

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

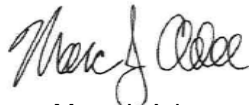
TRAVEL PROTECTION INSURANCE POLICY

This Policy describes the travel insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the “Company” or as “We”, “Us” and “Our”.

PLEASE READ THIS DOCUMENT CAREFULLY FOR FULL DETAILS

This Policy is a legal contract issued in consideration of the signed Group Application of the Policyholder, a copy of which is attached.

Signed for United States Fire Insurance Company By:



Marc J. Adee
Chairman and CEO



Michael P. McTigue
Secretary

TABLE OF CONTENTS

	SCHEDULE OF BENEFITS
SECTION I	COVERAGE PROVISIONS
SECTION II	WHEN COVERAGE BEGINS AND ENDS
SECTION III	EXTENSION OF COVERAGE
SECTION IV	TRAVEL ARRANGEMENT PROTECTION
SECTION V	TRAVEL INSURANCE BENEFITS
SECTION VI	ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS
SECTION VII	GENERAL DEFINITIONS
SECTION VIII	EXCLUSIONS AND LIMITATIONS
SECTION IX	CLAIMS PROCEDURES
SECTION X	HOW TO FILE A CLAIM
SECTION XI	GENERAL PROVISIONS

SCHEDULE OF BENEFITS

No benefits will duplicate any other benefit or coverage provided under this Policy. Should there be a duplication of coverage or benefits, then We will pay the benefit providing the largest amount of coverage.

SECTION IV Travel Arrangement Protection Benefit(s)	Maximum Benefit Amount
Medical Evacuation and Repatriation of Remains Emergency Medical Evacuation Medical Repatriation Repatriation of Remains Additional Medical Evacuation Transportation of Children/Child Bedside Visit Transportation to Join the Insured	up to \$25,000 Included Included Included Included Included
SECTION VI Travel Insurance Benefit(s)	Maximum Benefit Amount
Accident & Sickness Medical Expense	\$25,000
Dental Expense sublimit	up to \$1,000
SECTION VII Accidental Death and Dismemberment Benefit(s)	Maximum Benefit Amount
24-Hour	\$25,000
Exposure	Included
Disappearance	Included

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SECTION I COVERAGE PROVISIONS

Who Is Eligible For Coverage

A person who is booked to travel on a Trip. Coverage is only available for persons under the age of 86. Coverage is only available for persons who are residents of the United States of America.

SECTION II WHEN COVERAGE BEGINS AND ENDS

When Coverage Begins:

This is the Insured's Effective Date and time for All Coverages:

Coverage begins on the date and time the Insured departs on the first Travel Arrangement (or alternate travel arrangement if the Insured must use an alternate travel arrangement to reach the Scheduled Destination) for his/her Trip.

When Coverage Ends:

All Coverages: The Insured's coverage automatically ends on the earlier/est of:

1. the date the Insured completes his/her Trip;
2. the Scheduled Return Date;
3. The Insured's arrival at his/her Return Destination on a round Trip, or the Insured's Scheduled Destination on a one-way Trip;
4. cancellation of the Insured's Trip covered by this Policy.

SECTION III EXTENSION OF COVERAGE

Automatic Extension of Coverage

All coverages will be extended if the Insured's entire Trip is covered by this Policy and the Insured's return is delayed due to unavoidable circumstances beyond the Insured's control. This extension of coverage will end on the earlier of the date the Insured reaches his/her originally scheduled Return Destination or 10 days after the originally Scheduled Return Date.

Medical Evacuation and Repatriation Extension

If the Insured incurs a covered Injury or Sickness on his/her Trip and a treating Physician certifies that the Insured is not Medically Fit to Travel to his/her Return Destination on the Scheduled Return Date, the Medical Evacuation and Repatriation benefit will be automatically extended until the Insured is Medically Fit to Travel and transported to the Insured's Primary Residence or the Insured reached the Maximum Benefit Amount shown in the Schedule of Benefits.

Accident and Sickness Medical Expense Extension

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

SECTION IV TRAVEL ARRANGEMENT PROTECTION

MEDICAL EVACUATION AND REPATRIATION OF REMAINS

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, when the Insured suffers a Sickness, Injury, or loss of life, during the Insured's Trip, for the following:

Emergency Medical Evacuation

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

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

Medical Repatriation

Following an Emergency Medical Evacuation or a covered Injury or Sickness, We will pay for Medical Evacuation expenses to return the Insured to their point of origin, the Insured's Primary Residence, or to a Hospital or medical facility closest to the Insured's Primary Residence capable of providing continued treatment, if the Insured's local attending Physician and Our designated Travel Assistance Services Provider determine that it is Medically Necessary.

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

- a. one-way, economy transportation;
- b. commercial air upgrade to business or first class, less refunds from the Insured's unused transportation tickets;
- c. other covered land or air transportation including, but not limited to, commercial stretcher, Medical Escort, or the contracted charges for air ambulance.

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

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

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

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

Medical Evacuation expenses will only be payable at the Usual and Customary level or payment for necessary transportation, related medical services and medical supplies.

Repatriation of Remains

Benefits will be paid for covered Repatriation Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, to return the Insured's body to the Insured's city of Primary Residence or the Insured's origination point or to the place of burial in the United States of America if the Insured dies during their Trip.

Repatriation Expenses means:

- a) embalming or local cremation; and

- b) associated temporary storage costs for up to 30 days, or until local authorities of the country/state in which the death occurred, will permit further transportation of the body, whichever is later; and the most economical coffin or receptacle adequate to transport the remains;
- c) the cost of transportation of the remains, by the most direct and economical conveyance and route possible, to: 1) the nearest location where the body can be embalmed or cremated, if not locally available; and/or 2) the receiving funeral home or morgue, at the Return Destination, or a different place of burial within United States; and
- d) the cost for the creation and transmission of necessary documentation required to transport the body, such as a death certificate, autopsy or police report.

All Repatriation Expenses must be authorized and arranged in advance by Us or Our designated Travel Assistance Services Provider. Once the Insured's remains are claimed by the receiving funeral home or morgue, or in the event of local cremation, coverage under this benefit ends.

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

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

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

ADDITIONAL MEDICAL EVACUATION

Transportation of Children/Child: If the Insured dies or is Hospitalized for more than 2 consecutive days following or unable to travel due to an Emergency Medical Evacuation or Injury and Sickness that occurred during their Trip, We will pay up to the cost of a single one-way economy transportation ticket, or same class as the original transportation ticket, less the value of any applied credit from any unused return travel tickets for each person, to return the Insured's Children/Child who were accompanying the Insured on the Insured's Trip (and any accompanying minor persons under the Insured's care) who are left unattended by the Insured's death or Hospitalization to their Primary Residence or to the Insured's residence in the United States, including the cost of an attendant, if considered necessary by Us or Our designated Travel Assistance Services Provider.

Bedside Visit Transportation to Join the Insured: If the Insured is or will be Hospitalized for more than 2 consecutive days following or unable to travel due to an Emergency Medical Evacuation or Injury and Sickness that occurred during the Insured's Trip, We will pay, up to the cost of a single round-trip economy transportation ticket, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for Reasonable Additional Expenses for one person chosen by the Insured to visit the Insured's bedside, provided the Insured is traveling alone and Emergency Medical Evacuation or Medically Necessary Repatriation is not imminent.

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

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

SECTION V TRAVEL INSURANCE BENEFITS

ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFIT

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

- a. benefits will be payable only for Medical Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on the Insured's Trip and requires treatment in person by a Physician;
- b. Sickness must first commence or manifest itself and Injury must first occur while on the Insured's Trip;

- c. only Medical Expenses incurred by the Insured during their Trip will be reimbursed. Medical Expenses incurred after the Insured returns from their Trip are not covered.

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

Medical Expenses means expenses incurred only for the following:

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

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

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

SECTION VI ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

24-HOUR

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

Table of Loss

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

The Loss must occur within 181 days of the date of the Accident, which caused Injury. The Accident must occur while the Insured is on their Trip and is covered under this Policy.

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

Loss with regard to:

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

- c) speech means entire and irrecoverable Loss of speech;
- d) hearing means entire and irrecoverable Loss of hearing in both ears;
- e) thumb and index finger means complete severance through or above the joint that meets the palm.

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

EXPOSURE

We will pay for covered losses, as shown in the Table of Loss, which result from the Insured being unavoidably exposed to the elements due to an Accident during their Trip. The Loss must occur within 365 days after the event which caused the exposure.

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

DISAPPEARANCE

We will pay for loss of life, as shown in the Table of Loss, if the Insured's body cannot be located within 365 days after a disappearance due to an Accident during their Trip. We have the right to recover the benefit if We find that the Insured survived the event.

Exposure and/or Disappearance Benefits are supplemental to benefits provided under Accidental Death and Dismemberment and the Insured's Accidental Death and Dismemberment coverage may not exceed the Maximum Benefit Amount shown in the Schedule of Benefits.

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

SECTION VII GENERAL DEFINITIONS

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

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

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

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

Children/Child means a person under the age of 18 and primarily dependent on the Insured for support and maintenance.

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

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

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

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

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

Domestic Partner means an opposite or a same-sex partner who is at least eighteen (18) years of age and has met all of the following requirements for at least 6 months:

- a) resides with the Insured;
- b) shares financial assets and obligations with the Insured;
- c) is not related by blood or adoption to the Insured to a degree of closeness that would prohibit a legal marriage;
- d) neither the Insured nor domestic partner is married to anyone else, nor has any other domestic partner.

We may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership or whatever documentation as required by the state in which the Insured resides.

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

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

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

Family Member means the following relatives of the Insured or the Insured's Traveling Companion:

- a) Spouse, civil union partner, Domestic Partner;
- b) children, children-in-law, step-children, foster children, ward or legal ward;
- c) siblings, siblings-in-law, step-siblings;
- d) parents, parents-in-law, step-parents, legal guardians, or guardians;
- e) grandparents, step-grandparents, grandchildren, or step-grandchildren;
- f) step-aunts or step-uncles;
- g) aunts or uncles;
- h) nieces or nephews; step- nieces or step- nephews.

Hospital means a facility that:

- a. is operated according to law for the care and treatment of sick or Injured people;
- b. is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
- c. is recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals;
- d. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
- e. is operated for the care and treatment of resident in-patients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility;
- f. is supervised by one or more Physicians available at all times.

A **Hospital** does not include:

1. a nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care;
2. a facility which primarily treats drug, marijuana or alcoholism addictions;
3. a facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged, nor does it include any ward, room, wing or other section of the Hospital that is used for such purposes;
4. any military or veterans Hospital or soldier's home or any Hospital contracted for or operated by a national government or government agency for the treatment of members or ex-members of the armed forces for which no charge is made.

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

Injury(ies)/Injured means a bodily injury caused by an Accident occurring while the Insured's coverage under this Policy is in force and resulting directly and independently of all other causes of loss covered by this Policy. Injury must not be caused by, or result from, Sickness. The injury(ies) requires examination and treatment and must be verified by a Physician.

Inpatient means a person:

- a) who is confined in a Hospital as a registered bed patient overnight and;
- b) for whom at least one day's room and board is charged by the Hospital unless confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Insured, The Insured, The Insured's means the person that is scheduled to participate on a Trip; for whom any required enrollment has been completed and the required premium has been paid.

Medically Fit to Travel means based on assessment by a treating Physician, following the Insured's Injury or Sickness that occurs while on their Trip, the Insured is medically able to travel.

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

- a) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed;
- b) meets generally accepted standards of medical practice;
- c) is ordered by a Physician and performed under his or her care, supervision, or order; or
- d) is not used for the convenience of the Insured, Physician, other providers, or any other person.

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

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

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

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

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

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

Death resulting from a pre-existing medical condition will not be excluded. Death must occur prior to the termination date of the benefit under which the claim is being made.

Primary Residence means the Insured's fixed, permanent and main home for legal and tax purposes.

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

Return Destination means the Insured's final destination as shown in the enrollment, itinerary or other travel documents and the place to which the Insured expects to return from their Trip.

Scheduled Departure Date means the date on which the Insured is originally scheduled to leave on their Trip. This date is specified in the enrollment, itinerary or other travel documents.

Scheduled Destination means as shown in the enrollment, itinerary or other travel documents where the Insured expects to travel to on their Trip other than Return Destination.

Scheduled Return Date means the date on which the Insured is originally scheduled to return from their Trip to the point of origin.

Scheduled Trip Departure City means the city from which the Insured is originally scheduled to depart on the Trip where the scheduled tour or cruise on which the Insured is to participate originates.

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

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

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

Spouse means the Insured's lawful spouse, if not legally separated or divorced. For the purposes of this Policy, the term spouse includes civil union partner whenever used.

Third Party means any person, corporation or other entity (except the Insured, Rental Property and Us).

Travel Arrangements means: (a) transportation; (b) Accommodations; and (c) other specified services arranged for the Insured's Trip by the Insured's Travel Supplier.

Travel Assistance Services Provider means the Assistance Company as listed within the Description of Coverage.

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

Travel Supplier means any entity or organization that coordinates or supplies Travel Arrangements for the Insured.

Trip means a scheduled Trip of 180 days or less in length for which coverage is elected and the premium paid, and all Travel Arrangements are arranged prior to the Scheduled Departure Date.

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

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

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

Willful means deliberate or intentional.

SECTION VIII EXCLUSIONS AND LIMITATIONS

Unless otherwise shown below, these exclusions apply to the Insured, the Insured's Traveling Companion, or Family Member scheduled and booked to travel with the Insured.

The following exclusions apply to the Medical Expense.

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

1. a Pre-Existing Medical Condition, as defined in the Policy;

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

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

1. routine physical examinations or routine dental care;
2. traveling for the purpose or intent of securing medical treatment or advice;
3. any Trip taken against the advice of a Physician and any losses occurred during such Trip;
4. mental health care;
5. physical therapy or occupational therapy;
6. Experimental or Investigative treatment or procedures;
7. Elective Treatment and Procedures;
8. care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease that first manifests or occurred during the Insured's Trip;
9. any medical service provided by the Insured, a Family Member, or Traveling Companion;
10. any treatment or medication which, at the time of the Insured's Scheduled Departure Date, is required to be continued during the Insured's Trip;
11. alcohol, marijuana abuse or substance abuse or treatment for the same including admittance to a rehab facility;
12. Normal pregnancy (except Complications of Pregnancy) or childbirth, or elective abortion;
13. a Mental, Nervous or Psychological Condition or Disorder unless Hospitalized or Partially Hospitalized while the Policy is in effect. Hospitalized or Partially Hospitalized requirements do not apply to Post Traumatic Stress Disorder (PTSD);
14. any loss that results from an illness, disease or other condition, event or circumstance that occurs at a time when the Policy is not in effect for the Insured. This exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains coverage;
15. the Insured's participation in Adventure or Extreme Activities, riding or driving in races, or participation in speed or endurance competition or events, except as a spectator;
16. the Insured's participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition.

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

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

1. suicide, attempted suicide or any intentionally self-inflicted injury of the Insured, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with the Insured, while sane or insane. This exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains coverage;
2. being under the influence of drugs, marijuana or narcotics, unless administered upon the advice of a Physician as prescribed;
3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage;
4. expenses incurred by any Child born or adopted during the Insured's Trip;
5. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war, except as the Policy specifically provides otherwise;
6. participation in a Civil Disorder or Riot, or insurrection;
7. the commission of or attempt to commit a felony or being engaged in an illegal occupation by the Insured, a Traveling Companion, Family Member, or Business Partner. The sole exception to this exclusion is for situations where a Family Member commits, or attempts to commit, an act of violence against another Family

Member. In such cases, the Family Member who is the victim, or the intended victim, of the act of violence is still eligible to have his or her loss or losses covered under the Policy;

8. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination;
9. piloting or learning to pilot or acting as a member of the crew of any aircraft;
10. gross negligence, or Willful and Wanton conduct by the Insured or the Insured's Traveling Companion.

MEDICALLY FIT TO TRAVEL EXCLUSION:

We will not pay any expense as a result of the Insured having been advised in writing that the Insured is not Medically Fit to Travel at the time of purchase of coverage for a Trip, as defined in the Policy. If coverage for a Trip is purchased and it is later determined that the Insured was not Medically Fit to Travel at the time of purchase of coverage for the Insured's Trip, as defined in the Policy, the coverage is void and premium paid will be returned.

SECTION IX CLAIMS PROCEDURES

The Insured's duties in the event a loss:

For Medical and Dental Expenses, the Insured must:

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

SECTION X HOW TO FILE A CLAIM

Notice of Claim: Notice of claim must be reported to Us or Our authorized representative within 20 days no later than 1 year after a loss occurs or as soon as is reasonably possible. The Insured or someone on the Insured's behalf may give the notice. The notice should be given to Us or Our authorized representative and should include sufficient information to identify the Insured.

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

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

All claims require the Insured to provide Us with the following: a Trip invoice, itinerary or confirmation showing details of the Insured's Trip (dates of travel, destination, etc.); and any other information reasonably required to prove the loss.

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

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

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

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

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

Disagreement Over Size of Loss: If there is a disagreement about the amount of the loss, either the Insured or Us can make a written demand for an appraisal. After the demand, the Insured and Us each select their own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by the Insured is paid by the Insured. We will pay the appraiser if We choose. The Insured will share with Us the cost for the arbitrator and the appraisal process.

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

SECTION XI GENERAL PROVISIONS

The Contract: The entire contract is made up of the Policy and amendments if applicable, the Policyholder's Application, a copy of which is attached and the Certificates of Insurance. This Policy may be changed, renewed, or ended without notice to or consent of any person with a beneficial interest in this Policy.

Certificates: The Company will issue Certificates to the Policyholder for their Insureds. Such Certificates will describe each person's benefits and rights under this Policy.

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

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

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

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

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

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

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

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

Legal Actions Against Us: All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written Proof of Loss is required to be furnished.

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

Misstatement of Age: If premiums are based on age and the Insured has misstated their age, there will be a fair adjustment of premiums based on the Insured's true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated their age, there will be an adjustment of said benefit based on the Insured's true age. We may require satisfactory proof of age before paying any claim.

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

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. The Insured shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event the Insured recovers damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss. Our right of subrogation applies even if the Insured's entire loss has not been compensated.

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

Termination of The Policy: Termination of the Policy will not affect a claim for loss, which occurs after the premium is paid and while the Insured's certificate is in force.

Transfer of Coverage: Coverage under the Policy cannot be transferred to anyone else.