

DESCRIPTION OF COVERAGE

Travel Companion Cancel for Any Reason

SCHEDULE OF BENEFITS

All coverages are per person.	MAXIMUM LIMIT
Trip Cancellation	100% of insured Trip Cost
Trip Interruption.....	100% of insured Trip Cost
Cancel for Any Reason	75% of insured Trip Cost
Trip Delay.....	\$1,000
Missed Connection (<i>Maximum of \$200 per day*</i>)	\$1,000
Baggage & Personal Effects.....	\$1,500
Baggage Delay	\$500
Accident Medical Expense.....	\$50,000
Sickness Medical Expense	\$50,000
Emergency Medical Transportation	\$250,000

*Per day limit only applies to reasonable accommodations and meal expenses incurred.

The following non-insurance services are provided by Travel Guard.

Travel Medical Assistance
Worldwide Travel Assistance

Coverage for 3rd party arrangements, i.e. airline tickets, not booked by World Travel Holdings, AKA CruiseOne or Cruises Inc, will only apply if those travel costs are included in the Trip Cost and the appropriate plan cost is paid.

IMPORTANT — Exclusions apply to certain medical conditions.

For coverage questions or to request a claim form, call toll-free 1.866.363.8188. For emergency help while on your Trip, see the information and phone numbers on the reverse side.

Blanket Travel Accident Insurance

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

PLEASE READ THIS DOCUMENT CAREFULLY!

Insurance Coverage

Underwritten by the National Union Fire Insurance Company of Pittsburgh, PA with its principal place of business at 175 Water Street, New York, New York 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

This is only a brief description of the insurance coverage(s) available under policy series T30253NUFIC. The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

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

PRODUCT NUMBER: 008324-P1 9/10

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

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

If insurance is purchased within 7 days of initial Trip payment, the Pre-Existing Medical Condition Exclusion will be waived up to \$25,000 of trip cost per person. This is applicable to all coverages contained in the policy. The Insured must be medically able to travel when you pay your plan cost. In the event a claim is filed, the Injury or illness must be substantiated to our Claims Department.

Definitions

“Baggage” means luggage and personal possessions, whether owned, borrowed, or rented, taken by the Insured on the Trip.

“Business Partner” means an individual who a) is involved with the Insured or the Insured's Traveling Companion in a legal partnership; and b) is actively involved in the daily management of the business.

“Common Carrier” means any conveyance operated under a license for the transportation of passengers for hire.

“Complication of Pregnancy” means a condition in which the diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy. It does not include any condition associated with the management of a difficult pregnancy not consisting of a classifiably distinct Complication of Pregnancy.

“Contracted Departure Date” means the date on which the Insured is originally scheduled to leave on his/her Trip.

“Contracted Return Date” means the date on which the Insured is originally scheduled to return from the Trip to the Return Destination.

“Default” means any failure of a provider of travel-related services (including any tour operator) to provide the bargained-for travel services or to refund money due the Insured.

“Destination” means the place where the Insured expects to travel on his/her Trip, as shown on the enrollment form.

“Domestic Partner” means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; (3) The Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

“Experimental or Investigative” means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical

practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

“Financial Default” means the total cessation or partial suspension of operations due to insolvency, with or without the filing of a bankruptcy petition by a tour operator, cruise line, or airline.

“Hospital” means a place that: (a) holds a valid license; (b) is run mainly for the care and treatment of sick or injured persons as inpatients; (c) has a staff of one or more Physicians available at all times; (d) provides 24-hour nursing service and has at least one registered nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on the premises or on a contract basis with another Hospital; and (f) is not mainly a clinic, or facility for nursing, rest or convalescence, a place for the aged, or military or veterans hospital.

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

“Inclement Weather” means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

“Injury” means a bodily Injury, caused by an accident occurring while this Policy is in force as to the Insured whose injury is the basis of a claim, and resulting directly and independently of all other causes of loss covered by the Policy. The injury must be verified by a Physician.

“Insured” means a person who: (a) completes any required enrollment form; (b) for whom plan cost has been paid; and (c) while covered under this Policy.

“Insurer” means National Union Fire Insurance Company of Pittsburgh, PA.

“Medically Necessary” means that a treatment, service, or supply: (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; (3) is ordered by a Physician and performed under his or her care, supervision, or order; and (4) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

“Natural Disaster” means a flood, hurricane, tornado, earthquake, or blizzard that is due to natural causes.

“Physician” means a licensed practitioner of the healing arts, acting within the scope of his/her license. The treating Physician may not be the Insured, Immediate Family Member, or Traveling Companion.

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

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

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

“Sickness” means an illness or disease which is diagnosed or treated by a Physician.

“Strike” means a stoppage of work (a) announced, organized, and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strike are work slowdowns and sickouts.

“Traveling Companion” means persons who are booked to accompany the Insured during the Trip.

“Trip” means a period of travel away from home to a Destination outside the Insured's city of residence; the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip had defined departure and return dated specified when the Insured applies; the Trip does not exceed 120 days; and travel is primarily by Common Carrier and only incidentally by private conveyance.

Individual Eligibility, Effective & Termination Dates

Persons eligible for insurance coverage are any travelers who purchase a Trip through a travel supplier, accept, enroll, and pay the plan cost for coverage within 7 days of initial Trip payment providing they have not already departed on their Trip.

Effective Date: Trip Cancellation and Cancel for Any Reason coverage will be effective for an Insured at 12:01 a.m. Standard Time on the date following payment by the Insurer or the Insurer's authorized representative of any required plan cost.

All other coverages will begin on the later of: (a) the date and time the Insured starts his/her Trip, or (b) the scheduled Contracted Departure Date shown on the enrollment form.

Termination Date: All coverage, other than Trip Cancellation and Cancel for Any Reason, ends on the earlier of:

- (a) the date the Trip is completed;
- (b) the scheduled Return Date;

(c) the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip.

The Trip Cancellation and Cancel for Any Reason coverage ends on the earliest of: (a) the cancellation of the Insured's Trip; or (b) the date and time the Insured starts on his/her Trip.

General Exclusions

In addition to any exclusions which apply to a particular benefit (called “Additional Exclusions”), no coverage will be provided for any loss caused by: (a) suicide, or attempted suicide, or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury by the Insured, Immediate Family Member, Traveling Companion or Business Partner; (b) pregnancy or childbirth, or elective abortion, other than Complications of Pregnancy; (c) professional athletic events, motor sport, or motor racing, including training or practice for the same; (d) mountain climbing; (e) war or act of war, whether declared or not, civil commotion, insurrection or riot; (f) full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned plan cost for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded); (g) operating or learning to operate any aircraft, as student, pilot or crew; (h) air travel on any air-supported device, other than a regularly scheduled airline or air charter company; (i) loss or damage caused by detention, confiscation, or destruction by customs; (j) mental, psychological, or nervous disorders including, but not limited to, anxiety, depression, neurosis, or psychosis; (k) if the Insured's tickets do not contain specific travel dates (open tickets); (l) alcohol or substance abuse or treatment for same; (m) elective or non-emergency treatment or surgery, except for any necessary treatment or surgery due to covered Injury; or (n) an Injury or Sickness which occurs at a time when this coverage is not in effect; (o) participation in underwater activities.

PRE-EXISTING MEDICAL CONDITION EXCLUSION APPLICABLE TO ALL COVERAGES

The Insurer will not pay for loss or expense incurred as the result of an Injury, Sickness or other condition of the Insured, a Traveling Companion, or an Immediate Family Member booked to travel with the Insured, which, within the 60 day period before the Insured's coverage began: (a) first manifested itself, worsened, became acute, or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; (b) required taking

prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required treatment by a Physician or treatment had been recommended by a Physician.

EXCESS INSURANCE PROVISION

THE INSURANCE PROVIDED UNDER LOSS OF BAGGAGE AND PERSONAL EFFECTS, BAGGAGE DELAY, MEDICAL EXPENSE, AND EMERGENCY MEDICAL TRANSPORTATION SHALL BE IN EXCESS OF ALL OTHER VALID AND COLLECTIBLE INSURANCE OR INDEMNITY AND SHALL APPLY ONLY WHEN SUCH OTHER BENEFITS ARE EXHAUSTED.

Trip Cancellation and Interruption

Insurer will pay benefits, to the Maximum Amount shown on the Schedule will pay benefits, in the event the Insured is prevented from taking his/her Trip because: (a) Sickness, Injury, or death of an Insured, Immediate Family Member, Traveling Companion or Business Partner. Injury or Sickness must be so disabling as to reasonably cause a Trip to be canceled or interrupted. With regard to Sickness or Injury, the severity or acuteness of the condition must be so disabling as to reasonably cause the Trip to be cancelled and a Physician has recommended that due to the severity of the condition it is Medically Necessary that the Insured or Traveling Companion cancels the Trip. The Insured or Traveling Companion must be under the direct care and attendance of a Physician. (b) Inclement Weather causing delay or cancellation of travel. (c) Financial Default of an airline, cruise line, or tour operator resulting in the complete cessation of services. Excluded is the organization from which the Insured purchased his/her Trip and this coverage. Financial Default occurring on or before the Insured's effective date of Trip Cancellation coverage or less than seven (7) days after the Insured's effective date of Trip Cancellation coverage will not be covered. (d) the Insured or Traveling Companion are hijacked, quarantined, required to serve on a jury, or required to appear as a witness in a legal action, provided the Insured, a Traveling Companion or an Immediate Family Member traveling with the Insured is not 1) a party to the legal action, or 2) appearing as a law enforcement officer; (e) having your principal residence made uninhabitable by fire, flood, or similar Natural Disaster; (f) the Insured or a Traveling Companion has a documented traffic accident while en route to departure.

This coverage does not cover loss caused by: (i) carrier-caused delays; (ii) changes in plans by the Insured, an Immediate Family Member, or Traveling Companion, for any reason; (iii) financial circumstances of the Insured, an Immediate Family Member, or a Traveling Companion; (iv) any business or contractual obligations of the Insured, an Immediate Family

Member, or a Traveling Companion; (v) Default, cancellations, or changes, by the airline, tour operator, or supplier of travel-related services or lodging; (vi) any government regulation or prohibition; (vii) Strike; (viii) a loss, Injury, or Sickness occurring on or before the Insured's coverage effective date.

Cancellation for Any Reason Benefit: If the Insured is prevented from taking the Trip for any reason not otherwise covered by the Policy, the Insurer will reimburse the Insured for 75% of the prepaid, forfeited, non-refundable payments or deposits for the insured Trip arrangement(s) up to the Maximum Limit shown on the Schedule of Benefits, provided the following conditions are met:

- (a) the Insured purchases the insurance within 7 days of the date the Insured's initial Trip payment or deposit is paid and the cost of any subsequent arrangement(s) added to the same Trip are insured within 7 days of the date of payment or deposit for any subsequent Trip arrangement(s); and
- (b) this insurance coverage is purchased for the full cost of all prepaid Trip arrangements that are subject to cancellation penalties and/or restrictions; and
- (c) the Insured cancels the insured Trip not less than 48 hours prior to the departure date.

Trip Cancellation Benefits: The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits for Trips that are canceled before the scheduled Contracted Departure Date. The Insurer will pay forfeited, non-refundable, unused prepaid payments or deposits if the Insured's Trip is canceled due to the reasons shown at the beginning of this section.

The Insurer will pay the Insured's additional cost as a result of a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's Trip is canceled due to reasons shown at the beginning of this section, and the Insured's Trip is not canceled.

Trip Interruption Benefits: The Insurer will reimburse the Insured for unused, nonrefundable travel arrangements prepaid to the tour operator and/or the airfare paid, less the value of applied credit from an unused return travel ticket, to return home or rejoin the original land/sea arrangements (limited to the cost of one-way business class or first class, if the Insured's original tickets were business or first class, by scheduled carrier, from the point of Destination to the point of origin shown on the original travel tickets). The Insurer will reimburse the Insured, up to \$100 per day for reasonable additional accommodations and transportation expenses incurred to remain near a covered Traveling Companion or Immediate Family Member who is hospitalized during the Insured's Trip. The Insurer will reimburse the Insured for the additional cost as a result of a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's Trip is canceled due to reasons shown at the beginning of this section,

and the Insured's Trip is not canceled. Special Conditions: The Insured must advise the tour operator as soon as possible in the event of a claim. The Insurer will not pay benefits for any additional charges incurred that would not have been charged if the Insured notified the tour operator of his/her cancellation as soon as reasonably possible.

Missed Connection

The Insurer will reimburse this benefit up to the Maximum Limit shown on the Schedule of Benefits if Inclement Weather or Common Carrier causes cancellation or a delay of all regularly scheduled airline flights for three or more hours to your point of departure. You can collect up to \$1,000 for additional transportation costs to join the Trip (must be same class of original tickets purchased). Reasonable accommodations and meals (up to \$200 per day), and the non-refundable, unused portion of the prepaid expenses as long as the expense is supported by a proof of purchase and is not reimbursable by another source. Common Carrier must certify the delay of the regularly scheduled airline flight.

Trip Delay

The Insurer will reimburse the Insured up to the Maximum Amount shown on the Schedule of Benefits, if the Insured's Trip is delayed for 12 hours or more, due to (a) carrier-caused delay, (b) Inclement Weather which prohibits Common Carrier departure, (c) Strike, (d) a documented traffic accident while en route to a Trip departure, (e) lost or stolen passports, travel documents, or money; or (f) quarantine, hijacking, Natural Disaster. The Insurer will reimburse the Insured for unused, nonrefundable travel arrangements prepaid to the tour operator and for Reasonable Additional Expenses until travel becomes possible to the originally scheduled destination.

Loss of Baggage and Personal Effects

The Insurer will reimburse up to the Maximum Limit shown on the Schedule of Benefits. The Insurer will pay for loss, theft, or damage to the Insured's Baggage, passports, and visas during the Insured's Trip.

Continuation of Coverage: If the covered Baggage, passports, and visas are in the charge of a charter or Common Carrier, and delivery is delayed, this coverage will continue until such property is delivered to the Insured. This coverage does not include loss caused by the delay.

Property Not Covered: The Insurer will not pay for damage or loss of: (a) animals; (b) property used in trade, business, or for the production of income; (c) motor vehicles, aircraft, and other conveyances; (d) artificial limbs, false teeth, any type of eyeglasses, sunglasses, contact lenses, or hearing aids; (e) tickets, except for administrative fees required to reissue tickets; (f) money, stamps, stocks and bonds, postal or money

orders; (g) property shipped as freight, or shipped prior to the Contracted Departure Date; (h) credit cards, except as noted above; or (i) contraband.

Special Limitation: The Insurer will not pay more than \$500 for the first item and, thereafter, no more than \$250 per item up to the limit of coverage as shown in the Schedule of Benefits. Items over \$150 should be accompanied by original receipts. If receipts are not provided, benefits may be reduced.

Additional Exclusions: In addition to the General Exclusions, the Insurer will not pay this benefit for loss due to: (a) defective materials or craftsmanship; or (b) normal wear and tear; or (c) deterioration; (d) rodents, animals, or insects; (e) inherent vice or damage; (f) confiscation or expropriation by order of any government or public authority; (g) radioactive contamination; (h) mysterious disappearance; (i) sporting equipment damaged while being used; or (j) breakage of brittle or fragile articles, cameras, camera equipment and accessories, musical instruments, radios, and similar property.

Payment of Loss: The Insurer will pay, the lesser of, cash value (original cash value less depreciation) determined by the Insurer or replacement. The Insurer will notify the Insured within 30 days after the Insurer receives his/her proof of loss. The Insurer may take all or part of the damaged Baggage at the appraised or agreed value. In the event of a loss to a pair or set of items, the Insurer may at the Insurer's option: (a) repair or replace any part to restore the pair or set to its value before the loss; or (b) pay the difference between the value of the property before and after the loss.

Baggage Delay

The Insurer will reimburse the Insured for incurred expenses for necessary personal effects, up to the Maximum Limit shown on the Schedule of Benefits for Baggage which is delayed or misdirected more than 24 hours from the time the Insured arrives at the Destination (other than the Insured's Return Destination.) Incurred expenses must be accompanied by receipts.

Accident and Sickness Medical Expense Benefits

If, while on a Trip, an Insured suffers an Injury or Sickness that requires him or her to be treated by a Physician, the Insurer will pay the Reasonable and Customary Charges, up to the Maximum Limit(s) shown on the Schedule of Benefits or Declarations Page. The Insurer will reimburse the Insured for Medically Necessary Covered Expenses incurred to treat such Injury or Sickness within one year of the date of the accident that caused the Injury or the onset of the Sickness provided the initial treatment was received during the Trip. The Injury must occur or the Sickness must begin while on a Trip, while covered

under the policy.

Covered Expenses: The Insurer will pay the Insured's Reasonable and Customary Charges incurred for medical and surgical services, treatments, or supplies. The Insurer will pay emergency dental treatment only during a Trip. Dental coverage does not apply if treatment or expenses are incurred after the Insured has reached his or her Destination, in the case of a one-way ticket, or Return Destination regardless of the reason. The treatment must be given by a Physician or dentist. The Insurer will pay for professional nursing, Hospital charges, X-ray, ambulance services, and prosthetic devices.

If the Insured is covered by any other group, blanket health, accident insurance, or assistance plan, and would, as a result, receive total benefits in excess of the expenses actually incurred, the benefits will be reduced by such excess.

Additional Exclusions: In addition to the General Exclusions, coverage is not provided for: (a) routine physical examinations; (b) replacement of hearing aids, eye glasses, contact lenses, sunglasses, and artificial teeth; (c) routine dental care; (d) any service provided by the Insured, an Immediate Family Member or Traveling Companion.

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

Emergency Medical Transportation

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits. Travel Guard will arrange for emergency medical transportation services required by the Insured as the result of an Injury or emergency Sickness during a Trip.

Covered Expenses: The Insurer will pay: (a) Reasonable and Customary Charges for medical services required for evacuation to the nearest adequate medical facility or home if medically required. This service will be arranged only if the Insured's Physician determines that evacuation is necessary; (b) Reasonable and necessary charges for escort expenses required by Insured, if the Insured is disabled during a Trip, and an escort is recommended, in writing, by the attending Physician; (c) reasonable and necessary charges for services for transportation of the Insured's remains to his/her city of burial if he/she dies during a Trip. Arrangements and expenses must be authorized in advance by Travel Guard.

Additional Benefit: In addition to the above Covered Expenses, if the Insurer has previously evacuated an Insured to a medical facility, the Insurer will pay his/her airfare costs from that facility to the Insured's Return Destination, within one year from the Insured's original Contracted Return Date, less refunds

from the Insured's unused transportation tickets. Airfare costs will be economy, or first class if the Insured's original tickets are first class. This benefit is available only if it is not provided under another coverage in the policy.

Additional Exclusions: In addition to the General Exclusions, the Insurer also will not pay for services arranged without the Insurer's prior consent or approval. Timely notification by the Insured to the Insurer's designated provider is required, with regard to Emergency Evacuation.

If the Insured is hospitalized for more than 7 days following a covered Emergency Evacuation, the Insurer will pay subject to the limitations set out herein, for expenses for:

Return of Children: If the Insured is unable to travel due to a covered Emergency Evacuation, the Insurer will pay to return any of the Insured's Children who were accompanying the Insured when the Injury or Sickness occurred back to the Insured's residence in the United States, including the cost of an attendant, if necessary; Such expenses shall not exceed the cost of a one-way economy airfare ticket less the value of any applied credit from any unused return travel tickets for each person.

Bedside Visit: To bring one person chosen by the Insured to and from the medical facility where the Insured is confined if the Insured is alone and is hospitalized for more than 7 days following a covered Emergency Evacuation. The Insurer will pay for expenses to bring one person chosen by the Insured. The payment will not to exceed the cost of one round-Trip economy airfare ticket.

Payment of Claims

Claim Procedures: Notice of Claim: The Insured must call Travel Guard as soon as reasonably possible, and be prepared with what coverage the loss was under (i.e., Accident Medical Expense), the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates and the amount that the Insured paid. Travel Guard will complete the claim form and send it to the Insured for his/her review/signature. The completed form should be returned to Travel Guard, PO Box 47, Stevens Point, Wisconsin 54481 (Telephone: 1.866.363.8188). All accident, health, and life claims will be administered by Mercury Claims & Assistance of WI, LLC, in those states where it is licensed.

Claim Procedures: Proof of Loss: The claim forms must be sent back to Travel Guard no more than 90 days after a covered loss occurs or ends, or as soon after that as is reasonably possible. All claims under the coverage must be submitted to Travel Guard no later than one year after the date of loss or insured occurrence or as soon as reasonably

possible. If Travel Guard has not provided claim forms within 15 days after the Notice of Claim, other proofs of loss should be sent to the Insurer by the date claims forms would be due. The proof of loss should include written proof of the occurrence, type and amount of loss, the Insured's name, the participating organization name, and the policy number.

Payment of Claims: When Paid: Claims will be paid as soon as Travel Guard receives complete proof of loss and verification of age.

Payment of Claims: To Whom Paid: Benefits paid on account of an Insured's death will be paid to: 1) his/her spouse, if living; 2) if not, in equal shares to his/her living children; 3) if there are none, in equal shares to his/her living parents; 4) if there are none, in equal shares to his/her living brothers and sisters; 5) if there are none, to his/her estate.

If a benefit is payable to the Insured's estate, or to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$1,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment the Insurer makes in good faith fully discharges the Insurer to the extent of that payment. All other benefits will be payable to the Insured.

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

Problems with your insurance? If so, do not hesitate to contact Travel Guard to resolve your problem at 3300 Business Park Drive, Stevens Point, WI 54482, or call 1.866.363.8188.

General Provisions

Acts of Agents – No agent or any person or entity has authority to accept service of the required proof of loss or demand arbitration on the Insurer's behalf nor to alter, modify, or waive any of the provisions of the policy.

Autopsy – The Insurer at its own expense, may require an autopsy where permitted by law.

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

Insurer's Recovery Rights – In the event of a payment under the policy, the Insurer is entitled to all rights of recovery that the Insured, or the person to whom payment was made, has against another. The Insured must sign and deliver to the Insurer any legal papers relating to that recovery, do whatever is necessary to help the Insurer exercise those rights, and do nothing after the loss to harm the Insurer's rights. When an

Insured has been paid benefits under the policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the Insurer by the Insured and reimbursed to the Insurer the extent of the Insurer's payment.

Legal Actions – No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 3 years (or the minimum period of time permitted by state law, if greater) after the date claim forms are due.

Payment of Plan Cost – Coverage is not effective unless all plan cost due has been paid to Travel Guard.

Termination of the Policy – Termination of the policy will not affect a claim for loss which occurs while the policy is in force.

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

Notice to Florida residents: The benefits of the Policy providing your coverage are governed primarily by the law of a state other than Florida.

Notice: Your homeowners policy, if any, may provide coverage for loss of personal effects provided by any Baggage/Personal Effects coverage provided by this policy. This insurance is not required in connection with the Insured's purchase of travel tickets.

The definition of "**Hospital**" applicable to residents of Florida is as follows:

Hospital means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis or is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

The Legal Actions provision applicable to residents of Florida is as follows: No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the

requirements of this Policy. No such action may be brought after the expiration of 5 years after the time written proof of loss is required to be furnished.

For inquiries, information about coverage or for assistance in resolving complaints call: 1.866.363.8188.

Assistance Services*

All Assistance Services listed below are not insurance benefits and are not provided by the Insurer. Travel Guard provides assistance through coordination, negotiation, and consultation using an extensive network of worldwide partners. Expenses for goods and services provided by third parties are the responsibility of the traveler.

Travel Medical Assistance

- Emergency medical transportation assistance
- Physician/hospital/dental/vision referrals
- Repatriation of mortal remains assistance
- Return travel arrangements
- Emergency prescription replacement assistance
- Dispatch of doctor or specialist
- Medical evacuation quote
- In-patient and out-patient medical case management
- Qualified liaison for relaying medical information to family members
- Arrangements of visitor to bedside of hospitalized Insured
- Eyeglasses and corrective lens replacement assistance
- Medical payment arrangements
- Medical cost containment/expense recovery and overseas investigation
- Medical bill audits
- Shipment of medical records
- Medical equipment rental/replacement assistance

Worldwide Travel Assistance

- Lost baggage search; stolen luggage replacement assistance
- Lost passport/travel documents assistance
- ATM locator
- Emergency cash transfer assistance
- Travel information including visa/passport requirements
- Emergency telephone interpretation assistance
- Urgent message relay to family, friends or business associates
- Up-to-the-minute travel delay reports
- Long-distance calling cards for worldwide telephoning
- Inoculation information
- Embassy or consulate referral
- Currency conversion or purchase
- Up-to-the-minute information on local medical advisories,

epidemics, required immunizations and available preventive measures

- Up-to-the-minute travel supplier strike information
- Legal referrals/bail bond assistance
- Worldwide public holiday information

*Non-insurance services are provided by Travel Guard.

Make sure you call Travel Guard (1.866.363.8188 or 1.715.295.5452) before you seek medical care while traveling. Where available, we can arrange direct payment to a member of our Preferred medical network, saving you the time and paperwork associated with reimbursement of medical expenses. Our assistance coordinators also can help you locate the nearest and most appropriate medical provider, monitor your care, and provide updates to your family and/or employer.

Any payments under this policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under the policy. For more information, you may consult the OFAC internet website at: www.treas.gov/offices/enforcement/ofac/ or a Travel Guard representative.

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When calling from the U.S., 1.866.363.8188.
When calling from abroad, call collect 1.715.295.5452.
We will coordinate your assistance needs
with the appropriate TG Center.

Benefits are payable up to the amount of coverage in the insurance policy provided through Travel Guard. Failure to call Travel Guard may invalidate any payments applicable on your claim. TG shall not be responsible for the availability, quality, or results of any medical treatment or the failure of the insured person to obtain medical treatment.