

**SCHEDULE OF BENEFITS**
**Plan D: USI Explorer Series Diamond Plan**

**We will provide the coverage described in this Policy and listed below.**

<b>BENEFITS</b>		<b>LIMITS</b>
Trip Cancellation	Up to 100% of Trip Cost: Up to a Maximum of \$15,000 Maximum Trip Length: 30 Days	
Trip Interruption	150% of Trip Cost Limit	
Trip Cancellation For Any Reason (CFAR)	Optional upgrade for additional premium	
Airline Ticket Change Fee	Minimum delay of 3 hours \$200	
Single Occupancy Supplement	Included	
Missed Connection	Minimum of 3 hours delay \$1,500 Maximum	
Trip Delay	Minimum of 6 hours delay \$250 per day; Maximum of \$1,500	
Baggage Delay	Minimum of 12 hours delay \$500 Maximum Daily Limit of \$500	
Baggage / Personal Effects	\$2,500 Maximum Per Article: \$300, Combined Maximum Limit For Described Property: \$500	
Emergency Medical Evacuation and Medically Necessary Repatriation	\$1,000,000 Maximum 7 Days Hospitalization	
Renters Collision Insurance	\$1,000 Maximum \$100 Deductible	
<b>LT 019- MA PC (06/2015)</b>		

<b>BENEFITS</b>		<b>LIMITS</b>
Accidental Death and Dismemberment	Principal Sum: \$50,000	
Accidental Death and Dismemberment – Air Only	Principal Sum: \$10,000	
Accident and Sickness Hospital Indemnity	\$500 per day Advance Payment to Hospital: \$500	
Repatriation of Remains	\$500,000 Maximum	
<b>LT 019- MA AH (06/2015)</b>		

## **TRAVEL INSURANCE POLICY**

### **Plan D: USI Explorer Series Diamond Plan**

This Policy is issued in consideration of enrollment and payment of the premium due. This Policy describes all of the travel insurance benefits underwritten by Starr Indemnity and Liability Company, herein referred to as We, Us, and Our. This Policy is a legal contract between You (herein referred to as You or Your) and Us. It is important that You read Your Policy carefully. Insurance benefits vary from program to program. Please refer to the Schedule of Benefits. It provides You with specific information about the program You purchased.

#### **FOURTEEN DAY FREE LOOK**

You may cancel insurance under the Policy by giving Us or Our administrator written notice within 14 days from the date Your Policy is purchased and prior to the expiration date of the Policy. If You do this, We will refund Your premium paid provided You have not filed a claim under the Policy.

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#### **SECTION I. GENERAL DEFINITIONS**

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

**"Accidental Injury"** means bodily injury caused by an Accident, directly and independently of all other causes and sustained on or after the Effective Date of this coverage and on or before the Scheduled Return Date. Benefits for Accidental Injury will not be paid for any loss caused by Sickness or other bodily diseases or infirmity.

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

**"Baggage"** means luggage and personal effects and possessions whether owned, borrowed, or rented, and taken by You on the Covered Trip.

**"Bankruptcy"** means the filing of a petition for voluntary or involuntary Bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 U.S.C. Subsection 101 et seq.

**"Business Equipment"** means property used in trade, business, or for the production of income; or offered for sale or trade or components of goods offered for sale or trade.

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

**"Checked Baggage"** means a piece of Baggage for which a claim check has been issued to You by a Common Carrier.

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

**"Common Carrier"** means any regularly scheduled land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**"Complications of Pregnancy"** means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.

**"Covered Trip"** means a trip for which You request insurance coverage and pay the required premium, and includes:

- (a) a period of travel away from home to a destination outside Your City of residence;
- (b) the purpose of the trip is business or pleasure; and
- (c) the trip has defined departure and return dates.

**"Deductible"** means the dollar amount You must contribute to the loss.

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

**"Dependent Child(ren)"** means Your children, including an unmarried child, stepchild, legally adopted child or foster child who is: less than age 19 and primarily dependent on You for support and maintenance; or who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.

**"Domestic Partner"** means a person, at least 18 years of age, with whom You have been living in a spousal relationship with evidence of cohabitation for at least 6 continuous months prior to the Effective Date of coverage.

**"Effective Date"** means the date and time Your coverage begins, as outlined in Section III. Eligibility and Period of Coverage of the Policy.

**"Emergency Medical Evacuation"** means Your medical condition warrants immediate Transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained.

**"Emergency Treatment"** means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Accidental Injury or Sickness.

**"Exotic Vehicles"** means Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Corvette, Cosworth, Citroen, Clenot, De Lorean, Excalibre, Ferrari, Fiat, Hummer, Iso, Jaguar, Jensen, Jensen Healy, Lamborghini, Lancia, Lotus, Maserati, Mercedes Benz, MG, Morgan, Pantera, Panther, Pininfarina, Porsche, Rolls Royce, Rover, Stutz, Sterling, Triumph, TVR, antique cars meaning cars that are over 20 years old or have not been manufactured for 10 or more years, any vehicle with an original manufacturer's suggested retail price greater than \$50,000 and Yugo. This is not a comprehensive list, please contact Your administrator for eligibility.

**"Family Member"** means You or Your Traveling Companion's legal or common law spouse, Domestic Partner, Your or Your Spouse's or Domestic Partner's caregiver, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, foster child, ward, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew.

**"Hotel"** means a licensed establishment that provides lodging for the general public and usually meals, entertainment and various personal services.

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

**"Insured"** means a person who has enrolled for insurance under this Policy.

**"Medically Necessary"** means that a treatment, service, or supply is: (a) essential for diagnosis, treatment or care of the Accidental Injury or Sickness for which it is prescribed or performed; (b) meets generally accepted standards of medical practice; and (c) is ordered by a Physician and performed under his or her care, supervision or order.

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

**"Payments or Deposits"** means the cash, check, or credit card amounts actually paid for Your Covered Trip. Certificates; vouchers; frequent traveler rewards, miles or points; discounts and/or credits applied (in part or in full) towards the cost of Your Covered Trip are not Payments or Deposits as defined herein.

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

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

**"Pre-Existing Condition"** means any Accidental Injury, Sickness or condition of You, Your Traveling Companion, or Your Family Member booked to travel with You for which medical advice, diagnosis, care or treatment was recommended or received within the 180 day period ending on the Effective Date. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

**"Reasonable and Customary / Reasonable and Customary Charges"** means an expense related to Emergency Medical Evacuation and Medically Necessary Repatriation which:

- (a) is charged for treatment, supplies, or medical services Medically Necessary to treat Your 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.

**"Scheduled Departure Date"** means the date on which You are originally scheduled to leave on the Covered 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 or to Your primary residence from a Covered Trip.

**"Sickness"** means an illness or disease which is diagnosed or treated by a Physician on or after the Effective Date of insurance and while You are covered under the Policy.

**"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 Strikes are work slowdowns and sickouts.

**"Terrorist Attack"** means an incident deemed an act of terrorism by the U.S. Department of State.

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

**"Travel Supplier"** means any entity involved in providing travel services or travel arrangements.

**"Traveling Companion"** means person(s) booked to accompany You on Your Covered Trip. Note: A group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

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

**"We, Us, Our"** means Starr Indemnity and Liability Company and its agents.

**"You" and "Your"** means the Insured.

## SECTION II. GENERAL PROVISIONS

The following provisions apply to all coverages:

**SUIT AGAINST US:** No legal action for a claim can be brought against Us until 60 days after We receive Proof of Loss. No legal action for a claim can be brought against Us unless there has been full compliance with all of the terms of this Policy and no more than 2 years after the time required for giving Proof of Loss.

**MISREPRESENTATION AND FRAUD:** Your coverage shall be void if, whether before or after a loss, You have concealed or misrepresented any material fact or circumstance concerning the Policy or the subject thereof, or Your interest therein, or if You commit fraud or material misrepresentations in connection with this insurance coverage.

**SUBROGATION:** To the extent We pay for a loss suffered by You, We will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help Us to preserve Our rights against those responsible for the loss. This may involve signing any papers and taking any other steps We may reasonably require. If We take over Your rights, You (or Your designated representative if a minor) must sign an appropriate subrogation form supplied by Us. We will not retain any payments until You have been made whole with regard to any claim payable under the Policy.

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

**PREMIUM:** The required premium must be paid to Us or Our agent, or to the Travel Supplier prior to the Scheduled Departure Date of the Covered Trip.

**INSURANCE WITH OTHER INSURERS:** If there is other valid coverage, not with Us, providing benefits for the same loss on a provision of service basis or on an expense incurred basis and of which We have not been given written notice

## STARR INDEMNITY AND LIABILITY COMPANY

prior to the occurrence or commencement of loss, the only liability under any expense incurred coverage of this Policy shall be for such proportion of the loss as the amount which would otherwise have been payable hereunder plus the total of the like amounts under all such other valid coverages for the same loss for which We had notice bears to the total like amounts under all valid coverages for such loss, and for the return of such portion of the premiums paid as shall exceed the pro-rata portion for the amount so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the "like amount" of such other coverage shall be taken as the amount which the services rendered would have cost in the absence of such coverage.

**ENTIRE CONTRACT:** This Policy, Your application or enrollment material, and any attachments represent the entire contact between You and Us.

### SECTION III. ELIGIBILITY AND PERIOD OF COVERAGE

**ELIGIBILITY:** Each Insured must enroll for his or her own insurance and pay any premium due. If a minor Dependent Child is traveling with a parent, the parent must enroll himself/herself for insurance and also enroll the child for his or her own insurance and pay any premium due. If accepted by Us, each person will become an Insured.

**EFFECTIVE DATE AND POLICY TERM:** The Effective Date of Your Policy is shown in the confirmation of benefits and remains in effect for the stated term shown in the confirmation of benefits.

#### **When Your Coverage for Benefits Begins:**

Subject to payment of any premium due:

- (a) For Trip Cancellation: Coverage begins at 12:01 A.M. local time, at Your location on the day after the required premium for such coverage is received by Us or Our administrator as shown in the confirmation of benefits. Coverage ends at the point and time of departure on Your Scheduled Departure Date.
- (b) For Trip Delay: Coverage is in force while en route to and from the Covered Trip.
- (c) For all other coverages: Coverage begins at the later of the point and time of Your departure on the Scheduled Departure Date; or Your actual departure for Your Covered Trip.

#### **When Your Coverage Ends:**

Coverage is effective for the stated term shown in the confirmation of benefits. In addition, Your coverage will end at 11:59 P.M. local time on the date which is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets;
- (b) the date You return to Your origination point if prior to the Scheduled Return Date;
- (c) the date You leave or change Your Covered Trip (unless due to Unforeseen and unavoidable circumstances covered by the Policy);
- (d) if You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date; or
- (e) the date You cancel Your Covered Trip.

#### **EXTENDED COVERAGE:**

All coverage under the Policy will be extended, if:

- (a) Your entire Covered Trip is covered by the Policy; and
- (b) Your return is delayed by covered reasons specified under Trip Cancellation, Trip Interruption or Trip Delay.

If coverage is extended for the above reasons, coverage will end on the earliest of: (a) the date You reach Your return destination; or (b) 7 days after the date the Covered Trip was scheduled to be completed.

### SECTION IV. COVERAGES

**We will provide the coverage described in this policy only if it is listed on the Table of Insurance Benefits on the Schedule of Benefits.**

## TRIP CANCELLATION/TRIP INTERRUPTION

### TRIP CANCELLATION

We will pay a benefit, up to the maximum shown on the Schedule of Benefits, if You are prevented from taking Your Covered Trip due to any of the Unforeseen events listed below.

We will pay You for the following:

- (a) The amount of forfeited, non-refundable, and unused Payments or Deposits that You paid for the Covered Trip.
- (b) Additional cost incurred if the Travel Supplier cancels Your Covered Trip for a covered reason and You elect to replace that Travel Supplier with a different Travel Supplier.

In no event shall the amount We pay exceed the lesser of the amount You prepaid for the Covered Trip or the maximum benefit shown on the Schedule of Benefits.

**SINGLE OCCUPANCY:** We will pay You, up to the maximum shown on the Schedule of Benefits, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with You has his or her Covered Trip delayed, canceled, or interrupted for a covered reason and You do not cancel Your Covered Trip.

**SPECIAL CONDITIONS:** You must advise the Travel Supplier and Us as soon as possible in the event of a claim. We will not pay benefits for any additional charges incurred that would not have been charged had You notified the Travel Supplier and Us as soon as reasonably possible.

### TRIP INTERRUPTION

We will pay a benefit, up to the maximum shown on the Schedule of Benefits, if You are prevented from continuing or resuming Your Covered Trip due to any of the Unforeseen events listed below.

We will pay You:

- (a) for the unused, non-refundable travel arrangements prepaid to the Travel Supplier(s);
- (b) additional transportation expenses incurred by You; or
- (c) return air travel up to the lesser of the cost of an economy flight or the amount shown in the Schedule of Benefits.

In no event shall the amount We pay exceed the lesser of the amount You prepaid for the Covered Trip or the maximum benefit shown on the Schedule of Benefits.

### For Trip Cancellation or Trip Interruption, Unforeseen Events Include:

- (a) Accidental Injury, Sickness or death of You, Your Traveling Companion, Your Family Member, Your children's caregiver or Your Business Partner; which results in medically imposed restrictions as certified by a Physician at the time of loss preventing Your participation or continued participation in the Covered Trip. A Physician must advise cancellation of the Covered Trip on or before the Scheduled Departure Date.
- (b) A serious Accidental Injury incurred by You that causes You to be medically unable to continue Your activity. An actual examination by a Physician must take place and the Physician must advise You to discontinue the activity.
- (c) Inclement weather, Natural Disasters, Terrorist Attacks, or mechanical breakdown of the Common Carrier which results in the complete cessation of travel services at the point of departure or destination for at least 48 consecutive hours.
- (d) Mandatory evacuation ordered by local authorities at Your destination due to hurricane or other Natural Disaster. You must have 50% or less of Your Trip remaining at the time the mandatory evacuation ends, in order for this benefit to be payable.
- (e) Natural Disaster or documented man-made disaster at the point of departure or Your destination which renders Your primary residence or the accommodations at Your destination uninhabitable.



## **STARR INDEMNITY AND LIABILITY COMPANY**

- (f) Adverse weather or Natural Disaster resulting in the obstruction of public roadways, or curtailment of public transportation, which prevents Your ability to arrive at Your Land/Sea Arrangements.
- (g) A road closure causing a delay in reaching Your destination for at least 12 hours.
- (h) Strike that causes complete cessation of travel services of Your Common Carrier for at least 48 consecutive hours.
- (i) Bankruptcy and/or Default of Your Travel Supplier which occurs more than 14 days following Your Effective Date. Your Scheduled Departure Date must be no more than 12 months beyond 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 coverage only applies if the Policy was purchased within 14 calendar days of the initial Trip payment.
- (j) The airport terminal from which You are scheduled to fly, is closed due to a documented security breach within 12 hours of arrival at the terminal or while You are physically at the terminal.
- (k) If within 30 days of Your departure, a politically motivated Terrorist Attack occurs within 50 miles of a City listed on Your itinerary. The Terrorist Attack must occur on or after the Effective Date of Your Trip Cancellation Coverage.
- (l) A documented theft of passports or visas. Documented means that You have reported the theft to the local authorities.
- (m) You or Your Traveling Companion being directly involved in or delayed due to a traffic Accident substantiated by a police report, while en route to departure.
- (n) You and/or Your Traveling Companion are hijacked, quarantined, required to serve on a jury, subpoenaed, required to appear as a witness in a legal action, provided You are or Your Traveling Companion are not a party to the legal action or appearing as a law enforcement officer; the victim of felonious assault; having Your principal place of residence made uninhabitable by fire, flood or other Natural Disaster; or burglary of Your principal place of residence within 10 days of departure.

### **TRIP CANCELLATION FOR ANY REASON**

**This coverage is Optional and must be purchased for an additional premium**

If You are prevented from taking the Covered Trip for any reason not otherwise excluded, We will reimburse You or Your designated representative for 75% of the prepaid, forfeited, non-refundable Payments or Deposits for the Covered Trip arrangement(s), provided the following conditions are met:

- (a) this coverage is purchased within 14 days of the date the initial Payment or Deposit is paid and You insure the cost of any subsequent arrangement(s) added to the same Covered Trip within 14 days of the date of Payment or Deposit for any subsequent Covered Trip arrangement(s);
- (b) this insurance coverage is purchased for the full cost of all non-refundable prepaid Covered Trip arrangements; and
- (c) You or Your designated representative cancels the Covered Trip no less than 2 days prior to the Scheduled Departure Date.

This coverage will be terminated and no benefits will be paid if the full costs of all prepaid, non-refundable Covered Trip arrangements are not insured. Any premium paid for this coverage will be refunded.

### **AIRLINE TICKET CHANGE FEE**

We will pay the amount shown in the Schedule of Benefits if You have to change the dates of Your airline ticket for the following reasons and the airline charges You a penalty or change fee:

- (a) All covered reasons listed under the Trip Cancellation and Trip Interruption benefits;
- (b) You are or Your Traveling Companion are delayed by Inclement Weather while en route to a departure provided You or Your Traveling Companion were scheduled to arrive at the point of departure at least at least the number of hours shown on the Schedule of Benefits before the scheduled time of departure; and
- (c) A medical emergency of You, a Traveling Companion or a Family Member. The emergency requires a documented examination by a Physician.

### **MISSED CONNECTION**

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We will pay the benefit shown in the Schedule of Benefits if You missed Your Covered Trip departure due to cancellation or delay for at least the number of hours shown on the Schedule of Benefits of all regularly scheduled airline flights due to Inclement Weather or any delay caused by a Common Carrier. Benefits of up to the amount shown in the Schedule of Benefits are provided to cover:

- (a) additional transportation expenses needed for You to join the departed Covered Trip;
- (b) reasonable accommodations and meal expenses; and
- (c) non-refundable Covered Trip payments for the unused portion of Your Covered Trip;

Coverage is secondary to any compensation provided by a Common Carrier. Coverage will not be provided to You if You are able to meet Your scheduled departure but cancel Your Covered Trip due to Inclement Weather.

### **TRIP DELAY**

We will pay You for additional expenses on a one-time basis, up to the maximum shown in the Schedule of Benefits, if You are delayed en route to or from the Covered Trip for at least the number of hours shown on the Schedule of Benefits due to the Unforeseen events listed under Trip Cancellation and Trip Interruption.

Additional Expenses include:

- (a) any prepaid, unused, non-refundable land, air, or water accommodations;
- (b) any reasonable additional expenses incurred (meals, accommodations, local transportation, and telephone calls);
- (c) an economy fare from the point where You ended Your Covered Trip to a destination where You can resume Your Covered Trip; or
- (d) a one-way economy fare to return You to Your originally scheduled return destination.

### **BAGGAGE DELAY**

We will pay You for the expense of replacing necessary personal effects, up to the maximum shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for at least the number of hours shown on the Schedule of Benefits, while on a Covered Trip, except for return travel to Your primary residence.

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 and receipts for the purchase or replacement of necessary personal effects must accompany any claim.

### **BAGGAGE/PERSONAL EFFECTS**

We will pay You up to the maximum shown on the Schedule of Benefits, for loss, theft or damage to Baggage and personal effects, provided You, Your Traveling Companion or Your Family Member has taken all reasonable measures 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 Covered Trip. If You have checked Your Baggage with a Common Carrier and delivery is delayed, coverage for Baggage will be extended until the Common Carrier delivers the property. Original receipts must be provided for reimbursement.

There is a per article limit shown on the Schedule of Benefits. There is a combined maximum limit shown on the Schedule of Benefits for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; sports equipment; personal computers; radios; cameras; camcorders and their accessories and related equipment; and other electronic items.

We will pay You for fees associated with the replacement of Your passport during Your Covered Trip. Receipts are required for reimbursement. We will also reimburse You for charges and interest incurred due to unauthorized use of Your credit cards if such use occurs during Your Trip and if You have complied with all credit card conditions imposed by the credit card companies.



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We will pay the lesser of the following:

- (a) Actual Cash Value, as determined by Us, at time of loss, theft or damage to Baggage and personal effects; or
- (b) the cost of repair or replacement.

## **RENTERS COLLISION INSURANCE**

If You rent a car while on the Covered 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, We will pay 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, meaning purchase price less depreciation; or
- (c) The amount shown on the Schedule of Benefits.

Coverage is provided to You and Your Traveling Companions, provided You and Your Traveling Companions are licensed drivers, and are listed on the rental agreement.

You must perform the following duties in the event of loss:

- (a) Take all reasonable, necessary steps to protect the vehicle and prevent further damage to it;
- (b) Report the loss to the appropriate local authorities and the rental company as soon as reasonably possible;
- (c) Obtain all information on any other party involved in an Accident, such as name, address, insurance information and driver's license number; and
- (d) Provide Us with all documentation such as rental agreement, police report and damage estimate.

## **EMERGENCY MEDICAL EVACUATION AND MEDICALLY NECESSARY REPATRIATION (EMERGENCY EVACUATION AND REPATRIATION)**

We will pay, subject to the limitations set out herein, for covered Emergency Medical Evacuation expenses reasonably incurred if You suffer an Accidental Injury or Emergency Sickness that warrants Your Emergency Medical Evacuation while You are on a Covered Trip. Benefits payable are subject to the Maximum Benefit per Insured shown on the Schedule of Benefits for all Emergency Medical Evacuations due to all injuries from the same Accident or all Emergency Sickness from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Medical Evacuation and must certify that the severity of Your Accidental Injury or Emergency Sickness warrants Your Emergency Medical Evacuation to the closest adequate medical facility. We or the Assistance Company must review and approve the necessity of the Emergency Medical Evacuation based on the inadequacy of local medical facilities. The Emergency Medical Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Medical Evacuation expenses are those for Medically Necessary Transportation. We also cover Reasonable and Customary medical services and supplies in connection with Your Emergency Medical Evacuation that are required by the conveyance to stabilize You prior to being transported. Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting You; and (c) reviewed and pre-approved by the Assistance Company.

Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting You; and (c) reviewed and pre-approved by the Assistance Company.

We will also pay Reasonable and Customary expenses, for escort expenses required by You, if You are disabled during a Covered Trip and an escort is recommended in writing by an attending Physician and such expenses are pre-approved by the Assistance Company.

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If You are hospitalized for more than the number of days shown on the Schedule of Benefits following a covered Emergency Medical Evacuation, We will pay, subject to the limitations set out herein, for expenses:

- (a) to return to the United States where You reside, with an attendant if necessary, any of Your Dependent Children who were accompanying You when the Accidental Injury or Emergency Sickness occurred and were left alone. Our payment will not exceed the cost of a single one-way economy airfare ticket, less the value of applied credit from any unused return travel tickets per person; and
- (b) to bring 1 person chosen by You to and from the Hospital or other medical facility where You are confined if You are alone, but not to exceed the cost of 1 round-trip economy airfare ticket.

In addition to the above Covered Expenses, if We have previously evacuated You to a medical facility, We will pay Your airfare costs from that facility to Your primary residence, within 1 year from Your original Scheduled Return Date, less refunds from Your unused Transportation tickets. Airfare costs will be economy, or first class if Your original tickets are first class. This benefit is available only if it is not provided under another coverage in the Policy.

**Transportation of Spouse or Domestic Partner:** If You are confined to the Hospital for more than the number of days shown on the Schedule of Benefits 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 the number of consecutive days shown on the Schedule of Benefits, or if You die on the Covered Trip and require Repatriation of Remains, We will return Your spouse or Domestic Partner to Your primary residence. Our payment will not exceed the cost of a single one-way economy airfare ticket, less the value of applied credit from any unused return travel ticket.

**Escort Service:** We will pay to return any of Your children who were accompanying You at the time of Your Accidental Injury or Emergency Sickness back to Your primary residence, including the cost of an attendant for a minor child. 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.

## SECTION V. CLAIMS PROCEDURES AND PAYMENT

All benefits will be paid in United States dollars. The following provisions will apply to all benefits.

**PAYMENT OF CLAIMS:** We, or Our authorized designee, will pay a claim after receipt of acceptable Proof of Loss. All claims will be paid to You. All or a portion of all other benefits provided may, at Our option, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, We may make arrangements to pay claims to Your legal guardian, committee or other qualified representative. Any payment made in good faith will discharge Our 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 for the same loss.

**NOTICE OF CLAIM:** Written notice of claim must be given by the Claimant (either You or someone acting for You) to Us or Our authorized designee within 20 days after a covered loss first begins or as soon as reasonably possible. Notice should include Your name, the Travel Supplier's name and the Policy number. Notice should be sent to Our administrative office at following address: 399 Park Avenue, 8<sup>th</sup> Floor, New York, NY 10022 or to Our authorized designee.

**CLAIM FORMS:** When We receive a notice of claim, We will send You the forms to be used in filing proof of claim. If We or Our designee do not send You these forms within 15 days, You can meet the Proof of Loss requirement by sending Us or Our designee a written statement of the occurrence, nature and extent of the loss within the time allowed for filing Proof of Loss under this Policy.

**PROOF OF LOSS:** The claimant must send Us or Our authorized designee Proof of Loss within 90 days after a covered loss occurs or as soon as reasonably possible. This must be a detailed statement.

**OTHER INSURANCE WITH US:** You may be covered under only 1 travel Policy with Us for each Covered Trip. If You are covered under more than 1 such Policy, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

The following provisions will apply to Baggage Delay and Baggage / Personal Effects Coverage:

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

- (a) notify Us, or Our Administrator as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage; and
- (d) notify the police or other authority in the case of robbery or theft within 24 hours.

**SETTLEMENT OF LOSS:** Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to Us and We have determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable Proof of Loss and the value involved to Us.

**DISAGREEMENT OVER SIZE OF LOSS:** If there is a disagreement about the amount of the loss either You or We can make a written demand for an appraisal. After the demand, You and We will each select Our own competent appraiser. After examining the facts, each of the 2 appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be non-binding. The appraiser selected by You is paid by You. We will pay the appraiser We choose. You will share equally with Us the cost for the arbitrator and the appraisal process.

## SECTION VI. GENERAL LIMITATIONS AND EXCLUSIONS

**Coverages to which General Exclusions apply:** The following exclusions apply to Trip Cancellation, Trip Interruption, Airline Ticket Change Fee, Missed Connection, Trip Delay and Emergency Medical Evacuation & Medically Necessary Repatriation.

We will not pay for loss caused by or resulting from:

1. Pre-Existing Conditions, unless: a) the Policy is purchased within 14 days of Your initial Trip deposit; b) the booking for the Covered Trip must be the first and only booking for this travel period and destination; and c) You are not disabled from travel at the time You pay the premium;
2. Commission or the attempt to commit a criminal act by You, Your Traveling Companion, or Your Family Member, whether insured or not;
3. Dental treatment except as a result of an Accidental Injury to sound natural teeth;
4. Expenses incurred as a result of being under the influence of drugs or intoxicants, unless prescribed by a Physician;
5. Mental or emotional disorders, unless hospitalized;
6. Any non-Emergency Treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
7. Participating in bodily contact sports; skydiving; mountaineering where ropes or guides are normally used; hang gliding; parachuting; any race by horse, motor vehicle, or motorcycle; bungee cord jumping; spelunking or caving; or rock climbing;
8. Participation in any military maneuver or training exercise, police service, or any loss while You are in the service of the armed forces of any country;
9. Participation as a professional athlete; participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;

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10. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
11. Pregnancy and childbirth (except for Complications of Pregnancy) except if hospitalized;
12. 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;
13. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Colorado and Missouri, sane only) committed by You, Your Traveling Companion or Your Family Member, whether or not insured;
14. Traveling for the purpose of securing medical treatment;
15. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), or civil war;
16. Your participation in civil disorder, riot or a felony;
17. Accidental Injury or Sickness when traveling against the advice of a Physician;
18. Care or treatment which is not Medically Necessary;
19. Services not shown as covered; and expenses not approved by the Assistance Company in advance;
20. 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; or
21. 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.

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

We 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;
8. bicycles (except when checked as Baggage with a Common Carrier);
9. eye glasses, sunglasses or contact lenses;
10. artificial teeth and dental bridges;
11. hearing aids;
12. prosthetic limbs;
13. keys, money, stamps, securities and documents;
14. tickets;
15. art objects and musical instruments;
16. consumables including medicines, perfumes, cosmetics, and perishables;
17. professional or occupational equipment or property, whether or not electronic Business Equipment;
18. telephones, computer hardware or software; or
19. property illegally acquired, kept, stored or transported.

Any loss caused by or resulting from the following is excluded:

1. wear and tear or gradual deterioration;
2. breakage of brittle or fragile articles;
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. radioactive contamination;
7. war or any act of war whether declared or not;
8. property shipped as freight or shipped prior to the Scheduled Departure Date;
9. delay or loss of market value;
10. indirect or consequential loss or damage of any kind;
11. theft or pilferage while left unattended in any vehicle if the vehicle is not properly secured;

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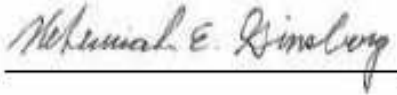
12. electrical current including electric arching that damages or destroys electrical devises or appliances;
13. mysterious disappearance; or
14. confiscation or expropriation by order of any government.

The following exclusions apply to Renters Collision Insurance:

1. Any obligation You assume under any agreement (except insurance collision Deductible);
2. Rentals of trucks, campers, trailers, off-road vehicles, motor bikes, motorcycles, recreational vehicles, limousines or other commercial or Exotic Vehicles;
3. Any Loss which occurs if You are in violation of the rental agreement;
4. Failure to report the loss to the proper local authorities and the rental company;
5. Damage to any other vehicle, structure or person as a result of a covered Loss;
6. Glass damage;
7. Overhead damage;
8. Tire damage;
9. Antique motor vehicles;
10. Any contents in the rental car; or
11. Any Loss as the result of physical damage or loss attributable to mechanical breakdown or failure, wear and tear, gradual deterioration, corrosion, rust or freezing or any neglect or abuse of the vehicle by You.

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In Witness Whereof, the Insurer has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of the Insurer.



Nehemiah E. Ginsburg,  
General Counsel and Secretary



Steve Blakey,  
President and Chief Executive Officer

**TRAVEL INSURANCE POLICY**

**Plan D: USI Explorer Series Diamond Plan**

This Policy is issued in consideration of enrollment and payment of the premium due. This Policy describes all of the travel insurance benefits underwritten by Starr Indemnity & Liability Company, herein referred to as We, Us, and Our. This Policy is a legal contract between You (herein referred to as You or Your) and Us. It is important that You read Your Policy carefully. Insurance benefits vary from program to program. Please refer to the Schedule of Benefits. It provides You with specific information about the program You purchased.



This Policy, alone, does not meet Minimum Credible Coverage standards, and will not satisfy the individual mandate that You have health insurance. Please see page 5 for additional information.

Pre-Existing Condition Provision: We will not pay for loss caused by or resulting from:

Pre-Existing Conditions, unless: a) the Policy is purchased within 14 days of Your initial Trip deposit; b) the booking for the Covered Trip must be the first and only booking for this travel period and destination; and c) You are not disabled from travel at the time You pay the premium.

**FOURTEEN DAY FREE LOOK**

You may cancel insurance under the Policy by giving Our Administrator or Us written notice of cancellation on the earlier of 14 days (a) from the date Your Policy is purchased or (b) prior to Your Scheduled Departure Date. If You do this, We will refund Your premium paid provided You have not filed a claim under the Policy.

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**SECTION I. GENERAL DEFINITIONS**

**"Accident"** means a sudden, unexpected, unusual, specific event that occurs at an identifiable time and place, during the Covered Trip and also includes a mishap to a conveyance in which You are traveling.

**"Accidental Injury"** means bodily injury caused by an Accident, directly and independently of all other causes and sustained on or after the Effective Date of this coverage and on or before the Scheduled Return Date. Benefits for Accidental Injury will not be paid for any loss caused by sickness or other bodily diseases or infirmity.



**"Assistance Company"** means the service provider with whom We have contracted to coordinate and deliver emergency travel assistance, medical evacuation and repatriation.

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

**"Common Carrier"** means any regularly scheduled land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**"Covered Expenses"** means expenses incurred by You which are: (a) for Medically Necessary services, supplies, care, or treatment; (b) due to Sickness or Accidental Injury; (c) prescribed, performed or ordered by a Physician; (d) Reasonable and Customary charges; (e) incurred while insured under the Policy; and (f) which do not exceed the maximum limits shown in the Schedule of Benefits, under each stated benefit.

**"Covered Trip"** means a trip for which You request insurance coverage and pay the required premium, and includes:

- (a) a period of travel away from home to a destination outside Your City of residence;
- (b) the purpose of the trip is business or pleasure; and
- (c) the trip has defined departure and return dates.

**"Dependent Child(ren)"** means Your children who:

- (a) are under 26 years of age;
- (b) are mentally or physically incapable of earning their own living, if due proof of the incapacity is received by Us within 31 days of the date upon which the coverage would otherwise be terminated; or
- (c) are adoptive children of an Insured domiciled in the commonwealth of Massachusetts immediately from the date of the filing of a petition to adopt and thereafter if the child has been residing in the home of the Insured or beneficiary as a foster child for whom the Insured or beneficiary has been receiving foster care payments, or, in all other cases, immediately from the date of placement by a licensed placement agency of the child for purposes of adoption in the home of an Insured or beneficiary.

**"Domestic Partner"** means a person, at least 18 years of age, with whom You have been living in a spousal relationship with evidence of cohabitation for at least 6 continuous months prior to the Effective Date of coverage.

**"Effective Date"** means the date and time Your coverage begins, as outlined in Section III. Eligibility and Period of Coverage of the Policy.

**"Family Member"** means You or Your Traveling Companion's legal or common law spouse, Domestic Partner, Your or Your Spouse's or Domestic Partner's caregiver, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, foster child, ward, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew.

**"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 1 or more Physicians available at all times;
- (d) provides 24 hour nursing service and has at least 1 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, or convalescent home for the aged or similar institution.

**"Hotel"** means a licensed establishment that provides lodging for the general public and usually meals, entertainment and various personal services.

**"Insured"** means a person who has enrolled for insurance under this Policy.

**"Medically Necessary"** means that a treatment, service, or supply is: (a) essential for diagnosis, treatment or care of the Accidental Injury or Sickness for which it is prescribed or performed; (b) meets generally accepted standards of medical practice; and (c) is ordered by a Physician and performed under his or her care, supervision or order.

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

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

**"Pre-Existing Condition"** means any Accidental Injury, Sickness or condition of You, Your Traveling Companion, or Your Family Member booked to travel with You for which medical advice, diagnosis, care or treatment was recommended or received within the 180 day period ending on the Effective Date. Sicknesses or conditions are not considered pre-

## STARR INDEMNITY AND LIABILITY COMPANY

existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

**"Scheduled Departure Date"** means the date on which You are originally scheduled to leave on the Covered 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 or to Your primary residence from a Covered Trip.

**"Sickness"** means an illness or disease, including pregnancy, which is diagnosed or treated by a Physician on or after the Effective Date of insurance and while You are covered under the Policy.

**"Traveling Companion"** means person(s) booked to accompany You on Your Covered Trip. Note: A group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

**"Travel Supplier"** means any entity involved in providing travel services or travel arrangements.

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

**"We, Us, Our"** means Starr Indemnity and Liability Company and its agents.

**"You" and "Your"** means the Insured.

## SECTION II. GENERAL PROVISIONS

The following provisions apply to all coverages:

**SUIT AGAINST US:** No legal action for a claim can be brought against Us until 60 days after We receive Proof of Loss. No legal action for a claim can be brought against Us unless there has been full compliance with all of the terms of this Policy and no more than 3 years after the time required for giving Proof of Loss.

**MISREPRESENTATION AND FRAUD:** Your coverage shall be void if, whether before or after a loss, You have concealed or misrepresented any material fact or circumstance concerning the Policy or the subject thereof, or Your interest therein, or if You commit fraud or material misrepresentations in connection with this insurance coverage.

**SUBROGATION:** To the extent We pay for a loss suffered by You, We will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help Us to preserve Our rights against those responsible for the loss. This may involve signing any papers and taking any other steps We may reasonably require. If We take over Your rights, You (or Your designated representative if a minor) must sign an appropriate subrogation form supplied by Us. We will not retain any payments until You have been made whole with regard to any claim payable under the Policy.

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

**CHANGE OF BENEFICIARY:** Unless You make an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to You and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to any change of beneficiary or beneficiaries, or to any other changes in this Policy.

**PREMIUM:** The required premium must be paid to Us or Our agent, or to the Travel Supplier prior to the Scheduled Departure Date of the Covered Trip.

**INSURANCE WITH OTHER INSURERS:** If there is other valid coverage, not with Us, providing benefits for the same loss on a provision of service basis or on an expense incurred basis and of which We have not been given written notice prior to the occurrence or commencement of loss, the only liability under any expense incurred coverage of this Policy shall be for such proportion of the loss as the amount which would otherwise have been payable hereunder plus the total of the like amounts under all such other valid coverages for the same loss for which We had notice bears to the total like amounts under all valid coverages for such loss, and for the return of such portion of the premiums paid as shall exceed the pro-rata portion for the amount so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the "like amount" of such other coverage shall be taken as the amount which the services rendered would have cost in the absence of such coverage.

## STARR INDEMNITY AND LIABILITY COMPANY

**ENTIRE CONTRACT:** This Policy, Your application or enrollment material, and any attachments represent the entire contact between You and Us. No change in this Policy shall be valid until approved by an executive officer and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

### SECTION III. ELIGIBILITY AND PERIOD OF COVERAGE

**ELIGIBILITY:** Each Insured must enroll for his or her own insurance and pay any premium due. If a minor Dependent Child is traveling with a parent, the parent must enroll himself/herself for insurance and also enroll the child for his or her own insurance and pay any premium due. If accepted by Us, each person will become an Insured.

**EFFECTIVE DATE AND POLICY TERM:** The Effective Date of Your Policy is shown in the confirmation of benefits and remains in effect for the stated term shown in the confirmation of benefits.

#### **When Your Coverage for Benefits Begins:**

- (a) Subject to payment of any premium due, coverage begins at the later of the point and time of Your departure on the Scheduled Departure Date; or Your actual departure for Your Covered Trip.

#### **When Your Coverage Ends:**

Coverage is effective for the stated term shown in the confirmation of benefits. In addition, Your coverage will end at 11:59 P.M. local time on the date which is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets;
- (b) the date You return to Your origination point if prior to the Scheduled Return Date;
- (c) the date You leave or change Your Covered Trip (unless due to Unforeseen and unavoidable circumstances covered by the Policy);
- (d) if You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date; or
- (e) the date You cancel Your Covered Trip.

### SECTION IV. COVERAGES

**We will provide the coverage described in this policy only if it is listed on the Table of Insurance Benefits on the Schedule of Benefits.**

#### **ACCIDENT AND SICKNESS HOSPITAL INDEMNITY**

We will pay the daily benefit shown in the Schedule of Benefits for each day You are confined to a Hospital as a registered inpatient as a result of Sickness or Accidental Injury while on a Covered Trip. Such confinement must be Medically Necessary and recommended by an attending Physician. The confinement must occur while You are on a Covered Trip.

We will advance payment to a Hospital, up to the maximum shown on the Schedule of Benefits, if needed to secure Your admission to a Hospital because of Accidental Injury or Sickness.

**As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website ( [www.mahealthconnector.org](http://www.mahealthconnector.org) ).**

This plan is not intended to provide comprehensive health care coverage and **does not meet Minimum Creditable Coverage standards**, even if it does include services that are not available in the insured's other health plans.

#### **REPATRIATION OF REMAINS**

## STARR INDEMNITY AND LIABILITY COMPANY

We will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Covered Trip. No payment will exceed the maximum shown on the Schedule of Benefits.

Covered Expenses include: (a) The collection of the body of the deceased; (b) the transfer of the body to a professional funeral home; (c) embalming and preparation of the body or cremation if so desired; (d) standard shipping casket; (e) any required consular proceedings; (f) the transfer of the casket to the airport and boarding of the casket onto the plane; (g) any required permits and corresponding airfare; and (h) the transfer of the deceased to their final destination. All Covered Expenses must be approved in advance by the Assistance Company.

Escort Service: We will pay to return any of Your children who were accompanying You at the time of Your death back to Your primary residence, including the cost of an attendant for a minor child. 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.

### SECTION V. CLAIMS PROCEDURES AND PAYMENT

All benefits will be paid in United States dollars. The following provisions will apply to all benefits.

**PAYMENT OF CLAIMS:** We, or Our authorized designee, will pay a claim immediately after receipt of acceptable Proof of Loss.

With regard to Accident and Sickness Medical Expense Benefits, if payment is not made within forty-five (45) days from said receipt of notice, We shall notify You in writing specifying the reasons for the nonpayment or whatever further documentation is necessary for payment of said claim within the terms of the Policy. If We fail to comply with the provisions of this paragraph, We shall pay, in addition to any benefits which inure to You, interest on such benefits, which shall accrue beginning forty-five (45) days after Our receipt of notice of claim at the rate of one and one-half percent per month, not to exceed eighteen (18) percent per year. The provisions of this paragraph relating to interest payments shall not apply to a claim which We are investigating because of suspected fraud.

All claims will be paid to You except for loss of life claims. All or a portion of all other benefits provided may, at Our option, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, We may make arrangements to pay claims to Your legal guardian, committee or other qualified representative. Any payment made in good faith will discharge Our 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 for the same loss.

Benefits for loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the estate.

**NOTICE OF CLAIM:** Written notice of claim must be given by the claimant (either You or someone acting for You) to Us or Our authorized designee within 20 days after a covered loss first begins or as soon as reasonably possible. Notice should include Your name, the Travel Supplier's name and the Policy number. Notice should be sent to Our administrative office, at the following address: 399 Park Avenue, 8<sup>th</sup> Floor, New York, NY 10022 or to Our authorized designee.

**CLAIM FORMS:** When We receive a notice of claim, We will send You the forms to be used in filing proof of claim. If We or Our designee do not send You these forms within 15 days, You can meet the Proof of Loss requirement by sending Us or Our designee a written statement of the occurrence, nature and extent of the loss within the time allowed for filing Proof of Loss under this Policy.

**PROOF OF LOSS:** The claimant must send Us or Our authorized designee Proof of Loss within 90 days after a covered loss occurs or as soon as reasonably possible. This must be a detailed statement. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time,

## STARR INDEMNITY AND LIABILITY COMPANY

provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**OTHER INSURANCE WITH US:** You may be covered under only 1 travel Policy with Us for each Covered Trip. If You are covered under more than 1 such Policy, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

**PHYSICAL EXAMINATION AND AUTOPSY:** We have the right to physically examine a claimant as often as needed while a claim is pending. We may choose the Physician. We also have the right to have an autopsy performed in the case of death, unless prohibited by law or it conflicts with Your religious beliefs. These will be done at Our expense.

### SECTION VI. GENERAL LIMITATIONS AND EXCLUSIONS

**Coverages to which General Exclusions apply:** The following exclusions apply to Accident and Sickness Hospital Indemnity and Repatriation of Remains.

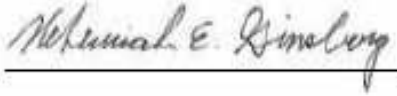
We will not pay for loss caused by or resulting from:

1. Pre-Existing Conditions, unless: a) the Policy is purchased within 14 days of Your initial Trip deposit; b) the booking for the Covered Trip must be the first and only booking for this travel period and destination; and c) You are not disabled from travel at the time You pay the premium;
2. Commission or the attempt to commit a criminal act by You, Your Traveling Companion, or Your Family Member, whether insured or not;
3. Dental treatment except as a result of an Accidental Injury to sound natural teeth that requires Hospital confinement;
4. Hospital confinement due to Expenses incurred as a result of being under the influence of drugs or intoxicants, unless prescribed by a Physician;
5. Mental or emotional disorders, unless hospitalized;
6. Any treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
7. Participating in bodily contact sports; skydiving; mountaineering where ropes or guides are normally used; hang gliding; parachuting; any race by horse, motor vehicle, or motorcycle; bungee cord jumping; spelunking or caving; or rock climbing;
8. Participation in any military maneuver or training exercise, police service, or any loss while You are in the service of the armed forces of any country;
9. Participation as a professional athlete; participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;
10. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
11. 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;
12. Suicide (for Repatriation of Remains benefit), attempted suicide or any intentionally self-inflicted injury while sane or insane (in Colorado and Missouri, sane only) committed by You, Your Traveling Companion or Your Family Member, whether or not insured;
13. Traveling for the purpose of securing medical treatment;
14. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), or civil war;
15. Your participation in civil disorder, riot or a felony;
16. Accidental Injury or Sickness when traveling against the advice of a Physician;
17. Care or treatment which is not Medically Necessary;
18. Services not shown as covered; and expenses not approved by the Assistance Company in advance;
19. 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; or
20. 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.

**STARR INDEMNITY AND LIABILITY COMPANY**

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In Witness Whereof, the Insurer has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of the Insurer.



Nehemiah E. Ginsburg,  
General Counsel and Secretary



Steve Blakey,  
President and Chief Executive Officer



STARR INDEMNITY AND LIABILITY COMPANY

**ACCIDENTAL DEATH AND DISMEMBERMENT  
ENDORSEMENT**

The Policy to which this endorsement is attached is amended as follows.

The following is added to **SECTION I. GENERAL DEFINITIONS:**

In addition to the definitions in the Policy, the following definitions apply to Accidental Death and Dismemberment coverage:

**"Accident"** means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, during the Covered Trip and also includes a mishap to a conveyance in which You are traveling.

**"Accidental Injury"** means bodily injury caused by an Accident, directly and independently of all other causes and sustained on or after the Effective Date of this coverage and on or before the Scheduled Return Date. Benefits for Accidental Injury will not be paid for any loss caused by sickness or other bodily diseases or infirmity.

**"Physician"** means a licensed health care provider of medical, surgical or dental services acting within the scope of his or her license and rendering care or treatment to You that is appropriate for Your medical condition(s) and locality where the services are provided. The treating Physician may not be You, a Traveling Companion or a Family Member.

The following is added to **SECTION IV. COVERAGES:**

**ACCIDENTAL DEATH AND DISMEMBERMENT**

We will pay the percentage of the Principal Sum listed in the Schedule of Benefits when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table of Losses below. The loss must occur within 365 days after the date of the Accident causing the loss.

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**

<b>Loss of:</b>	<b>Percentage of Principal Sum:</b>
Life	100% of \$50,000
Both hands or both feet	100% of \$50,000
Sight of both eyes	100% of \$50,000
One hand and one foot	100% of \$50,000
Either hand or foot and sight of one eye	100% of \$50,000
Either hand or foot	50% of \$50,000
Sight of one eye	50% of \$50,000
Speech and hearing in both ears	100% of \$50,000
Speech	50% of \$50,000
Hearing in both ears	50% of \$50,000

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Loss with regard to:

- (a) hand or foot, means actual complete severance through and above the wrist or ankle joints;
- (b) eye means an entire and irrecoverable loss of sight; and
- (c) speech or hearing means entire and irrecoverable loss of speech or hearing of both ears.

No benefit is payable for loss resulting from or due to stroke, cerebral vascular, or cardiovascular Accident or event; myocardial infarction (heart attack); coronary thrombosis, or aneurysm.

**EXPOSURE:** We will pay benefits for covered losses that result if You are unavoidably exposed to the elements due to an Accident. The loss must occur within 365 days after the event which caused the exposure.

**DISAPPEARANCE:** We will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident.

**SECTION VI. GENERAL LIMITATIONS AND EXCLUSIONS** is amended as follows:

In addition to the exclusions in the Policy, the following exclusions apply to Accidental Death and Dismemberment coverage:

1. Pre-Existing Conditions, to the extent they are excluded in Your base Policy;
2. Commission or the attempt to commit a criminal act by You, Your Traveling Companion or Your Family Member, whether insured or not;
3. Dental treatment except as a result of an Accidental Injury to sound natural teeth or emergency dental treatment for relief of pain that requires Hospital confinement;
4. Hospital confinement due to being intoxicated above the legal limit or under the influence of drugs or narcotics, unless prescribed by a Physician and taken in accordance with the Physician's recommendations;
5. Mental or emotional disorders, unless hospitalized as a result thereof;
6. Any non-Emergency Treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
7. Participating in bodily contact sports; skydiving; mountaineering where ropes or guides are normally used; hang gliding; parachuting; any race by horse, motor vehicle or motorcycle; bungee cord jumping; scuba diving; spelunking or caving; or rock climbing;
8. Serving as a contractor for the military, participation in any military maneuver or training exercise, police service or military service;
9. Participation as a professional athlete; participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;
10. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
11. Cosmetic surgery (except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part) and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect;
12. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Colorado and Missouri, sane only) committed by You, Your Traveling Companion or Your Family Member, whether or not insured;
13. Traveling for the purpose of securing medical treatment;
14. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) or civil war;
15. Your participation in civil disorder, riot or a felony;
16. Accidental Injury or Covered Sickness when traveling against the advice of a Physician;
17. Care or treatment that is not Medically Necessary;
18. Services not shown as covered; and expenses not approved by Our designated Assistance Company in advance;
19. 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; or

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20. 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.

There are no other changes to the Policy.

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**ACCIDENTAL DEATH AND DISMEMBERMENT - AIR ONLY  
ENDORSEMENT**

The Policy to which this endorsement is attached is amended as follows.

The following is added to **SECTION I. GENERAL DEFINITIONS:**

In addition to the definitions in the Policy, the following definitions apply to Accidental Death and Dismemberment - Air Only Coverage:

**"Accident"** means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, during the Covered Trip and also includes a mishap to a conveyance in which You are traveling.

**"Accidental Injuries"** means bodily injury caused by an Accident, directly and independently of all other causes and sustained on or after the Effective Date of this coverage and on or before the Scheduled Return Date. Benefits for Accidental Injury will not be paid for any loss caused by sickness or other bodily diseases or infirmity.

**"Physician"** means a licensed health care provider of medical, surgical or dental services acting within the scope of his or her license and rendering care or treatment to You that is appropriate for Your medical condition(s) and locality where the services are provided. The treating Physician may not be You, a Traveling Companion or a Family Member.

The following is added to **SECTION IV. COVERAGES:**

**ACCIDENTAL DEATH AND DISMEMBERMENT -AIR ONLY**

We will pay benefits for Accidental Injuries resulting in a loss as described in the below Table of Losses , that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Covered Trip. The loss must occur within 365 days after the date of the Accident causing the loss. The Principal Sum is shown on the Schedule of Benefits.

**TABLE OF LOSSES**

<b>Loss of:</b>	<b>Percentage of Principal Sum:</b>
Life	100% of \$10,000
Both hands or both feet	100% of \$10,000
Sight of both eyes	100% of \$10,000
One hand and one foot	100% of \$10,000
Either hand or foot and sight of one eye	100% of \$10,000
Either hand or foot	50% of \$10,000
Sight of one eye	50% of \$10,000
Speech and hearing in both ears	100% of \$10,000
Speech	50% of \$10,000
Hearing in both ears	50% of \$10,000

Loss with regard to:

- (a) hand or foot, means actual complete severance through and above the wrist or ankle joints; or
- (b) eye means an entire and irrecoverable loss of sight; and
- (c) speech or hearing means entire and irrecoverable loss of speech or hearing of both ears.

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

**EXPOSURE:** We will pay benefits for covered losses that result if You are unavoidably exposed to the elements due to an Accident. The loss must occur within 365 days after the event which caused the exposure.

**DISAPPEARANCE:** We will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident.

**SECTION VI. GENERAL LIMITATIONS AND EXCLUSIONS** is amended as follows:

In addition to the exclusions in the Policy, the following exclusions apply to Accidental Death and Dismemberment -Air Only coverage:

1. Pre- Existing Conditions, to the extent they are excluded in Your base Policy;
2. Commission or the attempt to commit a criminal act by You, Your Traveling Companion or Your Family Member, whether insured or not;
3. Dental treatment except as a result of an Accidental Injury to sound natural teeth or emergency dental treatment for relief of pain that requires Hospital confinement;
4. Hospital confinement due to being intoxicated above the legal limit or under the influence of drugs or narcotics, unless prescribed by a Physician and taken in accordance with the Physician's recommendations;
5. Mental or emotional disorders, unless hospitalized as a result thereof;
6. Any non-Emergency Treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
7. Participating in bodily contact sports; skydiving; mountaineering where ropes or guides are normally used; hang gliding; parachuting; any race by horse, motor vehicle or motorcycle; bungee cord jumping; scuba diving; spelunking or caving; or rock climbing;
8. Serving as a contractor for the military, participation in any military maneuver or training exercise, police service or military service;
9. Participation as a professional athlete; participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;
10. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
11. Cosmetic surgery (except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part) and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect;
12. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Colorado and Missouri, sane only) committed by You, Your Traveling Companion or Your Family Member, whether or not insured;
13. Traveling for the purpose of securing medical treatment;
14. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) or civil war;
15. Your participation in civil disorder, riot or a felony;
16. Accidental Injury or Covered Sickness when traveling against the advice of a Physician;
17. Care or treatment that is not Medically Necessary;
18. Services not shown as covered; and expenses not approved by Our designated Assistance Company in advance;
19. 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; or
20. 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.

There are no other changes to the Policy.