

- Scuba diving, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
- Your, your *Traveling Companion's*, *Family Member's*, suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO & MO).
- Participation as a professional in athletics;
- Participation in organized amateur and interscholastic athletic or sports competition or events;
- Riding or driving in any motor competition.

The following exclusions apply to *Baggage* and *Personal Effects*.

Items Not Covered:

We will not pay for damage to or loss of:

- Animals;
- Property used in trade, business or for the production of income, household furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof;
- Artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses;
- Documents or tickets, except for administrative fees required to reissue tickets;
- Money, stamps, stocks and bonds, postal or money orders, securities.

Losses Not Covered:

We will not pay for loss arising from:

- Defective materials or craftsmanship; or
- Normal wear and tear, gradual deterioration, inherent vice; or
- Rodents, animals, insects or vermin; or
- Theft or pilferage from an unattended vehicle; or
- Mysterious disappearance; or
- Electrical current, including electric arcing that damages or destroys electrical devices or appliances.

DEFINITIONS

The following definitions are a sample of the defined terms in your Certificate of Insurance and are described on a general basis only.

In the certificate, “you”, “your” and “yours” refer to the *Insured*. “We”, “us” and “our” refer to the company providing the insurance. In addition certain words and phrases are defined as follows:

ACCIDENT means a sudden, unexpected, unintended and external event, which causes *Injury*.

ACCOMMODATION means any establishment used for the purpose of temporary, overnight lodging for which a fee is paid and reservations are required.

ACTUAL CASH VALUE means current replacement cost for items of like kind and quality less depreciation.

BAGGAGE means luggage, personal possessions and travel documents taken by you on the *Covered Trip*.

COMMON CARRIER means any land, water or air conveyance operated under a license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

COVERED TRIP (or TRIP) means: A period of round-trip travel away from home to a destination outside your city of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when the *Insured* enrolls; the trip does not exceed 365 days.

DOMESTIC PARTNER means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 12 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

ELECTIVE TREATMENT AND PROCEDURES means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

ELIGIBLE PERSON means a person who has arranged to take a *Covered Trip*, and pays the required plan payment, and is a citizen or resident of the United States of America.

FAMILY MEMBER includes your or your *Traveling Companion's* child, son/daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, aunt, uncle, niece, nephew, guardian, *Domestic Partner*, foster child, or ward.

FINANCIAL INSOLVENCY means the total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, or

the total cessation or complete suspension of operations following the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services which is duly licensed in the state(s) of operation.

INJURY means bodily harm caused by an *Accident* which: 1) occurs while your coverage is in effect under the plan; and 2) requires examination and treatment by a *Physician*.

INSURED means an *Eligible Person* who arranges a *Covered Trip*, and pays any required premium.

OTHER VALID AND COLLECTIBLE GROUP INSURANCE means any group policy or contract which provides for payment of medical expenses incurred because of *Physician*, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

PAYMENTS OR DEPOSITS means the cash, check, or credit card amounts actually paid to Liberty Travel, for your *Covered Trip*.

PHYSICIAN means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a *Traveling Companion*, or a *Family Member*.

SCHEDULED DEPARTURE CITY means the city where the scheduled *Trip* on which you are to participate originates.

SCHEDULED DEPARTURE DATE means the date on which you are originally scheduled to leave on your *Covered Trip*.

SCHEDULED RETURN DATE means the date on which you are originally scheduled to return to the point where the *Covered Trip* started or to a different final destination.

SICKNESS means an illness or disease of the body, which requires examination and treatment by a *Physician*, and commences while the plan, is in effect.

TERRORIST ACT means an act of violence, other than civil disorder or riot, (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting alone or on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

TRAVELING COMPANION means up to 3 persons whose name(s) appear(s) with you on the same *Covered Trip* arrangement and who, during the *Covered Trip*, will accompany you.

WHERE TO PRESENT A CLAIM

All claims should be presented to the Program Administrator:

Travel Protection Plan
P.O. Box 19093,
Greenville, SC
29602-9093
1-866-496-5251
1-866-800-9671 (fax)

If you must cancel your *Trip* or you are unable to proceed with your travel plans because of one of the covered reasons, **contact your travel agent or Liberty Travel as soon as you know you cannot travel, but no later than the business day following the cause of cancellation, since any additional penalties that you may incur by waiting are not covered.** Our maximum liability is the amount or portion indicated in your *Trip* contract that is non-refundable at the time of the cause of cancellation or on the next business day. Also, call our Program Administrator who will instruct you on how to file a claim.

NOTE: Payment, reimbursement and amounts shown throughout this plan are in U.S. dollars. If currency conversion is necessary, we will use the exchange rate on the date the last service was rendered to you. This insurance will not pay for any interest.

CLAIMS AND GENERAL PROVISIONS

Concealment or Fraud We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to the coverage.

Notice of Claim We must be given written notice of claim within 60 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant’s name and enough information to identify him or her.

Proof of Loss Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, you must give us written proof of loss within twelve (12) months after the date the loss occurs unless you are legally incapacitated.

Our Right to Recover From Others We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us.

Legal Actions No legal action may be brought to recover on the plan within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given. If a time limit of the plan is less than allowed by the laws of the State where you live, the limit is extended to meet the minimum time allowed by such law.

Maximum Limit of Coverage The Maximum Benefit Amount for each claim is listed in the Schedule, subject to the individual benefit amount and the company’s Maximum Limit of Liability. The total limit of our liability for any one covered event, in which two or more persons submit a claim, is subject to the individual benefit amount and the company’s Maximum Limit of Liability. In the event of multiple claims by you for one event, the available funds will be distributed in order of notice of claim by each insured subject to the above limitations.

Payment of Claims Claims for benefits provided by the plan will be paid as soon as written proof is received.

Benefits for loss of life will be paid to your estate, or if no estate, to your beneficiary. All other benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate, or if no estate, to your beneficiary. If you have assigned your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

DESCRIPTION OF WORLDWIDE 24-HOUR EMERGENCY ASSISTANCE SERVICES (PROVIDED BY ASSURED ASSISTANCE INC.)

Assistance services for Air Travel Protection Plan are provided by Assured Assistance Inc. Assured Assistance Inc. is a multilingual worldwide emergency medical assistance company that acts on behalf of RBC U.S. Insurance Services Inc., for your benefit. The professionals at Assured Assistance Inc. are available 24 hours a day, 7 days a week in the event of an emergency, or in the event you need assistance with any of the following:

Medical Services

- In-house multilingual coordinators, registered nurses and physicians
- Referrals to generalists, specialist and paramedical personnel
- Help arrange referral to a medical specialist
- Monitoring of the care you receive
- Medical supply arrangements
- Validation and clarification of medical coverage
- Liaison between you and the insurance company regarding your coverage

Transportation Services

- Assistance in arranging special emergency medical transportation such as an air ambulance or commercial evacuation arrangements to the nearest suitable facility, if requested by your treating physician
- Ground ambulance services
- Arrange for accompaniment by qualified medical or nursing attendants, if advised by your treating physician
- Travel arrangements and escorts for unattended minor children
- Travel arrangements for family required at a patient’s bedside
- Return transportation of traveling companion
- Arrange additional accommodation and travel bookings in an emergency
- Visa arrangements for emergency evacuations
- Arrange for the transportation of your mortal remains in the event of your death
- Assistance with lost tickets and luggage
- Arrange the return of your vehicle in an emergency

CONCIERGE SERVICES: (applicable only if Option 3 is purchased)

If you require planning or assistance during your trip, please contact our Concierge Services at:

- 1-866-610-7088 (toll-free from the USA & Canada)
- 001-800-514-3573 (toll-free from Mexico)
- (905) 273-3278 (collect from anywhere)
- 1-888-298-6340 (toll-free fax from the USA & Canada)
- (905) 813-4719 (fax from anywhere)

The following Concierge Services are available to you:

Travel Information

- Currency exchange rates
- ATM locations
- Weather information
- Consulate and embassy locations
- Local sights and attractions
- Social protocol in countries to be visited
- Last minute flight changes
- Hotel finder and reservations
- Ground transportation (rental car, train, bus)
- Baggage tracing
- Pre-trip health and safety advisories
- Passport, visa and customs information
- Departure tax information
- International driver’s license information

- Person with disabilities—wheelchair access information
- Information regarding traveling with children (for couples that are divorced or separated), traveling with children that are not yours or children traveling on their own
- US customs—what can I bring home
- Information on country to country calling
- Check-in assistance

Entertainment Planning

- Restaurant locations/reservations
- Golf course locations/reservations
- Tickets for concerts, theatre, sports
- Yacht and fishing charters reservations

Personal Services

- E-mail/phone messaging to family and friends
- Floral services
- Fitness centre/spa reservations
- Legal/bail Assistance
- Arrange for interpreter/translation services
- Arrange for courier services for valuable documents left behind
- Assistance with lost travel documents
- Assistance with replacement of lost or stolen medication
- Assistance with cancelling lost credit cards
- Assistance with arranging emergency cash advances
- Coordinate financial arrangements with other insurance providers, on your behalf

NOTE: We will always do our best to find the information, make the arrangements you request, or refer you to appropriate professionals. Please be aware, the arrangements you request may not be available. Outside professionals are independent providers and Assured Assistance Inc. is not responsible for the availability, quality or results of any services or information they provide. Our Concierge benefits are service benefits and not financial benefits. Any costs associated with the services are your responsibility. Services may vary or may not be available based on your Trip destination.

NOTE: We and our agents, Assured Assistance Inc. and their agents, are not responsible for the availability, quality or results of any medical treatment or of any transportation or of your failure to obtain medical treatment.

This plan was designed for the passengers of Liberty Travel.

TRAVEL INSURANCE IS UNDERWRITTEN BY:

Stonebridge Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000 ,TAHC6000, TAH7000 and TAHC5201. In CA, CT, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OR, OH, VT, WA and WY Policy Form #’s TAHC5100IPS and TAHC5200IPS.

NOTE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. If you are a resident of one of the following states (AK, AR, CA, CO, DE, DC, FL, ID, IN, KY, LA, ME, MN, NH, NJ, NM, NY, OH, OK, PA, TN, UT, VA, WA), please request the state specific warnings by calling 1-866-774-2430 Administered by RBC U.S. Insurance Services Inc.♦

♦Doing business as:

RBC U.S. Insurance Agency Services Inc. in MI
RBC Liberty Insurance Services, Inc. in CA
Assistance services provided by RBC U.S. Insurance Services Inc. through Assured Assistance Inc.

Notice: If you are a resident of one of the following states: IL, IN, KS, LA, OR, OH, VT, WA, and WY please call 1-866-774-2430 to obtain your Individual Policy.

Notice to New York Residents: If you would like to purchase the Cancel for Any Reason Cancellation Waiver as a stand alone product, please contact 1-866-774-2430 for details.



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LL# 10024836

VPS57609 (04/2010)



RBC Insurance®

LIBERTY TRAVEL
America's Vacation Experts

LIBERTY TRAVEL TRAVEL PROTECTION PLAN DESCRIPTION OF COVERAGE

This is a brief Description of Coverage. This is not your Policy/Certificate of Insurance. Please call 1-866-774-2430 to obtain your Individual Policy in the following states: IL, IN, KS, LA, OR, OH, VT, WA, and WY or your Certificate of Insurance for all other states. Your Individual Policy or Group Policy will govern the final interpretation of any provision or claim.

Important: Keep this document and carry a copy with you when you travel. If you need to cancel your *Trip*, contact the company you booked with immediately to cancel your reservation.

FOR CERTIFICATE/POLICY INQUIRIES, REQUESTS, CUSTOMER SERVICE CALL:

1-866-774-2430

FOR EMERGENCY ASSISTANCE 24 HOURS A DAY DURING YOUR TRIP, CALL:

- 1-866-610-7088 (toll-free from the USA & Canada)
- 001-800-514-3573 (toll-free from Mexico)
- (905) 273-3278 (collect from anywhere)
- 1-888-298-6340 (toll-free fax from the USA & Canada)
- (905) 813-4719 (fax from anywhere)

SCHEDULE OF COVERAGE AND SERVICES INSURANCE COVERAGE	
(Underwritten by Stonebridge Casualty Insurance Company)	
Group Policy Number: MZ0924857H0001A	
Coverages	Maximum Benefit Per Person
A) Trip Cancellation-Pre Departure	Up to trip cost
B) Trip Interruption-Post Departure	100% of total trip cost
C) Travel Delay-Subsistence Allowance (12 Hours or More)	\$250 per day/\$500 maximum
D) <i>Baggage</i> and Personal Effects (Loss of or Damage to)	\$1,000
E) <i>Baggage</i> Delay (24 Hours or more)	\$300 maximum
F) Emergency Medical Expenses	\$10,000
G) Emergency Dental Expenses	\$750
H) Emergency Medical Transportation	\$20,000
I) Repatriation of Remains or Local Burial	\$15,000
J) & K) Air Flight <i>Accident</i> and Accidental Death & Dismemberment	\$25,000

OPTIONAL UPGRADES:

- **applicable only if the appropriate premium has been paid**
- **must be purchased with initial *Trip Payment or Deposit*, except for Option 3**
- **must be purchased with Travel Protection Plan**

Option 1

Waiver of Pre-existing Condition-	+S9
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Option 2

Cancel for Any Reason Benefit-	+ 50% of Base Plan cost
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Option 3

Package Upgrade	+S35
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When Option 3 is purchased, coverage will change as follows:

Coverages	Maximum Benefit Per Person
A) Trip Cancellation-Pre Departure	Up to trip cost
B) Trip Interruption-Post Departure	100% of total trip cost
C) Travel Delay-Subsistence Allowance (6 Hours or More)	\$200 per day/\$1,000 maximum
D) <i>Baggage</i> and Personal Effects (Loss of or Damage to)	\$1,500
E) <i>Baggage</i> Delay (24 Hours or more)	\$200 per day/\$600 maximum
F) Emergency Medical Expenses	\$50,000
G) Emergency Dental Expenses	\$750
H) Emergency Medical Transportation	\$100,000
I) Repatriation of Remains or Local Burial	\$15,000
J) & K) Air Flight <i>Accident</i> and Accidental Death & Dismemberment	\$30,000
Additional Covered Reasons under Cancellation & Interruption Coverage.	<p>2 additional Covered Reasons Included:</p> <ul style="list-style-type: none"> • Your involuntary termination of employment or layoff that occurs more than 15 days after your effective date of coverage and was not under your control. You must have been continuously employed with the same employer for 3 years prior to the termination or layoff; • The <i>Insured's</i>, or the <i>Insured's Traveling Companion's</i> approved, written military leave is involuntarily revoked as a result of being temporarily or permanently reassigned, being called to active military reserve or an extension of deployment beyond a defined tour of duty within 10 days of the <i>Insured's</i> departure date. All leave must be approved prior to the coverage effective date. Full or partial mobilization or mass reassignment of Armed Forces, invocation of the War Powers Act, base or unit mobilization is not covered

NOTE: The insurance provided under all coverages and benefits shall be in excess of all insurance or indemnity and shall apply only when such other benefits are exhausted. (not applicable to Air Flight *Accident* and Accidental Death & Dismemberment)

ASSISTANCE SERVICES:

(Assistance services provided by RBC U.S. Insurance Services Inc.♦ through Assured Assistance Inc.)

Assured Assistance 24-Hour Emergency Assistance	Included
Concierge Services	Included only if Option 3 is purchased

Maximum Limit of Liability

All limits are applied per *Covered Trip*. Our Maximum Limit of Liability for all claims received under all Travel Protection Plans resulting from the same occurrence will be \$5,000,000 under the TAHC 5000 group series of policies.

DESCRIPTION OF COVERAGE**YOUR SATISFACTION IS IMPORTANT TO US**

If you are not satisfied for any reason, you may cancel your coverage within 10 days of your confirmation statement. A letter indicating your desire to cancel should be sent to our authorized agent . If you haven't already left on your *Trip*, and/or provided there has been no incurred covered expense, you will receive a full refund of your plan cost.

WHO IS ELIGIBLE FOR COVERAGE?

A person who has arranged to take a *Covered Trip*, and pays the required premium, and is a citizen or resident of the United States of America.

Benefits are extended, at no additional charge, to infants under 2 years of age, sharing accommodations with one or more accompanying adults, as long as ALL accompanying adults purchase their own Travel Protection Plan. All coverages except Trip Cancellation/Trip Interruption are subject to a combined maximum benefit amount for the insured adult and covered infants equal to twice the individual adult insured's limit. A maximum of 2 infants per insured adult will be covered; coverage must be purchased for each additional child. Special rates are available to insure children between the ages of 2 and 18 who are accompanying insured adults on the *trip*.

EFFECTIVE DATES OF INSURANCE COVERAGE**WHEN COVERAGE BEGINS****Effective Dates of Coverage for Trip Cancellation and Trip Interruption:**

Pre-Departure Trip Cancellation coverage will take effect on the date your premium payment is received.

Effective Dates of Coverage for Post-Departure Trip Interruption, Travel Delay, *Baggage* and Personal Effects, *Baggage* Delay, Emergency Medical or Dental Expense, Accidental Death and Dismemberment, Air Flight *Accident*:

Will take effect on the *Scheduled Departure Date* of the *Trip*.

WHEN COVERAGE ENDS

All coverages automatically end on the earlier of:

1. The date the *Covered Trip* is completed; or
2. The *Scheduled Return Date* of the *Trip*; or
3. Cancellation of the *Covered Trip*.

OPTION 2:**CANCEL FOR ANY REASON BENEFIT**

(applicable only if Option 2 has been purchased)

If you cancel your *Covered Trip* for any reason not otherwise covered by this insurance plan, we will reimburse you for 75% of the prepaid, forfeited, non-refundable *Payments or Deposits* you paid for your *Trip* provided:

1. Your payment for this insurance plan is received within 1 day of the date your initial *Payment/Deposit* for your *Covered Trip* is received; and
2. **You insure all prepaid *Covered Trip* costs that are subject to cancellation penalties or restrictions; and also insure within 1 day of the payment for those arrangements the cost of any subsequent arrangements (or any other arrangements not made through your travel agent) added to your *Covered Trip*; and**
3. You cancel your *Covered Trip* 2 days or more before your scheduled *Trip* departure date.

SUMMARY OF COVERAGES AND BENEFITS

This plan covers you for certain unforeseeable events that occur while your coverage is in effect.

A) PRE-DEPARTURE TRIP CANCELLATION COVERAGE AND BENEFITS

If you are prevented from taking your *Trip* for one of the covered reasons below, we will reimburse you, up to the amount in the Schedule, for the amount of prepaid, forfeited, non-refundable airfare fees and/or Land/Sea arrangements booked through Liberty Travel. We will pay your additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a *Traveling Companion's Covered Trip* is canceled and your *Covered Trip* is not canceled.

B) POST-DEPARTURE TRIP INTERRUPTION COVERAGE AND BENEFITS

If you are delayed beyond the *Scheduled Departure Date* or are unable to continue your *Trip* for one of the covered reasons below, we will reimburse you, less any refund paid or payable, for unused land or water travel arrangements prepaid to Liberty Travel, plus the following additional transportation expenses:

1. The additional transportation expenses by the most direct route from the point you interrupted your *Covered Trip*:
 - a) to the next scheduled destination where you can catch up to your *Covered Trip*; or
 - b) to the *Scheduled Departure City* of your *Covered Trip*

However, the benefit payable above will not exceed the cost of a one-way economy air fare by the most direct route less any refunds paid or payable for your unused original tickets. Subsistence allowance: your reasonable additional commercial accommodations and meals, essential telephone calls and taxi fares, up to \$100/day incurred by you to remain near a covered *Family Member* or *Traveling Companion* who is hospitalized during your *Trip*.

NOTE: Covered reasons do not include losses caused by or resulting from any bankruptcy/*Financial Insolvency*. In no event will the amount reimbursed exceed the amount you prepaid for your *Trip*.

Covered Reasons for Cancellation and Interruption:**Sickness, Injury or Death**

1. Trip Cancellation or delayed arrival at your destination due to *Sickness, Injury* or death of you, your *Family Member*, or *Traveling Companion*, that occurs before departure on your *Trip*. The *Sickness* or *Injury* must commence while coverage is in effect, require the examination by a *Physician*, in person, at the time of Trip Cancellation or delay and, in the written opinion of the treating *Physician*, be so disabling as to prevent you from taking your *Trip* or delay your arrival on your *Trip*;

NOTE: *Sickness* includes complications of pregnancy arising in the first 31 weeks of pregnancy.

2. Trip Interruption due to *Sickness, Injury* or death of you, your *Family Member*, or *Traveling Companion*. The *Sickness* or *Injury* must commence while you are on your *Covered Trip*, require the examination by a *Physician*, in person, at the time of Trip Interruption and, in the written opinion of the treating *Physician*, be so disabling as to prevent you from continuing your *Trip*;

NOTE: *Sickness* includes complications of pregnancy arising in the first 31 weeks of pregnancy.

3. The *Family Member* who had arranged to provide *Accommodations* for the *Insured* during the *Covered Trip* at his/her residence can no longer provide *Accommodations* for the *Insured* due to the hosting *Family Member's* life threatening *Sickness*, life threatening *Injury* or death;

The following reasons apply to you, a *Family Member* traveling with you, or a *Traveling Companion* and must occur while coverage is in effect:

Employment and Occupation

4. A transfer of employment of 250 miles or more;

Natural Disaster

5. Your *Accommodation* at your destination, or your *Scheduled Departure City*, is made uninhabitable by fire, flood, volcano, earthquake or other natural disaster;
6. Your primary residence is made uninhabitable by fire, flood or natural disaster;

Legal

7. Required to serve on a jury, or required by a court order to appear as a witness in a legal action;

Other Reasons

8. Being directly involved in a documented traffic accident while en route to departure; Please note: applicable to Post-Departure Trip Interruption Coverage only.
9. Being hijacked, or quarantined;
10. A *Terrorist* Act which occurs in your departure city or in a city which is a scheduled destination for your *Covered Trip* provided:
 - The *Terrorist Act* occurs within 30 days of the *Scheduled Departure Date* for your *Covered Trip*.
11. The primary or secondary school where the *Insured* or *Traveling Companion* attend (s) must extend its operating session beyond its predefined school year, due to unforeseeable events commencing during the Policy effective period, which cause the extension of the predefined school year and the *Scheduled Departure Date* falls within the period of the school year extension. Extensions due to extra-curricular or athletic events are not covered.

Additional Covered Reasons (applicable only if Option 3 is purchased):

12. Your involuntary termination of employment or layoff that occurs more than 15 days after your effective date of coverage and was not under your control. You must have been continuously employed with the same employer for 3 years prior to the termination or layoff;
13. The *Insured's*, or the *Insured's Traveling Companion's* approved, written military leave is involuntarily revoked as a result of being temporarily or permanently reassigned, being called to active military reserve or an extension of deployment beyond a defined tour of duty within 10 days of the *Insured's* departure date. All leave must be approved prior to the coverage effective date. Full or partial mobilization or mass reassignment of Armed Forces, invocation of the War Powers Act, base or unit mobilization is not covered.

Missed Connection for Cruises Only

We will pay up to \$500 maximum should you miss your cruise departure as the result of the cancellation or delay of (three (3) or more hours) of all regularly scheduled airline flights due to inclement weather. For this benefit, covered expenses means additional transportation expenses incurred to join the departed cruise, reasonable additional accommodation and meal expenses incurred en route to catch up to the cruise, and non-refundable cruise payments for the unused portion of your land, and/or water travel arrangements. This coverage is excess of any coverage provided by a *Common Carrier* or another party at no cost to you.

C) TRAVEL DELAY COVERAGE AND BENEFITS

If your *Trip* is delayed for 12 hours or more (6 hours or more if Option 3 is purchased), we will reimburse you, up to the amount shown in the Schedule, for reasonable additional expenses incurred by you for lodging arrangements, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

Covered Reasons for Travel Delay Benefits:

Common Carrier delay; loss or theft of your passports, travel documents or money; quarantine; hijacking; natural disaster; inclement weather; a documented traffic accident while you are en route to your destination; unannounced strike; or civil disorder.

D) BAGGAGE AND PERSONAL EFFECTS COVERAGE AND BENEFITS:

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your *Baggage*, passports or visas during your *Covered Trip*.

E) BAGGAGE DELAY COVERAGE AND BENEFITS:

We will reimburse you, up to the amount in the Schedule, for the cost of additional clothing and personal articles purchased by you, if your *Baggage* is delayed for 24 hours or more (12 hours or more if Option 3 is purchased) during your *Trip*.

Items Subject to Special Limitations

We will not pay more than \$500 on all losses to jewelry; watches; precious or semi-precious gems; decorative or personal articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media; and articles consisting in whole or in part of fur. Items not included above are subject to a \$250 per item limit.

Your Duties in the Event of a Loss

In case of loss, theft or damage to *Baggage* and Personal Effects, you should:

1. immediately report the situation incident to the hotel manager, tour guide or representative, transportation official, local police or other local authorities and obtain their written report of your loss; and
2. take reasonable steps to protect your *Baggage* from further damage, and make necessary, reasonable and temporary repairs. We will reimburse you for these expenses. We will not pay for further damage if you fail to protect your *Baggage*.

Valuation and Payment of Loss

Payment of loss under the *Baggage* and Personal Effects Benefit will be calculated based upon an *Actual Cash Value* basis. For items without receipts, payment of loss will be calculated based upon 75% of the *Actual Cash Value* at the time of loss. At our option, we may elect to repair or replace your *Baggage*. We will notify you within 30 days after we receive your proof of loss. We may take all or part of a damaged *Baggage* as a condition for payment of loss.

In the event of a loss to a pair or set of items, we will: 1) repair or replace any part to restore the pair or set to its value before the loss; or 2) pay the difference between the value of the property before and after the loss.

F) EMERGENCY MEDICAL and**G) EMERGENCY DENTAL EXPENSE COVERAGE AND BENEFITS**

We will pay this benefit, up to the amount on the Schedule, for the following Covered Expenses incurred by you.

1. Expenses for the following *Physician*-ordered medical services: services of legally qualified *Physicians* and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services, incurred by you;
2. Expenses for emergency dental treatment incurred by you during a *Covered Trip*.

Emergency Medical and Dental Expense Benefits are subject to the following:

Covered Expenses will only be payable at the usual and customary level of payment; benefits will be payable only for Covered Expenses resulting from a *Sickness* that first manifests itself or an *Injury* that occurs while on a *Trip*.

Benefits payable as a result of incurred expenses will only be paid after benefits have been paid under any *Other Valid* and *Collectible Group Insurance* in effect for you.

H) EMERGENCY MEDICAL TRANSPORTATION AND ASSISTANCE BENEFITS:

We will pay this benefit, up to the amount in the Schedule, for the following Covered Expenses incurred by you while on a *Covered Trip*.

1. *Physician*-ordered emergency medical evacuation to the nearest suitable Hospital.
2. Economy-class round-trip airfare to the Hospital for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days.
3. Economy-class airfare to your primary or secondary residence including escort expenses, if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult.
4. Economy-class airfare to your primary or secondary residence from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets.

I) REPATRIATION OF REMAINS OR LOCAL BURIAL:

Repatriation expenses for preparation and air transportation of your remains to your primary or secondary residence, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the United States of America.

Emergency Medical Transportation and Assistance Benefits are subject to the following:

Covered Expenses will only be payable at the usual and customary level of payment; benefits will be payable only for Covered Expenses resulting from a *Sickness* that first manifests itself or an *Injury* that occurs while on a *Trip*.

Benefits payable as a result of incurred expenses will only be paid after benefits have been paid under any *Other Valid* and *Collectible Group Insurance* in effect for you.

Covered Expenses items 1, 2, 3, and 4 above are subject to Assured Assistance's prior approval.

J) ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE AND BENEFITS:

We will pay this benefit up to the amount in the Schedule if you are *injured* in an *Accident*, which occurs while you are on a *Covered Trip*, and suffer one of the losses listed below within 365 days of the *Accident*.

K) AIR FLIGHT ACCIDENT COVERAGE AND BENEFITS:

We will pay this benefit up to the amount in the Schedule if you sustain a covered loss in an *Accident* which occurs while a passenger in or on, boarding or alighting from an aircraft of a regularly scheduled airline or air charter company that is licensed to carry passengers for hire.

NOTE: For Accidental Death & Dismemberment or Air Flight *Accident* Benefits the Maximum Percentage of Principal Sum Payable is 100% for the loss of Life, Both Hands, Both Feet, Sight of Both Eyes, One Hand and One Foot, One Hand and Sight of One Eye, One Foot and Sight of One Eye.

Maximum Percentage of Principal Sum Payable is 50% for the loss of One Hand, One Foot or Sight of One Eye.

If you suffer more than one loss from one *Accident*, we will pay only for the loss with the larger benefit. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

PRE-EXISTING CONDITION EXCLUSION

The following exclusion applies to all coverages except *Baggage* Delay, *Baggage* and Personal Effects:

We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, including death that results therefrom.

Pre-Existing Condition means an illness, disease, or other condition during the **60-day** period immediately prior to your effective date for which you or your *Traveling Companion*, or *Family Member*, who is scheduled or booked to travel with you:

- 1) received, or received a recommendation for, a diagnostic test, examination or medical treatment; or
- 2) took or received prescription drugs or medicine.

Item 2 of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60-day period before coverage is in effect under the Policy. This Exclusion does not apply to benefits under covered expenses (Emergency Medical Transportation) or (Repatriation of Remains) of the Emergency Medical Benefits coverage.

OPTION 1**PRE-EXISTING CONDITION EXCLUSION WAIVER**

IMPORTANT: We will waive this Pre-Existing Condition Exclusion policy limitation if you make payment for Option 1, in addition to your Travel Protection plan cost, at the time of your initial *Payment or Deposit* for your *Trip* and you are not disabled from travel at the time you make your plan payment.

The following exclusions apply to all coverages:

We will not pay for any loss under the plan caused by, or resulting from:

1. Mental, nervous, or psychological disorders;
2. Being under the influence of drugs or intoxicants, unless prescribed by a *Physician*;
3. Normal pregnancy or resulting childbirth or elective abortion;
4. Declared or undeclared war, or any act of war;
5. Service in the armed forces of any country;
6. Any unlawful acts, committed by you, a *Traveling Companion* or *Family Member* traveling with you (whether insured or not);
7. A loss or damage caused by detention, confiscation or destruction by customs;
8. *Elective Treatment and Procedures*.

GENERAL PLAN EXCLUSIONS

The following exclusion applies to Accidental Death and Dismemberment and Air Flight *Accident* coverage:

1. We will not pay for a loss caused by or resulting from *Sickness* of any kind.