items and services

**BEFORE YOU BUY THIS INSURANCE**

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

TRAVEL INSURANCE POLICY  
LIMITED BENEFIT HEALTH COVERAGE  
OUTLINE OF COVERAGE  
ACCIDENT & HEALTH BENEFITS ONLY

1. **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of Your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
2. **Limited Benefit Health Coverage** - Policies of this category are designed to provide, to persons insured, limited or supplemental coverage.

**Benefits** - This policy pays medical benefits for covered expenses incurred while on your covered trip unless extended by the Extended Coverage provisions of the policy. All benefits cease at the end of your trip, unless extended by the Extended Coverage provisions of the policy. Benefits payable will not exceed the usual, customary and reasonable charges for similar services in the locality where the expenses are incurred. Accident only coverage is designed to provide you with coverage for (death, dismemberment) resulting from a covered accident only.

The policy pays **EMERGENCY ACCIDENT AND EMERGENCY SICKNESS MEDICAL EXPENSE** benefits as follows:

We will pay Reasonable and Customary Charges up to the maximum limit shown on the Schedule of Benefits, subject to the Deductible, if You incur necessary Covered Expenses while on your Covered Trip and as a result of an Accidental Injury or Emergency Sickness which first manifests itself during the Covered Trip.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and Customary / Reasonable and Customary Charges means an expense which:

- (a) is charged for treatment, supplies, or medical services Medically Necessary to treat Your condition;
- (b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
- (c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary charges exceed the actual amount charged.

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

The policy pays **ACCIDENTAL DEATH AND DISMEMBERMENT** benefits as follows:

We will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table. The loss must occur within 365 days after the date of the Accident causing the loss. The Principal Sum is shown on the Schedule of Benefits.

3. **Exclusions** - In addition to any other general limitations described in the policy, coverage is not provided for:

Loss caused by or resulting from:

1. **Pre-Existing Conditions**, unless: a) the Policy is purchased within 14 days of Your initial Trip deposit; b) the booking for the Covered Trip must be the first and only booking for this travel



- period and destination; and c) You are not disabled from travel at the time You pay the premium;
2. Commission or the attempt to commit a criminal act by You, Your Traveling Companion, or Your Family Member, whether insured or not;
  3. Dental treatment except as a result of an Accidental Injury to sound natural teeth;
  4. Expenses incurred as a result of being under the influence of drugs or intoxicants, unless prescribed by a Physician;
  5. Mental or emotional disorders, unless hospitalized;
  6. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
  7. Participating in bodily contact sports; skydiving; mountaineering where ropes or guides are normally used; hang gliding; parachuting; any race by horse, motor vehicle, or motorcycle; bungee cord jumping; spelunking or caving; or rock climbing; or helicopter skiing or extreme skiing;
  8. Participation in any military maneuver or training exercise, police service, or any loss while You are in the service of the armed forces of any country;
  9. Participation as a professional athlete; participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;
  10. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
  11. Pregnancy and childbirth (except for Complications of Pregnancy) except if hospitalized;
  12. Services not shown as covered;
  13. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
  14. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Colorado and Missouri, sane only) committed by You, Your Traveling Companion or Your Family Member, whether or not insured;
  15. Traveling for the purpose of securing medical treatment;
  16. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war; or Your participation in any military maneuver or training exercise;
  17. Your participation in civil disorder, riot or a felony;
  18. Accidental Injury or Sickness when traveling against the advice of a Physician;
  19. Care or treatment which is not Medically Necessary;
  20. Services not shown as covered; and expenses not approved by the Assistance Company in advance;
  21. Care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation; or
  22. Directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination.
4. Renewability - This policy is issued for a stated term as shown in the Confirmation of Coverage. It is not renewable.

American Modern Insurance Group

**PRIVACY NOTICE AND NOTICE OF INFORMATION PRACTICES**

The companies of the American Modern Insurance Group ("American Modern") respect you and your right to privacy. We value your trust. So, we want you to know our policies and procedures that protect the privacy of your Nonpublic Personal Information (NPI). We also want you to know your rights regarding NPI that we receive about you. Thirdly, we want you to know how we gather NPI about you and how we protect its privacy.

In the course of doing business, we receive NPI related to insurance products and services we provide. These products and services are primarily for personal, family and household purposes. We currently do not share your NPI with any third parties not affiliated with American Modern except as required or permitted by law. We have no intention of doing so without proper authorization from you.

The terms of this Notice apply to individuals who inquire about or obtain insurance from one of the American Modern companies. We will send current policyholders a copy of our most recent Privacy Notice and Notice of Information Practices. We will do so at least annually. We will also send you a Notice if we make changes affecting your rights under our privacy policy. We reserve the right to modify or supplement our privacy policy at any time in accordance with applicable law. This Notice applies to current and former customers of American Modern. This Notice does not in any way affect your insurance coverage. You can find this Notice online on our Website at [www.amig.com](http://www.amig.com).

**I. WHAT KIND OF INFORMATION WE COLLECT ABOUT YOU**

We get most of our NPI about you directly from insurance applications and other forms that you or your insurance representative provide to us. Some examples of NPI include your name, address, income level, Social Security number and certain other financial information. Often, the NPI you provide to your insurance representative at the time you apply gives us everything we need to evaluate you or your property for insurance purposes. But, there are times when we may need more NPI or may need to verify NPI that you have provided. In those cases, we may obtain NPI from outside sources. We will do so at our own expense.

It is common for an insurance company or other financial services company to contact independent sources. Such sources verify and supplement NPI given on an application for insurance or other financial services products. There are many such independent companies. These are commonly called "consumer reporting agencies". They are in the

business of providing independent NPI to insurance companies. We will treat the NPI we receive about you from independent sources according to the terms of this Notice.

You have the right to contact any of the agencies we have used to prepare a report on you. If you wish, please submit your request in writing to the address shown below. Upon our receipt of your written request, we will provide you with the name and address of any agency used to prepare a report on you. Please note that your request must follow the procedures outlined under Sections V. and VI. below.

Once you become a customer of ours, our records on you may contain NPI about our experiences and transactions with you. Such NPI may include coverage, premiums and payment history. It may also include any claims you make under your policy. Any NPI that we collect in connection with a claim will be kept in accordance with this Privacy Notice. We will keep NPI collected by a claims representative and any police or fire report. We may, though, give NPI about claims to one or more insurance support organizations or another insurer. We may do so to underwrite a risk properly. We may also do so to prevent or prosecute fraud, or to detect criminal activity. We may also obtain NPI about you from a report prepared by an insurance support organization. The NPI may be kept by the support organization and provided to other persons.

Each American Modern company may disclose NPI about you to an affiliate regarding its transactions and experiences with you for marketing purposes without obtaining prior authorization. The law does not allow customers to restrict this disclosure. Such NPI may include your payment and claims history. We do not currently share other credit-related NPI about you, except as allowed or required by law.

**II. WHAT WE DO WITH INFORMATION WE COLLECT ABOUT YOU**

We will keep NPI we have about you in our insurance policy or other records. We will refer to and use that NPI in order to issue and service insurance policies and other financial products. We will also use it to settle claims. Generally, we will not disclose NPI about you in our records to any organization not affiliated with American Modern without your prior permission. But, we may, as allowed by law, share NPI about you contained in our records with certain persons or organizations that are not affiliated with American Modern such as:

- \* your insurance representative;

- \* medical professionals;
- \* other insurance companies, agents or consumer reporting agencies as NPI is needed in connection with any insurance application, policy or claim involving you;
- \* our affiliated companies;
- \* persons who represent you in a fiduciary capacity, including your attorney or trustee, or who have a legal interest in your insurance policy;
- \* persons or organizations who use the NPI to perform a business, professional or insurance function for us;
- \* persons or organizations that conduct research, including actuarial or underwriting studies, provided that no individual NPI may be identified in any research study report;
- \* adjusters, appraisers, auditors, investigators and attorneys;
- \* persons or organizations that perform services, functions or marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements; and
- \* a court, state insurance department or other government agency pursuant to a summons, court order, search warrant, subpoena, or as otherwise required by law or regulation.

### Health Information

Except as allowed or required by law, we will not use or share any personally identifiable health information about you, other than as follows. We will use such information to underwrite or administer your policy, claim or account, or in a manner as previously disclosed to you by us when we collected it. The above will not apply if we have obtained your written consent to share information.

### III. RESPONSIBILITIES OF OTHER PARTIES

This Notice applies only to the American Modern companies. It does not necessarily reflect the privacy standards of other financial institutions or independent agents with whom you do business. Their privacy policies and information practices govern how they collect, use and disclose NPI about you. As described above, we may disclose your nonpublic personal financial or health information to third parties. When we do so, we will require them to use such NPI only for its intended purpose in accordance with applicable law.

### IV. WHO HAS ACCESS TO YOUR INFORMATION IN OUR RECORDS

At present, American Modern uses a system of passwords and other physical, electronic and procedural safeguards to protect your NPI. They are designed to protect confidentiality, limit access, and prohibit unlawful disclosure of your NPI. We train our employees about the policies and rights provided under this Notice. We also train them on the importance of protecting customer NPI. Employees who violate our policy in any way are subject to being disciplined. This could include actions up to and including termination of employment. Also, we evaluate our information security practices relevant to changes in technology. We will do so to determine ways to increase the protections outlined above.

### V. HOW YOU CAN REVIEW RECORDED INFORMATION WE HAVE ABOUT YOU

#### Access to Information

You have the right to review and receive most of the NPI we collect about you. As permitted or required by law, some legal and medical documents will not be provided. To access your NPI, please submit a notarized request to the address shown in Section VI. We will need your complete name, address, policy number, daytime phone number and a copy of your driver's license or other personal identification. We will respond to your request within thirty (30) days unless state law requires us to respond earlier. We will let you know the nature and substance of the NPI about you in our files. We will tell you with whom we have shared the information in the last two years. We will identify the source of the information if the source is an institutional one.

#### Correction of Information

If you believe your NPI is incorrect, please send a notarized request for correction to the address shown in Section VI. We will need your complete name, address, policy number, daytime phone number and a copy of your driver's license or other personal identification. We will respond to your request within thirty (30) days unless state law requires us to respond earlier.

If we agree with you, we will correct the NPI and notify you of the correction. We will notify any person who may have received the incorrect NPI from us in the past two years if you ask us to contact that person. We will also provide the corrected information to any insurance support organization to which we have provided your NPI within the last seven years.

If we disagree with you, we will tell you we are not going to make the correction. We will give you the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is incorrect. It should also include the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by you if we have disclosed the disputed NPI to that person in the past two years.

## **VI. HOW TO CONTACT US**

Once you have read this, if you have any questions about our privacy policy or the NPI kept in our records about you, please write to us at the address shown below:

AMERICAN MODERN INSURANCE GROUP  
7000 Midland Boulevard  
Amelia, Ohio 45102-2607  
**Attn: Privacy Compliance Office**

**The American Modern Insurance Group's Privacy Notice and Notice of Information Practices are provided on behalf of the following companies:**

American Modern Property and Casualty Insurance Company  
American Modern Insurance Group, Inc.  
American Family Home Insurance Company d/b/a in California AFH Insurance Company  
American Modern Home Insurance Company d/b/a in California American Modern Insurance Company  
American Modern Home Service Company  
American Modern Insurance Company of Florida, Inc.  
American Modern Lloyds Insurance Company  
American Western Home Insurance Company  
American Southern Home Insurance Company  
American Modern Select Insurance Company  
American Modern Surplus Lines Insurance Company  
Lloyds Modern Corporation  
Marbury Agency, Inc.  
Midwest Enterprises, Inc.  
The Atlas Insurance Agency, Inc.  
Copper Leaf Research



- A. **Pre-Trip Services:** APRIL assists our travelers with the following standard travel information to ensure a smooth pre-planning experience and trip readiness:
1. Passport and visa requirements including information on how to obtain these documents
  2. Travel advisories
  3. Foreign currency exchange rates
  4. Inoculation and immunization requirements
  5. Temperature and weather information
  6. Address and telephone number of the nearest consulate or embassy
  7. Cultural and other events, if applicable
- B. **Express Airport Security Assistance:** APRIL assists our travelers with information and recommendations on which program is best-suited for their needs based on frequency of travel, destination(s), and home airport(s). APRIL helps our travelers enroll and set up interviews (when necessary) for the appropriate program(s) including PreCheck, Global Entry, and/or CLEAR. APRIL does not guarantee that the traveler will pass the interview process. All associated fees for these programs are the responsibility of the traveler.
- C. **Lost Luggage:** APRIL is pleased to assist our travelers with the following items:
1. Locating his or her lost luggage and if requested, APRIL will help our traveler secure replacement items from home;
  2. Obtaining a lost transportation ticket application;
  3. Locating his or her lost documents and other important personal items.
- NOTE:** APRIL is not liable for lost and unfound pieces of luggage. Any compensation due to lost or delayed luggage that the traveler may be entitled to would be paid by their insurance company and/or airline (unless covered under the General Terms and Conditions of an APRIL policy). Any third party expenses, including shipping and/or express delivery charges will be the responsibility of the traveler.*
- D. **Smartphone Travel Applications:** APRIL provides recommendations and instructions for the top smartphone apps that best suit our traveler's device(s), needs and/or destination. These applications can provide streamlined GPS access to restaurant, destination, event, and attraction information. They may also assist with easily receiving service from taxi or transportation providers or getting status updates on flight information. Other apps help with currency exchange rate information, translation services, navigating airports (including finding lounges), and weather information. Recommendations on additional features and services are also available.



- E. **Identity Theft**: We are able to assist our travelers in the unfortunate event of personal identity theft by contracting the services of a specialized agency who will order and review credit bureau records on their behalf; investigate financial accounts where identity theft is suspected; assist in the cancellation of credit/debit cards to prevent additional harm; give access to emergency cash if the victim's financial accounts were forced to be closed; and review account activity to identify any suspicious activities.
- F. **Airport Transfers**: Shared-ride airport shuttle service, providing door-to-door ground transportation with 36 airports nationwide and 4 internationally. If private transfers are requested, we will arrange those on our traveler's behalf.

***NOTE:** Shuttle or Private transfer fees are the responsibility of the traveler.*

- G. **Access to Medical Providers**: If requested by our travelers, APRIL is able to assist with providing the contact information of hospitals, dental clinics, physicians or any other specialist in the area where our traveler is located. APRIL will also set up appointments when needed. Furthermore, April has taken the time and care to ensure these providers have already been pre-screened and approved for quality control purposes and our travelers' peace of mind.
- H. **Medical Transfers**: In case of an emergency, APRIL can arrange for the transfer of our traveler to the nearest medical facility in order for him/her to receive medical attention.

***NOTE:** Payment for the medical transfer (and potentially an accompanying doctor or nurse) is the responsibility of the traveler unless covered under the General Terms and Conditions of an APRIL policy.*

- I. **Medical Assistance Follow-up**: In case of an accident or sickness, APRIL will monitor the development of the mentioned event, to make sure the correct procedures are followed until the event is finalized. APRIL will also provide the service of communicating any updates to our traveler, as well as the traveler's family, until the traveler's medical problem is resolved or stabilized.
- J. **Medical Repatriation**: In the event that due to serious injury or accident medical repatriation is needed, APRIL can assist with coordinating all aspects of returning our injured traveler to his/her usual country of residence by regular airline or air ambulance (accompanied by doctor or nurse, if required).

***NOTE:** Payment for all costs associated with the medical repatriation (including an accompanying doctor or nurse) is the responsibility of the traveler unless covered under the General Terms and Conditions of an APRIL policy.*





K. **Funerary Repatriation:** In the unfortunate event of demise of our traveler, APRIL can assist with organizing the funerary repatriation for:

1. The coffin required for transportation
2. Administrative procedures
3. Transportation to the airport of entrance to the country of permanent residence of our traveler

***NOTE:** Payment for all costs associated with the funerary repatriation is the responsibility of the traveler unless covered under the General Terms and Conditions of an APRIL policy.*

L. **Eyeglasses/Contact Lens Replacement:** APRIL can assist our travelers with the service to receive the eyeglasses and/or contact lenses that they need for continuing their trip.

***NOTE:** The cost for the eyeglasses, lenses, and delivery in these instances are paid for by the traveler.*

M. **Medications Replacement:** APRIL can locate the medication our travelers need in case they lose or forget it at some point during the trip.

***NOTE:** The medication or delivery costs in these instances are paid for by the traveler.*

N. **Return Of Minor:** Should our traveler be traveling as the only companion of children under the age of 15, who are also APRIL travelers, and are unable to take care of the children due to an illness or an accident occurring during the trip, APRIL can help arrange the trip of a relative to accompany the children back to their permanent place of residence.

***NOTE:** Any cost related to the return of the minor children and/or accompanying relative will be paid for by the traveler.*

O. **Return Of Elderly:** If a traveler travels with one or more elders over the age of 75 that are also travelers of APRIL, and he/she cannot be in charge of accompanying these persons due to illness or accident occurred during the trip, then APRIL is able to assist with organizing the transfer of a relative, so that he/she can accompany the traveler(s) to his/her place of permanent residence.

***NOTE:** Any cost related to the return of the elderly traveler and/or accompanying relative will be paid for by the traveler.*



- P. **Transfer Of A Relative During Times of Need**: April is able to assist our travelers if they are hospitalized abroad or in other times of need with making the arrangements for a relative to travel to the traveler to accompany them.

***NOTE:** Any cost related to the travel for this relative would be paid for by the traveler.*

- Q. **Restaurant Recommendations and Reservations**: APRIL is able to assist our travelers with information and recommendations on restaurants in all the countries where APRIL provides travel assistance services. April can also book reservations if requested.

***NOTE:** Any costs associated with this service are the responsibility of the traveler, and there are no discounts included at the restaurants as a part of this service. This is not a service designed to obtain reservations at exclusive restaurants or restaurants that do not take reservations.*

- R. **Event Ticketing**: APRIL can assist our travelers with procuring tickets to sporting events, theater or concert events worldwide as long as the tickets are available for purchase. Event Ticketing is a service that APRIL offers to travelers to find, purchase, and deliver tickets to certain events.

***NOTE:** In these instances, the traveler must pay for the tickets and delivery, typically via credit card. APRIL uses publicly available methods to procure the event tickets and does not offer any discount with this service. This is not a service designed to obtain tickets to events that are sold out or are not publicly available for some other reason.*

- S. **Travel Reservation Services**: In the event of an emergency, APRIL can assist our travelers in making emergency travel arrangements, including airline, hotel, and car rental reservations.

***NOTE:** In these instances, the traveler is responsible for payment of all tickets, accommodations and rentals arranged (unless covered under the General Terms and Conditions of an APRIL policy).*

- T. **Retail Discounts**: April has access to money saving discount deals/coupons available for over 340 various retail locations nationwide and 10 internationally to share with our travelers. Coupons can be received via email or postal mail (coupon booklet).



U. **Airport Parking**: April is able to assist and recommend offsite-airport parking services specifically geared toward the business traveler with:

- A network of over 75 airports
- Online reservations
- Car washing & detailing
- Pet boarding
- Car maintenance (oil changes)
- Car charging stations
- Valet parking

APRIL helps by providing our travelers with location information (including directions if needed) as well as the available services for the facility of their choice.

***NOTE:** Daily discounted parking fees would be the responsibility of the traveler.*

V. **Trip Destination Profiles**: APRIL is able to provide information on every country in the world and over 200 cities worldwide including information on local entertainment, suggested itineraries, and health advisories to help our travelers create the ultimate travel experience.

W. **Urgent Messaging Service**: In the event of an emergency, APRIL is able to use its best efforts and multiple platforms to transmit an urgent message for our travelers to their family, friends, and/or business associates.

X. **Translation Services**: If our travelers need help communicating in an emergency, APRIL is able to provide translation services in all major languages via telephone to them.

***NOTE:** If our travelers require ongoing or more complex translation services in emergency situations, APRIL can still assist by referring them to local translators. In these instances, the cost of the local translators would be the sole responsibility of the traveler.*

Y. **Hotel Accommodations**: If our travelers need accommodations while traveling, APRIL is pleased to offer recommendations and information on hotels worldwide along with booking reservations.

***NOTE:** All costs associated with this service are the responsibility of the traveler.*



Z. **Legal Related Services**: APRIL is able to assist with the following law-related services for our travelers, upon request:

1. Providing the names, addresses and telephone numbers of lawyers in the area in which the traveler is traveling in case of a car accident, traffic violations, or civil or criminal offenses. However, the selection of and the expenses associated with a particular attorney are the responsibility of the traveler
2. Notifying the proper embassy or consulate of the traveler's incarceration
3. Continued communication with the incarcerated traveler and other designated parties where allowed by local law
4. Arranging for the receipt of funds from third party sources

**NOTE:** *APRIL does not provide legal advice or counsel to travelers. The obligation of APRIL is limited to coordinating the disposal of services of a legal professional. In all cases, the lawyers designated or recommended by APRIL will act as agents of the traveler without any right to claims or indemnifications against APRIL for having recommended such a professional.*

AA. **Floral Services**: APRIL can assist with the purchase and shipment of flowers and gift baskets to friends, family members, and business associates.

**NOTE:** *The traveler must pay for the flowers and gifts, typically via credit card. APRIL uses publicly available methods to procure the flowers and/or gifts and does not offer any discount with this service. This is not a service designed to deliver flowers to remote areas or to places that are not serviced by floral services companies.*