

## Notice to State of Washington Residents:

This is not your insurance policy. To obtain your state-specific insurance policy, visit [www.insureamerica.com](http://www.insureamerica.com), or call 1.715.346.0860.

## DESCRIPTION OF COVERAGE



### Schedule of Benefits

<b>Insured Tour Cost</b>	Trip Cancellation
<b>150% of Insured Tour Cost</b>	Trip Interruption
<b>\$ 750</b>	Trip Interruption-Return Air Only
<b>\$ 1,000</b>	Trip Delay ( <i>\$200 maximum per day</i> )
<b>\$ 500</b>	Missed Connection
<b>\$ 1,500</b>	Baggage & Personal Effects Loss
<b>\$ 300</b>	Baggage Delay
<b>\$20,000</b>	Medical Expense
<b>\$25,000</b>	Accidental Death & Dismemberment
<b>Included</b>	LiveTravel Emergency Assistance

#### Extra Coverage

(when coverage is purchased within 15 days of Initial Trip Payment):

- Pre-Existing Medical Condition Exclusion Waiver
- Trip Cancellation/Interruption due to Financial Default coverage.

#### Optional Coverage

<b>\$35,000</b>	Car Rental Collision Coverage
<b>\$ 1,500</b>	Baggage & Personal Effects Loss

#### Umbrella Package:

Medical Expense is doubled and upgraded to primary.

IMPORTANT — Exclusions apply to certain medical conditions.

For coverage questions or to request a claim form, call toll-free 1.877.828.6717. For emergency help while on your Trip, see the information and phone numbers on the reverse side.

#### Blanket Travel Accident Insurance

This document describes the benefits and basic provisions of the policy. You should read it with care so you will understand the coverage. The policy is the only contract under which benefits are paid.

#### PLEASE READ THIS DOCUMENT CAREFULLY! Insurance Coverage

The Policy will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Policy. If there are any conflicts between the contents of this document and the Policy (form series T30337NUFIC), the Policy will govern in all cases. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. Coverage may not be available in all states.

- Coverage is valid only if plan cost has been paid -

PRODUCT NUMBER: 007824 P2 2/09

In the event of a claim, please refer to the above Product Number.

### PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

The Insurer will waive the pre-existing medical condition exclusion if the following conditions are met:

1. This plan is purchased within 15 days of making the Initial Trip Payment;
2. The amount of coverage purchased equals all prepaid nonrefundable payments or deposits applicable to the Trip at the time of purchase, and the cost of any subsequent arrangement(s) added to the same Trip are insured within 15 days of the date of payment or deposit for any subsequent Trip arrangement(s);
3. All Insured's are medically able to travel when plan cost is paid.

### Definitions

**"Actual Cash Value"** means purchase price less depreciation.

**"Baggage"** means luggage, travel documents, and personal possessions whether owned, borrowed, or rented, taken by the Insured on the Trip.

**"Business Partner"** means a person who: (1) is involved with the Insured or the Insured's Traveling Companion in a legal partnership; and (2) is actively involved in the daily management of the business.

**"Child"** means unmarried children of the Insured, including natural children from the moment of birth, and step, foster or adopted children from the moment of placement in the Insured's home, under age 25 and primarily dependent on the Insured for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of Children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

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

**"Common Carrier"** means an air, land, or sea conveyance operated under a license for the transportation of passengers for hire.

**"Complications of Pregnancy"** means conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include nonelective 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 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.

**"Covered Trips"** means any scheduled Trips for which the Insured requests coverage and remits any required plan cost.

**"Departure Date"** means the date on which the Insured is originally scheduled to leave on his/her Trip. This date is specified in the travel documents.

**"Destination"** means any place where the Insured expects to travel to on his/her Trip other than Return Destination as shown on the travel documents.

**"Domestic Partner"** means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; The Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

**"Eligible Person"** means a person who is a member of an eligible class of persons as described in the Description of Eligible Persons section of the Master Application.

**"Exotic Vehicle"** means an antique car that is over 20 years old or has not been manufactured for 10 or more years, or any vehicle with an original manufacturer's suggested retail price greater than \$50,000.

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

**"Family Member"** means the Insured's or Traveling Companion's spouse, Domestic Partner, Child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-child, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, foster Child, ward, or legal ward.

**"Hospital"** means a facility that: (1) is operated according to law for the care and treatment of sick or Injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) 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 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; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members or the armed forces.

**"Inclement Weather"** means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier or prevents the Insured from reaching his/her Destination when traveling by an Owned or Rented Vehicle.

**"Injury/Injured"** means a bodily injury caused by an accident occurring while the Insured's coverage under the Policy is in force, and resulting directly and independently of all other causes of Loss covered by the Policy. The injury must be verified by a Physician.

**"Insured"** means an Eligible Person for whom: (a) any required enrollment form has been completed; (b) any required plan cost has been paid; (c) while covered under the Policy.

**"Insurer"** means National Union Fire Insurance Company of Pittsburgh, PA.

**"Loss"** means Injury or damage sustained by the Insured as a consequence of one or more of the events against which the Insurer has undertaken to compensate the Insured.

**"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; (3) is ordered by a Physician and performed under his or her care, supervision, or order; and (4) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

**"Mental, Nervous or Psychological Disorder"** means a mental or nervous health condition including, but not limited to: anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation.

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

**"Necessary Personal Effects"** means items such as clothing and toiletry items, which were included in the Insured's Baggage and are required for the Insured's Trip.

**"Owned or Rented Vehicle"** means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country that is rented or owned by the Insured. Owned or Rented Vehicle includes,

but is not limited to, a sedan, station wagon, jeep-type vehicle pickup, van, camper or motor home type. Owned or Rented Vehicle does not include a mobile home or any motor vehicle which is used in mass or public transit.

**"Physician"** means a licensed practitioner of the healing arts including accredited Christian Science Practitioners, medical, surgical, or dental, services acting within the scope of his/her license. The treating Physician may not be the Insured, a Traveling Companion, a Family Member, or a Business Partner.

**"Primary Residence"** means a person's fixed, permanent and principal home for legal and tax purposes.

**"Reasonable Additional Expenses"** means expenses for meals and lodging which were 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.

**"Reasonable and Customary Charges"** means an expense which: (1) is charged for treatment, supplies, or medical services Medically Necessary to treat the Insured's condition; (2) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

**"Return Date"** means the date on which the Insured is scheduled to return to the point where the Trip started or to a different specified Return Destination. This date is specified in the travel documents.

**"Return Destination"** means the place to which the Insured expects to return from his/her Trip.

**"Schedule"** means the Schedule of Benefits shown in the Master Application.

**"Sickness"** means an illness or disease diagnosed or treated by a Physician.

**"Strike"** means a stoppage of work: (1) announced, organized, and sanctioned by a labor union and (2) which interferes with the normal departure and arrival of a Common Carrier. This includes work slowdowns and sickouts. The Insured's Trip cancellation coverage must be effective prior to when the Strike is foreseeable. A Strike is foreseeable on the date labor union members vote to approve a Strike.

**"Terrorist Incident"** means an act of violence, that is deemed terrorism by the United States Government other than civil disorder or riot (that is not an act of war, declared or undeclared) that results in Loss of life or major damage to property, by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

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

**"Travel Supplier"** means the tour operator, hotel, rental company, property management company, cruise line, and/or airline that provides pre-paid travel arrangements for the Insured's Trip.

**"Traveling Companion"** means a person or persons with whom the Insured has coordinated travel arrangements and intends to travel with during the Trip. A group or tour leader is not considered a Traveling Companion, unless the Insured is sharing room accommodations with the group or tour leader.

**"Trip"** means a period of travel away from home to a Destination outside the Insured's City of residence; the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has defined Departure and Return dates specified when the Insured applies; the Trip does not exceed 180 days; travel is primarily by Common Carrier and only incidentally by private conveyance.

**"Trip Cost"** means the dollar amount of Trip payments or deposits reflected on any required enrollment form which are subject to cancellation penalties or restrictions paid by the Insured prior to the Insured's Trip Departure Date. Trip Cost will also include the cost of any subsequent pre-paid payments or deposits paid by the Insured for the same Trip, after enrollment for coverage under this plan provided the Insured amends their enrollment form to add such subsequent payments or deposits and pays any required additional plan cost prior to the Insured's Departure Date.

**"Unforeseen"** means not anticipated or expected and occurring after the effective date of the policy.

**"Uninhabitable"** means (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; (3) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines; or (4) the rental property is without electricity or water.

### **Individual Eligibility, Effective & Termination Dates**

Persons eligible for insurance under the policy are any travelers who purchase coverage, accepts, enrolls and pays the plan cost for coverage no later than 24 hours prior to departing on their trip.

**Effective Date:** After any required Enrollment Form is completed, Trip Cancellation coverage will be effective for an Insured at 12:01 a.m. Standard Time on the date following receipt by the Insurer or the Insurer's authorized representative of any required plan cost.

All other coverages will begin on the later of:

- (a) 12:01 a.m. Standard Time on the scheduled Departure Date shown on the travel documents or
- (b) the date and time the Insured starts his/her Trip, provided any required plan cost has been paid.

**Termination Date:** All coverage, other than Trip Cancellation, ends on the earlier of:

- (a) the date the Trip is completed;
- (b) the scheduled Return Date;
- (c) the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip.

The Trip Cancellation coverage ends on the earliest of: (a) the cancellation of the Insured's Trip; (b) 11:59 p.m. on the day before the scheduled Departure Date or (c) the date and time the Insured starts on his/her Trip.

**Extension of Coverage:** All coverage (except Trip Cancellation) will be extended, if:

- (a) the Insured's entire Trip is covered by the Policy; and
- (b) the Insured's return is delayed by one of the Unforeseen events specified under Trip Cancellation and Interruption or Trip Delay.

This extension of coverage will end on the earlier of:

- (a) the date the Insured reaches his/her Return Destination; or
- (b) 7 days after the date the Trip was scheduled to be completed.

## **General Exclusions**

This plan does not cover any insured Loss caused by or resulting from:

- (a) intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, Traveling Companion or Business Partner while sane or insane;
- (b) pregnancy, childbirth, or elective abortion, other than Complications of Pregnancy;
- (c) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
- (d) mountaineering where ropes or guides are normally used. The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment;
- (e) war or act of war, whether declared or not, civil disorder, riot, or insurrection;
- (f) operating or learning to operate any aircraft, as student, pilot, or crew;
- (g) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- (h) Loss or damage caused by detention, confiscation, or destruction by customs;
- (i) any unlawful acts, committed by the Insured, a Family Member, or a Traveling Companion, or Business Partner whether insured or not (not applicable to FL residents);

- (j) Mental, Nervous or Psychological Disorder;
- (k) if the Insured's tickets do not contain specific travel dates (open tickets);
- (l) use of drugs, narcotics, or alcohol, unless administered upon the advice of a Physician;
- (m) 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 the Insured;
- (n) Experimental or Investigative treatment or procedures;
- (o) any Loss that occurs at a time when this coverage is not in effect.
- (p) traveling for the purpose of securing medical treatment;
- (q) care or treatment which is not Medically Necessary;
- (r) any Trip taken outside the advice of a Physician.

(s) **PRE-EXISTING MEDICAL CONDITION EXCLUSION:** The Insurer will not pay for any Loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured, Traveling Companion, Business Partner, or Family Member which, within the 60 day period immediately preceding and including the Insured's coverage effective date: (a) first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; (b) for which care or treatment was given or recommended by a Physician; (c) required taking prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the required prescription drugs or medicines.

### **The following exclusions apply to Baggage/ Personal Effects Loss:**

- Benefits will not be provided for any loss or damage to or resulting (in whole or in part) from:
- (a) animals, rodents, insects or vermin;
  - (b) bicycles (except when checked with a Common Carrier);
  - (c) motor vehicles, aircraft, boats, boat motors, ATV's and other conveyances;
  - (d) artificial prosthetic devices, false teeth, any type of eyeglasses, sunglasses, contact lenses, or hearing aids;
  - (e) tickets, keys, notes, securities, accounts, bills, currency, deeds, food stamps or other evidences of debt, credit cards, and other travel documents (except passports and visas);
  - (f) money, stamps, stocks and bonds, postal or money orders;
  - (g) property shipped as freight, or shipped prior to the Departure Date;
  - (h) contraband, illegal transportation or trade;
  - (i) items seized by any government, government official or customs official;
  - (j) defective materials or craftsmanship;

- (k) normal wear and tear;
- (l) deterioration.

### **The following limitations and exclusions apply to Car Rental Collision Coverage:**

Coverage is not provided (in whole or in part) for any loss due to:

- (a) any loss which occurs if the Insured or his/her Traveling Companion violates the rental agreement;
- (b) rentals of trucks, campers, trailers, off road vehicles, motor bikes, motorcycles, recreational vehicles, or Exotic Vehicles;
- (c) any obligation the Insured or his or her Traveling Companion assumes under any agreement except insurance collision deductible;
- (d) failure to report the Loss to the proper local authorities and the rental car company;
- (e) damage to any other vehicle, structure, or person as a result of a covered Loss;
- (f) participation in contests of speed, motor sport or motor racing including training or practice for the same;
- (g) driving under the influence of alcohol;
- (h) being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- (i) war or act of war, whether declared or not, civil commotion, insurrection or riot;
- (j) Injury sustained while committing or attempting to commit a crime.

### **The following exclusions apply to Trip Cancellation and Trip Interruption:**

Benefits will not be provided for any loss resulting (in whole or in part) from:

- (a) travel arrangements canceled by an airline, cruise line, or tour operator, except as provided elsewhere in the plan;
- (b) changes by the Insured, a Family Member, or Traveling Companion, for any reason;
- (c) financial circumstances of the Insured, a Family Member, or a Traveling Companion;
- (d) any business or contractual obligations of the Insured, a Family Member, or Traveling Companion;
- (e) any government regulation or prohibition;
- (f) an event which occurs prior to the Insured's coverage Effective Date;
- (g) failure of any tour operator, Common Carrier, person or agency to provide the bargained-for travel arrangements.

### **The following exclusions apply to the Medical Expense Benefit:**

Benefits will not be provided for any loss resulting (in whole or in part) from:

- (a) routine physical examinations;
- (b) mental health care;

- (c) replacement of hearing aids, eye glasses, contact lenses, sunglasses, artificial teeth; and prosthetics
- (d) routine dental care;
- (e) any service provided by the Insured, a Family Member, or Traveling Companion or Traveling Companion of Family Member;
- (f) alcohol or substance abuse or treatment for the same

**The following exclusions apply to Accidental Death and Dismemberment:**

- (a) the Insurer will not pay for Loss caused by or resulting from Sickness or disease of any kind.

**EXCESS INSURANCE LIMITATION** The insurance provided by the Policy for all coverages except Trip Cancellation and Interruption, Car Rental Collision Coverage, and Baggage and Personal Effects Loss shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss payable under the Policy there is other valid and collectible insurance or indemnity in place, the Insurer shall be liable only for the excess of the amount of Loss, over the amount of such other insurance or indemnity, and applicable Deductible. *(Medical Expense benefit will become Primary if the Umbrella Package is purchased.)*

**Trip Cancellation and Interruption**

The Insurer will pay a benefit, up to the Maximum Limit shown on the Schedule, if an Insured is unable to continue on his/her Trip due to the following Unforeseen events:

- (a) Sickness, Injury or death of an Insured, Family Member, Traveling Companion, or Business Partner.

1) Injury or Sickness of an Insured, Traveling Companion or Family Member Traveling with the Insured must be so disabling as to reasonably cause a Trip to be cancelled or interrupted, which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing your continued participation in the Trip.

2) If the Insured must cancel or interrupt his/her Trip due to Injury or Sickness of a Family Member not traveling with the Insured, it must be because their condition is life-threatening, as certified by a Physician or because they require the Insured's care.

3) Injury or Sickness of the Business Partner must be so disabling as to reasonably cause the Insured to cancel or interrupt the Trip to assume daily management of the business. Such disability must be certified by a Physician.

(b) Financial Default of an airline, cruise line, or tour operator provided the Financial Default occurs more than 14 days following an Insured's effective date for the Trip Cancellation or Trip Interruption Benefits. There is no coverage for the Financial Default of any person, organization, agency, or firm from whom the Insured purchased travel arrangements supplied by others. This coverage applies only if insurance was

- purchased within 15 calendar days of Initial Trip Payment;
- (c) Inclement Weather causing delay or cancellation of travel;
- (d) Strike resulting in complete cessation of travel services at the point of departure or Destination;
- (e) the Insured's Primary Residence or Destination being made Uninhabitable by Natural Disaster, vandalism, or burglary;
- (f) the Insured, or a Traveling Companion being subpoenaed, required to serve on a jury, hijacked, or quarantined;
- (g) a Terrorist Incident in a City listed on the Insured's itinerary within 30 days of the Insured's scheduled arrival.

**SPECIAL NOTIFICATION OF CLAIM**

The Insured must notify Travel Guard as soon as reasonably possible in the event of a Trip Cancellation or Interruption claim. If the Insured is unable to provide cancellation notice within the required timeframe, the Insured must provide proof of the circumstance that prevented timely notification.

**Trip Cancellation Benefits:** The Insurer will reimburse the Insured for forfeited Trip Cost up to the Maximum Limit shown on the Schedule for Trips that are canceled prior to the scheduled departure for their Trip due to the Unforeseen events shown above.

**Trip Interruption Benefits:** The Insurer will reimburse the Insured up to the Maximum Limit shown on the Schedule for Trips that are interrupted due to the Unforeseen events shown above:

- (a) forfeited, insured Trip Cost, and
- (b) additional transportation expenses incurred by the Insured, either
  - (i) to the Return Destination; or
  - (ii) from the place that the Insured left the Trip to the place that the Insured may rejoin the Trip; or
- (c) additional transportation expenses incurred by the Insured to reach the original Trip Destination if the Insured is delayed, and leaves after the Departure Date. However, the benefit payable under (b) and (c) above will not exceed the cost of economy airfare or the same class as the Insured's original ticket less any refunds paid or payable by the most direct route.

**Trip Interruption – Return Air Only:** The Insurer will reimburse the Insured for the additional transportation expenses incurred to reach the Return Destination due to one of the Unforeseen events listed in the Trip Cancellation/Trip Interruption section. However, the benefit payable will not exceed the cost of economy airfare (or the same class as the Insured's original ticket) less any refunds paid or payable and taken by the most direct route.

**Single Occupancy:** The Insurer will reimburse the Insured, up to the Trip Interruption Maximum Limit shown on the Schedule, for the additional cost incurred during the Trip as a result of a change in the per person occupancy rate for

prepaid, non-refundable travel arrangements if a person booked to share accommodations with the Insured has his/her Trip interrupted due to the Unforeseen events shown in the Trip Interruption section and the Insured does not cancel.

**Trip Delay**

The Insurer will reimburse the Insured up to the Maximum Limit(s) shown on the Schedule for Reasonable Additional Expenses until travel becomes possible if the Insured's Trip is delayed 6 or more consecutive hours from reaching their intended Destination as a result of a cancellation or delay of a regularly scheduled airline flight for one of the Unforeseen events listed below:

- (a) Common Carrier delay;
- (b) the Insured's or Traveling Companion's lost or stolen passports, travel documents, or money;
- (c) the Insured or Traveling Companion is quarantined;
- (d) Strike;
- (e) Inclement Weather which prohibits Insured's Common Carrier departure;
- (f) Natural Disaster or (e) Injury or Sickness of the Insured or Traveling Companion.

Incurred expenses must be accompanied by receipts. This benefit is payable for only one delay per Insured per Trip.

If the Insured incurs more than one delay in the same Trip the Insurer will pay for the delay with the largest benefit up to the Maximum Limits shown on the Schedule.

**The Insured Must:** Contact Travel Guard as soon as he/she knows his/her Trip is going to be delayed more than 6 hours.

**Missed Connection**

If while on a Trip the Insured misses a Trip departure resulting from cancellation or delay of 3 or more hours of all regularly scheduled airline flights due to Inclement Weather or Common Carrier caused delay, the Insurer will reimburse the Insured up to the Maximum Limit shown in the Schedule for:

1. additional transportation expenses incurred by the Insured to join the departed Trip;
2. reasonable accommodation and meal expenses incurred up to the per day amount shown in the Schedule; and
3. pre-paid, non-refundable trip payments for the unused portion of the Trip.

The Common Carrier must certify the delay of the regularly scheduled airline flight.

Coverage is secondary if reimbursable by any other source.

**Baggage and Personal Effects Loss**

The Insurer will reimburse the Insured, up to the Maximum Limit shown in the Schedule subject to the special limitations shown below, for loss, theft or damage to the

Insured's Baggage, personal effects, passports, travel documents and visas during the Insured's Trip. The Insurer will also pay for loss due to unauthorized use of the Insured's credit cards, if the Insured has complied with all credit card conditions imposed by the credit card companies.

**Special Limitations:**

The Insurer will not pay more than \$500 for the first item and thereafter, no more than \$250 per each additional item.

The Insurer will pay the lesser of: 1. the cash value (original cash value less depreciation) as determined by the Insurer or, 2. the cost of replacement.

The Insurer may take all or part of the damaged Baggage at the appraised or agreed value. In the event of a loss to a pair or set of items, the Insurer may at its option: (1) repair or replace any part to restore the pair or set to its value before the loss; or (2) pay the difference between the value of the property before and after the loss.

**Baggage Delay**

If the Insured's Baggage is delayed or misdirected by the Common Carrier for more than 24 hours while on a Trip, the Insurer will reimburse the Insured up to the Maximum Limit shown on the Schedule for the purchase of Necessary Personal Effects. Incurred expenses must be accompanied by receipts. This benefit does not apply if Baggage is delayed after the Insured has reached his/her Return Destination.

**Medical Expense Benefit**

The Insurer will reimburse the Insured up to the Maximum Limit(s) shown on the Schedule if, while on a Trip, an Insured suffers an Injury or a Sickness that requires him or her to be treated by a Physician during the course of the Trip. The Sickness or Injury must first manifest itself during the course of the Trip. The Insurer will pay the Reasonable and Customary Charges incurred for Medically Necessary Covered Expenses received due to that Injury or Sickness incurred by the Insured within one year from the date of Injury or Sickness provided initial treatment was received during the Trip. The Injury must occur or Sickness must begin while the Insured is covered by the plan.

**Covered Expenses:** The Insurer will pay for:

- services of a Physician or Registered Nurse (R.N.);
- Hospital charges;
- X-ray(s);
- local ambulance services to or from a Hospital;
- artificial limbs, artificial eyes, artificial teeth, or other prosthetic devices;
- the cost of emergency dental treatment only during a Trip limited to a Maximum Limit shown in the Schedule. Coverage for emergency dental treatment does not apply if treatment or expenses are incurred after the Insured has

reached his/her Return Destination, regardless of the reason. The treatment must be given by a Physician or dentist.

**Accidental Death and Dismemberment**

If, while on a Trip, Injury to an Insured results, within 180 days of the date of the accident which caused Injury, in one of the losses shown in the Table of Losses below, other than while riding as a passenger in or boarding or alighting from or struck or run down by a certified passenger aircraft provided by a regularly scheduled airline or charter and operated by a properly certified pilot, the Insurer will pay the percentage shown below of the Maximum Limit shown in the Schedule. The accident must occur while the Insured is on the Trip and is covered under the Policy.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest applicable to the Losses incurred, will be paid. The Insurer will not pay more than 100% of the Maximum Limit for all Losses due to the same accident.

**Table of Losses**

Loss of	% of Maximum Limit
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%

**Exposure:** The Insurer will pay a benefit for covered losses as specified above which result from an Insured being unavoidably exposed to the elements due to an Accidental Injury during the Trip. The Loss must occur within 180 days after the event which caused the exposure.

**Disappearance:** The Insurer will pay a benefit for loss of life as specified above if the Insured's body cannot be located one year after disappearance due to an Accidental Injury during the Trip.

**"Loss"** with regard to:

- (a) hand or foot means actual severance through or above the wrist or ankle joints;
- (b) eye means entire and irrecoverable Loss of sight in that eye.

**Car Rental Collision Coverage**

If an Insured's rented car is damaged while on a Trip due to collision, vandalism, windstorm, fire, hail or flood, while in his/her 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.

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule subject to the Deductible shown in the Schedule.

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

Coverage does not apply in countries or states where the sale of this insurance is prohibited by law.

This coverage is primary to other forms of insurance or indemnity.

The Insured must contact Travel Guard before renting to confirm whether the vehicle is covered.

**Payment of Claims**

**Claim Procedures: Notice of Claim:** The Insured must call Travel Guard as soon as reasonably possible, and be prepared to describe the Loss, the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates, and the amount that the Insured paid. Travel Guard will fill in the claim form and forward it to the Insured for his/her review and signature. The completed form should be returned to Travel Guard, P.O. Box 47, Stevens Point, Wisconsin 54481 (Telephone: 1.877.828.6717).

**Claim Procedures: Proof of Loss:** The claim forms must be sent back to Insurer no more than 90 days after a covered loss occurs or ends, or as soon after that as is reasonably possible. All claims under the coverage must be submitted to Travel Guard no later than one year after the date of loss or insured occurrence or as soon as reasonably possible. If Insurer has not provided claim forms within 15 days after the notice of claim, other proofs of Loss should be sent to the Insurer by the date claims forms would be due. The proof of Loss should include written proof of the occurrence, type and amount of Loss, the Insured's name, the participating organization name, and the product number.

**Payment of Claims: When Paid:** Claims will be paid as soon as Travel Guard receives complete proof of Loss.

**Payment of Claims: To Whom Paid:** Benefits are payable to the Insured who applied for coverage and paid any required plan cost. Any benefits payable due to that Insured's death, will be paid to the survivors of the first surviving class of those that follow: (1) the Beneficiary named by that Insured and on file with the Insurer; (2) To his/her spouse, if living. If no living spouse, then; (3) in equal shares to his/her living Children. If there are none, then;(4) in equal shares to his/her living parents. If there are none, then; (5) in equal shares to his/her living brothers and sisters. If there are none, then; (6) to the Insured's estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$1,000 to a relative by blood or connection by marriage who

has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment the Insurer makes in good faith fully discharges the Insurer to the extent of that payment.

**Benefits for Medical Expense Services** may be payable directly to the provider of the services. However, the provider: a) must comply with the statutory provision for direct payment, and b) must not have been paid from any other sources.

**Trip Cancellation and Interruption Payment of Loss:** The Insured must provide the Insurer documentation of the interruption and proof of the expenses incurred. The Insured must provide proof of payment for the Trip such as canceled check or credit card statements, proof of refunds received, copies of applicable tour operator or Common Carrier cancellation policies, and any other information reasonably required to prove the Loss. Claims involving Loss due to Sickness, Injury, or death require signed patient (or next of kin) authorization to release medical information and an attending Physician's statement. The Insured must provide the Insurer with all unused air, rail, cruise, or other tickets if he/she is claiming the value of those unused tickets.

**Baggage and Personal Effects Loss Payment of Loss:** The Insured Must: (a) report theft losses to police or other local authorities as soon as possible; (b) take reasonable steps to protect his/her Baggage from further damage and make necessary and reasonable temporary repairs; (The Insurer will reimburse the Insured for those expenses. The Insurer will not pay for further damage if the Insured fails to protect his/her Baggage); (c) allow the Insurer to examine the damaged Baggage and/or the Insurer may require the damaged item to be sent in the event of payment; (d) send sworn proof of Loss as soon as possible from date of Loss, providing amount of Loss, date, time, and cause of Loss, and a complete list of damaged/lost items; or (e) in the event of theft or unauthorized use of the Insured's credit cards, the Insured must notify the credit card company immediately to prevent further unlawful activity.

**Baggage Delay Payment of Loss:** The Insured must provide documentation of the delay or misdirection of Baggage by the Common Carrier and receipts for the Necessary Personal Effects purchases.

**Medical Expense Payment of Loss:** The Insured must provide the Insurer with: (a) all medical bills and reports for medical expenses claimed; and (b) a signed patient authorization to release medical information to the Insured.

**Car Rental Collision Coverage Payment of Loss:** The Insured must: take all reasonable, necessary steps to protect the vehicle and prevent further damage to it; report the Loss to the appropriate local authorities and the rental

company as soon as possible; obtain all information on any other party involved in an accident, such as name, address, insurance information, and driver's license number; and provide Travel Guard all documentation such as rental agreement, police report, and damage estimate.

**Problems with your insurance?** If so, do not hesitate to contact Travel Guard to resolve your problem at 1145 Clark Street, Stevens Point, WI 54481, or call 1.877.828.6717.

**The following provisions apply to Baggage Delay, Baggage/Personal Effects Loss, Car Rental Collision Coverage:**

**Notice of Loss:** If the Insured's property covered under the Policy is lost or damaged, the Insured must:

- (a) notify Travel Guard 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 24 hours.

**Proof of Loss:** The Insured must furnish the Insurer with proof of loss. Proof of loss includes police or other local authority reports or documentation from the appropriate party responsible for the loss. It must be filed within 90 days from the date of loss. Failure to comply with these conditions shall not invalidate any claims under the Policy.

**Settlement of Loss:** Claims for damage and/or destruction shall be paid immediately after proof of the damage and/or destruction is presented to the Insurer. 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.

**Valuation:** The Insurer will not pay more than the Actual Cash Value of the property at the time of loss. 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 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 it chooses. 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.

**The following provision applies to Medical Expense, Baggage Delay, Baggage/Personal Effects Loss and Car Rental Collision Coverage:**

**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 preserve its rights against those responsible for its 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.

As a condition to receiving the applicable benefits listed above, as they pertain to this Subrogation provision, the Insured agrees, except as may be limited or prohibited by applicable law, to reimburse the Insurer for any such benefits paid to or on behalf of the Insured, if such benefits are recovered, in any form, from any Third Party or Coverage.

**Coverage** – as used in this Subrogation section, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy (except coverage provided under the Policy to which this Description of Coverage is attached) and any fund or insurance policy providing the Policyholder with coverage for any claims, causes of action or rights the Insured may have against the Policyholder).

**Third Party** – as used in this Subrogation section, means any person, corporation or other entity (except the Insured, the Policyholder and the Insurer).

## **General Provisions**

**Physical Examination and Autopsy.** The Insurer at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

**Beneficiary Designation and Change.** The Insured's beneficiary(ies) is (are) the person(s) designated by the Insured and on file with Travel Guard.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Travel Guard 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 the Insurer on account of any payment made by it prior to receipt of the request.

**Assignment.** An Insured may not assign any of his or her rights, privileges or benefits under the Policy.

**Legal Actions.** No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

**Concealment or Fraud:** The Insurer does not provide coverage if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the policy or claim.

**Payment of Plan Cost:** Coverage is not effective unless all plan cost due has been paid to Travel Guard prior to a date of Loss or insured occurrence.

**Termination of the Policy:** Termination of the policy will not affect a claim for Loss which occurs while the policy is in force.

**Transfer of Coverage:** Coverage under the policy cannot be transferred by the Insured to anyone else.

### **State Specific Notices**

**Notice to Colorado Residents:** The phrase “or insane” is deleted from the intentionally self-inflicted Injury, suicide or attempted suicide exclusion when it applies to Medical Expense Benefit and Emergency Evacuation.

**Notice to Washington DC Residents:** The Pre-existing Medical Condition Exclusion is amended as follows:

(v) PRE-EXISTING MEDICAL CONDITION EXCLUSION: The Insurer will not pay for any Loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured, Traveling Companion, Business Partner or Family Member which, within the 60 day period immediately preceding and including the Insured’s coverage effective date: (a) first manifested itself, worsened or became acute or had symptoms which would have prompted a person to seek diagnosis, care or treatment; (b) for which care or treatment was given or recommended by a Physician; (c) required taking prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the required prescription drugs or medicines.

The definition of “*Medically Necessary*” is amended to add: “The fact that a Physician may prescribe, order, recommend or approve a service or supply does not of itself make it Medically Necessary or covered by this plan.”

The definition of “*Domestic Partner*” is amended as follows: “*Domestic Partner*” means a person with whom an individual maintains a committed familial relationship characterized by mutual caring and the sharing of a mutual

residence. Each partner must be at least 18 years old and competent to contract, be the sole Domestic Partner of the other person and not be married.

**Notice to Illinois Residents:** The definition of “*Complications of Pregnancy*” is amended to delete “hyperemesis gravidarum and preeclampsia”.

The definition of “*Injury*” is amended to read as follows: Injury/Injured means a bodily injury caused by an accident occurring while the Insured’s coverage under the Policy is in force and resulting directly from all other causes of Loss covered by the Policy. The injury must be verified by a Physician.

The General Exclusions provision is amended as follows: “Any unlawful acts committed” is deleted and replaced with “commission of or attempt to commit a felony”.

The Excess Insurance Limitation provision is deleted in its entirety.

**Notice to Kansas Residents:**

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The Exotic Vehicle definition has been deleted in its entirety.

The Car Rental Collision Coverage in the Additional Benefits section has been removed in its entirety.

The Car Rental Collision Coverage exclusion in the Exclusions and Limitations section has been removed in its entirety.

Car Rental Collision Coverage Payment of Loss provision in the Payment of Claims section has been removed in its entirety.

The Disagreement Over Size of Loss provision in the Additional Claims Procedures section is amended to read as follows: If there is a disagreement about the amount of the loss either the Insured or the Insurer can make a written request for an appraisal. Appraisal or Arbitration will take place only if both parties agree, voluntarily to have the loss appraised or arbitrated. 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 it chooses. The Insured will share with us the cost for the arbitrator and the appraisal process.

The Subrogation Provision in the Additional Claims Procedures section is amended by adding: Medical coverage will not be subrogated.

The expiration period in the Legal Actions provision in the General Provisions section is amended to read 5 years.

The Arbitration provision in the General Provisions section is amended by adding: After a dispute has arisen, Arbitration may take place if the Insured and Insurer fail to agree on the amount of the loss. However, Arbitration will take place only if both Insured and Insurer agree, voluntarily to have the loss arbitrated. Medical coverage will not be arbitrated.

“The Concealment or Fraud provision has been amended to add: A “*fraudulent insurance act*” means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

The Excess Insurance Limitation provision is deleted in its entirety.

**Notice to Louisiana Residents:** The “use of drugs, narcotics or alcohol” exclusion is amended to read: “being under the influence of narcotics or intoxicants, unless prescribed by a Physician;”

The Subrogation provision is amended by adding the following: The Insurer’s right of subrogation will not be enforced until the Insured has been made whole, as determined by a court of law, as a result of the Loss. The Insurer agrees to pay our portion of the Insured’s attorneys’ fee or other costs associated with a claim or lawsuit to the extent that we recover any portion of the benefits paid under the policy pursuant to our right of subrogation.

The “*Family Member*” and “*Immediate Family Member*” definitions are amended to delete Domestic Partner.

The Disagreement Over Size of Loss provision of the Additional Claims procedures section are deleted in their entirety.

**Notice to North Carolina Residents:** The definition of Hospital is deleted in its entirety and replaced with the following:

“*Hospital*” means a facility that: (1) is operated according to law, including North Carolina state hospitals, for the care and treatment of sick or Injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24

hour nursing service by registered nurses (R.N.'s); and (4) 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 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; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members or the armed forces for which no charge is made.

The Subrogation provision will not apply to Medical Expense and Accidental Death and Dismemberment Common Carrier Air Only benefits.

The time period in the Proof of Loss provision is amended to 180 days.

The following notice is added: This plan includes all of the applicable benefits mandated by the North Carolina Insurance Code, but is issued under a group master policy located in another state and may be governed by that state's laws."

The pre-existing conditions exclusion is amended to delete reference to "first manifested" and to replace "a reasonable person" with "a person".

**Notice to South Carolina Residents:** The *Physical Examination and Autopsy* provision is amended to add: "The autopsy of a South Carolina resident must be performed in the state of South Carolina."

The *Legal Actions* provision is amended to replace the expiration period of 3 years with 6 years.

**Notice to South Dakota Residents:** Exclusion (l) of the General Exclusions provision is deleted in its entirety.

The "alcohol or substance abuse or treatment for the same" exclusion in the Medical Expenses Benefit Exclusions is deleted in its entirety.

The Excess Insurance Limitation provision is not applicable to Medical Expense Benefits.

Exclusion (g) of the Car Rental Collision Coverage is amended to read "the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance during the commission of a felony".

Exclusion (j) is amended to read "the Insured being under the influence of drugs during the commission of a felony".

The Legal Actions provision is amended to change the expiration period to six years.

**Notice to Texas Residents:** The Proof of Loss Provision is amended by adding the following: The Insurer will acknowledge receipt of the notice of claim in writing within 15 business days after the Insurer receives the claim. The

Insurer will notify a claimant in writing of the acceptance or rejection of a claim not later than the 15th business day after the date the Insurer receives all required documentation to secure final proof of loss. If the Insurer rejects the claim, the required notice will state the reasons for the rejection. If the Insurer is unable to accept or reject the claim within that time period, the Insurer will notify the claimant of the reasons that additional time is needed. The Insurer will accept or reject the claim not later than the 45th day after the claimant is notified. If the claim is accepted, the Insurer will pay the claim within 5 days of the notice of acceptance. If payment of the claim is delayed, the Insurer will pay the claim plus 18% interest per year, plus reasonable attorney fees. If a lawsuit is filed, such attorney fees shall be taxed as part of the costs in the case.

The Disagreement Over Size of Loss provision is amended as follows: 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 within [30] days of the date of the disagreement notice. Within 30 days after the demand, the Insured and the Insurer each select their own competent appraiser and notify the other party. 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 or request selection by the courts within 30 days of the appraisers' opinions. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) or the court, will be binding. The appraiser selected by the Insured is paid by the Insured. The Insurer will pay the appraiser it chooses. The Insured will share with us the cost for the arbitrator and the appraisal process.

The Car Rental Collision Coverage benefit is deleted in its entirety.

The Legal Actions provision is amended to change the expiration period from 60 days to 90 days.

The Arbitration provision is amended to replace the term "party" with "Insured and Insurer". The Arbitration provision is further amended add the following: Arbitration must be held in Texas for Texas Insureds unless mutually agreed upon to an alternate site.

The Excess Insurance Limitation provision does not apply to Medical Expense Benefit.

The Pre-Existing Medical Condition Exclusion is amended to remove "first manifested itself" and to replace "reasonable person" with "ordinarily prudent person".

The following provisions are added:

**TEXAS LAWS GOVERN POLICIES.** Any contract of insurance payable to any citizen or inhabitant of this State by any insurance company or corporation doing business within this State shall be held to be a contract made and entered into under and by virtue of the laws of this State relating to

insurance, and governed hereby, notwithstanding such policy or contract of insurance may provide that the contract was executed and the premiums and policy (in case it becomes a demand) should be payable without this State, or at the home office of the company or corporation issuing the same.

**ELECTED OFFICIALS.** An insurer may not cancel or refuse to renew an insurance policy based solely on the fact that the policyholder is an elected official.

#### **IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call National Union Fire Insurance Company of Pittsburgh, Pa.'s toll free number for information or to make a complaint at: 1.800.553.6938.

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at: 1.800.252.3439.

You may write the Texas Department of Insurance:

P. O. Box 149104

Austin, TX 78714-9104

Fax # 512.475.1771

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

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

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

**ATTACH THIS NOTICE TO YOUR POLICY:** This notice is for information only and does not become a part or condition of the attached document.

#### **AVISO IMPORTANTE**

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de National Union Fire Insurance Company of Pittsburgh, Pa. para informacion o para someter una queja al: 1.800.553.6938.

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al: 1.800.252.3439.

Puede escribir al Departamento de Seguros de Texas:

P. O. Box 149104

Austin, TX 78714-9104

Fax # 512.475.1771

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

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

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

**UNA ESTE AVISO A SU POLIZA:** Este aviso es solo para proposito de informacion y no se convierte en parte o condiccion del documento adjunto.

**Notice to Wisconsin Residents:** The Subrogation provision is amended to add the following language:

The Insurer's right of subrogation will not be invoked until benefits to which the Insured is entitled under the Policy are paid to or on behalf of the Insured, and the Insured has been made whole and is fully compensated for damages.

The Concealment or Fraud provision is deleted and replaced with the following language: Concealment or Fraud: The Insurer does not provide benefits for any Loss incurred if the Insured has intentionally concealed or misrepresented any material fact or circumstance which impacts payment of such Loss.

The Proof of Loss provision is deleted and replaced with the following language: Proof of Loss. The Insured must furnish the Insurer with proof of loss. Proof of loss includes police or other local authority reports or documentation from the appropriate party responsible for the loss. It must be filed within 90 days from the date of loss. Failure by the Insured to give notice within such time does not invalidate or reduce the claim unless the Insurer is prejudiced by the failure to give notice within such time.

The Payment of Claims: When Paid: is deleted and replaced with the following language: Payment of Claims: When Paid: Claims will be paid as soon as Travel Guard receives complete proof of Loss and verification of age, but not later than 30 days.

**Notice to Vermont Residents:** 1. The definition of Civil Union is added to and made a part of the Definitions section. "Civil Union" – means that two eligible persons have established a relationship pursuant to 15 V.S.A. chapter 23 of Vermont's Statutes and may receive the benefits and protections and be subject to the responsibilities of spouses. 2. The definition of Party(ies) to a Civil Union is added to and made a part of the Definitions section. "Party(ies) to a Civil Union" – means an Insured who has established a Civil Union with another person pursuant to 15 V.S.A. chapter 23 and 18 V.S.A. chapter 106.

3. The definitions, terms, conditions or any other provisions of the Policy, Description of Coverage, and/or Riders and Endorsements to which this mandatory Endorsement is attached are hereby amended and superseded as follows: Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage", "spouse", "husband", "wife", "dependent", "next of kin", "relative", "beneficiary", "survivor", "immediate family" and any other such terms include the relationship created by a Civil Union.

Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage", "divorce decree", "termination of marriage" and any other such terms include

the inception or dissolution of a Civil Union.

Terms that mean or refer to family relationships arising from a marriage, such as "family", "immediate family", "dependent", "children", "next of kin", "relative", "beneficiary", "survivor" and any other such terms include family relationships created by a Civil Union.

4. As provided in this Endorsement the term child or covered child shall mean a child (natural, stepchild, legally adopted child, a minor, or a disabled child) who is: (1) dependent on the Insured for support and maintenance; and (2) born to or brought to: (a) a marriage; or (b) a Civil Union established according to Vermont law.

5. The defined terms Eligible Spouse or Insured Spouse, or the term spouse, wherever they appear in the Policy, Description of Coverage, Rider, Endorsement, and/or Application are deemed to include a Party to a Civil Union. THIS ENDORSEMENT IS NOT MEANT TO PROVIDE DEPENDENT COVERAGE IF DEPENDENT COVERAGE IS NOT PROVIDED UNDER THE POLICY.

CAUTION: FEDERAL LAW RIGHTS MAY OR MAY NOT BE AVAILABLE

Vermont law grants parties to a Civil Union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to health insurance that are available to married persons under federal law may not be available to Parties to a Civil Union. For example, federal law, the Employee Income Retirement Security Act of 1974 known as "ERISA", controls the employer/employee relationship with regard to determining eligibility for enrollment in private employer health benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer's enrollment of a Party to a Civil Union in an ERISA employee welfare benefit plan. However, governmental employers (not federal government) are required to provide health benefits to the dependents of a Party to a Civil Union if the public employer provides health benefits to the dependents of married persons. Federal law also controls group health insurance continuation rights under "COBRA" for employers with 20 or more employees as well as the Internal Revenue Code treatment of health insurance premiums. As a result, Parties to a Civil Union and their families may or may not have access to certain benefits under the Policy, Description of Coverage, Rider, or Endorsement that derive from federal law. You are advised to seek expert advice to determine your rights under the Policy.

### **LiveTravel Assistance\***

- Flight rebooking
- Hotel rebooking
- Rental vehicle booking

- Emergency return travel arrangements
- Roadside assistance
- Rental Vehicle Return
- Guaranteed hotel check-in
- Missed connections coordination

\*Non-insurance services are provided by Travel Guard.

Make sure you call Travel Guard (1.877.828.6717 or 1.715.295.5452) 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. 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.

Any payments under the 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 the policy. For more information, you may consult the OFAC internet website at: [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/) or a Travel Guard representative.

# Travel Guard.

**Travel Smart. Travel Insurance.**

**When calling from the U.S., 1.877.828.6717.  
When calling from abroad, call collect 1.715.295.5452.**

**We will coordinate your assistance needs  
with the appropriate Travel Guard center.**

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Travel Guard

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