



Protect Assist

Schedule of Coverages & Services	Maximum Benefits Per Person
Part A – Travel Protection	
Trip Cancellation	Total Trip Cost*
Trip Interruption	Total Trip Cost*
Missed Connection	\$250
Trip Delay	\$750 (\$150/day)
*Coverage only included if the required premium has been paid.	
Part B – Medical Protection	
Accident and Sickness Medical Expense	\$25,000
Emergency Evacuation and Repatriation of Remains	\$500,000
Escort Expense Limit	\$5,000
Part C – Baggage Protection	
Baggage and Personal Effects	\$750
Baggage Delay	\$200
Part D – Optional Coverages	
Accidental Death & Dismemberment	
Common Carrier, Air Only	Amount selected (max. \$500,000)
Collision Damage Waiver	\$25,000
Optional Additional Medical	
Accident and Sickness Medical Expense ..	additional \$25,000
Worldwide Emergency Assistance Services	
Travel Guard® Assist	
24-hour LiveTravel Assistance	
Concierge Services	

Not applicable to Washington Residents.

The Pre-Existing Condition exclusion will be waived if the Protection Plan is purchased within 15 days of the initial trip deposit, You purchase this Policy for the full cost of Your Trip, and You are not disabled from travel at the time You pay the premium. The booking for the Trip must be the first and only booking for this travel period and destination.

Part A – TRAVEL PROTECTION

Trip Cancellation/Trip Interruption: The Insurer will pay a benefit, up to the maximum shown on the Schedule of Coverages and Services, if You cancel Your Trip or are unable to continue on Your Trip due to:

- a) Sickness, Accidental Injury, or death of You, Your Traveling Companion, Family Member, or Business Partner; which results in medically imposed restrictions as certified by a Physician at the time of loss preventing Your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.
- b) You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, or having Your principal place of residence made uninhabitable by fire, flood, or other natural disaster.
- c) If within 30 days of Your departure, a politically motivated Terrorist Attack occurs within a 1-mile radius of the territorial City limits of the City to be visited by the program for which You have registered.
- d) Strike that causes complete cessation of services.
- e) Weather which causes complete cessation of services and prevents You from reaching Your destination.
- f) Natural disaster at the site of Your destination which renders Your destination accommodations uninhabitable.
- g) Bankruptcy and/or Default of Your Travel Supplier which occurs more than 14 days following Your Effective Date. Coverage is not provided for the Bankruptcy or Default of the agency from whom You purchased Your Land/Sea Arrangements. This coverage applies only if the Protection Plan was purchased within 15 calendar days of initial trip payment.

Trip Cancellation: non-refundable cancellation charges imposed by Your Travel Supplier and/or airfare cancellation charges for flights joining or departing Your Land/Sea Arrangements; or the additional costs You may incur as a result of a change in the per-person occupancy rate of pre-paid travel arrangements if a person booked to share accommodations with You cancels his/her Trip for a covered reason and You do not cancel.

Trip Interruption: unused, non-refundable land or sea expenses prepaid to Travel Supplier and/or the airfare paid, to return home or rejoin the original Land/Sea Arrangements (limited to the cost of one-way Economy Airfare by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets) less the value of applied credit from an unused return travel ticket.

In no event shall the amount reimbursed exceed the lesser of the amount You pre-paid for Your Trip, or the maximum benefit shown on the Schedule of Coverages and Services.

The Insured Must: Contact LiveTravel (1.800.826.8597) as soon as he/she knows the Trip is going to be canceled or interrupted. Failure to do so may affect coverage.

Missed Connection: Covers missed Cruise departures which result from cancellation or delay (for three or more hours) of all regularly scheduled airline flights due to inclement weather or any Common Carrier-caused delay. Maximum benefits of up to the amount shown on the Schedule of Coverages and Services are provided to cover additional transportation expenses needed for You to join the departed Cruise, reasonable accommodation and meal expenses (up to the per-day amount shown in the Schedule of Coverages and Services) and non-refundable Trip payments for the unused portion of Your Cruise. Coverage is secondary to any compensation provided by a Common Carrier. Coverage will not be provided to individuals who are able to meet their scheduled departure but cancel their Trip due to inclement weather.

Trip Delay: The Insurer will reimburse You for covered expenses on a one-time basis, up to the maximum shown in the Schedule of Coverages and Services, if You are delayed en route to or from the covered trip for 12 or more hours due to a covered delay. Covered expenses include any reasonable additional expenses incurred for meals and accommodations. Covered reasons for travel delay are: Carrier-caused delay (including bad weather); You or Your Traveling Companion being delayed by a traffic accident while en route to a departure, in which You or Your Traveling Companion is directly or not directly involved; lost or stolen passports, money, or travel documents; quarantine; hijacking; unannounced Strike; natural disaster.

Part B – MEDICAL PROTECTION

Accident and Sickness Medical Expense: The Insurer will pay benefits up to the maximum shown on the Schedule of Coverages and Services, if You incur Covered Medical Expenses as a result of an Accidental Injury which occurs on the Covered Trip or a Sickness which first manifests itself during the Covered Trip. You must receive initial treatment while on the Covered Trip. All services, supplies, or treatment must be received within 52 weeks following the date of the Accidental Injury or the onset of the Sickness. Covered Medical Expenses are Medically Necessary services and supplies which are recommended by the attending Physician. They include the services of a legally qualified Physician; charges for hospital confinement and use of operating rooms; charges for anesthetics (including administration), x-ray examinations or treatments, and laboratory tests; ambulance service, drugs, medicines, prosthetics, and therapeutic services and supplies; emergency dental treatment for the relief of pain. The Insurer will not pay benefits in excess of the reasonable and customary charges commonly

used by providers of medical care in the locality in which the care is furnished.

Make sure You call Travel Guard (1.800.826.1300 or 1.715.345.0505) before You seek medical care while traveling. Where available, we can arrange direct payment to a member of our Preferred medical network, saving You the time and paperwork associated with reimbursement of medical expenses. By calling us first, we can authorize a cash advance for medical providers that requires upfront payments. Our assistance coordinators also can help You locate the nearest and most appropriate medical provider, monitor Your care, and provide updates to Your family and/or employer.

Emergency Evacuation: The Insurer will pay benefits for Covered Expenses up to the maximum shown on the Schedule of Coverages and Services if an Injury or Sickness commencing during the course of the covered Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a legally licensed Physician who certifies that the severity of Your Injury or Sickness warrants an Emergency Evacuation.

Emergency Evacuation means:

1. 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;
2. After being treated at a local hospital, Your medical condition warrants transportation to where You reside, to obtain further medical treatment or to recover;
3. All of the above.

Covered Expenses are reasonable and customary expenses for Medically Necessary transportation, medical services, and medical supplies incurred in connection with Your Emergency Evacuation. All transportation arrangements made for Your evacuation must be by the most direct and economical route possible. Expenses for Your Emergency Evacuation must be:

1. Recommended by the attending Physician;
2. Required by the standard regulations of the conveyance transporting You;
3. Verified and approved in advance by Assistance Company.

Expenses for medical services and supplies must be recommended by the attending Physician. Transportation means any land, water, or air conveyance required to transport You during an Emergency

Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles. The Insurer will not cover any expenses provided by another party at no cost to You or already included in the cost of the scheduled Trip. **All transportation must be authorized and arranged by Assistance Company.**

To access Emergency Assistance, call Assistance Company's operation center at: 1.866.833.8784 or call collect: 1.715.345.0505

Repatriation of Remains: The Insurer will pay reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the covered Trip. This will not exceed the maximum shown on the Schedule of Coverages and Services.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, minimally necessary coffins for transport, and transportation.

Excess Insurance Provision:
The coverage under parts A, B, and C are secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted. (Not applicable to Missouri residents.)

Part C – BAGGAGE PROTECTION

Baggage/Personal Effects

The Insurer will reimburse You up to the maximum shown on the Schedule of Coverages and Services for loss, theft, or damage to Baggage and personal effects. The Insurer will pay the lesser of the following: Actual Cash Value at the time of the loss, less depreciation as determined by the Insurer, or the cost of repair or replacement. Per article, there is a limit of \$250. There will also be a combined maximum limit of \$500 for the following: jewelry; watches and cameras including related equipment; articles consisting in whole or in part of silver, gold, or platinum; furs and articles trimmed with or made mostly of fur.

The Insurer will reimburse You for fees associated with the replacement of Your passport during Your trip. Receipts are required for reimbursement.

Baggage Delay (Outward Journey Only)

The Insurer will reimburse You for expenses of necessary personal effects, up to the maximum shown in the Schedule of Coverages and Services, if Your checked Baggage is delayed or misdirected by Common Carrier for more than 24 hours from the time You arrive at the destination stated on the ticket, except travel to final destination or Your place of residence. You must be a ticketed passenger of a Common Carrier.

Part D – OPTIONAL COVERAGES

The following coverages are available provided the required premium has been paid:

Accidental Death & Dismemberment Common Carrier – Air Only

Air Common Carrier benefit applies to Injury sustained by You: (a) while riding as a passenger in or on, boarding or alighting from an aircraft operated under a license for the transportation of passengers for hire; (b) being struck or run down by an aircraft. If You sustain an Injury which results in loss of life; actual severance of limb; or entire and irrecoverable loss of: eyesight, speech, or hearing; within 365 days of the date of the accident, the Insurer will pay the largest applicable amount as follows: the full benefit amount is paid for loss of life, two hands or two feet, speech and hearing in both ears, one hand and one foot, sight in both eyes, one hand or one foot and sight in one eye. One-half of the benefit amount is paid for loss of one hand or one foot, speech or hearing in both ears, sight of one eye. One-fourth of the benefit is paid for loss of the thumb and index finger of the same hand. In no event will the Insurer pay more than the maximum amount shown on the Schedule of Coverages and Services for all losses due to the same accident.

Exposure: The Insurer will pay benefits for covered losses which result from You being unavoidably exposed to the elements due to an accident.

Disappearance: The Insurer will pay benefits for loss of life if Your body cannot be located one year after the disappearance of the Common Carrier in which You were a passenger due to forced landing, stranding, sinking, or wrecking.

Collision Damage Waiver

If You rent a car while on the Trip, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood, or any cause not within Your control while in Your possession, the Insurer will pay the lesser of: (a) The cost of repairs and rental charges imposed by the rental company while the car is being repaired; or (b) The Actual Cash Value of the car, meaning purchase price less depreciation; or (c) The amount shown on the Schedule of Coverages and Services. Coverage is provided to You, provided You or Your Traveling Companions are licensed drivers, and are listed on the rental agreement.

WORLDWIDE ASSISTANCE SERVICES

The following services are not part of a filed insurance policy. All benefits provided are service benefits, not financial benefits. Any costs associated with benefits not purchased will be paid by the named Insured. Non-insurance services provided through Travel Guard® Assist are provided by Travel Guard.®

TRAVEL GUARD® ASSIST

24-Hour Medical Assistance

24-Hour Medical Monitoring: Physicians monitor Your condition by maintaining close contact with the attending Physicians, Your family Physician, and immediate Family Members.

Medical Evacuation: Arrangements for any and all means necessary to transport You back home when medically necessary.

Emergency Medical Payments: If a Hospital demands a cash deposit or settlement prior to leaving, Travel Guard will assist in arranging the advancement of funds to cover on-site Medical Expenses.

Prescription Assistance: Replacement of lost or stolen medication, through a local pharmacy or special courier.

Transportation of Dependents: In the event of hospitalization, arrangements will be made for unattended minors traveling with You to be flown home.

Family Visit: If You are hospitalized for ten or more days, Travel Guard will arrange transportation for an immediate Family Member or close friend to visit him/her.

Transportation of Mortal Remains: In the event of death while traveling, arrangements and payment for the return of remains to the place of burial.

24-Hour Legal Assistance

In a legal emergency, referral to a local legal advisor and advance of funds for bail and legal fees.

24-Hour Travel Assistance

Travel Documents Assistance: Travel Guard will help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer: Travel Guard will, whenever possible, coordinate with You and a wire agency, in obtaining funds in local currency for medical or travel emergencies.

Emergency Message Center: Transmission of emergency messages to family and business associates.

Interpretation Services: Travel Guard will provide emergency language support or referral to the appropriate local services.

24-HOUR LIVETRAVEL ASSISTANCE

Provides 24-hour assistance for emergency travel needs. Allows You to make emergency travel changes such as rebooking flights, making hotel reservations, tracking lost luggage, and replacing lost credit cards. Call 1.800.826.8597 for assistance.

Live Messaging – Relay of e-mail or phone message to family, friends, or business associates.

Emergency Cash Transfer – Assistance in coordinating an emergency cash advance.

Pre-trip Travel Advice – Around-the-clock access to passport, visa, inoculation, and vaccine requirements; travel advisories; embassy and consulate contacts; travel health advisories; weather and currency information – all for Your planned Destination.

CONCIERGE SERVICES

Restaurant Referrals and Reservations – Travel Guard will supply a restaurant referral based on Your needs and desires. Additionally Travel Guard will arrange for reservations at the recommended restaurant. Based on availability.

Ground Transportation – Travel Guard will locate and arrange for a transportation service to pick You up and deliver You to Your desired destination.

Event Ticketing – Travel Guard will assist with the purchase of tickets to such events as sporting events, theatre, and concerts. Based on availability.

Tee Times and Course Recommendations – Travel Guard will facilitate the reservation of tee times at available courses and recommend alternatives in case of a booked course. Based on availability.

Floral Services – Travel Guard will facilitate the ordering of flowers for such events as birthdays, anniversaries, holidays, and other special occasions.

NOTE: Problems of distance, information, and communication make it impossible for Arch Insurance Insurer or Travel Guard to assume any responsibility for the availability, quality, use or result of any emergency service. In all cases, You are still responsible for obtaining, using and paying for Your own required services of all types.

Satisfaction Guarantee – Travel Guard is committed to providing products and services that will exceed expectations. If You are not completely satisfied, You can receive a refund of the premium, minus the service fee. Requests must be submitted to Travel Guard in writing within 15 days of the effective date of the Policy, provided it is not past the original departure date, and You have not submitted a claim. If past 15 days, premium and service fees are non-refundable.

PRE-EXISTING CONDITIONS

Pre-Existing Conditions means the Insurer will not pay under any coverage in Parts A and B for any claims arising from an Injury, Sickness, or other condition of Yourself, a Traveling Companion, or a Family Member within the 180-day period before Your coverage began under this protection plan which: (a) first manifested itself or exhibited symptoms which would have caused one to seek diagnosis, care, or treatment; (b) required taking prescribed drugs or medicine unless the condition for which the prescribed drugs or medicine is taken remains controlled without any change in the required prescription; (c) required medical treatment or treatment was recommended by a Physician.

EXCLUSIONS

The following exclusions apply to Parts A, B, and D. This plan does not cover any loss caused by or resulting from:

- 1) Pre-Existing Conditions (This exclusion does not apply if coverage was purchased within 15 days of initial trip deposit and You are not disabled at the time You pay Your premium. The booking for the

Trip must be the first and only booking for this travel period and destination.);

- 2) Suicide, attempted suicide, or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only) committed by the Insured, Traveling Companion, or Family Member, whether insured or not;
- 3) War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
- 4) Participation in any military maneuver or training exercise;
- 5) Piloting or learning to pilot or acting as a member of the crew of any aircraft;
- 6) Mental or emotional disorders;
- 7) Participation as a professional in athletics;
- 8) Being under the influence of drugs or intoxicants unless prescribed by a Physician;
- 9) Commission or the attempt to commit a criminal act by You, Your Traveling Companion, or Family Member, whether insured or not;
- 10) Participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest;
- 11) Dental treatment except as a result of accidental Injury to sound, natural teeth within twelve (12) months of the accidental Injury;
- 12) Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses, or contact lenses;
- 13) Pregnancy and childbirth (except for Complication of Pregnancy)
- 14) Curtailment or delayed return for other than covered reasons.
- 15) Any failure of a provider of travel-related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due You;
- 16) Civil disorder or riot;
- 17) A loss that results from an illness, disease, or other condition, event, or circumstance which occurs at a time when the policy is not in effect for You.
- 18) Traveling for the purpose of securing medical treatment.

The following exclusions apply to Baggage/Personal Effects Coverage only in Part C:

ANY LOSS OR DAMAGE TO: animals; automobiles and their equipment; boats; trailers, motors; motorcycles; other conveyances and their equipment (except bicycles while checked as Baggage with a Common Carrier); eyeglasses, sunglasses, and contact lenses; artificial teeth and dental bridges; hearing aids; prosthetic limbs; keys, money, securities, and documents; tickets; credit cards.

ANY LOSS CAUSED BY OR RESULTING FROM:

Wear and tear, gradual deterioration; insects or vermin; inherent vice or damage; confiscation or expropriation by order of any government; radioactive contamination; war or any act of war whether declared or not; and property shipped as freight or shipped prior to the scheduled departure date.

The following exclusions apply to Collision Damage Waiver Coverage only in Part D:

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

The following duties in the event of loss apply to Collision Damage Waiver:

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

MAXIMUM LIMIT OF LIABILITY: All limits are applied per Trip. The Insurer's maximum limit of liability resulting from the same occurrence will be \$10,000,000. If the loss for all Insureds from such an occurrence exceeds \$10,000,000, the Insurer will pay each Insured the proportion of the benefits stated which \$10,000,000 bears to the total loss of all persons the Insurer insures under all travel and flight insurance in force under this program.

DEFINITIONS

- 1) "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.
- 2) "Accidental Injury" means Bodily Injury caused by an accident (of external origin) being the direct and independent cause in the loss.
- 3) "Actual Cash Value" means purchase price less depreciation.
- 4) "Baggage" means luggage and personal possessions, whether owned, borrowed, or rented, taken by You on Your trip.
- 5) "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.
- 6) "Bodily Injury" means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause

of death or dismemberment of You within twelve months from the date of the Accident.

- 7) "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.
- 8) "City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.
- 9) "Common Carrier" means any land, sea, and/or air conveyance operating under a license for the transportation of passengers for hire.
- 10) "Complication of Pregnancy" means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.
- 11) "Cruise" means any prepaid sea arrangements.
- 12) "Default" means a material failure or inability to provide contracted services due to financial insolvency.
- 13) "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 10 continuous months prior to the Effective Date of coverage.
- 14) "Economy Airfare" means the lowest published rate for a one-way ticket.
- 15) "Effective Date" means the date and time an Insured's coverage begins, as outlined in the General Provisions section of this Policy.
- 16) "Exotic Vehicles" includes Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Cosworth, Citroen, Clenet, De Lorean, Excalibre, Ferrari, Fiat, Iso, Jaguar, Jensen, Jensen Healy, Lamborghini, Lancia, Lotus, Maserati, MG, Morgan, Pantera, Panther, Pininfarina, Rolls Royce, Rover, Stutz, Sterling, Triumph, TVR, and Yugo. You must contact Travel Guard customer service at 1.866.833.8784 before renting to confirm whether the vehicle is covered.
- 17) "Family Member" means Your or Your Traveling Companion's legal or common law spouse, Domestic Partner, 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.
- 18) "Injury" means bodily injury caused by an accident occurring while this policy is in force, and resulting directly and independently of all other causes in loss covered by the policy. The Injury must be verified by a Physician.
- 19) "The Insurer" means Arch Insurance Company.
- 20) "Land/Sea Arrangements" means land and/or sea arrangements booked through the Travel Supplier.
- 21) "Medically Necessary" means that a treatment, service, or supply: (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision, or order.

- 22) "Physician" means a licensed practitioner of medical, surgical, or dental services acting within the scope of his/her license. The treating Physician may not be Yourself, a Traveling Companion, or a Family Member.
- 23) "Scheduled Departure Date" means the date on which You are originally scheduled to leave on the Trip.
- 24) "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.
- 25) "Sickness" means illness or disease which is diagnosed and treated by a Physician on or after the effective date of the protection plan and while You are covered under this plan.
- 26) "Strike" means any labor disagreement that interferes with the normal departure and arrival of a Common Carrier.
- 27) "Terrorist Attack" means an incident deemed an act of terrorism by the U.S. government.
- 28) "Travel Supplier" means tour operator, cruise line, hotel, etc., who has made the land and/or sea arrangements.
- 29) "Traveling Companion" means a person who is sharing travel arrangements with You. Note: A group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.
- 30) "Trip" means prepaid Land/Sea Arrangements and shall include flight connections to join and depart such Land/Sea Arrangements, provided such flight connections are scheduled to commence within one (1) day of the Land/Sea Arrangements.
- 31) "You," "Your," or "the Insured" means a person who has purchased a Trip and who has paid the required plan cost for the protection plan provided herein.

CLAIMS PROCEDURE

All claims of California residents will be administered by Mercury Claims Administrator Services, LLC. All accident, health, and life claims will be administered by Mercury Claims & Assistance of WI, LLC, in those states where it is licensed. To facilitate prompt claims settlement:

TRIP CANCELLATION CLAIMS: IMMEDIATELY Call Travel Supplier and the Claims Administrator to report Your cancellation and avoid non-covered expenses due to late reporting. The Claims Administrator will then advise You on how to obtain the appropriate form to be completed by You and the attending Physician.

INTERRUPTION: Obtain medical statements from the doctors in attendance in the country where Sickness or accident occurred. These statements should give complete diagnosis, stating that the Sickness or accident prevented traveling on dates contracted. Provide all unused transportation tickets, official receipts, etc.

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

MEDICAL EXPENSES: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment; sub-

mit these first to other medical plans. Provide a copy of their final disposition of Your claim.

BAGGAGE: Obtain a statement from the Common Carrier that Your luggage was delayed or a police report showing Your luggage was stolen along with copies of receipts for Your purchases.

TO OBTAIN CLAIM FORMS AND ANY ADDITIONAL INFORMATION ON HOW TO REPORT A CLAIM, CALL OR WRITE THE PLAN ADMINISTRATOR AND REFER TO POLICY #206900.

BENEFICIARY

Your estate, unless written notice of a designated beneficiary is provided to the Plan Administrator.

FOR PLAN INQUIRIES OR INFORMATION ON FILING A CLAIM, PLEASE CONTACT THE PLAN ADMINISTRATOR AT

TRAVEL GUARD

1145 Clark Street, Stevens Point, WI 54481

1.866.833.8784

or direct dial 1.715.345.0505

GENERAL PROVISIONS

CONTRACT. The Policy, applications, riders, and endorsements, if any, make up the entire contract. No change in the Policy is valid unless it is signed by an executive officer of the Insurer. No agent has the power to change this Policy.

RECORDS. As required by the Insurer, the Participating Organization must keep a record of the insurance for all Insureds. The Insurer can inspect these records while coverage is in effect and for one year after it ends or until final adjustment and settlement of claims hereunder, whichever is later.

CLERICAL ERRORS. The Insurer will not deny or cancel coverage on an Insured because of clerical error by the Participating Organization or by the Insurer. After an error is found, the Insurer will take appropriate action. This may include adjusting, collecting, or refunding premium.

CONTESTING THIS POLICY. The Insurer relies on statements made by the Participating Organization in the application. If there is no fraud, the Participating Organization's statements: (a) are considered representations and not warranties; and (b) will not be used to void the Policy or reduce any claim.

The Insurer will not contest the Policy after it has been in effect for two (2) years, except for fraud.

LEGAL ACTIONS. No legal action for a claim can be brought against us until sixty (60) days after we receive proof of loss. No legal action for a claim can be brought against us more than two (2) years after the time required for giving proof of loss.

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

MISREPRESENTATION AND FRAUD. Coverage as to an Insured shall be void if, whether before or after a loss, the Insured has concealed or misrepresented any material fact or circumstance concerning this Policy or the subject thereof, or the interest of the Insured therein, or if the Insured commits fraud or false swearing in connection with any of the foregoing.

SUBROGATION. To the extent the Insurer pays for a loss suffered by an Insured, the Insurer will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Insurer to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Insurer may reasonably require. If the Insurer takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Insurer.

ASSIGNMENT. This Policy is not assignable but benefits may be assigned.

CANCELLATION AND NON-RENEWAL.

Cancellation by the Participating Organization or Insured:

The Participating Organization or Insured has the right to cancel this Policy at any time by giving advance notice to the Insurer (stating when thereafter the cancellation shall be effective).

Cancellation by the Insurer:

The Insurer has the right to cancel this policy at any time and for any reason within the first sixty (60) days. The Insurer will mail all notice of cancellation thirty (30) days prior to the effective date of cancellation on a policy which has been in force sixty (60) days or less. A specific explanation for cancellation will be given. On a policy which has been in force sixty one (61) days or more, the Insurer will mail advance notice of cancellation sixty (60) days prior to cancellation.

After this Policy has been in effect for sixty (60) days, it may be cancelled only for one of the following reasons: (a) Non-payment of premium; (b) The Policy was obtained through a material misrepresentation; (c) Any Participating Organization or Insured violating any of the terms and conditions of the Policy; (d) The risk originally accepted has measurably increased; (e) Certification to the Director of the loss of reinsurance by the insurer which provided coverage to the Insurer for all or a substantial part of the underlying risk insured; (f) A determination by the Director that the continuation of the policy could place the Insurer in violation of the insurance laws of this state.

All notices of cancellation will be mailed to the last mailing address known by the Insurer for the named Participating Organization or Insured.

The Insurer will mail all notices of cancellation for nonpayment of premium ten (10) days in advance prior to cancellation.

Non-renewal by the Insurer:

The Insurer has the right to non-renew this Policy effective on any annual policy anniversary date. All notices of non-renewal will be mailed to the Participating Organization or Insured at the last mailing address known to the Insurer, at least sixty (60) days prior to the effective date of non-renewal and shall provide a specific explanation of the reasons for non-renewal.

POLICY TERM. The period beginning on the effective date and continuing for a period indicated in the Policy. The Policy term shall automatically renew continuously for successive one-year periods (Policy anniversary date) thereafter until cancelled or non-renewed pursuant to the terms of this Policy.

WHEN AN INSURED'S COVERAGE BEGINS. All coverage (except Trip Cancellation) will take effect at 12:01 a.m. local time, at the location of the Insured, on the Scheduled Departure Date provided: (a) coverage has been elected; and (b) the required premium has been paid. Trip Cancellation coverage will take effect at 12:01 a.m. local time at the location of the Insured, on the day after the required premium for such coverage is received by the Company or its authorized representative.

WHEN AN INSURED'S COVERAGE ENDS. An Insured's coverage will end at 11:59 local time on the date which is the earliest of the following: (a) the date the Policy is terminated, unless the Insured purchased insurance prior to the date of termination; (b) the Scheduled Return Date as stated on the travel tickets; (c) the date the Insured returns to his/her origination point if prior to the Scheduled Return Date; (d) the date the Insured leaves or changes his/her Covered Trip (unless due to unforeseen and unavoidable circumstances covered by the Policy); (e) the time the Policy terminates; (f) If the Insured extends the return date, coverage will terminate at 11:59 p.m., local time, at the location of the Insured on the Scheduled Return Date; (g) The date the Insured cancels their Covered Trip; (h) When the Insured is less than 100 miles from their primary residence; (i) Any Trip that exceeds 365 days.

EXTENDED COVERAGE. All coverage under the policy will be extended, if: (a) the Insured's entire Trip is covered by the policy; and (b) the Insured's return is delayed by covered reasons specified under Trip Cancellation and Interruption or Travel Delay. If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date the Insured reaches his/her return destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

PREMIUMS. The Insurer provides insurance in return for premium payments. Premium must be remitted on behalf of the Insureds to the Insurer or to its authorized representative.

AMOUNT OF PREMIUM. The amount of premium due from the Participating Organization is calculated by multiplying the number of Insureds in each class by the amounts due for the benefits for that class and adding the total amounts due for each class.

The amount of premium due for each Insured is obtained by adding the total rate charged for each benefit provided for that Insured.

MODE OF PREMIUM.

Insured: The required premium must be paid to the Participating Organization or its authorized representative prior to the Scheduled Departure Date of the Covered Trip.

Participating Organization: The Participating Organization will pay the premium according to the schedule noted in the travel protection policy application.

PREMIUM RATE CHANGE. The Insurer has the right to change premium rates on any premium due date. The Insurer will give the Participating Organization thirty-one (31) days advance notice in writing of any such change. The Insurer can also change the rates when any change affecting rates is made in the Policy.

ARBITRATION. Notwithstanding anything in this Policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble, or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses. **This section does not apply to Kansas residents.**

CLAIMS. Death claims will be paid to the Insured's estate, unless we receive a written request from the Insured designating a named beneficiary. All other claims will be paid to the Insured. In the event the Insured is a minor, incompetent, or otherwise unable to give a valid release for the claim, the Insurer may make arrangement to pay claims to the Insured's legal guardian, committee, or other qualified representative. Any payment made in good faith will discharge the Insurer's liability to the extent of the claim.

The Claimant (either the Insured or someone acting for the Insured) must notify the Insurer or its designated agent in writing about the claim. Correspondence should be sent to the administrative office, at the address shown on the cover page of the Policy or the Insurer's designated agent. Such notification should include the Insured's name, the Participating Organization's name, and the Policy number. The Claimant should notify the Insurer within twenty (20) days after a covered loss occurs or as soon as reasonably possible.

NOTICE OF CLAIM. Written notice of claim must be given to the Insurer or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include the Insured's name and Policy number.

PROOF OF LOSS. The Claimant must send the Insurer, or its designated representative, proof of loss within ninety (90) days after a covered loss occurs or as soon as reasonably possible.

PAYMENT OF CLAIMS. The Insurer, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Insured's 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: a) Your spouse; b) Your child or children jointly; c) Your parents jointly if both

are living or the surviving parent if only one survives; d) Your brothers and sisters jointly; or e) Your estate.

All other claims will be paid to the Insured. In the event the Insured is a minor, incompetent, or otherwise unable to give a valid release for the claim, the Insurer may make arrangement to pay claims to the Insured's legal guardian, committee, or other qualified representative. All or a portion of all other benefits provided by this policy may, at the option of the Insurer, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to the Insured. Any payment made in good faith will discharge the Insurer's 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. In no event will the Insurer reimburse the Insured for an amount greater than the amount paid by the Insured.

PHYSICAL EXAMINATION AND AUTOPSY. The Insurer, or its designated representative, at their own expense, have the right to have the Insured examined as often as reasonably necessary while a claim is pending. The Insurer, or its designated representative, also have the right to have an autopsy made unless prohibited by law.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages only:

NOTICE OF LOSS. If the Insured's property covered under this Policy is lost, stolen, or damaged, the Insured must: (a) notify the Insurer, or its authorized representative, 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; (d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS. The Insured must furnish the Insurer, or its designated representative, with proof of loss. This must be a detailed sworn statement. It must be filed with the Insurer, or its designated representative within ninety (90) days from the date of loss. Failure to comply with these conditions shall invalidate any claims under this Policy.

SETTLEMENT OF LOSS. Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Insurer and the Insurer has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. The Insured must present acceptable proof of loss and the value involved to the Insurer.

VALUATION. The Insurer will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

DISAGREEMENT OVER SIZE OF LOSS. If there is a disagreement about the amount of the loss, either the Insured or the Insurer can make a written demand for an appraisal. After the demand, the Insured and the Insurer will 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. The Insurer will pay the appraiser they choose. The Insured will share equally with the Insurer 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.

STATE EXCEPTIONS

CALIFORNIA RESIDENTS:

This plan contains disability insurance benefits or health insurance benefits, or both, that only apply during the covered Trip. You may have coverage from other sources that already provides You with these benefits. You should review Your existing policies. If You have any questions about Your current coverage, call Your insurer or health plan.

KANSAS RESIDENTS:

The Subrogation provision does not apply to medical, surgical, hospital, or funeral expenses.

Excess Insurance limitation is revised as follows: "The company's liability for benefits payable on account of expense incurred, for any hospitalization, medical surgical, and other services resulting from covered Injury of the Covered Person, shall be limited to that part of the expense, if any, which is in excess of the total benefits payable for the same loss, on a provision-of-service basis, or on an expense-incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state, or local law (except Medicaid). If one or more of the other policies, plans, or service contracts provide benefits on an excess insurance or an excess coverage basis, benefits should be paid first by the company or service plan whose policy or service contract has been in effect for the longer period of time at date of such loss."

Legal Actions is revised as follows: "No legal action for a claim can be brought against us more than five (5) years after the time required for giving proof of loss."

A Claim Forms provision was added: "The Insurer, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character, and the extent to the loss for which claim is made."

A Time of Payment of Claims provision was added to the policy: "Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof."

A definition of "Usual, Customary, and Reasonable" was added to the Policy: "charges commonly used by Physicians in the locality in which care is furnished, as determined by the Administrator's database (Ingenix, Medicaid, other) and updated at least every 6 months."

The definition of Family Member is revised to read "Family Member" means Your legal or common law spouse, Domestic Partner, 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.

Exclusion #9 is revised to read: "Commission or the attempt to commit a criminal act."

MARYLAND RESIDENTS:

If this policy is financed by a premium finance company and we (the insurer) or the premium finance company or the first-named insured cancels the policy, the refund will be pro rata excluding any expense constant, administrative fee, or nonrefundable charge filed with and approved by the insurance commissioner.

Legal Actions provision in the policy was revised to provide 3 years (not 2) for an insured to file a legal action against the insurance company.

The Cancellation and Nonrenewal provision in the policy is revised to provide at least 45 days notice of cancellation by the company for any reason other than non-payment of premium. The provision is also revised to state that "All notices will be sent to the insured by certificate of mailing."

MISSOURI RESIDENTS:

"Accidental Injury" means Bodily Injury caused by an accident being the direct and independent cause in the loss.

Subrogation is not permitted in Missouri.

NEW YORK RESIDENTS:

"Domestic Partner" means a person who has registered as a Domestic Partner in a municipality that requires such registration or has provided Us with a signed and notarized Affidavit of Partnership in municipality that do not require such registration. The Affidavit will attest to the following: (a) Each person is 18 years of age or older and is mentally competent to consent to contract, (b) Neither one is married to or legally separated from anyone else, (c) They are not related by blood in a manner that would bar marriage under the laws of the state of New York, (d) They have been living together on a continuous basis prior to the date of application, and (e) Neither individual has been registered as a member of another domestic partnership within the last six months.

Residency and citizenship do not apply to and are not requirements for coverage in relation to the Air Common Carrier Accidental Death & Dismemberment, Sickness Medical Expense, Accident Medical Expense, Emergency Evacuation, Repatriation of Remains, benefits.

Subrogation is limited to situations in which the settlement or judgment received from a third party specifically identifies or allocates monetary sums directly attributable for expenses which the insurer paid benefits. The Repatriation benefit is limited to the cost of transporting the body. Coverage for "embalming, cremation, and casket for transport" is deleted.

The definition of "Complication of Pregnancy" is revised to read: "Complications of Pregnancy" means: (1) conditions requiring hospital stays (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity, and shall not include false labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and (2) nonelective caesarean 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.

Exclusion #2 is revised to read: Suicide or attempted suicide or intentionally self-inflicted injuries.

Exclusion #16 is revised to read: Riot or insurrection.

The following exclusions are deleted: (7) Participation as a professional in athletics or underwater activities; (8) Being under the influence of drugs or intoxicants, unless prescribed by a Physician, unless results in the death of a non-traveling immediate Family Member; (9) Commission or the attempt to commit a criminal act.; (10) Participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest; (14) Curtailment or delayed return for other than covered reasons.

Plan is designed by Travel Guard International.

This Insurance, under Policy #AIC-TRVL-P (2/03) is underwritten by: Arch Insurance Company, with its principal place of business in New York, NY.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with American Group Travel Trust, BankNewport as Trustee. The use of a Trustee is not permitted in Kansas or New York. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.



<p>24-Hour Emergency Assistance Telephone Numbers Continental USA.....1.866.833.8784 International.....1.715.345.0505 LiveTravel 24-Hour Assistance.....1.800.826.8597 Be sure to use the appropriate country and city codes when calling. - KEEP THESE NUMBERS WITH YOU WHEN YOU TRAVEL-</p>
