






Thank You for Choosing Travel Guard! We are happy to be part of your trip!

This document introduces you to the travel insurance policy and provides you with general information that may be helpful in understanding the policy. The policy is a legal contract between you and American Zurich Insurance Company of Illinois which provides insurance coverage for your trip through its relationship with Travel Guard. Please be sure to read the policy thoroughly. It includes a Schedule Page that shows the benefits that are offered.

Requirements to Purchase a Policy:

1. You are a U.S. resident at the time you buy the policy, and are still a U.S. resident when you begin your Trip.
2. You must purchase the policy no later than 24 hours prior to departure.

What You Should Know:

-  The policy covers specific events and losses, and only under the conditions listed in the policy.
-  The policy is designed to reimburse you after a Loss is incurred and a claim is filed. The Payment of Claims section supplies additional information on what is needed to file a claim.
-  Please take note of the definitions for **Trip Cost** and **Cancellation Penalties**. They explain how to determine trip costs for different scenarios so you can accurately insure the trip costs you have invested.
-  The policy uses the term “days” throughout the document. With the exception of its usage with specific times, like those used in the Effective and Termination Dates section, e.g. 11:59 P.M. on the day before the scheduled **Departure Date**, they will refer to the actual number of days, regardless of the time of day. For example, if you are traveling June 1st, June 2nd and June 3rd, your trip length is 3 days, no matter what time you leave or return.
-  We understand that trip plans can change. If your dates of travel change, or you pay for additional trip components, you must update your application with us to include the additional trip components and/or any other changes. You can easily do this online at www.travelguard.com, or you can call us at 1.800.826.1300. If you travel without updating your application and then file a claim, the benefit payment may be reduced.



Your policy may provide extra coverage, such as a Pre-existing Medical Condition Exclusion Waiver, if you purchase the insurance within 21 days of the initial trip deposit. Check the **Schedule** or **Declarations Page** for a complete list of benefits and benefit amounts.



If you find that you don't want this policy for any reason, you can let us know by sending an email to: refund@travelguard.com. If you do this within 15 days of the Effective Date of the policy, we will refund the premium.



If you have a claim, you can file it online at <https://claims.travelguard.com/> or contact us at 1.800.826.1300 between 7a.m. and 7p.m. Central Time.



If you need to contact Travel Guard for questions or assistance during your trip, please call 1.715.345.0505. You may call collect if you are calling outside of the U.S.

Here's What's Included:

1. **Schedule of Benefits.** This lists the base policy benefits and the amount of coverage for each benefit, as well as options you may add to your policy. Each of these benefits will pay up to the limit shown for covered losses.
2. **Effective and Termination Dates.** It's important for both of us to know when your coverage is active. This section explains when each of the benefits in the policy start and when they end.
3. **Definitions.** You'll notice that some words in this policy are **Capitalized**, **Bold** and **Italics**. These are words that have specific meanings in the policy, and it's important that you know exactly what they are. When you see a capitalized, bold, italicized word, you can find the applicable meaning in the Definitions section.
4. **Benefits.** Each benefit in your policy will state the events or losses we will cover. You will also find an explanation of the payments we will make if one of those events occurs. Not every loss may be covered, and not every expense incurred in a loss may be paid, so please read the policy carefully.

5. Exclusions. The policy contains a General Exclusions section that applies to all benefits. Some benefits will include an exclusions section that will only apply to that particular benefit. The exclusions section lists the items or types of losses that are not covered under the policy, so be sure to read them as well to get a full understanding of how your benefits apply.

6. Pre-Existing Medical Condition Exclusion Waiver. If you have this coverage, it will waive the pre-existing medical conditions exclusions in the benefits where they may otherwise not be covered. If you do not have this coverage, please refer to the Exclusions sections to learn how pre-existing conditions may affect your benefits.

7. Payment of Claims. If you file a claim with us, this section shows which documentation is required, and how and where to send it.

8. General Provisions. This section explains contractual details of the policy.

9. Services. In addition to the insurance coverage provided by the policy, Travel Guard offers world-class assistance services to our customers.

Be sure to read the policy carefully to understand your coverage, and if you have any questions, let us know!

We are available at 1.800.826.1300

Travel Guard®

Part of  ZURICH® Cover-More



TRAVEL GUARD PLUS

POLICY OF INSURANCE

Product Code: 939901 IN21 03/24

Price paid for this plan includes both insurance premium and fee for travel assistance services.

Assistance Services

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

- Travel Medical Assistance • Worldwide Travel Assistance
- Concierge Services • Personal Security Assistance

STATE AND PRIVACY NOTICE

This document is only applicable to residents of Indiana.

If you are from any other state, you will need to [view your state-specific Policy](#), or call Travel Guard at 1.800.826.1300.

To view and print a copy of our privacy notice, please visit: www.travelguard.com/default/privacynotice.aspx



AMERICAN ZURICH INSURANCE COMPANY

A Stock Company

1299 Zurich Way, Schaumburg, Illinois 60196

INDIVIDUAL TRAVEL PROTECTION POLICY

IMPORTANT

This coverage is valid only if the appropriate cost has been paid. Please keep this document as your record of coverage under the plan.

PLEASE READ THIS DOCUMENT CAREFULLY!

This Policy is issued in consideration of your application and payment of the premium due. This Policy describes all of the travel insurance benefits underwritten by American Zurich Insurance Company of Illinois (herein referred to as the **Company**).

This Policy is a legal contract between the **Insured** and the **Company**. It is important that you read your Policy carefully. Please refer to the **Schedule** or and **Declarations Page**. It provides you with specific information about the insurance you purchased.

FIFTEEN DAY LOOK

You may cancel this insurance by giving the **Company** or the agent written notice within the first to occur of the following:

- (a) 15 days from the Effective Date of your insurance; or
- (b) your scheduled **Departure Date**.

If you do this, the **Company** will refund your premium paid provided no **Insured** has filed a claim under this Policy. After this 15 day period, the premium is non-refundable. Refund requests may be sent by email to refund@travelguard.com.

The President and Secretary of the American Zurich Insurance Company of Illinois witness this Policy.

Sierra Signorelli

President

Ravraj K. Kanyanish

Corporate Secretary

SCHEDULE OF BENEFITS

	Maximum limit Per Insured
Trip Cancellation	up to 100% of insured Trip Cost Maximum insurable Trip Cost \$150,000
Trip Interruption	up to 150% of insured Trip Cost Maximum insurable Trip Cost \$150,000
Trip Interruption - Return Transportation Only	up to \$1,000
Coverage for Trip Interruption and Trip Interruption - Return Transportation Only cannot be combined.	
Single Occupancy	up to 100% of insured Trip Cost Maximum insurable Trip Cost \$150,000
Trip Delay	up to \$200 per day, to a maximum of \$1,000
Missed Connection	up to \$1,000
Baggage Coverage	up to \$2,500
Per item restrictions apply, see benefit wording for details.	
Baggage Delay	up to \$400
Travel Medical Expense	up to \$100,000
Dental	up to \$500
Physical Therapy	up to \$2,000
Emergency Evacuation & Repatriation of Remains	up to \$1,000,000
Non-Flight Accidental Death & Dismemberment	up to \$50,000

EXTRA COVERAGE

The following is included at no additional cost if the policy is purchased within the Time Sensitive Period.

Please note: the Time Sensitive Period referenced here means within 21 days of Initial Trip Payment.



Pre-Existing Medical Conditions Exclusion Waiver Provides coverage otherwise excluded due to pre-existing medical conditions

OPTIONAL UPGRADES

The following will be included if elected and purchased:



Cancel for Any Reason up to 50% of insured Trip Cost
Maximum insurable Trip Cost \$150,000
(Can only be purchased at the time the base plan is purchased and within 21 days of Initial Trip Payment)



Rental Vehicle Damage Coverage \$35,000 or \$50,000
Deductible \$250



Flight Guard® Amount Selected up to \$500,000



Quarantine Bundle

Includes the following Upgrades

Quarantine Stipend \$100 per day, up to 14 days
Additional Unforeseen event for Trip Interruption:
Being denied boarding by a **Common Carrier** due to health-related screenings.

For Questions or Information, Contact:



www.TravelGuard.com



1.800.826.1300

Underwritten by American Zurich Insurance Company of Illinois

The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

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SECTION I EFFECTIVE AND TERMINATION DATES

WHEN COVERAGE BEGINS

Pre-Departure Benefits

Trip Cancellation and Cancel for Any Reason coverages begin at 12:01 A.M. local time on the date following payment of the cost to the **Company** or its authorized representative.

Post-Departure Benefits

Rental Vehicle Damage Coverage begins when the **Insured** signs the rental agreement and takes possession of the rental, if the cost has been paid on or before the date and time the rental agreement has been signed.

All other coverages will begin on:

- 12:01 A.M. local time on the scheduled **Departure Date** shown on the travel documents.
- the date and time the **Insured** starts his/her **Trip**.

WHEN COVERAGE ENDS

Pre-Departure Benefits

Trip Cancellation coverages end on the earlier of:

- (a) the cancellation of the **Insured's Trip**; or
- (b) the date and time the **Insured** starts his or her **Trip**.

Cancel for Any Reason will end when the **Trip** is cancelled, or two (2) days prior to the **Departure Date**, whichever is earlier.

Post-Departure Benefits

Rental Vehicle Damage Coverage will end the earlier of:

- (a) the rental's return to the rental agency; or
- (b) 11:59 P.M. on the **Rental Return Date**.

If the **Insured** extends the rental agreement, the **Insured** must also contact Travel Guard on or before the **Rental Return Date** to extend the rental coverage and pay the cost due, otherwise this coverage will end on the original **Rental Return Date**.

All other coverages end on the earlier/est of:

- (a) the **Insured's** arrival at the **Return Destination**, even if this occurs earlier than the scheduled **Return Date**; or
- (b) the scheduled **Return Date**; or
- (c) the **Insured's** arrival at the **Destination** on a one-way **Trip**; or
- (d) the date listed as the return date by the **Insured** on the application.

Extension of Coverage – Late Return:

All coverages except Trip Cancellation and Cancel for Any Reason will be extended, if:

- (a) the **Insured's** entire **Trip** is covered by the plan; and
- (b) the **Insured's** return is delayed by any of the events listed in Trip Cancellation, Trip Interruption or Trip Delay.

This extension of coverage will end on the earlier of:

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

If, due to restrictions by a **Common Carrier** or a **Physician**, the **Insured** cannot return home before this extension ends, coverage will be extended for an additional 30 days, or until the first time such restrictions are removed (whichever is first), and will remain effective while the **Insured** travels to the **Return Destination**.

Extension of Coverage – Baggage Coverage and Baggage Delay:

Baggage Coverage is extended if the **Insured's Baggage** is in the charge of a **Common Carrier** and delivery is delayed. This extension will end when the **Common Carrier** delivers the property to the **Insured**, or when the **Common Carrier** documents the property as lost.

SECTION II GENERAL EXCLUSIONS

In addition to any applicable benefit-specific exclusions, the following exclusions apply to all losses and all benefits. Unless otherwise shown below, these exclusions apply to the **Insured, Traveling Companion, Family Member, Host at Destination** and **Business Partner**. This Policy does not cover any loss for, caused by or resulting from:

- (a) any loss that occurs at a time when the applicable benefit is not in effect, as outlined in the Effective and Termination Dates section; or
- (b) war or act of war, whether declared or not, including civil war; or

- (c) participation in a **Riot, Civil Disorder**, or insurrection; or
- (d) travel restrictions due to government orders, warnings, advisories, regulations, directives, prohibitions, immunization requirements, or border closures; or
- (e) commission of or attempt to commit a felony by the **Insured** that affects the **Trip**; or
- (f) being under the influence of drugs or narcotics, unless administered upon the advice of a **Physician** as prescribed; or
- (g) intoxication above the legal limit at the **Insured's** location at the time of loss; or
- (h) any **Trip** taken by the **Insured** outside the advice of a **Physician**; or
- (i) disruption of travel caused by a **C.B.R.N. Incident**; or
- (j) disruption of travel caused by an **Electromagnetic Event**; or
- (k) disruption of travel caused by a **Cyber Attack**; or
- (l) disruption of travel caused by an **Impact Event**.

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

The **Company** will waive the **Pre-Existing Medical Condition** exclusion if all of the following conditions are met:

- (1) the plan is purchased within the **Time Sensitive Period**; and
- (2) the **Insured** is medically able to travel when the plan is purchased; and
- (3) the amount of coverage purchased equals all **Cancellation Penalties** up to the maximum shown in the **Schedule** including any subsequent arrangements made for the same **Trip**. The **Insured** must update the coverage to include the additional cost of the subsequent arrangements within 21 days of payment to the **Travel Supplier**.

If the **Insured** does not insure all **Trip Costs** within 21 days of payment to the **Travel Supplier**, this waiver will be terminated and the **Pre-Existing Medical Conditions** exclusion will apply.

PRIMARY INSURANCE

The insurance provided by this Policy for all coverages will be paid on a **Primary** basis. This is subject to recovery. The **Company** will pay the claim first then seek to recover any payments made by a third party.

SECTION III BENEFITS

TRIP CANCELLATION

The **Company** will pay a benefit to reimburse the **Insured** for covered expenses up to the maximum limit shown in the **Schedule** or **Declarations Page**, if an **Insured** cancels his/her **Trip** due to any of the following events:

- (a) Death of the **Insured**, or a **Family Member, Traveling Companion, Business Partner** or **Host at Destination**;
- (b) **Sickness** or **Injury** of the **Insured**, or a **Traveling Companion** that results in medically imposed travel restrictions as certified by a **Physician** at the time of **Loss**;
- (c) **Sickness** or **Injury** of a **Family Member**;
- (d) **Sickness** or **Injury** of a **Business Partner** that is so disabling as to reasonably cause the **Insured** to cancel the **Trip** to assume daily management of the business;
- (e) **Sickness** or **Injury** of the **Host at Destination**, as verified by a **Physician**;
- (f) the **Insured** or **Traveling Companion** is subpoenaed, required to serve on a jury, or required to appear as a witness in a legal action, provided the **Insured** or **Traveling Companion** is not a party to the legal action or appearing as a law enforcement officer;

- (g) the **Insured** or **Traveling Companion** is called to active military service or as a reservist, experiences a military reassignment, or military leave is revoked. The military leave for the dates of travel must be approved prior to the effective date of coverage;
- (h) **Job Loss** of the **Insured** or **Traveling Companion**, (or, if the **Insured** is a **Child**, the **Insured's** parent or legal guardian). The notice of termination must occur at least 30 days after the **Insured's** effective date of coverage. The **Insured** or **Traveling Companion** must have been an active employee with the same employer for at least 1 continuous year. This provision is not applicable to temporary employment, seasonal employment, independent contractors or self-employed persons;
- (i) the **Insured** or **Traveling Companion** (or, if the **Insured** is a **Child**, the **Insured's** parent or legal guardian), has an involuntary employer-initiated transfer of 100 or more miles that requires the **Insured's** or **Traveling Companion's Primary Residence** to be relocated; if he or she has been an active employee with the same employer for at least 1 continuous year. Notification of the transfer by the employer to the **Insured** must occur after the effective date of coverage;
- (j) the **Insured's** or **Traveling Companion's Primary Residence** is made **Uninhabitable**, or the **Destination** is made **Uninhabitable** or **Inaccessible**, by **Natural Disaster** (other than a hurricane), fire, vandalism, or burglary;
- (k) a hurricane makes the **Insured's Primary Residence Uninhabitable**, or makes the **Destination Inaccessible** or **Uninhabitable**. Coverage for a hurricane applies only if insurance was purchased prior to the storm system first reaching tropical storm status. The **Company** will only pay the benefits for **Losses** occurring within 30 days after the named hurricane makes the **Insured's Destination Uninhabitable** or **Inaccessible**;
- (l) the **Insured** or **Traveling Companion** is delayed due to a traffic accident while en route to the **Insured's Destination**. The traffic accident must be confirmed by a police report;
- (m) the **Insured** or **Traveling Companion** is required to work during his/her scheduled **Trip**. He/she must provide proof of requirement to work, such as a notarized statement signed by an officer of his/her employer. In the case of self-employment, proof of self-employment and a notarized statement confirming that the **Insured** or **Traveling Companion** is unable to travel due to his or her job obligations will be required. The **Insured** or **Traveling Companion** must be employed by the company at the time the Policy is purchased, and must have vacation approved for the dates of travel prior to the effective date of coverage;
- (n) the **Insured** or **Traveling Companion** is a full-time teacher, other full-time employee, or a student at a primary or secondary school and must begin or complete an extended school year that falls on or beyond the **Departure Date**;
- (o) the **Insured** or **Traveling Companion** is required to take an academic examination on a date that has been fixed after the effective date of coverage, and the date falls during the **Trip**;
- (p) the **Insured's** required participation in a scholastic sporting, theatrical, or musical event on a date that has been fixed after the Trip Cancellation coverage effective date and falls during the **Trip**. This requirement must be documented in writing by a school representative;
- (q) **Mental or Psychological Disorders** of an **Insured, Family Member** or **Traveling Companion** requiring inpatient hospitalization that results in medically imposed travel restrictions as certified by a **Physician** at the time of **Loss**;

- (r) **Financial Default** of a **Travel Supplier**; that occurs more than 14 days following the **Insured's** effective date for the Trip Cancellation benefit. There is no coverage for the **Financial Default** of:
 - (i) any person, organization, agency, or firm from whom the **Insured** purchased travel arrangements supplied by others; and
 - (ii) a **Travel Supplier** on policies purchased after the date shown on Travel Guard's Alert List. This list is provided at the time of application and fulfillment, and can be accessed any time a www.travelguard.com/help-center/alert-list;
- (s) **Strike** causing cancellation or delay of the **Insured's** pre-arranged travel services;
- (t) **Inclement Weather** causing cancellation or delay of the **Insured's Trip**;
- (u) a **Terrorist Incident** in a **City** listed on the **Insured's** itinerary within 30 days of the **Insured's** scheduled arrival, if the **City** has not experienced a **Terrorist Incident** in the 30 days prior to the effective date of the Trip Cancellation benefit;
- (v) mechanical/equipment failure of a **Common Carrier** that results in a delay of the **Insured's Trip** for at least 72 consecutive hours.

Trip Cancellation Benefits:

The **Company** will pay a benefit to reimburse the **Insured** for any of the following applicable expenses, up to the maximum limit shown in the **Schedule** or **Declarations Page**, for **Trips** that are canceled prior to the scheduled **Departure Date** due to any of the events listed above.

- (a) **Cancellation Penalties**; and
- (b) **Travel Supplier** change fees; and
- (c) the cost of re-depositing frequent traveler awards utilized for the **Trip**.

There is no coverage for the increased cost of a reservation if the **Insured** changes the **Trip** dates.

The amount reimbursed will not exceed the lesser of: the actual **Cancellation Penalties** incurred, or the **Trip Cost** listed on the application by the **Insured**.

Trip Cancellation Exclusions:

In addition to the General Exclusions, the following exclusions apply to these benefits. Unless otherwise specified below, these exclusions apply to the **Insured, Traveling Companion, Family Member, Host at Destination** and **Business Partner**. This benefit will not cover any loss for, caused by, or resulting from:

- (a) intentionally self-inflicted **Injury**, suicide, or attempted suicide of the **Insured**; or
- (b) the **Insured** or **Traveling Companion** traveling for the purpose of securing medical treatment; or
- (c) any reason, except for the events listed in the Trip Cancellation section; or
- (d) costs for the **Trip** paid using loyalty rewards points, frequent travel miles, or other non-monetary redeemable points or rewards through similar programs; or
- (e) maintenance/exchange/membership/association fees for timeshare reservations; or
- (f) trip payments that are insured under a different policy; or
- (g) payments made for this policy and any other insurance; or
- (h) government-mandated cessation of travel.

TRIP INTERRUPTION

The **Company** will pay a benefit to reimburse the **Insured** for covered expenses, up to the maximum limit shown in the **Schedule** or **Declarations Page**, if an **Insured** is unable to continue on his/her **Trip** due to any of the following events:

- (a) Death of the **Insured**, or a **Family Member**, **Traveling Companion**, **Business Partner** or **Host at Destination**;
- (b) **Sickness** or **Injury** of the **Insured**, or a **Traveling Companion**, that prevents the **Insured's** continued participation in the **Trip** as certified by a **Physician** at the time of **Loss**;
- (c) **Sickness** or **Injury** of a **Family Member**;
- (d) **Sickness** or **Injury** of a **Business Partner** that is so disabling as to reasonably cause the **Insured** to interrupt the **Trip** to assume daily management of the business;
- (e) **Sickness** or **Injury** of the **Host at Destination**, as verified by a **Physician**;
- (f) the **Insured** or **Traveling Companion** is subpoenaed, required to serve on a jury, or required to appear as a witness in a legal action provided the **Insured** or a **Traveling Companion**; is not a party to the legal action or appearing as a law enforcement officer;
- (g) the **Insured** or **Traveling Companion** is called to active military service or as a reservist, experiences a military reassignment, or military leave is revoked. The military leave for the dates of travel must be approved prior to the effective date of coverage;
- (h) the **Insured's** or **Traveling Companion's Primary Residence** is made **Uninhabitable**, or the **Destination** is made **Uninhabitable** or **Inaccessible**, by **Natural Disaster** (other than a hurricane), fire, vandalism, or burglary;
- (i) a named hurricane makes the **Insured's Primary Residence Uninhabitable**, or makes the **Destination Inaccessible** or **Uninhabitable**. Coverage for a hurricane applies only if insurance was purchased prior to the storm system first reaching tropical storm status. The **Company** will only pay the benefits for **Losses** occurring within 30 days after the named hurricane makes the **Insured's Destination Uninhabitable** or **Inaccessible**;
- (j) the **Insured** or **Traveling Companion** is delayed due to a traffic accident while en route to the **Insured's Destination**. The traffic accident must be confirmed by a police report;
- (k) the **Insured** will be attending a **Family Member's** or surrogate mother's **Childbirth**. The pregnancy must occur after the effective date of coverage and must be verified by medical records;
- (l) **Mental or Psychological Disorders** of an **Insured**, **Family Member** or **Traveling Companion** requiring inpatient hospitalization that prevents the **Insured's** continued participation in the **Trip** as certified by a **Physician** at the time of **Loss**;
- (m) **Financial Default** of a **Travel Supplier**; that occurs more than 14 days following the **Insured's** effective date for the Trip Cancellation benefit. There is no coverage for the **Financial Default** of:
 - (i) any person, organization, agency, or firm from whom the **Insured** purchased travel arrangements supplied by others; and

(ii) a **Travel Supplier** on policies purchased after the date shown on Travel Guard's Alert List. This list is provided at the time of application and fulfillment, and can be accessed any time a www.travelguard.com/help-center/alert-list;

- (n) **Strike** causing cancellation or delay of the **Insured's** pre-arranged travel services;
 - (o) **Inclement Weather** causing cancellation or delay of the **Insured's Trip**;
 - (p) a **Terrorist Incident** in a **City** listed on the **Insured's** itinerary within 30 days of the **Insured's** scheduled arrival;
 - (q) the aircraft, ship or vehicle that transports the **Insured** or **Traveling Companion** is **Hijacked** during the **Trip**;
 - (r) mechanical/equipment failure of a **Common Carrier** that results in a delay of the **Insured's Trip** for at least 72 consecutive hour;
- Coverage will be provided for the following additional **Unforeseen** events if the Quarantine Bundle is elected and purchased.
- (s) the **Insured** or **Traveling Companion** is denied boarding a flight, cruise or other **Common Carrier** due to mandatory health-related screening at the boarding site. This does not include refusal or failure by the **Insured** or **Traveling Companion** to comply with the rules or requirements for boarding.

Trip Interruption Benefits:

The **Company** will pay a benefit to reimburse the **Insured** for any of the following applicable expenses, up to the maximum limit shown in the **Schedule** or **Declarations Page**, for **Trips** that are interrupted due to any of the events listed above:

- (a) **Cancellation Penalties**, and
- (b) additional transportation expenses incurred by the **Insured** (not to exceed the same class as the **Insured's** original ticket or the cost of economy airfare, less any refunds paid or payable) for travel by the most direct route to:
 - (1) the **Return Destination**; or
 - (2) the **Insured's Destination**, or to a place where the **Insured** can continue their **Trip**.

If the **Insured** incurs additional transportation expenses and the original booking costs cannot be credited to the new booking, the **Company** will reimburse either the original unused booking costs, or the cost of the additional transportation expenses – whichever is greater.

Payment under letter (b) above will not duplicate any amounts paid under the Trip Interruption – Return Transportation Only benefit.

Trip Interruption – Return Transportation Only:

The **Company** will pay a benefit to reimburse the **Insured** up to the maximum limit shown in the **Schedule** or **Declarations Page**, for additional transportation expenses incurred to reach the **Return Destination** for **Trips** that are interrupted due to the events listed in the Trip Interruption section.

The benefit payable will not exceed the cost of the same class as the **Insured's** original ticket or economy airfare less any refunds paid or payable for travel by the most economical route. This benefit cannot be combined with the Trip Interruption benefit. If both benefits apply to the same covered **Loss**, payment will be made under the higher paying benefit.

Trip Interruption and Trip Interruption – Return Transportation Only Exclusions:

In addition to the General Exclusions, the following exclusions apply to these benefits. Unless otherwise specified below, these exclusions apply to the **Insured**, **Traveling Companion**, **Family Member** and **Business Partner**. This benefit does not cover any loss for, caused by, or resulting from:

- (a) intentionally self-inflicted **Injury**, suicide, or attempted suicide of the **Insured**; or
- (b) the **Insured** or **Traveling Companion** traveling for the purpose of securing medical treatment; or
- (c) the **Insured's** participation in **Dangerous Activities**, except as a spectator; or
- (d) costs for the **Trip** paid using loyalty rewards points, frequent travel miles, or other non-monetary redeemable points or rewards through similar programs; or
- (e) maintenance/exchange/membership/association fees for timeshare reservations; or
- (f) trip payments that are insured under a different policy; or
- (g) payments made for this policy and any other insurance; or
- (h) government-mandated cessation of travel.

SINGLE OCCUPANCY BENEFIT

The **Company** will pay a benefit to reimburse the **Insured**, up to the Single Occupancy maximum limit shown in the **Schedule** or **Declarations Page**, for the additional costs charged by the **Travel Supplier** for the **Trip** as a result of a change in the per-person occupancy rate if a person booked to share accommodations with the **Insured** has his or her **Trip** cancelled or interrupted due to any of the events shown in the Trip Cancellation or Trip Interruption section, and the **Insured** does not cancel or interrupt. The Trip Cancellation and/or Trip Interruption exclusions will also apply to this benefit.

CANCEL FOR ANY REASON

Coverage is provided for this benefit if the insurance is purchased within the **Time Sensitive Period** and is elected and purchased at the same time as the base plan.

The **Company** will pay a benefit to reimburse the **Insured** up to the maximum limit shown in the **Schedule** or **Declarations Page** for the expenses shown below, if the **Insured** cancels his/her **Trip** for any reason not otherwise covered under the Policy, provided the **Trip** is cancelled no less than 2 days prior to the **Departure Date**.

Cancel for Any Reason covered expenses include:

- (a) 50% of the **Cancellation Penalties**; and
- (b) 50% of the **Travel Supplier** change fees; and
- (c) 50% of the cost of re-depositing frequent traveler rewards utilized for the **Trip**.

The total amount reimbursed will not exceed 50% of the **Trip Cost**. Cancel for Any Reason will not provide coverage for the increased cost of a reservation if the **Insured** changes the **Trip** dates.

If the **Insured** provides an inaccurate amount for **Trip Cost** during the purchase process, any amount paid under the Cancel for Any Reason benefit will be reduced by a percentage proportional to the amount of plan cost that was underpaid.

SPECIAL NOTIFICATION OF CLAIM

The **Insured** must notify the **Travel Supplier** within 72 hours or as soon as reasonably possible in the event of a Trip Cancellation or Interruption claim. The **Company** will not pay for any additional penalty charges incurred that would not have been imposed had the **Insured** notified the **Travel Supplier** within the stated period. If the **Insured** is unable to provide cancellation notice within the required timeframe, the **Insured** must provide proof of the circumstance that prevented timely notification.

TRIP DELAY

The **Company** will pay a benefit to reimburse the **Insured** up to the maximum limit shown in the **Schedule** or **Declarations Page** for **Reasonable Additional Expenses** until travel becomes possible to the originally scheduled **Destination** if the **Insured's Trip** is delayed. If the **Insured** is separated from their **Baggage** during the trip delay, the **Company** will also reimburse the **Insured** for **Necessary Personal Effects**.

The **Insured's Trip** must be delayed 12 or more consecutive hours due to a cancellation or delay for one of the events listed below that prevents the **Insured** from reaching his/her intended **Destination**:

- (a) the **Insured** being delayed due to a traffic accident while en route to a departure as verified by a police report;;
- (b) the **Insured's** or **Traveling Companion's** lost or stolen passports, travel documents, or money;
- (c) **Natural Disaster**;
- (d) **Injury, Sickness**, or death of the **Insured** or **Traveling Companion**;
- (e) **Civil Disorder**;
- (f) hijacking;
- (g) **Common Carrier** delay;
- (h) **Strike**;
- (i) **Inclement Weather**.

This benefit is payable for only one delay per **Insured**, per **Trip**.

If the **Insured** incurs more than one delay in the same **Trip**, the **Company** will reimburse the **Insured** for the delay with the largest benefit up to the maximum limit shown in the **Schedule** or **Declarations Page**.

MISSED CONNECTION

If, while on a **Trip**, the **Insured** misses a departure resulting from a delay of the **Insured's** scheduled **Common Carrier** transportation due to **Inclement Weather** or **Common Carrier** delay, the **Company** will pay a benefit to reimburse the **Insured** up to the maximum limit shown in the **Schedule** or **Declarations Page** for:

- (a) additional transportation expenses incurred by the **Insured** to join the departed **Trip**; and
- (b) **Cancellation Penalties** for missed portions of the **Trip**.

This benefit does not apply if the **Insured's** domestic travel arrangements allow less than 1 hour between connections, or the **Insured's** international travel arrangements allow less than 2 hours between connections.

BAGGAGE COVERAGE

The **Company** will pay a benefit to reimburse the **Insured** up to the maximum limit shown in the **Schedule** or **Declarations Page** and subject to the special limitations shown below, for loss, theft or damage to the **Insured's Baggage** during the **Insured's Trip**. The **Company** will also pay for fees incurred to ship the **Insured's Baggage** to the **Insured's** location if the lost items are recovered.

Special Limitations:

The **Company** will reimburse the **Insured** up to:

- (a) \$500 for the first item and;
- (b) \$250 for each subsequent item;
- (c) \$250 aggregate on all **Losses** to:
 - (1) jewelry, watches, and furs; and
 - (2) electronic devices, including but not limited to: personal computers, cameras and camera equipment, camcorders, cell phones, smartphones, portable music players, tablet devices, and other wireless handheld devices.

Items over \$150 must be accompanied by original receipts. If receipts are not provided, the maximum amount payable will be \$150.

The **Company** will pay the lesser of:

- (a) the original purchase price of the item; or
- (b) the cost to repair the item.

In the event of a **Loss** to a pair or set of items, the **Company** will pay the lesser of:

- (a) the cost to repair or purchase the individual item(s) needed to complete the set or pair; or
- (b) the original purchase price of the set or pair.

If the **Insured's** prescription medication is lost, the **Company** will reimburse the **Insured** only for the cost to replace the amount that was lost, stolen, or damaged. The prescribing **Physician** must authorize the replacement and it must be legally permissible to replace the prescription at the **Insured's** location.

The Baggage Coverage maximum limit shown in the **Schedule** or **Declarations Page** also includes:

- (a) the cost to replace the **Insured's** passport or visa if it is lost, stolen or damaged during the **Trip**. The loss, theft or damage must be documented by a police report.

The **Insured** must:

- (a) report theft **Losses** to police or other local authorities as soon as possible; and
- (b) send sworn proof of **Loss** as soon as possible from date of **Loss**; and
- (c) take reasonable steps to protect his/her **Baggage** from further damage and make necessary and reasonable temporary repairs.

The **Company** will reimburse the **Insured** for those expenses, but will not pay for further damage if the **Insured** fails to protect his/her **Baggage**).

BAGGAGE DELAY

The **Company** will pay a benefit to reimburse the **Insured** for the purchase of **Necessary Personal Effects**, up to the maximum limit shown in the **Schedule** or **Declarations Page**, if the **Insured's Baggage** is delayed or misdirected by the **Common Carrier** for more than 12 consecutive hours while on a **Trip**.

Incurred expenses must be accompanied by receipts.

Baggage Coverage and Baggage Delay Exclusions:

In addition to the General Exclusions, the following exclusions apply to these benefits. No benefits will be paid for:

- (a) loss caused by animals, rodents, insects or vermin; or
- (b) loss of, or damage to, bicycles (except when checked with a **Common Carrier**); or
- (c) loss of, or damage to, motor vehicles; or
- (d) loss of, or damage to, artificial prosthetic devices, false teeth, any type of eyeglasses, sunglasses, contact lenses, or hearing aids; or
- (e) loss of, or damage to, keys, notes, securities, accounts, deeds, food stamps, bills, or other evidences of debt, money, stamps, stocks and bonds, postal or money orders, and tickets; or
- (f) loss of, or damage to, property shipped as freight, or shipped prior to the **Departure Date**; or
- (g) loss of, or damage to, contraband; or
- (h) loss of, or damage to, items seized by any government official or customs official; or
- (i) damage caused by any process of repair; or
- (j) loss resulting from defective materials or craftsmanship; or
- (k) damage caused by radioactive contamination; or
- (l) loss resulting from mysterious disappearance; or

- (m) loss resulting from normal wear and tear or deterioration; or
- (n) any loss that occurs on a **Trip** with a **Destination** less than 100 miles from the **Insured's Primary Residence**, or on a **Trip** that is not overnight in length.

RENTAL VEHICLE DAMAGE COVERAGE

Coverage is provided for this benefit if the Rental Vehicle Damage Coverage upgrade is elected and purchased.

The **Company** will pay a benefit to reimburse the **Insured** up to the maximum limit shown in the **Schedule** or **Declarations Page** and subject to the **Deductible** if an **Insured's** rented vehicle is damaged while on a **Trip** due to collision, vandalism, windstorm, fire, hail or flood while in his/her possession. Payment will be made for the lesser of:

- (a) the cost of repairs and rental charges imposed by the rental company while the vehicle is being repaired (i.e. "loss of use" charges); or
- (b) the **Actual Cash Value** of the vehicle.

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

This coverage is **Primary** to other forms of insurance or indemnity. The **Company** will pay first, but reserves the right to recover from the insurance carrier(s) of any other party involved in the **Loss**, other than the **Insured**. The **Company** will not take steps to recover from any policy held by the **Insured**.

If the rental agency does not accept this coverage and requires the **Insured** to purchase another Rental Vehicle Damage policy, the **Insured** must contact Travel Guard at refund@travelguard.com to obtain a refund. Requests received after the **Rental Return Date** will require a copy of the rental invoice showing the charges for the additional insurance.

Rental Vehicle Damage Coverage Exclusions:

In addition to the General Exclusions, the following exclusions apply to this benefit. Unless otherwise specified below, these exclusions apply to the **Insured**, **Traveling Companion**, and **Family Member**. This benefit will not cover any loss for, caused by, or resulting from:

- (a) the **Insured** or **Traveling Companion** violating the rental agreement; or
- (b) rentals of heavy duty trucks, campers, trailers, off road vehicles primarily used for off-road purposes motor bikes, motorcycles, recreational vehicles, or **Exotic Vehicles**; or
- (c) failure to report the loss to the proper local authorities and/or the rental car company; or
- (d) damage to any other vehicle, structure, or person as a result of a covered **Loss** (i.e. liability coverage); or
- (e) the decreased value of the vehicle as a result of the accident and the subsequent repairs; or
- (f) participation in contests of speed, motor sport or motor racing including training or practice for the same; or
- (g) gross negligence, or willful and wanton conduct by an **Insured**; or
- (h) any loss that occurs on a **Trip** with a **Destination** less than 100 miles from the **Insured's Primary Residence**, or on a **Trip** that is not overnight in length.

The **Insured** must:

- (a) take all reasonable, necessary steps to protect the vehicle and prevent further damage to it; and
- (b) report the **Loss** to the appropriate local authorities and the rental company as soon as possible; and
- (c) obtain all information on any other party involved in a traffic accident, such as name, address, insurance information, and driver's license number.

QUARANTINE STIPEND

Coverage is provided for this benefit if the Quarantine Bundle is elected and purchased.

The **Company** will pay a per-day benefit, up to the number of days shown for the Quarantine Stipend in the **Schedule** or **Declarations Page**, if, during a **Trip**, the **Insured** is diagnosed with, exposed to, or believed to have been exposed to a communicable disease and as a result is placed into a mandatory quarantine at the **Destination** by a **Physician** or by local health officials acting on behalf of a federal, state or local government agency. This benefit does not apply to quarantine measures that are mandatory for all arriving travelers, or to quarantine measures that exist for all travelers coming from a particular region or country of origin.

TRAVEL MEDICAL EXPENSE BENEFIT

The **Company** will pay a benefit to reimburse the **Insured** for the **Reasonable and Customary Charges**, up to the Maximum Limit shown in the **Schedule** or **Declarations Page** if the **Insured** suffers an **Injury** or **Sickness** on the **Trip** that requires treatment by a **Physician** and is not a **Pre-existing Medical Condition**.

Travel Medical Covered Expenses:

The **Company** will pay a benefit to reimburse the **Insured** the **Medically Necessary** expenses incurred for:

- (a) services of a **Physician** or registered nurse (R.N.), and related tests or treatment; and
- (b) **Hospital** charges; and
- (c) prescription medication to treat the **Injury** or **Sickness**; and
- (d) **Hospital** room and board; and
- (e) artificial limbs, artificial eyes, artificial teeth, or other prosthetic devices; and
- (f) treatment for **Mental or Psychological Disorders**; and
- (g) physical therapy or occupational therapy up to 10 visits. Visits must occur within 90 of the date of the **Injury** or **Sickness** or prior to the **Return Date**, whichever is later.

The **Company** will not pay for any expenses incurred after the Coverage Termination Date, regardless of the reason.

Emergency Dental

If, while on a **Trip**, the **Insured** suffers an **Injury** or **Sickness** that requires emergency dental treatment, the **Company** will pay a benefit to reimburse the **Insured** for covered expenses up to the maximum limit shown in the **Schedule** or **Declarations Page**.

Emergency dental covered expenses:

- (a) services and supplies for the relief of dental pain; and
- (b) the repair or replacement of teeth or dental implants, due to an **Injury** or **Sickness** which first occurs during the **Trip**.

The treatment must be given by a **Physician** or dentist. This coverage is inclusive of the maximum limit for the Travel Medical Expense benefit. Coverage for emergency dental treatment does not apply if treatment or expenses are incurred after the **Insured** has reached his/her **Return Destination**, regardless of the reason.

Advance Payment

The **Company** will pay up to \$5,000 directly to the provider if, while on a **Trip**, the **Insured** suffers an **Injury** or **Sickness** that requires admission to a **Hospital**, and the **Hospital** requires payment prior to admission. This amount will be deducted from the Travel Medical Expense benefit limit shown in the **Schedule** or **Declarations Page**. The **Insured** agrees to reimburse this payment to the **Company** if:

- (a) the **Insured** does not complete the claims process as outlined in the Payment of Claims section; or
- (b) it is determined that the **Insured's** Travel Medical Expense claim is not covered.

The **Company** will provide advance payment when required and requested by the **Insured**. However:

- (a) The **Company** reserves the right to deny a request for advance payment if the **Company** confirms that the **Insured's** claim is not covered under the Policy; and
- (b) An advance payment made by the **Company** is not a guarantee of claim approval.

Travel Medical Expense Exclusions:

In addition to the General Exclusions, the following exclusions apply to this benefit. No benefits will be paid for any loss for, caused by, or resulting from:

- (a) routine physical examinations or routine dental care; or
- (b) any treatment, therapy or medication that, at the time of departure, is required to be continued during the **Trip**; or
- (c) repair or replacement of hearing aids, any type of eye glasses, contact lenses, sunglasses, orthodontic equipment, artificial teeth and prosthetics; or
- (d) any service provided by the **Insured**, a **Family Member**, or **Traveling Companion**; or
- (e) alcohol or substance abuse or treatment for the same; or
- (f) **Experimental or Investigative** treatment or procedures; or
- (g) care or treatment that is not **Medically Necessary**, except for related reconstructive surgery resulting from trauma, infection or disease; or
- (h) intentionally self-inflicted **Injury**, suicide, or attempted suicide of the **Insured**; or
- (i) the **Insured** traveling for the purpose of securing medical treatment; or
- (j) **Normal Pregnancy** existing on the effective date of the plan or **Childbirth**, or elective abortion; or
- (k) expenses incurred by any **Child** born during the **Trip** if pregnancy existed prior to the effective date of the plan; or
- (l) the **Insured's** participation in **Dangerous Activities**, except as a spectator; or
- (m) any loss that occurs on a **Trip** with a **Destination** less than 100 miles from the **Insured's Primary Residence** or to another residence of the **Insured** or **Traveling Companion**, or on a **Trip** that is not at least overnight in length; or
- (n) **Pre-Existing Medical Conditions**.

EMERGENCY EVACUATION AND REPATRIATION OF REMAINS

The **Company** will pay a benefit to reimburse the **Insured**, up to the maximum limit shown in the **Schedule** or **Declarations Page**, for Covered Emergency Evacuation Expenses incurred due to an **Insured's Injury** or **Sickness** that occurs while on a **Trip**.

Covered Emergency Evacuation Expenses are the **Reasonable and Customary Charges** for **Medically Necessary Transportation**, related medical services, and medical supplies incurred in connection with the Emergency Evacuation of the **Insured**. The **Transportation** must be:

- (a) ordered by the onsite attending **Physician**, who must certify that the severity of the **Insured's Injury** or **Sickness** warrants the Emergency Evacuation; and
- (b) authorized in advance by the **Company** or its authorized representative. If the **Insured's Injury** or **Sickness** prevents prior authorization of the Emergency Evacuation, the **Company** or its authorized representative must be notified as soon as reasonably possible; and
- (c) by the most direct and economical route possible.

The **Company** will also pay a benefit for **Reasonable and Customary Charges** incurred for an **Escort's** or contracted **Attendant's** services, transportation and accommodations, if an attending **Physician** recommends that an **Escort** or **Attendant** accompany the **Insured**. This coverage is inclusive of the maximum limit of the Emergency Evacuation benefit.

Transportation will be provided:

- (a) from the place where the **Insured** is **Injured** or sick to the nearest adequate licensed medical facility where appropriate medical treatment can be obtained; and
- (b) from a local medical facility to the nearest adequate licensed medical facility to obtain appropriate medical treatment. The onsite attending **Physician** must certify that additional **Medically Necessary** treatment is needed but not locally available; and the **Insured** is medically able to travel; and
- (c) to the **Insured's Primary Residence**, or an adequate licensed medical facility nearest the **Insured's Primary Residence**, to obtain further medical treatment or to recover after being treated at a local licensed medical facility. The onsite attending **Physician** must certify that the **Insured** is medically able to be transported and that the **Transportation** is **Medically Appropriate**; and/or
- (d) to another location or **Hospital** of the **Insured's** choice for further care, recovery or treatment, once the initial **Transportation** has taken place and the **Insured** has been stabilized and is medically able to travel.

Special Limitation:

- (1) If the **Company** or its authorized representative could not be contacted to arrange for Covered Emergency Evacuation Expenses, benefits are limited to the amount the **Company** would have paid had the **Company** or its authorized representative been contacted.
- (2) For Evacuations taking place in the country of Nepal, no benefits will be paid if the evacuation occurs within 3 days of the date the **Insured** is scheduled to leave Nepal.

REPATRIATION OF REMAINS

The **Company** will pay a benefit to reimburse the **Insured** for Repatriation Covered Expenses up to the maximum limit shown in the **Schedule** or **Declarations Page** to return the **Insured's** remains if he/she dies while on the **Trip**.

Repatriation Covered Expenses are limited to the **Reasonable and Customary Charges** for the expenses listed below. The **Company** or its authorized representative must make all arrangements and authorize all expenses in advance.

Repatriation Covered Expenses include the **Reasonable and Customary Charges** for:

- (a) embalming or cremation; and
- (b) associated temporary storage costs for up to 15 days, or until local authorities will permit further transportation of the body, whichever is later; and
- (c) the most economical coffins or receptacles adequate for transportation of the remains; and
- (d) transportation of the remains, by the most direct and economical conveyance and route possible, to:
 - (1) the nearest location where the body can be embalmed or cremated, if not locally available; and
 - (2) the receiving funeral home or morgue, the **Return Destination**, or a different place of burial within the **Insured's** country of residence; and
- (e) the cost to create and transmit documentation necessary to transport the body, such as a death certificate, autopsy or police report, up to five copies per document.

Special Limitation:

In the event the **Company** or its authorized representative could not be contacted to arrange for Repatriation Covered Expenses, benefits are limited to the amount the **Company** would have paid had the **Company** or its authorized representative been contacted.

Advance Payment

The **Company** will pay a benefit, up to the maximum limit shown in the **Schedule** or **Declarations Page**, directly to the provider if, while on a **Trip**, the **Insured** suffers an **Injury** or **Sickness** that requires an emergency evacuation or repatriation of remains, and payment is required prior to **Transportation** or repatriation. This amount will be deducted from the Emergency Evacuation and Repatriation of Remains benefit limit, shown in the **Schedule** or **Declarations Page**. The **Insured** agrees to reimburse this payment to the **Company** if:

- (a) the **Insured** does not file a claim for the expenses incurred as outlined in the Payment of Claims section; or
- (b) it is determined that the **Insured's** emergency evacuation or repatriation of remains claim is not covered.

The **Company** will provide advance payment when required and requested by the **Insured**. However:

- (a) The **Company** reserves the right to deny a request for advance payment, if the **Company** confirms that the **Insured's** claim is not covered under the Policy; and
- (b) An advance payment made by the **Company** is not a guarantee of claim approval.

Emergency Evacuation and Repatriation of Remains Exclusions:

In addition to the General Exclusions, the following exclusions apply to these benefits. No benefits will be paid for any loss for, caused by, or resulting from:

- (a) **Transportation** taken against the advice of the attending **Physician**; or
- (b) intentionally self-inflicted **Injury**, suicide, or attempted suicide of the **Insured**; or
- (c) the **Insured** traveling for the purpose of securing medical treatment; or
- (d) **Normal Pregnancy** existing prior to the effective date of the plan or **Childbirth**, or elective abortion; or
- (e) the **Insured's** participation in **Dangerous Activities**, except as a spectator; or
- (f) **Mental or Psychological Disorder** of the **Insured**; or
- (g) expenses incurred by any **Child** born during the **Trip** if pregnancy existed prior to the effective date of the plan; or
- (h) any loss that occurs on a **Trip** with a **Destination** less than 100 miles from the **Insured's Primary Residence** or to another residence of the **Insured** or **Traveling Companion**, or on a **Trip** that is not at least overnight in length; or
- (i) **Pre-Existing Medical Conditions**.

NON-FLIGHT ACCIDENTAL DEATH AND DISMEMBERMENT

The **Company** will pay the **Insured** for this benefit for one of the Losses shown in the Table of Losses below if the **Insured** is **Injured** during the **Trip** OTHER THAN while riding as a passenger in or boarding or alighting from or being struck or run down by a certified passenger aircraft provided by a **Common Carrier** and operated by a properly certified pilot. The Loss must occur within 365 days of the date of the accident that caused the **Injury**. The **Company** will pay the percentage shown below of the maximum limit shown in the **Schedule** or **Declarations Page**.

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

Table of Losses

Loss of	% of maximum limit
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot, and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%

"Loss" with regard to:

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

EXPOSURE

The **Company** will pay a benefit for covered Losses as specified above that result from an **Insured** being unavoidably exposed to the elements due to an accidental **Injury** during the **Trip**. The Loss must occur within 365 days after the event that caused the exposure.

DISAPPEARANCE

The **Company** will pay for Loss of life as shown above if the **Insured's** body cannot be located within one year after a disappearance due to an accident during the **Trip**.

See Flight Guard® below for exclusions that also apply to this benefit.

FLIGHT GUARD®

Coverage is provided for this benefit if Flight Guard is elected and purchased.

The **Company** will pay the **Insured** for this benefit for one of the Losses shown in the Table of Losses below if the **Insured** is **Injured** during the **Trip** while riding as a passenger in, or boarding, or alighting from, or being struck or run down by a certified passenger aircraft provided by a **Common Carrier** and operated by a properly certified pilot. The Loss must occur within 365 days of the date of the accident that caused the **Injury**. The **Company** will pay the percentage shown below of the maximum limit shown in the **Schedule** or **Declarations Page**.

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

Table of Losses

Loss of	% of maximum limit
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot, and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%

"Loss" with regard to:

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

EXPOSURE

The **Company** will pay a benefit for covered Losses as specified above that result from an **Insured** being unavoidably exposed to the elements due to an accidental **Injury** during the **Trip**. The Loss must occur within 365 days after the event that caused the exposure.

DISAPPEARANCE

The **Company** will pay for Loss of life as shown above if the **Insured's** body cannot be located within one year after a disappearance due to an accident during the **Trip**.

Non-Flight Accidental Death and Dismemberment and Flight Guard Exclusions:

In addition to the General Exclusions, the following exclusions apply to these benefits. No benefits will be paid for any loss for, caused by, or resulting from:

- (a) death caused by or resulting directly or indirectly from **Sickness** or disease of any kind; or
- (b) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm; or
- (c) intentionally self-inflicted **Injury**, suicide, or attempted suicide of the **Insured**; or
- (d) the **Insured** traveling for the purpose of securing medical treatment; or
- (e) the **Insured's** participation in **Dangerous Activities**, except as a spectator; or
- (f) **Normal Pregnancy or Childbirth**, or elective abortion; or
- (g) **Mental or Psychological Disorder** of the **Insured**; or
- (h) any loss that occurs on a **Trip** with a **Destination** less than 100 miles from the **Insured's Primary Residence** or to another residence of the **Insured**, or on a **Trip** that is not at least overnight in length.

SECTION IV DEFINITIONS

Terms within this Policy which are **Capitalized, Bold** and **Italicized** are defined below.

Actual Cash Value means purchase price less depreciation.

Advisory means a formal travel warning given by the government of the **Insured's Home Country** or **Destination** country that recommends that citizens leave the **Destination** country.

Attendant means a **Traveling Companion, Family Member**, close friend, or a person contracted by the **Company** if there is no one else available, who, on the advice of the **Physician** (not required for Return of Child benefit), accompanies the **Insured** while being transported.

Baggage means luggage, passports, visas, travel documents, and personal possessions that are owned, borrowed, or rented, and are taken by the **Insured** on the **Trip**.

Business Partner means a person who:

- (1) is involved with the **Insured** or the **Insured's Traveling Companion** in a legal partnership; and
- (2) is actively involved in the daily management of the business.

Cancellation Penalties means **Trip Costs**:

- (a) that are not refunded or not refundable by the **Travel Supplier**, and are not used, depleted, exhausted, or applied to future or alternative travel arrangements; and
- (b) that are paid by or on behalf of the **Insured** prior to the **Insured's Trip Departure Date**, or that the **Insured** is obligated, or later becomes obligated, to pay as a result of cancelling or interrupting the **Trip**; and
- (c) that are identified by the **Insured** on the application form; and
- (d) for which insurance was purchased.

These will also include any subsequent pre-paid payments or deposits paid by or on behalf of the **Insured** for the same **Trip**, after application for coverage under this plan; however, the **Insured** must notify the **Company** of these payments and pay the additional cost.

Caregiver means an individual employed to provide assistance with activities of daily living to the **Insured** or to the **Insured's Family Member** who has a physical or mental impairment. The caregiver must be employed by the **Insured** or the **Insured's Family Member**. A caregiver is not a babysitter, childcare service, or any facility or provider.

C.B.R.N. Incident means the actual, alleged or threatened discharge, seepage, migration, release, escape, exposure or dispersal of any hazardous chemical, biological, radioactive, or nuclear material, gas, matter or contamination.

Children/Child means a person under age 18. The age limit does not apply to a child who is incapable of self-sustaining employment by reason of mental or physical incapacity.

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

Civil Disorder means a group of people acting in revolt, coup, rebellion or resistance against an established government or civil authority, and/or the actions of an established government or civil authority to suppress any such gathering.

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

Company means American Zurich Insurance Company of Illinois.

Cyber Attack means unauthorized and/or unintended activities that target or affect the devices, equipment, files, data, systems, websites, networks or databases of one or more people or companies:

- (a) performed using internet or network access via computers or other electronic devices; and/or
- (b) performed via physical means including, but not limited to: damaging or altering network connections, physically destroying data center or network center equipment, or electromagnetic pulse detonation.

Dangerous Activities means air travel on a privately owned aircraft where the **Insured** or **Traveling Companion** is the pilot, bull riding, running of the bulls, free diving, **Mountain Climbing** (over 6,000 meters), rock climbing without equipment, scuba diving (beyond 50 meters), or any activity materially similar to the above.

Declarations Page means the document showing the **Insured's** travel dates and insurance benefits.

Deductible means the amount of charges that must be incurred by an **Insured** before benefits become payable. The amount of the deductible is shown in the **Schedule** or **Declarations Page** for each benefit to which a deductible applies.

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

Destination means any place the **Insured** expects to travel to on his/her **Trip**, as shown on the travel documents.

Domestic Partner means an opposite or a same-sex partner who is at least 18 years of age and who:

- (a) resided with the **Insured** for at least 6 months; and
 - (b) shared financial assets and obligations with the **Insured** for at least 6 months; and
 - (c) is not related by blood to the **Insured** to a degree of closeness that would prohibit a legal marriage; and
 - (d) neither the **Insured** nor domestic partner is married to anyone else, nor has any other domestic partner.
- The **Company** may require proof of the domestic partner relationship in the form of a signed and completed affidavit of domestic partnership.

Electromagnetic Event means a large-scale disruption of electronic devices, electrical grids, or electricity transmission, caused by an electromagnetic pulse (E.M.P.). This includes both naturally occurring events (e.g. solar flares, geomagnetic storms, etc.) and man-made events (e.g. nuclear E.M.P., Electromagnetic Interference Devices, etc.).

Escort means a medically trained professional who is approved by the **Company**, and is contracted to accompany and provide medical care to an ill or **Injured** person while they are being transported.

Exotic Vehicle means a vehicle over 20 years old, or any vehicle with an original manufacturer's suggested retail price greater than \$75,000.

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

Family Member means the **Insured's**, or **Traveling Companion's** spouse, child, parent, brother, sister, grandparent, grandchild, daughter/son-in-law, brother/sister-in-law, step-child/sister/brother/parent, parent-in-law, civil union partner, **Domestic Partner**, step-grandparent/grandchild, aunt, uncle, step-aunt/uncle, niece, nephew, legal guardian, **Caregiver**, foster child, ward, or legal ward; and the spouse, civil union partner, or **Domestic Partner** of any of the above. Family Member also includes these relations to the **Insured's** or **Traveling Companion's** spouse, civil union partner, or **Domestic Partner**.

Financial Default means the cessation or partial suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, by a tour operator, cruise line, airline, resort, rental company, or other **Travel Supplier**.

Hijacked means an aircraft, ship or vehicle is unlawfully seized while in transit, and forced to go to a different destination than originally scheduled.

Home Country means the country of citizenship of the **Insured**. If the **Insured** has dual citizenship, for the purposes of this benefit, his or her Home Country is the country of the passport he or she used to enter the **Destination** country.

Hospital means a facility that:

- (a) is licensed to operate according to law for the care and treatment of sick or **Injured** people; and
- (b) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; and
- (c) has 24 hour nursing service by registered nurses (R.N.'s); and
- (d) is supervised by one or more **Physicians** available at all times.

A hospital does not include:

- (a) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or
- (b) a facility that is, other than incidentally, a rest home, nursing home, convalescent home, home health care, or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Host at Destination means the person the **Insured** intends to visit at the **Destination** during a covered **Trip**.

Impact Event means the terrestrial impact of an object originating from outside the earth's atmosphere, such as a meteorite, asteroid, or man-made space debris.

Inaccessible means the **Insured** cannot reach his/her **Destination** by the original mode of transportation.

Inclement Weather means any severe weather condition that delays the scheduled arrival or departure of a **Common Carrier** or causes closure of public roadways by government authorities and the **Insured** is traveling in an **Owned or Rented Vehicle**.

Initial Trip Payment means the first payment made to the **Insured's Travel Supplier** toward the cost of the **Insured's Trip**, regardless of whether this payment is refundable. A "good faith deposit" or a "holding payment" is not considered the initial trip payment until the payment is applied to confirmed dates of travel.

Injury/Injured means a bodily injury caused by an accident and resulting directly and independently of all other causes of **Loss** covered by this Policy and is not a pre-existing Medical Condition. The injury must be verified by a **Physician**.

Insured means a person:

- (a) for whom the application form has been completed; and
- (b) for whom the cost has been paid; and
- (c) for whom a **Trip** is scheduled.

Job Loss means involuntary and termination of the **Insured's** job by an employer, including layoffs and private-sector furloughs, where there is no certainty of regaining the same employment at a later date.

Loss means financial or physical damage sustained by the **Insured** or their belongings as a result of one or more of the events that the **Company** has undertaken to compensate the **Insured**.

Medically Appropriate means an adequate and acceptable course of treatment or **Transportation** in the opinion of the onsite attending **Physician**.

Medically Necessary means that a treatment, service, or supply:

- (a) is essential for diagnosis, treatment, or care of the **Injury** or **Sickness** for which it is prescribed or performed; and
- (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; and
- (d) is not primarily for the convenience of the **Insured, Physician**, other providers, or any other person.

Mental or Psychological Disorder means a mental health condition including, but not limited to: anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation. Autism, and its related symptoms, are not considered a Mental or Psychological disorder. Additionally, neurodegenerative diseases (e.g. Parkinson's, Huntington's, etc.) are not considered Mental or Psychological Disorders, even if their symptoms meet this definition.

Mountain Climbing means the ascent or descent of a mountain requiring the use of specialized equipment, including, but not limited to, ropes, belay devices, pick-axes, anchors, bolts, crampons, carabiners, and lead or top-rope anchoring equipment.

Natural Disaster means a flood (due to natural causes), tsunami, hurricane, tornado, earthquake, mudslide, avalanche, landslide, volcanic eruption, sandstorm, sinkhole, wildfire or blizzard.

Necessary Personal Effects means items to replace belongings such as clothing and toiletry items, that are included in the **Insured's Baggage** and are required for the **Insured's Trip** and will also include expenses incurred to clean the clothing items purchased. Necessary personal effects do not include jewelry, perfume or alcohol.

Normal Pregnancy or Childbirth means a pregnancy or childbirth that is free of complications or problems.

Owned or Rented Vehicle means a self-propelled private passenger motor vehicle that is of a type both designed and required to be licensed for use on the highways of any state or country, that is rented or owned by the **Insured**. Owned or rented vehicle does not include any motor vehicle that is used in mass or public transit.

Physician means a licensed practitioner of medical, surgical, psychiatric, psychological, or dental acting within the scope of their license. The treating physician cannot be the **Insured**, a **Traveling Companion**, a **Family Member**, or a **Business Partner**.

Pre-Existing Medical Condition means an **Injury, Sickness** or other physical condition of the Insured, for which medical advice, diagnosis, care or treatment was recommended by or received from a Physician during the 180 days immediately preceding the purchase date of this plan.

Primary means the **Company** will pay before any other insurance or indemnity.

Primary Residence means the **Insured's** fixed and permanent home for legal and tax purposes.

Reasonable Additional Expenses means expenses for meals, essential telephone calls, local transportation (taxi fares, mass transit, rental vehicle, etc.), parking costs, internet usage fees, and lodging that are necessarily incurred as the result of an event, and that are not provided by the **Common Carrier** or any other party free of charge.

Reasonable and Customary Charges means expenses that:

- (a) are charged for treatment, supplies, or medical services **Medically Necessary** to treat the **Insured's** condition; and
- (b) do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred; and
- (c) do 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.

Rental Return Date means the return date listed on the car rental agreement.

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

Return Destination means the **Insured's Primary Residence**, or a different final **Destination** as shown in the travel documents.

Riot means three or more people violently disturbing the peace causing immediate danger, damage, or injury to others or to property.

Schedule means the Schedule of Benefits shown in the front of this Policy.

Sickness means an illness or disease treated by a **Physician** and is not a **Pre-existing Medical Condition**.

Strike means a stoppage of work, work slowdown, or sickout that:

- (a) is announced, organized, and sanctioned by a labor union or other organized association of workers, in a trade or profession, formed to protect and further their rights and interests; and
- (b) interferes with the normal departure and arrival of a **Common Carrier**.

The **Insured's** coverage must be effective prior to when a strike is foreseeable. A strike is foreseeable on the earliest of:

- (a) the date labor union members vote to approve a strike; or
- (b) the date a strike takes place; or
- (c) when the strike dates are published by a news media source.

A strike is considered to be ongoing, and therefore foreseeable, until a documented resolution is reached on the issues causing the labor dispute, or the stoppage of work ceases to interfere with the normal departure and arrival of a **Common Carrier** for at least 365 consecutive days.

Terrorist Incident means an act of violence that is deemed terrorism by the U.S. Department of State, or that is committed by any person acting on behalf of, or in connection with, any organization that is classified as a Foreign Terrorist Organization by the U.S. Department of State. For the purpose of this definition, the following are not considered terrorist incidents, even if committed by any person acting on behalf of, or in connection with, any organization that is classified as a Foreign Terrorist Organization by the U.S. Department of State: an act of war (declared or undeclared), **C.B.R.N. Incident, Cyber Attack, Civil Disorder, Electromagnetic Event** or **Riot**.

Time Sensitive Period means within 21 days of **Initial Trip Payment**.

Transportation means any land, sea or air conveyance required to transport the **Insured** during an Emergency Evacuation.

Travel Supplier means the company or **Common Carrier** that provides travel arrangements for the **Insured's Trip**.

Traveling Companion means a person or persons with whom the **Insured** has coordinated travel arrangements and intends to travel with during the **Trip**. A group or tour leader is not considered a traveling companion unless the **Insured** is sharing room accommodations with the group or tour leader. Other travelers incidentally taking the same trip as the **Insured** (e.g. other cruise passengers, tour group participants, etc.) are not considered traveling companions.

Trip means a period of travel away from home to a **Destination** outside the **Insured's City** of residence. The trip has a defined **Departure Date** and **Return Date**; and does not exceed 364 days.

Trip Cost means the **Insured's** share of the cost of a **Trip**. The **Insured** must list this share on the application form when applying for this Policy. This dollar amount is based on the following criteria, as applicable:

- If the **Insured** is not sharing the cost with, or not paying the cost on behalf of, other travelers, the Trip Cost will include the full dollar amount paid by the **Insured** for the **Trip**.
- If the **Insured** is sharing the cost with other travelers, the Trip Cost will include the portion of the full dollar amount actually paid for the **Trip** by the **Insured** (even if this amount differs from the **Travel Supplier** invoice).
- If the **Insured's Trip** is paid for by someone else, the Trip Cost will include the dollar amount designated by the **Travel Supplier** for the **Insured's** portion of the **Trip**.

- If the **Insured** is paying for the costs of the **Trip** for himself or herself, as well as other travelers, the Trip Cost will include the dollar amount designated by the **Travel Supplier** for the **Insured's** portion of the **Trip**. The cost for other travelers will not be included in the Trip Cost for the **Insured**.
- If a **Trip** is not priced on a per-person basis (such as multiple occupancy hotel rooms and vacation rentals), or for a **Trip** where the **Travel Supplier** does not provide a per-person cost, the dollar amount paid for the **Trip** will be assumed to be split equally among all travelers participating in the booking, and the Trip Cost will include the **Insured's** portion.

Uninhabitable means:

- (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; or
- (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; or
- (3) immediate safety hazards have yet to be cleared, such as debris or downed electrical lines; or
- (4) the property is without electricity, gas, sewer service or water; or
- (5) local government authorities have issued a mandatory evacuation.

SECTION V PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim:

The **Insured** must contact Travel Guard as soon as reasonably possible, and be prepared to describe details regarding the **Loss** and the insured **Trip**. Travel Guard Assist, Inc. will provide the claim form to the **Insured** for his or her review and signature.

The **Insured** may initiate the claim online at <https://claims.travelguard.com/>. Utilizing this method will allow the **Insured** to view the status of the claim in real time.

Claims may also be initiated by telephone.

The completed claim forms can be sent back to Travel Guard Assist, Inc. via website, mail, fax, or email.

Contact information:

- Online: <https://claims.travelguard.com/>
- Mail: PO Box 47, Stevens Point, WI 54481
- Telephone: 1.800.826.1300
- E-mail: claimsdoc@travelguard.com
- Fax: 1.715.345.1141

Claims will be processed by Travel Guard Assist, Inc.

Travel Guard Assist, Inc. will accept electronic copies of claim submissions, except as expressly stated elsewhere. However, Travel Guard Assist, Inc. may, at its discretion, require original documentation to be sent.

Notice of Claim:

The **Insured** must contact Travel Guard within 20 days after an **Injury** or onset of **Sickness** or as soon as reasonably possible and describe the **Loss**. Failure to give notice within the 20 day period does not invalidate or reduce any claim if it can be shown that it was not reasonably possible to give notice within that period and that notice was given as soon as was reasonably possible. Travel Guard will provide the claim form to the **Insured** for his or her review and signature.

Claim Procedures: Proof of Loss:

The **Company** will provide claims forms to the **Insured** within 15 days of notification of claim. The claim forms must be sent back to Travel Guard Assist, Inc. no more than 90 days after a covered **Loss** occurs or ends, or as soon after that as is reasonably possible. Failure to furnish such proof within such time will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. All claims under this Policy must be submitted to Travel Guard Assist, Inc. no later than one year after the date of **Loss** or as soon as reasonably possible. All claims require the **Insured** to provide Travel Guard Assist, Inc. with the following:

- (a) the benefit-specific documentation shown below; and
- (b) a trip invoice, itinerary or confirmation showing details of the **Trip** (dates of travel, destination, etc.); and
- (c) any other information reasonably required to prove the **Loss**.

Trip Cancellation, Trip Interruption, Trip Interruption – Return Transportation Only, Cancel for Any Reason and Single Occupancy Proof of Loss:

The **Insured** must provide Travel Guard Assist, Inc. with the following:

- (a) documentation to support the reason for the cancellation or interruption of the **Trip**. Claims involving **Loss** due to **Sickness** or **Injury** will require signed patient (or next of kin) authorization to release medical information, a completed Medical Certificate form (provided by Travel Guard Assist, Inc.), and may require medical records. Claims involving **Loss** due to death may require all of the above, and will require a legible copy of the death certificate; and
- (b) copies of any accident, police, or incident reports that were filed, if the claim was due to an accident; and
- (c) documentation showing the value of the claimed trip components, and confirmation/reservation numbers; and
- (d) proof of payment for claimed expenses (paid trip invoice, credit card or bank statement, etc.); and
- (e) documentation showing any received or expected settlements, refunds or credits for this **Loss** from any other party; and
- (f) for Cancel for Any Reason claims, letter (a) and (b) above are not required.

The **Insured** must provide Travel Guard Assist, Inc. with all unused air, rail, cruise, or other tickets if he/she is claiming the value of those unused tickets.

Trip Delay and Missed Connections Proof of Loss:

The **Insured** must provide Travel Guard Assist, Inc. with the following:

- (a) receipts for the expenses being claimed. If receipts are unavailable, other sufficient documentation such as a credit card statement; and
- (b) a list of the expenses incurred; and
- (c) documentation showing any received or expected settlements, refunds or credits for this **Loss** from any other party; and
- (d) documentation from the **Common Carrier** or other applicable party that verifies the cause and duration of the delay.

Baggage Coverage Proof of Loss:

The **Insured** must provide Travel Guard Assist, Inc. with the following:

- (a) an accident, police, incident or irregularity report providing details of the incident; and
- (b) receipts for all items being claimed; and
- (c) a copy of a repair invoice or estimate, if the claim is for damaged **Baggage**; and
- (d) documentation showing any received or expected settlements, refunds or credits for this **Loss** from any other party; and
- (e) a copy of homeowner's or renter's insurance declarations page, along with a copy of the Explanation of Benefits from such insurance.

Quarantine Stipend Benefit Proof of Occurrence:

The **Insured** must provide Travel Guard Assist, Inc. with documentation to support that the claimed event occurred.

Baggage Delay Proof of Loss:

The **Insured** must provide Travel Guard Assist, Inc. with the following:

- (a) an irregularity or incident report filed with the **Common Carrier** confirming the delay; and
- (b) receipts for the expenses being claimed. If receipts are unavailable, other sufficient documentation such as a credit card statement; and
- (c) documentation showing any received or expected settlements, refunds or credits for this **Loss** from any other party.

Rental Vehicle Damage Coverage Proof of Loss:

The **Insured** must provide Travel Guard Assist, Inc. with the following:

- (a) a copy of the rental contract; and
- (b) a police, accident or incident report which provides details of the event; and
- (c) a copy of the repair estimate or invoice; and
- (d) pictures of the vehicle damage, including accident scene photos, if available; and
- (e) proof of any payments made to the rental agency for the damage.

Travel Medical Expense, Emergency Evacuation and Repatriation of Remains, Non-Flight Accidental Death & Dismemberment and Flight Guard Proof of Loss:

The **Insured** must provide Travel Guard Assist, Inc. with the following:

- (a) signed patient (or next of kin) authorization to release medical information; and
- (b) medical, treatment, emergency room, admission, veterinary, and/or discharge records detailing the condition that was treated; and
- (c) copies of all bills, invoices, receipts, and applicable credit card or bank statements pertaining to the claimed expenses; and
- (d) a copy of the Explanation of Benefits from any other health insurance in which the **Insured** is enrolled, or a notarized statement confirming that the **Insured** does not have any other medical insurance, if applicable; and
- (e) for claims due to **Injury**, a police, accident, incident or emergency room report which provides details of the event.

Time Limitations for Claim Deficiency Notices: The **Company** shall notify a provider of any deficiencies in a submitted claim not more than:

- (a) thirty (30) days for a claim that is filed electronically; or
 - (b) forty-five (45) days for a claim that is filed on paper; and describe any remedy necessary to establish a clean claim.
- Failure of the **Company** to notify a provider as required above, establishes the submitted claim as a clean claim.

Payment of Claims: When Paid:

Payable claims will be paid as soon as Travel Guard Assist, Inc. receives and verifies the completeness of all required documentation of the **Loss**.

Payment of Claims: To Whom Paid:

Benefits are payable to the **Insured** who purchased this Policy. Any benefits payable due to that **Insured's** death will be paid to the survivors of the first surviving class of those that follow:

- (a) the beneficiary named by the **Insured** and on file with Travel Guard; if none is available, then
- (b) to the **Insured's** spouse, if living. If no living spouse, then
- (c) to the **Insured's** estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the **Company** may pay up to \$3,000 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 **Company** makes in good faith fully discharges the **Company** to the extent of that payment.

The following provision applies to all benefits except Non-Flight Accidental Death & Dismemberment:

Recovery - To the extent the **Company** pays for a **Loss** suffered by an **Insured**, the **Company** will be assigned the rights and remedies the **Insured** had relating to the **Loss**. The **Insured** will be made whole before the **Company** begins recovery. The **Insured** must help the **Company** preserve its rights against those responsible for its **Loss**. This may involve signing any papers and taking any other steps the **Company** may reasonably require. When an **Insured** has been paid benefits under this Policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the **Company** by the **Insured** and reimbursed to the **Company** to the extent of the **Company's** payment.

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

The **Company** will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an **Insured** or such other person against any Third Party or Coverage.

Coverage - as used in this Recovery section, means any other fund or insurance policy except coverage provided under this Policy.

Third Party - as used in this Recovery section, means any person, corporation or other entity (except the **Insured** and the **Company**).

SECTION VI GENERAL PROVISIONS

Entire Contract: Changes: This Policy, **Schedule** or **Declarations Page**, application form and any attachments are the entire contract of insurance. No agent may change it in any way. Only an officer of the **Company** may approve a change. Any such change must be shown in this Policy or its attachments.

Cancellation by Us: This policy is a single-pay, single-term nonrenewable insurance product. We have no unilateral right to cancel this coverage after it becomes effective.

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 **Company's** behalf nor to alter, modify, or waive any of the provisions of this Policy.

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

Beneficiary Designation and Change. The **Insured's** beneficiaries are the persons designated by the **Insured** and on file with Travel Guard or the beneficiaries as shown in the Payment of Claim: To Whom Paid provision. The right to change of beneficiary is reserved to the **Insured** 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.

An **Insured** over the age of majority and legally competent may change his or her beneficiary designation at any time, without the consent of the designated beneficiaries, unless an irrevocable designation has been made, by providing Travel Guard with a written request for change. When the request is received, whether the **Insured** is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the **Company** on account of any payment made by it prior to receipt of the request.

Assignment. An **Insured** may not assign any of his or her rights, privileges or benefits under this Policy without the prior consent of the **Company**.

Misstatement of Information. If the **Insured** has provided inaccurate details about their **Trip** when applying for this Policy, and these details affect the plan cost owed by the **Insured**, any benefits paid will be reduced by a percentage equal to the percent that the **Insured** has underpaid.

Misstatement of Age. If premiums for the **Insured** are based on age and the **Insured** has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. The **Company** may require satisfactory proof of age before paying any claim.

Legal Actions. 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 3 years after the time written proof of **Loss** is required to be furnished.

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

Payment of Premium. Coverage is not effective unless all premium due has been paid to Travel Guard prior to a date of **Loss** or insured occurrence.

Premium Refund at Death of Insured. Refund shall be paid as follows:

- (1) If a person other than the insured paid the premium, to that person. A person entitled to a refund under this subdivision must furnish proof of payment to the insurer.
- (2) If the insured paid the premium, to the surviving spouse of the insured. If there is no surviving spouse, the premium shall be paid in the same manner as distributions of the net estate of a person who dies intestate under IC 29-1-2-1(d). A parent disqualified under IC 29-1-2-1(e) from receiving an intestate share of the parent's child's estate is not entitled to a refund under this section of insurance premiums paid by the child.

A person entitled to receive a refund under this section must do the following:

- (a) Submit a written request for the refund.
- (b) Furnish proof of the insured's death.

Termination of this Policy. Termination of this Policy will not affect a claim for **Loss** if coverage was purchased while this Policy was in force.

Transfer of Coverage. Coverage under this Policy cannot be transferred by the **Insured** to anyone else.

Controlling Law: Any part of this Policy that conflicts with the state law where this Policy is issued is changed to meet the minimum requirements of that law.

Notice to Insured

If the Insured has a Grievance relating to this coverage, he/she may file a grievance orally or in writing.

Grievance Procedures Notice to Insured

- (a) An Insured may file a grievance orally or in writing.
- (b) The Company shall make available to the Insured a toll free telephone number through which a grievance may be filed. The toll free telephone number will be staffed by a qualified representative of the Company, available for at least forty (40) hours per week during normal business hours, and accept grievances in the languages of the major population groups served by the Company.
- (c) A grievance is considered to be filed on the first date it is received, either by telephone or in writing.

Assistance in filing grievance; designation of representative

- (a) The Company shall establish procedures to assist Insureds in filing grievances.
- (b) An Insured may designate a representative to file a grievance for the Insured and to represent the Insured in a grievance.

Resolution of grievances

- (a) The Company has established written policies and procedures for the timely resolution of grievances including:
 - (1) An acknowledgment of the grievance, given orally or in writing, to the Insured within five (5) business days after receipt of the grievance.
 - (2) Documentation of the substance of the grievance and any actions taken.
 - (3) An investigation of the substance of the grievance, including any aspects involving clinical care.
 - (4) Notification to the Insured of the disposition of the grievance and the right to appeal.
 - (5) Standards for timeliness that accommodate the clinical urgency of the situation will include responding to grievances and providing notice to the Insured of the disposition of the grievance and the right to appeal.
- (b) The Company shall appoint at least one (1) individual to resolve a grievance.
- (c) A grievance must be resolved as expeditiously as possible, but not more than twenty (20) business days after the Company receives all information reasonably necessary to complete the review. If the Company is unable to make a decision regarding the grievance within the twenty (20) day period due to circumstances beyond the Company's control, the Company shall:
 - (1) before the twentieth business day, notify the Insured in writing of the reason for the delay; and
 - (2) issue a written decision regarding the grievance within an additional ten (10) business days.
- (d) The Company shall notify the Insured in writing of the resolution of a grievance within five (5) business days after completing an investigation. The grievance resolution notice must include the following:
 - (1) A statement of the Company's decision.
 - (2) A statement of the reasons, policies, and procedures that are the basis of the decision.
 - (3) Notice of the Insured's right to appeal the decision.
 - (4) The Insurance Department, address, and telephone number through which an Insured may contact a qualified representative to obtain additional information about the decision or the right to appeal.

Resolution of appeals of grievance decisions

- (a) The Company has established written policies and procedures for the timely resolution of oral or written appeals of grievance decisions including:
 - (1) Written or oral acknowledgment of the appeal not more than five (5) business days after the appeal is filed.
 - (2) Documentation of the substance of the appeal and the actions taken.
 - (3) Investigation of the substance of the appeal, including any aspects of clinical care involved.
 - (4) Notification to the Insured of the disposition of an appeal and that the Insured may have the right to further remedies allowed by law.
 - (5) Standards for timeliness that accommodate the clinical urgency of the situation will include responding to the appeal, providing notice to the Insured of the disposition of an appeal and the right to initiate an external grievance review.
- (b) In the case of an appeal of a grievance decision described herein, the Company shall appoint a panel of one (1) or more qualified individuals to resolve an appeal. The panel must include one (1) or more individuals who:
 - (1) have knowledge of the medical condition, procedure, or treatment at issue;
 - (2) are licensed in the same profession and have a similar specialty as the provider who proposed or delivered the health care procedure, treatment, or service;
 - (3) are not involved in the matter giving rise to the appeal or in the initial investigation of the grievance; and
 - (4) do not have a direct business relationship with the Insured or the health care provider who previously recommended the health care procedure, treatment, or service giving rise to the grievance.

- (c) An appeal of a grievance decision must be resolved:
 - (1) as expeditiously as possible, reflecting the clinical urgency of the situation; and
 - (2) not later than forty-five (45) days after the appeal is filed.
- (d) The Company shall allow an Insured the opportunity to appear in person before, or, if unable to appear in person, otherwise appropriately communicate with, the panel appointed under subsection (b) above.
- (e) The Company shall notify an Insured in writing of the resolution of an appeal of a grievance decision within five (5) business days after completing the investigation. The appeal resolution notice must include the following:
 - (1) A statement of the decision reached by the Company.
 - (2) A statement of the reasons, policies, and procedures that are the basis of the decision.
 - (3) Notice of the Insured's right to further remedies allowed by law, including the right to external grievance review by an independent review organization.
 - (4) The Insurance Department, address, and telephone number through which an Insured may contact a qualified representative to obtain more information about the decision or the right to an external grievance review.

External Grievance**Procedural requirements**

- (a) An external grievance procedure established under Indiana law must:
 - (1) allow an Insured or an Insured's representative to file a written request with the Company for an appeal of the Company's grievance resolution or denial of coverage based on a waiver not more than forty-five (45) days after the Insured is notified of the resolution; and
 - (2) provide for an expedited appeal for a grievance related to an illness, a disease, a condition, an injury, or a disability that would seriously jeopardize the Insured's life or health or ability to reach and maintain maximum function; or a standard appeal for a grievance not described herein in item 2.

An Insured may file not more than one (1) appeal of the Company's grievance resolution under this section.

- (b) Subject to the requirements of subsection (d), when a request is filed under subsection (a), the Company shall:
 - (1) select a different independent review organization for each appeal filed herein from the list of independent review organizations that are certified by the Insurance Department; and
 - (2) rotate the choice of an independent review organization among all certified independent review organizations before repeating a selection.
- (c) The independent review organization shall assign a medical review professional who is board certified in the applicable specialty for resolution of an appeal.
- (d) The independent review organization and the medical review professional conducting the external review under this section may not have a material professional, familial, financial, or other affiliation with any of the following:
 - (1) The Company.
 - (2) Any officer, director, or management employee of the Company.
 - (3) The health care provider or the health care provider's medical group that is proposing the service.
 - (4) The facility at which the service would be provided.
 - (5) The development or manufacture of the principal drug, device, procedure, or other therapy that is proposed for use by the treating health care provider. However, the medical review professional may have an affiliation under which the medical review professional provides health care services to Insureds of the Company and may have an affiliation that is limited to staff privileges at the health facility, if the affiliation is disclosed to the Insured and the Company before commencing the review and neither the Insured nor the Company object.
 - (6) The Insured requesting the external grievance review.
- (e) The Insured shall not pay the costs associated with the services of an independent review organization. All costs must be paid by the Company.

Rights and duties

- (a) An Insured who files an appeal under this section shall:
- (1) not be subject to retaliation for exercising the Insured's right to an appeal under this section;
 - (2) be permitted to utilize the assistance of other individuals, including health care providers, attorneys, friends, and family members throughout the review process;
 - (3) be permitted to submit additional information relating to the proposed service throughout the review process; and
 - (4) cooperate with the independent review organization by providing any requested medical information or authorizing the release of necessary medical information.
- (b) The Company shall cooperate with the independent review organization by promptly providing any information requested by the independent review organization.

Requirements of independent review organization

- (a) An independent review organization shall:
- (1) for an expedited appeal filed within three (3) business days after the appeal is filed; or
 - (2) for a standard appeal filed within fifteen (15) business days after the appeal is filed; make a determination to uphold or reverse the Company's grievance resolution based on information gathered from the Insured or the Insured's designee, the Company, and the treating health care provider, and any additional information that the independent review organization considers necessary and appropriate.
- (b) When making the determination, the independent review organization shall apply:
- (1) standards of decision making that are based on objective clinical evidence; and
 - (2) the terms of the Insured's coverage.
- (c) The independent review organization shall notify the Company and the Insured of the determination made under this section:
- (1) for an expedited appeal, within twenty-four (24) hours after making the determination; and
 - (2) for a standard appeal, within seventy-two (72) hours after making the determination.

Information from independent review organization

Upon the request of an Insured who is notified that the independent review organization has made a determination, the independent review organization shall provide to the Insured all information reasonably necessary to enable the Insured to understand the:

- (1) effect of the determination on the Insured; and
- (2) manner in which the health maintenance organization may be expected to respond to the determination.

A determination is binding on the Company.

Reconsideration of resolution

- (a) If, at any time during an external review, the Insured submits information to the Company that is relevant to the Company's resolution and was not considered by the Company:
- (1) the Company shall reconsider the resolution; and
 - (2) the independent review organization shall cease the external review process until the reconsideration under subsection (b) is completed.
- (b) The Company to which information is submitted under subsection (a) shall reconsider the resolution based on the information and notify the Insured of the Insured's decision:
- (1) within seventy-two (72) hours after the information is submitted, for a reconsideration related to an illness, a disease, a condition, an injury, or a disability that would seriously jeopardize the Insured's life or health or ability to reach and maintain maximum function or;

- (2) within fifteen (15) days after the information is submitted, for a reconsideration not described in subdivision (1) above.

- (c) If the decision reached under subsection (b) is adverse to the Insured, the Insured may request that the independent review organization resume the external review,

This does not add to or otherwise change the terms of coverage included in the contract of insurance which an Insured receives health care benefits.

"Grievance " means any dissatisfaction expressed by or on behalf of an Insured regarding:

- (1) a determination that a service or proposed service is not appropriate or medically necessary;
- (2) a determination that a service or proposed service is experimental or investigative;
- (3) the availability of participating providers;
- (4) the handling or payment of claims for health care services; or
- (5) matters pertaining to the contractual relationship between an Insured and a Company; and for which the Insured has a reasonable expectation that action will be taken to resolve or reconsider the matter that is the subject of dissatisfaction.

"External grievance" means the independent review of a grievance filed under this section.

If an Insured has a grievance with a Company, please contact

Senior Claims Adjuster
Travel Guard
P. O. Box 47
Stevens Point, WI 54481
Phone 800-826-1300 Ext. 13075
Fax 715-345-1141

or

Should you feel you are not being treated fairly, we want you to know you may contact the Indiana Department of Insurance with your complaint and seek assistance from the governmental agency that regulates insurance. To contact the Department, write or call:

Public Information/Market Conduct, Indiana Department of Insurance, 311 West Washington Street, Suite 300, Indianapolis IN 46204-2787, Consumer Hotline: 1-800-622-4461, or in the Indianapolis area 1-317-232-2395. Complaints can also be filed electronically at www.in.gov/idoi.

U-TGT-1000A-IN

ASSISTANCE SERVICES

All assistance services provided by Travel Guard Assist, Inc. ("Travel Guard") are non-insurance services. Travel Guard will help arrange services, but any cost associated with securing the services are at the insured's sole expense.

Travel Medical Assistance

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

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
- Assist with obtaining long-distance calling cards for worldwide telephoning
- Inoculation information
- Embassy or consulate information
- Currency conversion or purchase assistance
- 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
- Flight rebooking assistance
- Hotel rebooking assistance
- Rental vehicle booking assistance
- Coordinate emergency return travel arrangements
- Roadside assistance
- Rental vehicle return assistance
- Guaranteed hotel check-in
- Missed connections coordination

Concierge Services

- Assist with restaurant reservations
- Ground transportation arrangements
- Event ticketing arrangements
- Tee times and course referrals
- Floral services

Personal Security Assistance

- Arrange emergency and security evacuations
- Coordinate consultants to extract client to safety
- 24/7 access to security and safety advisories, global risk analysis and consultation specialists
- Immediate security intelligence on events occurring throughout the world
- Collaborate with law enforcement

Travel Guard®

Part of  ZURICH® Cover-More

- KEEP THESE NUMBERS WITH YOU WHEN YOU TRAVEL -

USA : **1.800.826.1300**

International : **1.715.345.0505**

24-Hour Emergency Travel Assistance : **1.800.826.8597**

**Be sure to use the appropriate country
and city codes when calling.**