Wesco Insurance Company
An AmTrust Financial Company
59 Maiden Lane, 43rd Floor, New York, NY 10038
866-505-4048

# PATHWAY ESSENTIAL

## SCHEDULE OF BENEFITS

Any sub-limit values listed below a Maximum Benefit are included in the Maximum Benefit Amount, and any amounts paid under a sub-limit will reduce the Maximum Benefit amount available under each Coverage.

| COVERAGES | MAXIMUM BENEFIT PER PERSON PER TRIP |
|---|---|
| **Travel Protection** | |
| Trip Cancellation | |
| Maximum Benefit | 100% of Trip Cost |
| Trip Interruption | |
| Maximum Benefit | 100% of Trip Cost |
| Missed Connection | |
| Maximum Benefit | $300 |
| Trip Delay | |
| Maximum Benefit | $600 |
| Maximum Benefit Per Day | $150 |
| Optional Rental Car Damage | |
| Maximum Benefit | $50,000 |
| **Baggage Protection** | |
| Baggage/Personal Effects | |
| Maximum Benefit | $500 |
| Deductible | $0 |
| Per Article Limit | $100 |
| Baggage Delay | |
| Maximum Benefit | $250 |
| Maximum Benefit Per Day | $75 |

Wesco Insurance Company
An AmTrust Financial Company
59 Maiden Lane, 43rd Floor, New York, NY 10038
866-505-4048

This Policy of insurance describes all of the travel insurance benefits, underwritten by Wesco Insurance Company (herein referred to as the Company). The insurance benefits vary from program to program. Please refer to the accompanying purchase confirmation and Schedule of Benefits for specific information about the program You purchased. Please contact Trawick International immediately if You believe that any of the information provided is incorrect.

This Policy of insurance is issued in consideration of application and payment of any premium due. All statements in the application are representations and not warranties. Only statements contained in a written application format will be used to void insurance, reduce benefits or defend a claim.

All premium is refundable only during the fourteen (14) day review period from the date of purchase (or from the date of receipt if mailed) provided You have not already departed on Your Trip and You have not incurred any claimable losses during that time. If You depart on Your Trip prior to the expiration of the review period, the review period shall automatically end upon Your departure.

Eligibility Restrictions: (also see other eligibility restrictions contained in the LIMITATIONS AND EXCLUSIONS section of this Policy).

You are not eligible to purchase coverage or receive benefits under this Policy if You are unable to travel, are limited from travel, are medically restricted from travel, or are experiencing and/or are under treatment for any illness or injury that limits or restricts Your ability to travel on the date of purchase.

You are not eligible to purchase coverage or receive benefits under this Policy if You have other insurance coverage for the loss(es) for which this Policy is intended to insurance against. Multiple recovers for the same loss covered by other insurance coverage is not available under this Policy.

NO DIVIDENDS WILL BE PAYABLE UNDER THIS POLICY.

The President and Secretary of Wesco Insurance Company witness this Policy.



Secretary



President

Licensed Resident Agent (where required by law)

## TRAVEL PROTECTION POLICY

**NOTICE OF SPORTS COVERAGE**

**OPTIONAL ADVENTURE SPORTS BENEFITS**

If You purchase this optional benefit, and if You suffer a Loss due to an Accidental Injury while practicing, training for, or participating in Adventure Sports as defined, such activities will not be excluded under LIMITATIONS AND EXCLUSIONS, and You have access to benefits outlined in this Policy up to the Maximum Benefit subject to any applicable sub-limit shown on the Schedule of Benefits for Adventure Sports.

**OPTIONAL EXTREME SPORTS BENEFITS**

If You purchase this optional benefit, and if You suffer a Loss due to an Accidental Injury while practicing, training for, or participating in Extreme Sports as defined, such activities will not be excluded under LIMITATIONS AND EXCLUSIONS, and You have access to benefits outlined in this Policy up to the Maximum Benefit subject to any applicable sub-limit shown on the Schedule of Benefits for Extreme Sports.

## Table of Contents

**GENERAL DEFINITIONS**
**GENERAL PROVISIONS**
**SCOPE OF COVERAGE**
**COVERAGES**
**TRAVEL PROTECTION**
- TRIP CANCELLATION
- TRIP INTERRUPTION
- MISSED CONNECTION
- TRIP DELAY
- OPTIONAL RENTAL CAR DAMAGE

**MEDICAL PROTECTION**
**BAGGAGE PROTECTION**
- BAGGAGE/PERSONAL EFFECTS
- BAGGAGE DELAY

**EXCLUSIONS**

## GENERAL DEFINITIONS

Throughout this document, when capitalized, certain words and phrases are defined as follows:

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

**Accidental Injury** means Bodily Injury caused by an Accident (of external origin) that: 1) occurs while Your coverage is in effect under this Policy; and 2) requires physical examination and medical treatment by a Physician. The Injury must be the direct cause of loss, must be independent of all other causes, and must not be caused by or resulting from Your Sickness. The injury must be verified by a Physician in a format acceptable to the Company.

**Actual Cash Value** means the lesser of the replacement cost and the purchase price less Depreciation.

**Adventure Sports** means non-professional and non-competitive sports activities that are generally performed for recreation and leisure, and which are not a Bodily Contact Sport, Extreme Sport, Interscholastic Sport, Organized Sport or Mountaineering. Adventure Sports include but are not limited to: scuba diving for certified divers up to a maximum depth of sixty (60) feet and for uncertified divers up to a maximum depth of thirty (30) feet, snorkeling, white or black water rafting Grades 1-3, zip-lining, water skiing, sailing, boating, downhill Skiing, snowboarding, snowmobiling, sledding or tobogganing, resort-sponsored activities, and approved activities of the Travel Supplier.

**Bankruptcy** means the total cessation of operations due to financial insolvency, with or without a filing.

**Bodily Contact Sports** means any competitive team sport in which players or participants may have direct physical contact with an opponent. Bodily Contact Sports include but are not limited to: football, soccer, baseball, wrestling, ice hockey, rugby and lacrosse. Bodily Contact Sports do not include Adventure Sports, Extreme Sports, Interscholastic Sports, Organized Sports or Mountaineering.

**Bodily Injury** means identifiable physical injury that is caused by an Accident and is independent of disease or bodily infirmity.

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

**Checked Baggage** means Personal Effects brought by You for planned use on Your Trip for which a claim check has been issued to You by a Common Carrier.

**Common Carrier** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire. Taxis, limousines, and ride share services are not Common Carriers as defined herein.

**Company** means Wesco Insurance Company

**Complications of Pregnancy** means conditions requiring hospital confinement whose diagnoses are distinct from the pregnancy, but are adversely affected by the pregnancy, including, but not limited to: acute nephritis, nephrosis, cardiac decompression, missed abortion, pre-eclampsia, intrauterine fetal growth retardation, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also includes termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible. Complications of Pregnancy do not include elective abortion, elective cesarean section, false labor, occasional spotting, morning sickness, physician prescribed rest during the period of pregnancy, hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy not constituting a distinct complication of pregnancy.

**Cruise** means any pre-paid sea arrangements made by You.

**Deductible** means the amount of expenses for covered services that must be incurred by You before specified benefits become payable.

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

**Depreciation** means a reduction in value of ten percent (10%) per year from date of purchase for items accompanied by original receipts. For items not accompanied with a receipt, a reduction in value of twenty five percent (25%) the first year and ten percent (10%) per year thereafter. Depreciation will be calculated up to a maximum of eighty 80% from the estimated date of purchase as provided by You. There will be no reduction in value for an item less than one (1) year old and accompanied by an original receipt.

**Domestic Partner** means a person who is at least eighteen (18) years of age with whom You reside and can show evidence of cohabitation and shared financial assets and obligations for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

**Economy Fare** means the lowest published rate for a one-way economy ticket.

**Effective Date** means 12:01 A.M. local time, at Your location, on the day the required premium for such coverage is received by the Company or its authorized representative.

**Eligible Person** means a resident of the United States who is listed on Your purchase confirmation, is scheduled to take a Trip, applies for coverage under the Policy, pays the required premium and satisfies all of the eligibility requirements contained in the LIMITATIONS AND EXCLUSIONS sections of this Policy.

**Extreme Sports** means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear. Extreme Sports include but are not limited to: skydiving, BASE jumping, hang gliding, Parachuting, bungee jumping, caving, rappelling, spelunking, white or black water rafting above Grade 3, Skiing or snowboarding outside marked trails or in an area accessed by helicopter, Rock Climbing, any high-altitude activity, personal combat or fighting sports, rodeo, racing or practicing to race any motorized vehicle, bicycle or watercraft, free diving, and scuba diving at a depth greater than sixty (60) feet or without a dive master. Extreme Sports do not include Adventure Sports, Bodily Contact Sports, Interscholastic Sports, Organized Sports or Mountaineering.

**Family Member** means Your or Your Traveling Companion's legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, Business Partner, or Domestic Partner who reside in the United States, Canada or Mexico.

**Hazard** means:

a) Any delay of a Common Carrier (including Inclement Weather);
b) Any delay by a traffic Accident en route to a departure, in which You or Your Traveling Companion is not directly involved;
c) Any delay due to lost or stolen passports, travel documents or money, Quarantine, hijacking, unannounced Strike, Natural Disaster, civil commotion or riot;
d) A closed roadway causing cessation of travel to the destination of the Trip (substantiated by the department of transportation, state police, etc.);

**Home** means Your true, fixed and permanent place of residence and principal establishment, to which You have the intention of returning to at the end of Your Trip.

**Home Country** means the United States of America.

**Hospital** means a facility that:

a) holds a valid license if it is required by the law;
b) operates primarily for the care and treatment of sick or injured persons as in-patients;
c) has a staff of one or more Physicians available at all times;
d) provides twenty-four (24) hour nursing service and has at least one registered professional nurse on duty or call;
e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and

f) is not, except incidentally, a clinic, nursing home, rest home, drug or physical rehabilitation facility or convalescent home for the aged, or similar institution.

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

**Initial Deposit Date** means the date Your first Payment(s) or Deposit(s) for Your Trip is received by Your Travel Supplier.

**Insured** means the Eligible Person who elected to purchase coverage and whose premium was paid under the Policy.

**Interscholastic Sports** means any athletic contest or competition between accredited educational institutions if the participants are sponsored by the educational institution and are under the direct and immediate supervision of an employee of the educational institution. Interscholastic Sports includes the practice or training for the competition and the travel to or from such practice or competition in a vehicle designated by the educational institution, both while under the direct and immediate supervision of an employee of the educational institution. Interscholastic Sports do not include Adventure Sports, Bodily Contact Sports, Extreme Sports, Intramural Sports, Recreational Sports, club sports or Mountaineering.

**Intramural Sports** means competitive recreational sports organized within a school where matches or games are conducted between students of the same school (as opposed to teams who compete with other schools). Activities for Intramural Sports participants are not considered Interscholastic Sports.

**Loss** means Bodily Injury, Sickness or damage sustained by You, while coverage is in effect, in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

**Maximum Benefit** means the largest total amount that the Company will pay under any one benefit for You, as shown on the Schedule of Benefits and subject to any applicable sub-limits for certain types of activities.

**Mountaineering** means the sport, hobby or profession of walking, hiking, climbing and Rock Climbing up mountains that requires the use of ropes, harnesses, crampons or ice axes, and involves ascending beyond an altitude of four thousand five hundred (4,500) meters.

**Natural Disaster** means earthquake, flood, fire, hurricane, blizzard, avalanche, tornado, tsunami, volcanic eruption, or landslide that is due to natural causes and includes an event that is directly due to naturally occurring wildfire, earthquake, windborne dust or sand, volcanic eruption, tsunami, snow, rain or wind, that results in widespread and severe damage such that either the government of the country where the Natural Disaster occurs issues an official disaster declaration or the U.S. Government issues advice to leave the country where the Natural Disaster occurs. Natural Disaster does not include the direct or indirect effect of rain, wind or water associated with named storms meeting the definition of hurricane or typhoon, except in instances where:
1. the path of the named storm deviates by a distance of greater than two hundred (200) miles within a seventy-two (72) hour period from the path forecast by a national recognized meteorological service; or
2. less than seventy-two (72) hours advanced notice of a potential landfall for a named storm exists.
In no event, shall a Natural Disaster be deemed to apply to a marine vessel, ship or watercraft of any kind.

**Necessary Treatment** means medical services and/or supplies recommended by the treating Physician that must be performed during the Trip due to the serious and acute nature of the Sickness or Accidental Injury.

**Original Airfare** means airfare booked independently of Your Travel Supplier but for the purpose of adjoining Your Your Travel Supplier arrangements.

**Organized Sports** means Intramural Sports or Recreational Sports.

**Other Insurance** means any and every type of insurance covering the same or similar risk/loss as covered under this Policy. Coverage under this Policy shall be secondary to coverage under all Other Insurance except where prohibited by law.

**Pandemic Situation** means a global disease outbreak in the area You are traveling in, as confirmed by the Centers for Disease Control and Prevention (CDC) and, in the opinion of either the recognized government of Your Home Country or Your Host Country, is cause for Your immediate evacuation.

**Parachuting** means an activity involving the breaking of a free fall from an airplane using a parachute.

**Payments or Deposits** means the cash, check, or credit card amounts actually paid for Your Trip. Payments made in the form of a certificate, voucher not purchased by cash, grant or discount are not Payments or Deposits as defined herein.

**Personal Computer** means a small, general purpose electronic device for storing and processing data that is created to be utilized by one individual at a time and can perform multiple functions. The size and capabilities of the computer allow it to be operated for personal purposes. Personal Computers shall include desktop computers and laptop computers. Personal Computers shall also include:

tablets
Personal Digital Assistant (PDA)
handheld devices and smartphones
e-readers

**Personal Effects** means Your or Your Traveling Companion's privately-owned articles including clothing and toiletry items brought by You or Your Traveling Companion for planned use on Your Trip.

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

**Policy** means this document, and any endorsements, riders or amendments that will attach during the period of coverage.

**Pre-Existing Condition** means
an illness, disease, or other condition during the one-hundred eighty (180) day period immediately prior to the Effective Date for which You, or Your Traveling Companion, or a Family Member booked to travel with You:

1) exhibited symptoms that would have caused a typical person to seek care or treatment; or
2) received or received a recommendation for a test, examination, or medical treatment; or
3) took or received a prescription for drugs or medicine. Item (3) of this definition does not apply to a condition that is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the one-hundred eighty (180) day period before the Effective Date.

**Quarantine** means Your strict isolation imposed by a Government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

**Reasonable Expenses** means any meal, lodging, local transportation and essential phone call expense that were necessarily incurred as the result of a covered event, and that were not provided free of charge or otherwise reimbursed by a Common Carrier, Travel Supplier or other party.

**Recreational Sports** mean those activities where the primary purpose of the activity is participation, with the related goals of improved physical fitness, fun, and social involvement. Recreational sports are usually perceived as being less stressful, both physically and mentally, on the participants. There are lower expectations regarding both performance and commitment to the sport in the recreational sphere as compared to competitive sports. Recreational Sports do not include Adventure Sports, Bodily Contact Sports, Extreme Sports, Interscholastic Sports, Intramural Sports or Mountaineering.

**Rock Climbing** means the activity of climbing up, down or across artificial rock walls or natural rock formations under the supervision of a guide and utilizing approved safety equipment.

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

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

**Sickness** means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences, worsens or presents new symptoms while Your coverage is in effect.

**Ski** or **Skiing** means winter recreation of snow skiing, snowboarding, or telemarking on Trail systems as accessed by a pre-paid use ticket for lifts and/or use or admission, but does not include cross country skiing, back country skiing, heli- skiing, extreme skiing, snowcat skiing, ski-jumping, off-piste skiing, tubing, luging, half-pipes, terrain parks, or other snow play activities either on or off Trails.

**Strike** means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

**Time Sensitive Period** means within fourteen (14) days of Your Initial Deposit Date.

**Trails** means named skier paths as designated for downhill travel as shown on a resort trail map using the international difficulty rating Trails does not include connecting paths or cross-overs between downhill trails, trails that are outside the established marked and patrolled boundaries of a Ski resort, or areas designated as unsafe or closed by ski resort management for avalanche control work.

**Travel Arrangements** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the Trip. Air arrangements covered by this definition also include any direct round trip air flights booked by others, to and from the scheduled Trip departure and return cities, provided the dates of travel for the air flights are within seven (7) total days of the scheduled Trip dates.

**Travel Assistance Company** means the service provider listed on Your purchase confirmation.

**Travel Supplier** means a Cruise line, airline, hotel, etc., who has made the land, air and/or sea arrangements.

**Traveling Companion** means a person who has coordinated Travel Arrangements or vacation plans with You and intends to travel with You during the Trip. Note, a group or tour leader is not considered Your Traveling Companion unless You are sharing room accommodation with the group or tour leader.

**Trip** means scheduled travel with a defined itinerary away from Your Home for which coverage is purchased under this Policy and premium is paid.

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

**Uninhabitable** means that, as determined by a qualified examiner selected by the Company in its sole discretion:

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 to the building allowing elemental intrusion, such as rain, wind, hail or flood;
3. immediate safety hazards affecting the building have yet to be cleared, such as debris on roofs or downed electrical lines; or
4. the building is without electricity or water and/or is not suitable for human occupancy.

**You** or **Your** refers to the Insured.

## GENERAL PROVISIONS

The following provisions apply to all coverages:

**LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives Proof of Loss. No legal action for a claim can be brought against the Company more than three (3) 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.

**GOVERNING JURISDICTION** – The insurance regulatory agency and courts of the jurisdiction in which You reside shall have jurisdiction over the individual coverage as if such coverage or plan were issued directly to You.

**MISREPRESENTATION AND FRAUD** – This Policy was issued in reliance on the information You provided at the time of application. The Company may deny all coverage under this Policy, or, at the Company's election, assert any other remedy available under

applicable law, if You and/or Your Traveling Companion seeking coverage under this Policy knowingly concealed, misrepresented or omitted any material fact or engaged in fraudulent conduct at the time of application, at any time during the Policy period, or in connection with the filing or settlement of any claim.

**DUTY OF COOPERATION** - You agree to fully cooperate with the Company in the event the Company determines that an investigation is warranted regarding any claim for coverage under this Policy. You agree to comply with all requests by the Company to provide information and/or documentation related to any claim under this Policy. You agree to cooperate with the Company in the investigation and assessment of any loss and/or circumstances giving rise to a loss under this Policy.

**SUBROGATION** - To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

**ASSIGNMENT -** This Policy and all coverages provided are not assignable, whether by operation of law or otherwise, but benefits may be assigned.

**WHEN YOUR COVERAGE BEGINS** - Provided:

a) coverage has been elected
b) the required premium has been paid

All coverage except Trip Cancellation will begin on the Scheduled Departure Date, or the actual departure date if change is required by a Common Carrier, when You depart for the first Travel Arrangement or alternate travel arrangement if You must use an alternate travel arrangement to reach Your Trip destination for Your Trip. Coverage will not begin before the Effective Date shown on Your purchase confirmation.

Trip Cancellation coverage will begin on Your Effective Date. No coverage can be purchased after a person departs on a trip.

**WHEN YOUR COVERAGE ENDS**

Trip Cancellation coverage will end on the earlier of: (a) the scheduled departure time on the Scheduled Departure Date of Your Trip; (b) the date and time You depart on Your Trip; or (c) the date and time You cancel Your Trip.

All Other Coverages will end the earliest of the following:

a) the Scheduled Return Date as stated on the travel tickets;
b) the date and time You return to Your origination point if prior to the Scheduled Return Date;
c) the date and time You deviate from, leave or change the original Trip itinerary (unless due to Unforeseen and unavoidable
d) if You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return
e) the time You reach the destination of Your one-way Trip;
f) the Return Date as stated on Your purchase confirmation.

**EXTENDED COVERAGE -** Coverage will be extended under the following conditions, should they occur during the journey to the return destination or to a different destination:

a) When You commence air travel from Your origination point: (i) within two(2) days before the commencement of the Travel Arrangements, coverage shall apply from the time of departure from the origination point; or (ii) greater than two(2) days before the commencement of the Travel Arrangements, the extension of coverage shall be provided only during Your air travel.
b) If You return to Your origination point: (i) within two (2) days after the completion of the Travel Arrangements, coverage shall apply until the time of return to the origination point; or (ii) greater than two (2) days after the completion of the Travel Arrangements, the extension of coverage shall be provided only during Your air travel.
c) If: (a) Your entire Trip is covered by the Policy; and (b) Your return is delayed by an event specified under Trip Cancellation, Trip Interruption, and Trip Delay. This extension of coverage will end on the earlier of: (a) the date You reach Your return destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

**OPTIONAL EXTENDED COVERAGE -** If, while traveling on Your Trip, You decide, after departure, to extend such Trip beyond Your Scheduled Return Date, You may obtain an extension of coverage, subject to the Company's approval, by contacting the Company before Your coverage is scheduled to end. The Company will extend Your coverage under this Policy from Your Scheduled Return

Date, as long as:

1. You have not experienced an Accidental Injury or Sickness, or have not had medical treatment during Your Trip;
2. coverage under this Policy is in force at the time You request an extension;
3. You pay any additional required premium for such extension; and
4. Your entire Trip length does not exceed one hundred eighty (180) days.
5. Failure to make medical information known will render this coverage extension null and void.

In no event will coverage be extended for unscheduled extensions to Your Trip for which premium has not been paid in advance.

**The following provisions apply to all benefits except Baggage/Personal Effects and Baggage Delay:**

**PAYMENT OF CLAIMS** - The Company, or its designated representative, will pay a claim after receipt of acceptable Proof of Loss.

Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not designated by You at the time of purchase, 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 You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian or other qualified representative.

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

Any payment made in good faith will discharge the Company'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 Company reimburse You for an amount greater than the amount paid by You.

All benefits payable under this Policy shall be reduced by the amount of any credit, voucher or refund provided by any Common Carrier, Travel Supplier or any other third party.

**NOTICE OF CLAIM** - Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within seven (7) days after a covered Loss first begins. Notice should include Your name and the Plan number. Notice should be sent to the Company's administrative office, or to the Company's designated representative.

**PROOF OF LOSS** - You must send the Company, or its designated representative, Proof of Loss within ninety (90) days after a covered Loss occurs. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not possible to give proof within such time, provided such proof is furnished and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. Where possible and/or required by this Policy, independent validation of Proof of Loss must be proved to the Company within the foregoing time periods.

**PHYSICAL EXAMINATION AND AUTOPSY** - The Company, or its designated representative, at its own expense, have the right to have You examined as often as necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

**EXAMINATION UNDER OATH** – The Company, or its designated representative, at its own expense, have the right to have You and/or Your Traveling Companion questioned under oath as often as necessary while a claim is pending.

**TIME OF PAYMENT OF CLAIMS -** Benefits payable under this Policy for any Loss other than Loss for which this Policy provides any periodic payment will be paid upon receipt of due written Proof of Loss in accordance with state requirements. 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.

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

**NOTICE OF LOSS** - If Your property covered under this Policy is lost, stolen or damaged, You must:

a) notify the Company, 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, Travel Supplier, property manager or bailee who is or may be liable for the Loss or damage and provide a copy of such notification to the Company;
d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours and provide a copy of such report to the Company; and
d) complete all steps required by local police or authorities to pursue investigation of the claim in the case of robbery or theft.

**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 Company and the Company has determined the claim is covered. Property will be considered lost if it has not been recovered within thirty (30) days of the event. You must present acceptable Proof of Loss and the value involved to the Company.

**DISAGREEMENT OVER SIZE OF LOSS:** If there is a disagreement about the amount of the Loss, either You or the Company can make a written demand for an appraisal. After the demand, You and the Company 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 two (2) of the three (3) (the appraisers and the arbitrator) will be binding. The appraiser selected by You will be paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process.

## SCOPE OF COVERAGE

Coverages are payable under this Policy for covered losses and expenses incurred by You up to the maximum stated in the Schedule of Benefits, subject to the terms and conditions of this Policy and the following:

1. Coverage is available to You on a Trip when traveling for the purpose of leisure, business, or education;
2. Coverage is available to You when Your Trip is:
a) Worldwide

3. Coverage is not available to You:
a) once Your Trip exceeds ninety (90) days in length;
b) if You are traveling against the advice of Your primary Physician;
c) if the purpose of Your Trip is to seek medical treatment;
d) if You are medically unable to travel at the time You book Your Travel Arrangements:
e) if You are unable to travel, are limited from travel, are medically restricted from travel, or are experiencing and/or are under treatment for any illness or injury that limits or restricts Your ability to travel on the date of purchase of coverage or at the time You book Your Travel Arrangements.

## COVERAGES

No Coverage is intended to duplicate or overlap any other Coverage or benefit provided under this Policy. Should there be an inadvertent duplication of benefit or coverage, the Company will only provide payable benefits under the Coverage with the highest Maximum Benefit or largest scope of coverage subject to any applicable sub-limits.

## TRAVEL PROTECTION

## TRIP CANCELLATION

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits subject to any applicable sub-limits, if You cancel Your Trip for any of the following reasons that are Unforeseen and takes place after Your Effective Date:

1. Your Sickness, Accidental Injury or death, that results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your participation in the Trip. A Physician must advise to cancel the Trip on or before the Scheduled Departure Date.
2. Sickness, Accidental Injury or death of a Family Member or Traveling Companion booked to travel with You, that results in medically imposed restrictions as certified by a Physician that causes Your Trip to be cancelled.
3. Sickness, Accidental Injury or death of a non-traveling Family Member.
4. The death or Hospitalization of Your Host at Destination.
5. After three (3) years of continuous employment at the same company, You or Your Traveling Companion are terminated or laid-off, from full time employment by that company through no fault of Your or their own within thirty (30) days of the date of Your Trip.
6. You or Your Traveling Companion have a previously approved military leave revoked or experience a military re- assignment.
7. You, Your Traveling Companion, who are military personnel or first responder, are called to emergency duty to provide aid or relief in the event of a Natural Disaster (this does not include war).
8. Weather at the departure site that causes complete cessation of services for at least twenty-four (24) consecutive hours of the Common Carrier with whom You are scheduled to travel and prevents You from reaching Your destination. This benefit will not apply if the Natural Disaster has been forecasted or a storm has been named prior to purchase of this Policy.
9. Natural Disaster at the site of Your destination that renders Your destination accommodations Uninhabitable. This benefit will not apply if the Natural Disaster has been forecasted or a storm has been named prior to purchase of this Policy.
10. Your accommodations at Your destination made inaccessible due to fire, flood, volcano, earthquake, hurricane or other Natural Disaster. The Company will only pay benefits for losses occurring within fifteen (15) calendar days after the event renders the destination inaccessible. For the purpose of this coverage, inaccessible means Your accommodations can not be reached by Your original mode of transportation. In order to cancel Your trip, You must have four (4) days or fifty percent (50%) of Your total Trip length or less remaining at the time the destination is accessible. Benefits are not payable if the event occurs or if a storm is named prior to or on Your Effective Date
11. A Terrorist Incident that occurs in Your departure city or in a city listed on Your Trip itinerary and within thirty (30) days prior to Your Scheduled Departure Date. Benefits are not provided if the Travel Supplier offers a substitute itinerary. This does not include flight connections or other transportation arrangements to reach Your destination. Your Scheduled Departure Date must be no more than fifteen (15) months beyond Your Effective Date. A Terrorist Incident that occurs onboard an in-flight aircraft is not covered.
12. You or Your Traveling Companion are a victim of a felonious assault.
13. You or Your Traveling Companion's being hijacked, Quarantined, required to serve on a jury, or subpoenaed within ten (10) days of departure; having Your Home made Uninhabitable by Natural Disaster; burglary of Your Home within ten (10) days of departure.
14. You or Your Traveling Companion being directly involved in a traffic accident (substantiated by a police report provided by You to the Company) while en route to departure.
15. Bankruptcy or Default of an airline or cruise line or Travel Supplier or other travel or camp or program provider (other than an organization or firm from whom You purchased Travel Arrangements supplied by others) causing a complete cessation of travel services provided the Bankruptcy or Default occurs more than fourteen (14) days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. This benefit only applies if Your Scheduled Departure Date is no more than fifteen (15) months beyond Your Effective Date and Your payment for this Policy is received within and prior to Final Payment and You have insured the full cost of Your Trip.
16. Mechanical breakdown of Your Common Carrier's aircraft on which You or Your Traveling Companion are scheduled to travel for at least twenty-four (24) consecutive hours.
17. Strike that causes complete cessation of services of the Common Carrier with whom You or Your Traveling Companion are scheduled to travel for at least twenty-four (24) consecutive hours.

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for the following:

a) pre-paid, forfeited, non-refundable Payments or Deposits You paid for Your Travel Arrangements;

In no event shall the amount reimbursed exceed the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits.

**SPECIAL CONDITIONS:**

You must advise the Company or its authorized representative as soon as possible in the event of a claim.

## TRIP INTERRUPTION

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if You interrupt Your Trip after Your departure or if You join Your Trip after Your Scheduled Departure Date due to any of the following Unforeseen reasons that occur while this coverage is in effect for You:

1. Your Sickness, Accidental Injury or death, that 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 to cancel the Trip on or before the Scheduled Return Date.
2. Sickness, Accidental Injury or death of a Family Member or Traveling Companion booked to travel with You that
   a.) occurs while You are on Your Trip;
   b.) requires Necessary Treatment at the time of interruption; and
   c.) as certified by a Physician, results in medically imposed restrictions as to prevent that person's continued participation on the Trip.
3. Sickness, Accidental Injury or death of a non-traveling Family Member.
4. The death or Hospitalization of Your Host at Destination during Your trip.
5. After three (3) years of continuous employment at the same company, You or Your Traveling Companion are terminated or laid-off during Your Trip, from full time employment by that company through no fault of Your or their own.
6. You or Your Traveling Companion have a previously approved military leave revoked or experience a military re- assignment.
7. You, Your Traveling Companion or, who are military personnel or first responders, and are called to emergency duty to provide aid or relief in the event of a Natural Disaster (this does not include war).
8. Weather at the departure site that causes complete cessation of services for at least twenty-four (24) consecutive hours of the Common Carrier on which You or Your Traveling Companion are scheduled to travel and prevents You or Your Traveling Companion from reaching Your destination. This benefit will not apply if the Natural Disaster has been forecasted or a storm has been named prior to purchase of this coverage.
9. Natural Disaster at the site of Your destination that renders Your destination accommodations Uninhabitable.
10. Your accommodations at Your destination made inaccessible due to fire, flood, volcano, earthquake, hurricane or other Natural Disaster. The Company will only pay benefits for losses occurring within fifteen (15) calendar days after the event renders the destination inaccessible. For the purpose of this coverage, inaccessible means Your accommodations can not be reached by Your original mode of transportation. In order to receive benefits under this coverage to remain Home or to return Home when the destination is accessible, You must have four (4) days or fifty percent (50%) of Your total Trip length or less remaining at the time the destination is accessible. Benefits are not payable if the event occurs or if a storm is named
11. A Terrorist Incident that occurs in Your departure city or in a city listed on Your Trip itinerary during Your Trip. This same city must not have experienced a Terrorist Incident within the thirty (30) days prior to the Effective Date. Benefits are not provided if the Travel Supplier offers a substitute itinerary. This does not include flight connections or other transportation arrangements to reach Your destination. Your Scheduled Departure Date must be no more than fifteen (15) months beyond Your Effective Date. A Terrorist Incident that occurs onboard an in-flight aircraft is not covered.
12. You or Your Traveling Companion are a victim of a felonious assault.
13. You or Your Traveling Companion being hijacked, Quarantined, required to serve on a jury or subpoenaed during the Trip; having Your Home made Uninhabitable by Natural Disaster; burglary of Your principal place of residence during the Trip.
14. You or Your Traveling Companion being directly involved in a traffic Accident while en route to departure (substantiated by a police report provided by You to the Company).
15. Bankruptcy or Default of an airline or cruise line or Travel Supplier or other travel or camp or program provider (other than an organization or firm from whom You purchased Travel Arrangements supplied by others) causing a complete cessation of travel services provided the Bankruptcy or Default occurs more than fourteen (14) days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. This benefit only applies if Your Scheduled Departure Date is no more than fifteen (15) months beyond Your Effective Date and Your payment for this Policy is received within and prior to Final Payment and You have insured the full cost of Your Trip.
16. Mechanical breakdown of the Common Carrier's aircraft on which You or Your Traveling Companion are scheduled to travel for at least twenty-four (24) consecutive hours.
17. Strike that causes complete cessation of services of the Common Carrier with whom You or Your Traveling Companion are scheduled to travel for at least twenty-four (24) consecutive hours.

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for the following:

a) unused portion of the pre- paid, forfeited, non-refundable Payments or Deposits You paid for Your Travel Arrangements provided the premium paid is received by the Company (or its authorized representative) and You insure all pre-paid Trip costs;
b) the airfare paid less the value of applied credit from an unused travel ticket, to return home, join or rejoin the original Travel Arrangements limited to the cost of one-way economy airfare or similar quality as originally issued ticket by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets. In no event will the Company reimburse You for the cash value of Your airline ticket(s) purchased with frequent flier miles;

In no event shall the amount reimbursed exceed the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits

**SPECIAL CONDITIONS:**

You must advise the Company or its authorized representative as soon as possible in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had You notified the Company, its authorized representative and Your Travel Supplier as soon as reasonable possible.

## MISSED CONNECTIONS

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, if You miss Your Cruise or tour departure , scheduled during Your Trip, that results from the cancellation or a delay for between three(3) and twelve(12) hours of all regularly scheduled airline flights due to the following events:

a) Documented weather condition preventing You from getting to the point of departure for Your Trip;

Benefits are provided for:

a) additional transportation expenses needed for You to join Your Trip;
b) Reasonable Expenses up to the Maximum Benefit per day shown on the Schedule of Benefits;
c) pre-paid nonrefundable Payments or Deposits for the unused portion of Your Trip.

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 departures but cancel their Cruise or tour due to Inclement Weather.

## TRIP DELAY

The Company will reimburse You for Covered Trip Delay Expenses, up to the Maximum Benefit shown on the Schedule of Benefits, if You are delayed, while coverage is in effect, en route to or from the Trip for six (6) or more hours due to a defined Hazard.

Covered Trip Delay Expenses:

a) Any pre-paid, unused, non-refundable land and water accommodations;
b) Any Reasonable Expenses incurred;
c) An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip;
d) A one-way Economy Fare to return You to Your originally scheduled return destination;

## OPTIONAL RENTAL CAR DAMAGE

If You purchase this optional benefit, the following coverage is available to You. 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 Company will reimburse the lesser of:

a) The cost of repairs and rental charges imposed by the rental company while the car is being repaired;
b) The Actual Cash Value of the car;
c) The Maximum Benefit shown on the Schedule of Benefits.

An Insured must be a licensed driver and listed on the rental car agreement in order for coverage to apply. You have the following duties in the event of Loss due to Rental Car Damage:

1. You must take all possible 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 Company all documentation such as the rental agreement, police report and damage estimate.

## BAGGAGE PROTECTION

### BAGGAGE/PERSONAL EFFECTS

This coverage is subject to any coverage provided by a Common Carrier and all Other Insurance and shall apply only when such other benefits are exhausted. In order for a claim to be processed under this Coverage, a loss or theft report must be filed with local law enforcement authorities, the Common Carrier, Travel Supplier, tour leader or with a representative of the venue or location where the loss or theft took place.

PERSONAL EFFECTS AND PROPERTY
The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if You sustain Loss, theft or damage to baggage and Personal Effects during the Trip, provided You have taken all measures possible to protect, save and/or recover the property at all times. The baggage and Personal Effects must be owned by and accompany You during the Trip. There will be a Deductible per occurrence as shown on the Schedule of Benefits.

The Company will pay the lesser of the following:
a) Actual Cash Value at time of Loss, theft or damage to baggage and Personal Effects; or
b) the cost of repair or replacement in like kind and quality. There will be a per article limit as shown on the Schedule of Benefits.

EXTENSION OF COVERAGE
If You have checked property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers Your property or declares such property lost, whichever is occurs first.

### BAGGAGE DELAY

The Company will reimburse You for the expense to replace Your necessary Personal Effects in Your Checked Baggage, up to the Maximum Benefit shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours, while on a Trip except for travel to final destination or Home.

You must be a ticketed passenger on a Common Carrier.

All claims must be verified by the Common Carrier who must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

### EXCLUSIONS

**The following exclusions apply to: Trip Cancellation, Trip Interruption, Missed Connection, Trip Delay:**

Loss caused by or resulting from:
1. Pre-Existing Conditions, as defined in the Definitions section;
2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane unless the loss results in the death of a non-traveling Family Member;
3. intentionally self-inflicted injuries;
4. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war. This exclusion does not apply if You are an innocent bystander to these events;
5. participation in any military maneuver or training exercise, or any Loss starting while You are in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the armed forces. Upon notice to the Company of entering the armed forces, the Company will return to You pro- rata any premium paid, less any benefits paid, for any period during which You are in such service;

6. piloting or learning to pilot or acting as a member of the crew of any aircraft;
7. mental or emotional disorders, unless Hospitalized;
8. participation as an athlete in professional sports;
9. being under the influence of drugs or intoxicants, unless prescribed and used in accordance with the instructions provided by a Physician unless results in the death of a non-traveling Family Member;
10. intentional commission of or the attempt to commit any dishonest or fraudulent act, or criminal activity (as defined in the jurisdiction where the loss occurred);
11. Participation in Adventure Sports, Bodily Contact Sports, Extreme Sports, Interscholastic Sports, Intramural Sports, or Mountaineering;
12. dental treatment except as a result of an injury to Sound Natural Teeth except as explicitly offered under and Emergency Accident and Sickness Medical Expense;
13. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
14. pregnancy and childbirth (except for Complications of Pregnancy) except if Hospitalized;
15. curtailment or delayed return for other than covered reasons;
16. traveling for the purpose of securing medical treatment;
17. services not shown as covered;
18. directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
19. confinement or treatment in a government Hospital; however, the United States government may recover or collect benefits under certain conditions;
20. services and/or supplies that do not meet the definition of Necessary Treatment;
21. care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
22. care or treatment that is payable under any Other Insurance policy;
23. Accidental Injury or Sickness when traveling against the advice of a Physician;
24. cosmetic surgery or reconstructive surgery;
25. canyoning or canyoneering (traveling in canyons using a variety of techniques that may include walking, scrambling, climbing, jumping, abseiling and/or swimming);
26. a Loss that results from an illness, disease, or other condition, event or circumstance that occurs at a time when Your coverage is not in effect;

**The following exclusions apply to: Baggage/Personal Effects, and Baggage Delay**

The Company will not provide benefits for any Loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft and drones;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishing;
10. antiques and collectors' items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. artificial limbs and other prosthetic devices;
15. prescribed medications;
16. keys, cash, stamps, securities and documents;
17. Tickets;
18. credit cards (except for benefits offered under Baggage/Personal Effects);
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. Personal Computers; cell phones; Personal Computer hardware or software;
21. sporting equipment if loss or damage results from the use thereof;
22. musical instruments;
23. retainers and orthodontic devices.

**Any Loss caused by or resulting from the following is excluded:**

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war or any act of war whether declared or not;
7. theft or pilferage while left unattended in any vehicle;
8. mysterious disappearance;
9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Departure Date.

**The following exclusions apply to Optional Rental Car Damage:**

1. Any obligation You assume under any agreement (except insurance collision Deductible);
2. Rentals of trucks, campers, trailers, off-road or four-wheel drive vehicles, motor bikes, motorcycles, recreational vehicles or Exotic Vehicles;
3. Any Loss that 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.

**AMENDATORY ENDORSEMENTS**

These Amendatory Endorsements are attached to and made a part of the certificate to which it is attached. The provisions of these Amendatory Endorsements are effective on the Effective Date and will expire concurrently with the certificate, unless **otherwise terminated.**

## California

Page 1 is revised to include:

**THIS PLAN INCLUDES AN EXCESS INSURANCE LIMITATION PROVISION.**

Under the section entitled **GENERAL DEFINITIONS,** the definition of **Accidental Injury** is replaced with the following:

**Accidental Injury** means Bodily Injury caused by an Accident resulting directly from loss covered under this Policy and sustained while this Policy is in force. The Injury must not be caused by or resulting from Your Sickness. The injury must be verified by a Physician in a format acceptable to the Company.

Under the section entitled **GENERAL DEFINITIONS,** the definition of **Domestic Partner** is replaced with the following:

**Domestic Partner** means a person recognized as a Domestic Partner by the laws of the state in which You reside.

Under the section entitled **GENERAL DEFINITIONS,** the definition of **Pre-Existing Condition** is replaced with the following:

**Pre-Existing Condition** means
a condition for which medical advice, diagnosis, care, or treatment was recommended or received during the one-hundred eighty (180) day period immediately prior to the Effective Date for which You, or Your Traveling Companion, or a Family Member booked to travel with You.

Under the section entitled **GENERAL DEFINITIONS,** the definition of **Sickness** is replaced with the following:

**Sickness** means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences, worsens or presents new symptoms while Your coverage is in effect. Sickness also includes complications of pregnancy.

Under the section entitled **GENERAL PROVISIONS,** the **SUBROGATION** provision is deleted.

Under the section entitled **GENERAL PROVISIONS**, the **NOTICE OF CLAIM** provision is replaced with the following:

**NOTICE OF CLAIM** - Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins. Notice should include Your name and the Plan number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of the Policy, or to the Company's designated representative.

Under the section entitled **GENERAL PROVISIONS,** the following **ENTIRE CONTRACT; CHANGES** provision is added:

**ENTIRE CONTRACT; CHANGES:** This Policy, including endorsements and attached papers, if any, constitutes the entire contract of insurance. A change in this Policy is not valid unless the change is approved by one of the Company's executive officers and unless the approval is endorsed on or attached to the Policy. An agent does not have the authority to change this Policy or to waive any of its provisions.

*TRI-WIC-PC-CA-0105 (07-23)*

Wesco Insurance Company
An AmTrust Financial Company
59 Maiden Lane, 43rd Floor, New York, NY 10038
866-505-4048

# PATHWAY ESSENTIAL

## SCHEDULE OF BENEFITS

Any sub-limit values listed below a Maximum Benefit are included in the Maximum Benefit Amount, and any amounts paid under a sub-limit will reduce the Maximum Benefit amount available under each Coverage.

| COVERAGES | MAXIMUM BENEFIT PER PERSON PER TRIP |
|---|---|
| **Medical Protection** | |
| Emergency Accident and Sickness Medical Expense | |
| Maximum Benefit | $25,000 |
| Deductible | $100 |
| Dental Expenses | $250 |
| Optional Adventure Sports | $5,000 |
| Optional Extreme Sports | $5,000 |
| Emergency Evacuation | |
| Maximum Benefit | $250,000 |
| Hospital Companion | $0 |
| Repatriation of Remains | |
| Maximum Benefit | $250,000 |
| **Travel Accident Protection** | |
| Optional Accidental Death & Dismemberment | |
| Principal Sum | $10,000 |

Wesco Insurance Company
An AmTrust Financial Company
59 Maiden Lane, 43rd Floor, New York, NY 10038
866-505-4048

This Policy of insurance describes all of the travel insurance benefits, underwritten by Wesco Insurance Company (herein referred to as the Company). The insurance benefits vary from program to program. Please refer to the accompanying purchase confirmation and Schedule of Benefits for specific information about the program You purchased. Please contact Trawick International immediately if You believe that any of the information provided is incorrect.

This Policy of insurance is issued in consideration of application and payment of any premium due. All statements in the application are representations and not warranties. Only statements contained in a written application format will be used to void insurance, reduce benefits or defend a claim.

All premium is refundable only during the fourteen (14) day review period from the date of purchase (or from the date of receipt if mailed) provided You have not already departed on Your Trip and You have not incurred any claimable losses during that time. If You depart on Your Trip prior to the expiration of the review period, the review period shall automatically end upon Your departure.

Eligibility Restrictions: (also see other eligibility restrictions contained in the LIMITATIONS AND EXCLUSIONS section of this Policy).

You are not eligible to purchase coverage or receive benefits under this Policy if You have other insurance coverage for the loss(es) for which this Policy is intended to insurance against. Multiple recovers for the same loss covered by other insurance coverage is not available under this Policy.

NO DIVIDENDS WILL BE PAYABLE UNDER THIS POLICY.

The President and Secretary of Wesco Insurance Company witness this Policy.



Secretary



President

Licensed Resident Agent (where required by law)

## TRAVEL PROTECTION POLICY

**NOTICE OF SPORTS COVERAGE**

**OPTIONAL ADVENTURE SPORTS BENEFITS**

If You purchase this optional benefit, and if You suffer a Loss due to an Accidental Injury while practicing, training for, or participating in Adventure Sports as defined, such activities will not be excluded under LIMITATIONS AND EXCLUSIONS, and You have access to benefits outlined in this Policy up to the Maximum Benefit subject to any applicable sub-limit shown on the Schedule of Benefits for Adventure Sports.

**OPTIONAL EXTREME SPORTS BENEFITS**

If You purchase this optional benefit, and if You suffer a Loss due to an Accidental Injury while practicing, training for, or participating in Extreme Sports as defined, such activities will not be excluded under LIMITATIONS AND EXCLUSIONS, and You have access to benefits outlined in this Policy up to the Maximum Benefit subject to any applicable sub-limit shown on the Schedule of Benefits for Extreme Sports.

## Table of Contents

**GENERAL DEFINITIONS**
**GENERAL PROVISIONS**
**SCOPE OF COVERAGE**
**COVERAGES**
**MEDICAL PROTECTION**
EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE
EMERGENCY EVACUATION
REPATRIATION OF REMAINS
**TRAVEL ACCIDENT PROTECTION**
OPTIONAL ACCIDENT DEATH & DISMEMBERMENT
**EXCLUSIONS**

## GENERAL DEFINITIONS

Throughout this document, when capitalized, certain words and phrases are defined as follows:

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

**Accidental Injury** means Bodily Injury caused by an Accident resulting from loss covered under this Policy~~,~~ and sustained while this Policy is in force. The Injury must not be caused by or resulting from Your Sickness. The injury must be verified by a Physician in a format acceptable to the Company.

**Acute Onset of a Pre-Existing Condition** means a sudden and unexpected outbreak or recurrence of a Pre-Existing Condition(s) which occurs spontaneously and without advance warning in the form of physical manifestations or symptoms, is of short duration, is rapidly progressive, and requires urgent care. Acute Onset of a Pre-Existing Condition does not include known, scheduled, required or expected medical care, drugs or treatments existent or necessary prior to the Scheduled Departure Date, or any sudden and unexpected outbreak or recurrence of a Pre-Existing Condition(s) which occurs prior to the Scheduled Departure Date.

**Actual Cash Value** means the lesser of the replacement cost and the purchase price less Depreciation.

**Adventure Sports** means non-professional sports activities that are generally performed for recreation and leisure, which are not performed as part of an organized team and which are not a Bodily Contact Sport, Extreme Sport, Interscholastic Sport, Organized Sport or Mountaineering. Adventure Sports are limited to: scuba diving for certified divers up to a maximum depth of sixty (60) feet and for uncertified divers up to a maximum depth of thirty (30) feet, snorkeling, white or black water rafting Grades 1-3, zip-lining, water skiing, sailing, boating, downhill Skiing, snowboarding, snowmobiling, sledding or tobogganing, resort-sponsored activities, and approved activities of the Travel Supplier.

**Bodily Contact Sports** means any organized team sport in which players or participants may have direct physical contact with an opponent. Bodily Contact Sports but are limited to: football, soccer, baseball, wrestling, ice hockey, rugby and lacrosse. Bodily Contact Sports do not include Adventure Sports, Extreme Sports, Interscholastic Sports, Organized Sports or Mountaineering.

**Bodily Injury** means identifiable physical injury that is caused by an Accident.

**Common Carrier** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire. Taxis, limousines, and ride share services are not Common Carriers as defined herein.

**Company means Wesco Insurance Company**

**Cruise** means any pre-paid sea arrangements made by You.

**Deductible** means the amount of expenses for covered services that must be incurred by You before specified benefits become payable.

**Domestic Partner** means a person recognized as a Domestic Partner by the laws of the state in which You reside.

**Effective Date** means 12:01 A.M. local time, at Your location, on the day the required premium for such coverage is received by the Company or its authorized representative.

**Eligible Person** means a resident of the United States who is listed on Your purchase confirmation, is scheduled to take a Trip, applies for coverage under the Policy, pays the required premium and satisfies all of the eligibility requirements contained in the LIMITATIONS AND EXCLUSIONS sections of this Policy.

**Extreme Sports** means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear. Extreme Sports are limited to: skydiving, BASE jumping, hang gliding, Parachuting, bungee jumping, caving, rappelling, spelunking, white or black water rafting above Grade 3, Skiing or snowboarding outside marked trails or in an area accessed by helicopter, Rock Climbing, any high-altitude activity, personal combat or fighting sports, rodeo, racing or practicing to race any motorized vehicle, bicycle or watercraft, free diving, and scuba diving at a depth greater than sixty (60) feet or without a dive master. Extreme Sports do not include Adventure Sports, Bodily Contact Sports, Interscholastic Sports, Organized Sports or Mountaineering.

**Family Member** means Your or Your Traveling Companion's legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, Business Partner, or Domestic Partner who reside in the United States, Canada or Mexico.

**Final Payment** means the last payment made to Your Travel Supplier that satisfies the total cost of the Trip (meaning You now have a zero ($0.00) balance due for all Trip arrangements).

**Home** means Your true, fixed and permanent place of residence and principal establishment, to which You have the intention of returning to at the end of Your Trip.

**Home Country** means the United States of America.

**Hospital** means a facility that:

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

**Initial Deposit Date** means the date Your first Payment(s) or Deposit(s) for Your Trip is received by Your Travel Supplier.

**Insured** means the Eligible Person who elected to purchase coverage and whose premium was paid under the Policy.

**Interscholastic Sports** means any athletic contest or competition between accredited educational institutions if the participants are sponsored by the educational institution and are under the direct and immediate supervision of an employee of the educational institution. Interscholastic Sports includes the practice or training for the competition and the travel to or from such practice or competition in a vehicle designated by the educational institution, both while under the direct and immediate supervision of an employee of the educational institution. Interscholastic Sports do not include Adventure Sports, Bodily Contact Sports, Extreme Sports, Intramural Sports, Recreational Sports, club sports or Mountaineering.

**Intramural Sports** means competitive recreational sports organized within a school where matches or games are conducted between students of the same school (as opposed to teams who compete with other schools). Activities for Intramural Sports participants are not considered Interscholastic Sports.

**Loss** means Bodily Injury, Sickness or damage sustained by You, while coverage is in effect, in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

**Maximum Benefit** means the largest total amount that the Company will pay under any one benefit for You, as shown on the Schedule of Benefits and subject to any applicable sub-limits for certain types of activities.

**Mountaineering** means the sport, hobby or profession of walking, hiking, climbing and Rock Climbing up mountains that requires

the use of ropes, harnesses, crampons or ice axes, and involves ascending beyond an altitude of four thousand five hundred (4,500) meters.

**Necessary Treatment** means medical services and/or supplies recommended by the treating Physician that must be performed during the Trip due to the serious and acute nature of the Sickness or Accidental Injury.

**Organized Sports** means Intramural Sports or Recreational Sports.

**Other Insurance** means any and every type of insurance covering the same or similar risk/loss as covered under this Policy. Coverage under this Policy shall be secondary to coverage under all Other Insurance except where prohibited by law.

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

**Policy** means this document, and any endorsements, riders or amendments that will attach during the period of coverage.

**Pre-Existing Condition** means
a condition for which medical advice, diagnosis, care, or treatment was recommended or received during the one-hundred eighty (180) day period immediately prior to the Effective Date for which You, or Your Traveling Companion, or a Family Member booked to travel with You:

**Reasonable Expenses** means any meal, lodging, local transportation and essential phone call expense that were necessarily incurred as the result of a covered event, and that were not provided free of charge or otherwise reimbursed by a Common Carrier, Travel Supplier or other party.

**Rock Climbing** means the activity of climbing up, down or across artificial rock walls or natural rock formations under the supervision of a guide and utilizing approved safety equipment.

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

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

**Sickness** means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences, worsens or presents new symptoms while Your coverage is in effect. Sickness also includes complications of

**Sound Natural Teeth** means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Policy, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

**Time Sensitive Period** means within fourteen (14) days of Your Initial Deposit Date.

**Trails** means named skier paths as designated for downhill travel as shown on a resort trail map using the international difficulty rating Trails does not include connecting paths or cross-overs between downhill trails, trails that are outside the established marked and patrolled boundaries of a Ski resort, or areas designated as unsafe or closed by ski resort management for avalanche control work.

**Travel Arrangements** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the Trip. Air arrangements covered by this definition also include any direct round trip air flights booked by others, to and from the scheduled Trip departure and return cities, provided the dates of travel for the air flights are within seven (7) total days of the scheduled Trip dates.

**Travel Supplier** means a Cruise line, airline, hotel, etc., who has made the land, air and/or sea arrangements.

**Traveling Companion** means a person who has coordinated Travel Arrangements or vacation plans with You and intends to travel with You during the Trip. Note, a group or tour leader is not considered Your Traveling Companion unless You are sharing room accommodation with the group or tour leader.

**Trip** means scheduled travel with a defined itinerary away from Your Home for which coverage is purchased under this Policy and premium is paid.

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

**You** or **Your** refers to the Insured.

## GENERAL PROVISIONS

The following provisions apply to all coverages:

**LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives Proof of Loss. No legal action for a claim can be brought against the Company more than three (3) 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.

**GOVERNING JURISDICTION** – The insurance regulatory agency and courts of the jurisdiction in which You reside shall have jurisdiction over the individual coverage as if such coverage or plan were issued directly to You.

**MISREPRESENTATION AND FRAUD** – This Policy was issued in reliance on the information You provided at the time of application. The Company may deny all coverage under this Policy, or, at the Company's election, assert any other remedy available under applicable law, if You and/or Your Traveling Companion seeking coverage under this Policy knowingly concealed, misrepresented or omitted any material fact or engaged in fraudulent conduct at the time of application, at any time during the Policy period, or in connection with the filing or settlement of any claim.

**DUTY OF COOPERATION** - You agree to fully cooperate with the Company in the event the Company determines that an investigation is warranted regarding any claim for coverage under this Policy. You agree to comply with all requests by the Company to provide information and/or documentation related to any claim under this Policy. You agree to cooperate with the Company in the investigation and assessment of any loss and/or circumstances giving rise to a loss under this Policy.

**ASSIGNMENT -** This Policy and all coverages provided are not assignable, whether by operation of law or otherwise, but benefits may be assigned.

**WHEN YOUR COVERAGE BEGINS** - Provided:

a) coverage has been elected
b) the required premium has been paid

All coverage will begin on the Scheduled Departure Date, or the actual departure date if change is required by a Common Carrier, when You depart for the first Travel Arrangement or alternate travel arrangement if You must use an alternate travel arrangement to reach Your Trip destination for Your Trip. Coverage will not begin before the Effective Date shown on Your purchase confirmation.

**WHEN YOUR COVERAGE ENDS**

All Other Coverages will end the earliest of the following:

a) the Scheduled Return Date as stated on the travel tickets;
b) the date and time You return to Your origination point if prior to the Scheduled Return Date;
c) the date and time You deviate from, leave or change the original Trip itinerary (unless due to Unforeseen and unavoidable
d) if You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return
e) the time You reach the destination of Your one-way Trip;

f) the Return Date as stated on Your purchase confirmation.

**EXTENDED COVERAGE -** Coverage will be extended under the following conditions, should they occur during the journey to the return destination or to a different destination:

a) When You commence air travel from Your origination point: (i) within two(2) days before the commencement of the Travel Arrangements, coverage shall apply from the time of departure from the origination point; or (ii) greater than two(2) days before the commencement of the Travel Arrangements, the extension of coverage shall be provided only during Your air travel.

b) If You return to Your origination point: (i) within two (2) days after the completion of the Travel Arrangements, coverage shall apply until the time of return to the origination point; or (ii) greater than two (2) days after the completion of the Travel Arrangements, the extension of coverage shall be provided only during Your air travel.

c) If: (a) Your entire Trip is covered by the Policy; and (b) Your return is delayed by an event specified under Trip Cancellation, Trip Interruption, and Trip Delay. This extension of coverage will end on the earlier of: (a) the date You reach Your return destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

**OPTIONAL EXTENDED COVERAGE -** If, while traveling on Your Trip, You decide, after departure, to extend such Trip beyond Your Scheduled Return Date, You may obtain an extension of coverage, subject to the Company's approval, by contacting the Company before Your coverage is scheduled to end. The Company will extend Your coverage under this Policy from Your Scheduled Return Date, as long as:

1. You have not experienced an Accidental Injury or Sickness, or have not had medical treatment during Your Trip;
2. coverage under this Policy is in force at the time You request an extension;
3. You pay any additional required premium for such extension; and
4. Your entire Trip length does not exceed one hundred eighty (180) days.
5. Failure to make medical information known will render this coverage extension null and void.

In no event will coverage be extended for unscheduled extensions to Your Trip for which premium has not been paid in advance.

**PAYMENT OF CLAIMS** - The Company, or its designated representative, will pay a claim after receipt of acceptable Proof of Loss.

Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not designated by You at the time of purchase, 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 You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian or other qualified representative.

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

Any payment made in good faith will discharge the Company'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 Company reimburse You for an amount greater than the amount paid by You.

All benefits payable under this Policy shall be reduced by the amount of any credit, voucher or refund provided by any Common Carrier, Travel Supplier or any other third party.

**NOTICE OF CLAIM** - Written notice of claim must be given to the Company within twenty (20) days the occurrence or commencement of a loss covered by this Policy, or as soon thereafter as is reasonably possible. Notice given by or on Your behalf or by Your beneficiary at or to any authorized agent of the Company, with information sufficient to identify You, will be deemed notice to the Company.

**PROOF OF LOSS** - You must send the Company, or its designated representative, Proof of Loss within ninety (90) days after a covered Loss occurs. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not possible to give proof within such time, provided such proof is furnished and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**PHYSICAL EXAMINATION AND AUTOPSY** - The Company, or its designated representative, at its own expense, have the right to have You examined as often as necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

**EXAMINATION UNDER OATH** – The Company, or its designated representative, at its own expense, have the right to have You and/or Your Traveling Companion questioned under oath as often as necessary while a claim is pending.

**TIME OF PAYMENT OF CLAIMS -** Benefits payable under this Policy for any Loss other than Loss for which this Policy provides any periodic payment will be paid upon receipt of due written Proof of Loss in accordance with state requirements. 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.

**ENTIRE CONTRACT; CHANGES:** This Policy, including endorsements and attached papers, if any, constitutes the entire contract of insurance. A change in this Policy is not valid unless the change is approved by one of the Company's executive officers and unless the approval is endorsed on or attached to the Policy. An agent does not have the authority to change this Policy or to waive any of its provisions.

## SCOPE OF COVERAGE

Coverages are payable under this Policy for covered losses and expenses incurred by You up to the maximum stated in the Schedule of Benefits, subject to the terms and conditions of this Policy and the following:

1. Coverage is available to You on a Trip when traveling for the purpose of leisure, business, or education;
2. Coverage is available to You when Your Trip is:

a) Worldwide

3. Coverage is not available to You:

a) once Your Trip exceeds ninety (90) days in length;
b) if You are traveling against the advice of Your primary Physician;
c) if the purpose of Your Trip is to seek medical treatment;
d) if You are medically unable to travel at the time You book Your Travel Arrangements:
e) if You are unable to travel, are limited from travel, are medically restricted from travel, or are experiencing and/or are under treatment for any illness or injury that limits or restricts Your ability to travel on the date of purchase of coverage or at the time You book Your Travel Arrangements.

## COVERAGES

No Coverage is intended to duplicate or overlap any other Coverage or benefit provided under this Policy. Should there be an inadvertent duplication of benefit or coverage, the Company will only provide payable benefits under the Coverage with the highest Maximum Benefit or largest scope of coverage subject to any applicable sub-limits.

## MEDICAL PROTECTION

### EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, subject to any Deductible shown on the Schedule of Benefits if You incur Covered Medical Expenses for Necessary Treatment of an Accidental Injury or a Sickness that occurs during the Trip.

Covered Medical Expenses are limited to the list below:

a) the services of a Physician;
b) charges for Hospital confinement and use of operating rooms; Hospital or ambulatory medical-surgical center services;

c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
d) ambulance service;
e) drugs, medicines and therapeutic services;

The Company will pay benefits, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for Covered Medical Expenses incurred by the Insured for Necessary Treatment or medication for Mental Illness.
The Company will not pay benefits in excess of reasonable and customary charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

Adventure Sports Coverage: Benefits under this Coverage will be paid only up to the Adventure Sports Maximum Benefit shown on the Schedule of Benefits if You suffer an Accidental Injury while participating in an Adventure Sport.

Extreme Sports Coverage: Benefits under this Coverage will be paid only up the Extreme Sports Maximum Benefit shown on the Schedule of Benefits if You suffer an Accidental Injury while participating in an Extreme Sports event.

If You are hospitalized due to an Accidental Injury or a Sickness, which first occurs during the Trip, beyond the Scheduled Return Date, coverage will be extended for up to ninety (90) days, or until You are released from the Hospital or until You have exhausted the Maximum Benefits payable under this coverage, whichever occurs first.

## EMERGENCY EVACUATION

The Company will pay benefits for Covered Evacuation Expenses incurred, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:
a) Your medical condition warrants immediate Transportation from the Hospital where You are first taken when injured or sick to the nearest Hospital where appropriate medical treatment can be obtained. If elected, Transportation to Your Hospital of choice will begin when You are determined to be stable enough for Transportation. Once You arrive at the Hospital of choice, this coverage ends;
b) after being treated at a local Hospital, Your medical condition warrants Transportation to , Your Home where You reside, to obtain further medical treatment or to recover; or
c) both a) and b), above.

Covered Evacuation Expenses are reasonable and customary expenses for necessary Transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be:
a) recommended by the attending Physician;
b) required by the standard regulations of the conveyance transporting You ; and
c) authorized in advance by the Company.

Transportation of Minor Children: If You are expected to be in the Hospital for more than seven (7) days following a covered Emergency Evacuation, or pass away during the Trip, the Company will return Your unattended minor child(ren) (under the age of eighteen (18)) who is/are accompanying You on the scheduled Trip, to the domicile of a person nominated by You or Your next of kin with an attendant if necessary.
Hospital Companion:
Transportation to Join You : If You are traveling alone and are in a Hospital alone for more than seven (7) consecutive days or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by You , for a single visit to and from Your bedside provided that repatriation is not imminent.

Transportation services are provided if authorized in advance and arranged by the Company and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

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

## REPATRIATION OF REMAINS

The Company will pay up to the Maximum Benefit shown on the Schedule of Benefits for the Covered Repatriation Expenses incurred to return Your body to the United States of America if You die during the Trip. This benefit is provided only if authorized in advance and arranged by the Company.

Covered Repatriation Expenses include, but are not limited to, expenses for embalming, cremation, minimal casket container and transportation.

## TRAVEL ACCIDENT PROTECTION

## OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT

If You purchase this optional benefit, the following coverage is available to You. The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below.
The Loss must occur within one hundred eighty (180) days after the date of the Accident causing the Loss or at any time if You can prove a causal relationship between the Accident and the Loss.

The Principal Sum is shown on the Schedule of Benefits.

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

**TABLE OF LOSSES**

| Loss of: | Percentage of Principle Sum: |
|---|---|
| Life | 100% |
| Both hands or both feet | 100% |
| Sight of both eyes | 100% |
| One hand and one foot | 100% |
| Either hand or foot and sight of one eye | 100% |
| Either hand or foot | 50% |
| Sight of one eye | 50% |
| Speech and hearing in both ears | 100% |
| Speech | 50% |
| Hearing in both ears | 50% |
| Thumb and index finger of same hand | 25% |

"Loss" with regard to:

1 hand or foot, means actual complete severance through and above the wrist or ankle joints;
2 eye means an entire and irrecoverable Loss of sight;
3 speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4 thumb and index finger mean actual severance through or above the joint that meets the finger at the palm.

EXPOSURE
The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an

Accident. The Loss must occur within one hundred eighty (180) days after the event that caused the exposure or at any time if You can prove a causal relationship between the Accident and the Loss.

DISAPPEARANCE
The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty- five (365) days after Your disappearance due to an Accident.

## EXCLUSIONS

**The following exclusions apply to: Emergency Accident and Sickness Medical Expense, and Optional Accidental Death & Dismemberment:**

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section;
2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane unless the loss results in the death of a non-traveling Family Member;
3. intentionally self-inflicted injuries;
4. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war. This exclusion does not apply if You are an innocent bystander to these events;
5. participation in any military maneuver or training exercise, or any Loss starting while You are in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the armed forces. Upon notice to the Company of entering the armed forces, the Company will return to You pro- rata any premium paid, less any benefits paid, for any period during which You are in such service;
6. piloting or learning to pilot or acting as a member of the crew of any aircraft;
7. mental or emotional disorders, unless Hospitalized;
8. participation as an athlete in professional sports;
9. being under the influence of drugs or intoxicants, unless prescribed and used in accordance with the instructions provided by a Physician unless results in the death of a non-traveling Family Member;
10. intentional commission of or the attempt to commit any dishonest or fraudulent act, or criminal activity (as defined in the jurisdiction where the loss occurred);
11. Participation in Adventure Sports, Bodily Contact Sports, Extreme Sports, Interscholastic Sports, Intramural Sports, or Mountaineering;
12. dental treatment except as a result of an injury to Sound Natural Teeth except as explicitly offered under and Emergency Accident and Sickness Medical Expense;
13. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
14. pregnancy and childbirth (except for Complications of Pregnancy) except if Hospitalized;
15. curtailment or delayed return for other than covered reasons;
16. traveling for the purpose of securing medical treatment;
17. services not shown as covered;
18. the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
19. confinement or treatment in a government Hospital; however, the United States government may recover or collect benefits under certain conditions;
20. services and/or supplies that do not meet the definition of Necessary Treatment;
21. care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
22. care or treatment that is payable under any Other Insurance policy;
23. Accidental Injury or Sickness when traveling against the advice of a Physician;
24. cosmetic surgery or reconstructive surgery;
25. canyoning or canyoneering (traveling in canyons using a variety of techniques that may include walking, scrambling, climbing, jumping, abseiling and/or swimming);
26. a Loss that results from an illness, disease, or other condition, event or circumstance that occurs at a time when Your coverage is not in effect;

**The following exclusions apply to: Emergency Evacuation, Repatriation of Remains,**

Loss caused by or resulting from:

1. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war. This exclusion does not apply if You are an innocent bystander to these events;
2. participation in any military maneuver or training exercise, or any Loss starting while You are in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the armed forces. Upon notice to the Company of entering the armed forces, the Company will return to You pro- rata any premium paid, less any benefits paid, for any period during which You are in such service;
3. piloting or learning to pilot or acting as a member of the crew of any aircraft;
4. participation as an athlete in professional sports, Interscholastic Sports, Intramural Sports, or Recreational Sports;
5. participating in Bodily Contact Sports (football, wrestling, ice hockey, rugby, lacrosse, boxing, full contact karate, hurling and rodeo); skydiving; hang-gliding; Parachuting; Mountaineering; Rock Climbing; any motorized race; bungee cord jumping; any motorized speed contest (speed contest shall not include any of the regatta races;) scuba diving unless accompanied by a dive master and unless You are certified to dive or if the depth exceeds fifty (50) feet; or deep sea diving; spelunking or caving; heliskiing; extreme skiing; Extreme Sports; Adventure Sports; This exclusion does not apply if the activity is sponsored by the school/program through which You purchased this Policy;
6. traveling for the purpose of securing medical treatment;
7. the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
8. services and/or supplies that do not meet the definition of Necessary Treatment;
9. cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
10. canyoning or canyoneering (traveling in canyons using a variety of techniques that may include walking, scrambling, climbing, jumping, abseiling and/or swimming);

**Any Loss caused by or resulting from the following is excluded:**

1. insects or vermin;
2. confiscation or expropriation by order of any government;
3. war or any act of war whether declared or not;
4. theft or pilferage while left unattended in any vehicle;
5. property illegally acquired, kept, stored or transported;
6. insurrection or rebellion;
7. property shipped as freight or shipped prior to the Scheduled Departure Date.

## Runway Health: Pre-Travel Medication Readiness

Travel health is about preparing for your journey with the right medications, vaccines, and physician support - ensuring you stay healthy, confident, and ready to explore without disruptions. Your plan includes access to Runway Health, a leading telehealth platform connecting travelers with U.S. licensed physicians for **pre-travel** medication consultations. Enjoy unparalleled peace of mind and preparedness to mitigate common travel ailments.

### With Runway Health, you can:

- Consult with a physician online before departure
- Get prescribed medications delivered to your door in just a few days
- Prevent common travel illnesses like malaria, motion sickness, altitude sickness, typhoid, nausea and traveler's diarrhea
- Access ongoing physician support before, during, and after your trip

With Runway, you can travel healthier, safer, and better prepared—so you can focus on enjoying your journey without compromise.

To get started, visit travel.runwayhealth.com to access your consultation.

## Traveler Lounge Pass

Traveler Lounge Pass is an additional service included with your plan. It provides you with an airport lounge pass which allows you the convenience of free airport lounge access at eligible lounges if your pre-registered flight is delayed by more than two (2) hours. The services available at airport lounges vary by location but often feature comfortable seating, free Wi-Fi and complimentary snacks and drinks. Some lounges offer amenities like private rooms, office spaces, showers, and spas for an additional fee. Visiting an airport lounge can make your trip much more enjoyable, especially during a delay.

> Register Your Flight and All Travelers under the policy at least 24 hours before the scheduled departure time here: Go.TravelerLoungePass.com

Travel Lounge Pass is not available if you do not register your flight and details of all persons traveling with you under this travel insurance plan on Go.TravelerLoungePass.com at least twenty-four (24) hours before your scheduled flight departure time or if your coverage is not active. If your delay airport does not have an eligible airport lounge, you may still receive an airport lounge pass and keep it to use at any eligible airport lounge worldwide within 6 months of the delay date.

If you have questions about how registering, how to use the benefit or need assistance, please contact us at 888-301-9289 or 251-661-0924.

FAQ's can be accessed at Go.TravelerLoungePass.com

Please ensure you have read and understood our Privacy Policy and Terms of use of the website before registering.

# Travel Assistance Program Description – Provided by On Call International

## FOR 24/7 TRAVEL ASSISTANCE SERVICES ONLY

CALL TOLL FREE: 855-226-2416 within the United States and Canada OR CALL COLLECT:
603-328-6308 From all other locations

### Emergency Transportation Services

- Emergency Medical Evacuation/Medically Necessary Repatriation
- Repatriation of Mortal Remains
- Transportation after Stabilization
- Visit by Family Member/Friend
- Return of Dependent Children

### Travel Support Services

- Interpretation/Translation: Upon request, On Call can assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, On Call can refer you to local translators.
- Locating Lost or Stolen Items: On Call can help you coordinate the replacement of transportation tickets, travel documents or credit cards.
- Medical Monitoring: During a medical emergency resulting from an accident or sickness, On Call may monitor your case to determine whether the care is adequate from a Western Medical perspective.
- Medical and Dental Search and Referral: On Call can assist you in finding physicians, dentists and medical facilities in the area where you are traveling.
- Advance of Emergency Medical Expenses: On Call can advance on-site emergency inpatient medical payments to secure admit or discharge upon receipt of satisfactory assignment of benefits from you, a family member or friend. Assignment of benefits allows Insurer to claim with the Insured's primary insurance when hospital refuses admission or discharge.
- Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses: On Call can arrange to fill a prescription that has been lost, forgotten, or requires a refill, subject to local law, whenever possible. On Call can also arrange for shipment of replacement eyeglasses/corrective lenses or medical devices. You are responsible for payments of all costs related to these services.
- Transfer of Insurance Information and Medical Records: Upon your request, On Call can help relay insurance information during your hospital admission and assist with transferring your medical information and records to your treating physician.
- Assistance with Vaccine and Blood Transfers: If based upon your physician's prescription, needed vaccines or blood products are not available locally, On Call can coordinate the transfer where possible and permissible by law. You are responsible for all expenses related to this service.

### Non-Insurance Personal Assistance Services

These are Non-Insurance Services provided by On Call International:

- Pre-Trip Information: Upon request, On Call can provide information services such as: visa and passport requirements, health hazard advisories, currency exchange, inoculation and immunization requirements, temperature and weather conditions and embassy and consulate referrals.
- Interpretation/Translation: If during your Trip you need an interpretation, On Call can assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, On Call can refer you to local translators.
- Legal Referral/Bail: Upon request, On Call can provide you with referrals to a local lawyer. All costs associated with this service are your responsibility. In case of your incarceration, On Call can notify the proper embassy or consulate, arrange the receipt of funds from third party sources and locate

an attorney and bail bonds, where permitted by law, with satisfactory guarantee of reimbursement from you, family member or friend. You are responsible for associated fees.

- Emergency Cash Advance: On Call can advance up to $500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

## Non Insurance Services

Provided by Trawick International: Call: 888-301-9289 or email:info@trawickinternational.com

Concierge Services

- ✓ Theatre tickets
- ✓ Tee Times
- ✓ Tickets to athletic events
- ✓ Airline or hotel accommodations

## Make a Claim ONLINE https://mysurego.com/claims/submit-claim/

SureGo Administrative Services PO
Box 2069
Fairhope AL, 36533
Email: claims@mysurego.com
Claim Status call Toll Free:(833) 853-1822 Direct Dial:(201) 379-1320

**IMPORTANT -** To facilitate prompt claims settlement, make the claim online using the online link and follow the prompts online or these guidelines so you can provide appropriate evidence and supporting documentation when making your claim. Please note each claim is different and you may need to supply additional documents after a claim review.

For Trip Cancellation

- Completed claim form https://mysurego.com/claims/submit-claim/
- Proof of Trip Cancellation/Refund. A letter from the travel supplier showing the cancellation date, amount forfeited, and amount refunded/credited. If no refunds, the document should indicate the amount paid is nonrefundable.
- Original Trip Itinerary and invoice with dates of travel and total trip cost.
- Proof of Trip Payment. We accept credit card and/or bank statements and/or cancelled checks showing the front and back.
- Documentation for the cancellation specific to the reason provided ex: for your injury/sickness you will need an Attending Physician statement. Other reasons may require a documented death certificate, termination or transfer of employment letter, terrorist incident, etc. The online claim tool can help you with uploading the required documents when making the claim.
- Airline Booking Agreement - In the event of death or illness the airline will often refund a non-

refundable ticket. If a refund is not available, most airline tickets can be used up to one year from the original date of issue with a change fee. By claiming your tickets with us, you agree that you have not used or exchanged the tickets and will not use them as credit in the future.

### For Trip Interruption

- Completed claim form https://mysurego.com/claims/submit-claim/
- Other documentation which demonstrates that your trip was interrupted due to a covered peril under the Trip Interruption coverage.
- Original trip itinerary and invoice with dates of travel and total trip cost.
- Proof of Trip payment. We accept credit card and/or bank statements and/or cancelled checks showing the front and back.
- Refund/Credits for unused Trip segments.
- Proof of Cancellation of Trip segments.
- Documentation for interruption specific to the reason provided for the interruption. Example: Physician medical reports/receipts, death certificate, termination, terrorist incident etc.).

### For Missed Connection/Trip Delay

- Completed claim form https://mysurego.com/claims/submit-claim/
- Original Trip itinerary and invoice with dates of travel and total trip cost.
- Proof of Trip payment. We accept credit card and/or bank statements and/or cancelled checks showing the front and back.
- Receipt(s) for covered expenses incurred.
- Documentation which demonstrates that your trip was delayed due to a covered peril under the Trip Delay coverage including written documentation from the **airline** on reason for delay.

### For Lost/Stolen Baggage and Personal Effects

- Completed claim form https://mysurego.com/claims/submit-claim/
- Original Trip Itinerary and invoice with dates of travel and total trip cost.
- Proof of Trip payment. We accept credit card and/or bank statements and/or cancelled checks showing the front and back.
- Itemized Listing of Lost/Damaged/Stolen covered items showing a detailed description and retail value. Original receipts for each item or comparable from the internet with price and date of purchase.
- Copy of baggage tags.
- Proof of loss– Travel Supplier baggage claim form (Property Irregularity Report with outcome).
- Incident report from authorities.
- Homeowners insurance or rental insurance explanation of benefits may be required if coverage is excess.

### For Baggage Delay

**Note:** You must first notify the carrier that had possession of the bag when it was delayed and be able to show proof of when the bag(s) were delivered.

- Completed claim form https://mysurego.com/claims/submit-claim/
- Original Trip Itinerary and invoice with dates of travel.
- Copy of baggage tags.

- Receipts for any necessary personal items purchased as a result of the delay; and mark each receipt with the type of items purchased.
- Proof of baggage delay (airline notification).
- Proof of Delivery - Copy of signed document showing the date and time the bags were received by you or by the airline.

### For Damaged Baggage

**Note:** You must first file a claim with the common carrier that had possession of the bag when it was damaged. We need a copy of the itemized claim filed with the common carrier as well as the results of that claim as this policy pays secondary.

- Completed claim form https://mysurego.com/claims/submit-claim/
- Proof of Trip payment. We accept credit card and/or bank statements and/or cancelled checks showing the front and back.
- Original Trip Itinerary and invoice with dates of travel.
- Photographs of damage.
- Itemized listing of damaged items showing a detailed description and retail value and purchase date. Include original receipts for each item or comparable from the internet.

### For Change/Cancellation Fee:

- Completed claim form https://mysurego.com/claims/submit-claim/
- Proof of Trip payment. We accept credit card and/or bank statements and/or cancelled checks showing the front and back.
- Original itinerary.
- Changed itinerary.
- Documentation for change/cancellation fee application.

### For Emergency Accident or Sickness:

- Completed claim form https://mysurego.com/claims/submit-claim/
- Proof of Trip payment. We accept credit card and/or bank statements and/or cancelled checks showing the front and back.
- Original trip itinerary and invoice with dates of travel and total trip cost.
- **Physician visit medical records,** proof of payment for the visit, prescription payment receipts and other supporting documents. (Other the counter medications are not covered).
- Primary medical insurance carrier explanation of benefits, showing claim outcome may be required.

### For Collision/Loss Damage:

- Completed claim form https://mysurego.com/claims/submit-claim/
- Original trip itinerary and invoice with dates of travel and total trip cost.
- Proof of Trip payment. We accept credit card and/or bank statements and/or cancelled checks showing the front and back.
- Rental care agreement and proof of payment.
- Repair bill.
- Incident report from rental agency.
- Incident report from authorities.