



Declarations Page: Individual Travel Insurance

Zurich American Insurance Company

1299 Zurich Way
Schaumburg, Illinois 60196

This insurance is provided by: **Zurich American Insurance Company**

Policy Number: GPT-3024323

GoReady Choice Plan

- Item: 1. Insured: Refer to Confirmation of Coverage
Mailing Address: Refer to Confirmation of Coverage
- Item: 2. Additional Travelers Covered or Family Members: Refer to Confirmation of Coverage
- Item: 3. Effective Date of Coverage: Refer to Confirmation of Coverage
All Other Benefits: Refer to Confirmation of Coverage
- Item: 4. Trip Departure Date: Refer to Confirmation of Coverage
- Item: 5. Trip Return Date: Refer to Confirmation of Coverage
- Item: 6. Trip Cost: Refer to Confirmation of Coverage
- Item: 7. Premium Information: Refer to Confirmation of Coverage

Signed for by Zurich American Insurance Company:

A handwritten signature in black ink, appearing to read 'Kristof Terryn'.

Kristof Terryn
President
Zurich American Insurance Company

October 1, 2022

Date

Individual Travel Insurance Policy

GoReady Choice Plan



ZURICH AMERICAN INSURANCE COMPANY

1299 Zurich Way
Schaumburg, Illinois 60196

In return for the payment of premium, **We** agree to pay the benefits of this **Policy** to the **Insured** for **Covered Loss** subject to the terms and conditions of this **Policy**.

This **Policy** is governed by the laws of the state in which it is delivered. Coverage may not be available in all states.

TWENTY-ONE DAY RIGHT TO EXAMINE COVERAGE

The **Insured** has the right to examine coverage upon receipt of his/her **Policy**. If he/she is not satisfied for any reason, he/she may return his/her **Policy**, within 21 days after receipt, to **Us**, **Our** authorized representative, or to the **Administrator**. Provided the **Insured** has not yet departed on his/her **Covered Trip** and has not yet incurred any **Covered Loss** as defined by this **Policy**, this **Policy** and the **Insured's** coverage under this **Policy** will be voided from the outset of coverage and premium will be refunded accordingly.

THIS INSURANCE PROVIDES SHORT-TERM TRAVEL RELATED INSURANCE AND INCLUDES THE SELECTED BENEFITS INDICATED IN THE **SCHEDULE** FOR WHICH A PREMIUM WAS PAID.

THIS **POLICY** CONTAINS REDUCTIONS, LIMITATIONS, EXCLUSIONS, AND TERMINATION PROVISIONS.

IMPORTANT NOTICE: THIS COVERAGE IS VALID ONLY IF THE APPROPRIATE PLAN COST HAS BEEN PAID. PLEASE KEEP THIS **POLICY** AS YOUR RECORD OF COVERAGE UNDER THE PLAN.

IN WITNESS WHEREOF, **We** have executed and attested these presents and, where required by law, have caused this document to be countersigned by **Our** duly authorized representatives.

A handwritten signature in black ink, appearing to be 'Tom W'.

President

A handwritten signature in black ink, appearing to be 'Laura J. Kargacz'.

Corporate Secretary

PLEASE READ THIS DOCUMENT CAREFULLY

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SECTION I – SCHEDULE OF BENEFITS

Coverage is included only for Plans and Benefits that the **Insured** has elected to purchase during **Application** and for which a Maximum Covered Amount is shown in the **Schedule** or in a Rider attaching to this **Policy**.

Benefits	Maximum Covered Amount / Deductible	
A. Travel Inconvenience Plan		
1. Pre-Departure Trip Cancellation Benefit	Up to 100% of Trip Cost to a maximum of \$50,000	
2. Post-Departure Trip Interruption Benefit	Up to 150% of Trip Cost to a maximum of \$75,000	
3. Travel Delay Benefit	\$2,000 (subject to \$200 per day)	
4. Baggage and Personal Effects Benefit* Per Item Limit Deductible * Items subject to Special Limitations	\$500 \$500 per item \$0 per Covered Trip	
5. Baggage Delay Benefit Per Day Limit	\$200 \$200	
B. Emergency Evacuation And Repatriation Plan		
1. Emergency Evacuation and Repatriation Benefit	\$250,000	
Forms Schedule		
U-TICN-200-A CW U-TICN-212-A CW U-TICN-222-A WA U-TICN-223-A CW U-TICN-229-A CW U-TICN-230-A CW U-TICN-231-A CW U-TICN-502-A WA U-TICN-505-A WA U-TICN-506-A MU U-TICN-507-A MU U-TICN-520-A MU	U-TICN-522-A WA U-TICN-526-A WA U-TICN-532-B CW U-TICN-533-A MU U-TICN-535-A MU U-TICN-536-A MU U-TICN-541-A MU U-TICN-543-A MU U-TICN-546-A MU U-TICN-554-A WA U-TICN-556-B CW U-TICN-602-A MU U-TICN-604-A MU	U-TICN-608-A MU U-TICN-609-A MU U-TICN-613-A MU U-TICN-615-A MU U-TICN-616-A MU U-TICN-617-A MU U-TICN-618-A MU U-TICN-620-A MU U-TICN-621-A MU U-TICN-625-A MU U-TICN-630-A MU U-TICN-634-A MU U-TIIN-800-B WA

SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE

- A. EFFECTIVE DATE: No coverage for an **Insured** under this **Policy** is in effect until the day after **We**, or the **Administrator** receive **Application** and premium is paid.
- B. INDIVIDUAL BENEFIT EFFECTIVE DATES: Effective dates for each benefit are shown separately under the applicable benefit shown in SECTION III – BENEFITS and in the Riders attaching to this **Policy**.
- C. TERMINATION DATE: An **Insured's** coverage automatically terminates on the earlier of:
1. the completion date of the **Covered Trip**;
 2. the **Scheduled Date of Return**;
 3. the **Insured's** arrival at the return **Destination** of a round-trip or the arrival **Destination** of a one-way trip; or
 4. cancellation of the **Covered Trip**.

Termination will not negate a claim already pending.

- D. EXTENSION OF COVERAGE: All coverage under this **Policy** will be extended if:
1. the **Insured's** entire **Covered Trip** is covered by this **Policy**; and
 2. the **Insured's** return is delayed by unavoidable circumstances beyond his/her control.

This extension of coverage will terminate the earlier of:

- a. the date the **Insured** reaches his/her originally scheduled return **Destination**; or
- b. seven days after the **Scheduled Date of Return**.

SECTION III – BENEFITS

Applicable To All Benefits:

Coverage is included only for Plans and Benefits that the **Insured** has elected to purchase during **Application** and for which a Maximum Covered Amount is shown in the **Schedule** or in a Rider attaching to this **Policy**.

A. TRAVEL INCONVENIENCE PLAN

1. PRE-DEPARTURE TRIP CANCELLATION BENEFIT

The **Insured's** coverage under the Pre-Departure Trip Cancellation Benefit will take effect as stated in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE.

We will reimburse the **Insured** a Pre-Departure Trip Cancellation Benefit, if the **Insured** is prevented from taking his/her **Covered Trip** due to the **Insured's**, or the **Insured's Family Member's, Traveling Companion's**, or **Business Partner's Sickness, Covered Injury**, or death; for the amount of **Payments and Deposits** that the **Insured** paid for his/her **Covered Trip** (reimbursement of **Payments and Deposits** is limited to the published cancellation penalties that the **Insured** was subject to at the time of the cancellation of a **Covered Trip**); up to the corresponding Maximum Covered Amount shown in the **Schedule**.

If the **Insured** is prevented from taking his/her **Covered Trip** due to one of the **Other Covered Events**, **We** will reimburse the **Insured** a Pre-Departure Trip Cancellation Benefit, for the amount of **Payments and Deposits** that the **Insured** paid for his/her **Covered Trip**, less any refund paid or payable, up to the corresponding Maximum Covered Amount shown in the **Schedule**.

We will reimburse the **Insured** this Pre-Departure Trip Cancellation Benefit, only if the **Sickness, Covered Injury**, death, or **Other Covered Event** occurs before departure of the **Insured's Covered Trip** and commences while the **Insured's** coverage is in effect under this **Policy**. Any **Sickness** or **Covered Injury** must: (i) require the examination and treatment by a **Physician**, in person, at the time of the cancellation of a **Covered Trip**; and (ii) in the written opinion of the treating **Physician**, be so disabling as to prevent the **Insured** from taking his/her **Covered Trip**; or in the case of the **Insured's** non-traveling **Family Member** or **Business Partner**, be life threatening, or so severe as to require the **Insured's** care.

If the **Insured** fails to notify the appropriate **Travel Supplier(s)** of his/her cancellation within 72 hours of becoming aware of the need to cancel, **We** will pay only the cancellation penalties that the **Insured** was subject to 72 hours after becoming aware of the need to cancel. If the **Insured** is medically unable to notify the appropriate **Travel Supplier** within 72 hours, he/she must notify them as soon as medically possible.

2. POST-DEPARTURE TRIP INTERRUPTION BENEFIT

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Post-Departure Trip Interruption Benefit will take effect on the **Scheduled Date of Departure**.

We will reimburse a Post-Departure Trip Interruption Benefit, for the following covered expenses in this Post-Departure Trip Interruption Benefit section, up to the corresponding Maximum Covered Amount shown in the **Schedule**, if:

- a. the **Insured's** arrival on his/her **Covered Trip** is delayed beyond the **Scheduled Date of Departure** due to the **Insured's**, or the **Insured's Family Member's, Traveling Companion's, or Business Partner's Sickness, Covered Injury**, or death; or
- b. the **Insured** is unable to continue on his/her **Covered Trip** after he/she has departed on his/her **Covered Trip** due to **Sickness, Covered Injury**, or death of the **Insured**, or the **Insured's Family Member, Traveling Companion, or Business Partner**.

We will reimburse a Post-Departure Trip Interruption Benefit, due to one of the **Other Covered Events**, up to the corresponding Maximum Covered Amount shown in the **Schedule**, if: (i) the **Insured's** arrival on his/her **Covered Trip** is delayed beyond the **Scheduled Date of Departure**; or (ii) the **Insured** is unable to continue on his/her **Covered Trip** to return **Home** after the he/she has departed on his/her **Covered Trip**.

We will reimburse the **Insured** this Post-Departure Trip Interruption Benefit, only if the **Sickness, Covered Injury**, death, or **Other Covered Event** commences while the **Insured** is on his/her **Covered Trip** and commences while the **Insured's** coverage is in effect under this **Policy**. Any **Sickness** or **Covered Injury** must: (i) require the examination and treatment by a **Physician**, in person, at the time of an interruption or delay of a **Covered Trip**; and (ii) in the written opinion of the treating **Physician**, be so disabling as to delay the **Insured's** arrival on his/her **Covered Trip** or to prevent the **Insured** from continuing his/her **Covered Trip**; or in the case of the **Insured's** non-traveling **Family Member** or **Business Partner**, be life threatening, or so severe as to require the **Insured's** care.

We will reimburse the **Insured** for a Post-Departure Trip Interruption Benefit, for the following covered expenses, less any refund paid or payable, for unused travel arrangements if the **Insured** delays his/her **Covered Trip**, interrupts his/her **Covered Trip**, or interrupts and returns during the original travel dates for the **Insured's Covered Trip**, the unused portion of the amount of **Payments and Deposits** that the **Insured** paid for his/her **Accommodations**, plus one of the following:

- (1) the additional transportation expenses by the most direct route from the point where the **Insured** interrupted his/her **Covered Trip** to: (i) the next scheduled **Destination** where the **Insured** can catch up to his/her **Covered Trip**; or (ii) to the final **Destination** of his/her **Covered Trip**; or
- (2) the additional transportation expenses incurred by the **Insured** by the most direct route to reach the next scheduled **Destination** where the **Insured** can catch up to his/her **Covered Trip** if the **Insured** is delayed and leaves after the **Scheduled Date of Departure**.

The benefit payable under (1) or (2) above will not exceed the cost of a one-way economy air fare or the equivalent class of the **Insured's** original tickets by the most direct route less any refund paid or payable for the **Insured's** unused original tickets.

3. TRAVEL DELAY BENEFIT

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Travel Delay Benefit will take effect on the **Scheduled Date of Departure**.

If the **Insured's Covered Trip** is delayed for six consecutive hours or more, **We** will reimburse the **Insured** a Travel Delay Benefit, for reasonable additional expenses incurred by the **Insured** for lodging arrangements, meals, telephone calls and local transportation while the **Insured** is delayed, up to the corresponding Maximum Covered Amount shown in the **Schedule**. **We** will not reimburse benefits for expenses incurred after travel becomes possible to continue on the **Insured's Covered Trip**.

In order for benefits to be reimbursable, any Travel Delay must be caused by or result from:

- a. **Common Carrier** delay;
- b. loss or theft of the **Insured's** passport(s), travel documents or money;
- c. **Quarantine**;
- d. hijacking;
- e. **Natural Disaster**;
- f. **Adverse Weather Conditions**;
- g. a documented traffic accident while the **Insured** is en route to his/her departure;
- h. unannounced **Strike**;
- i. a civil disorder; or
- j. road closures by government authorities.

4. BAGGAGE AND PERSONAL EFFECTS BENEFIT

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Baggage and Personal Effects Benefit will take effect on the **Scheduled Date of Departure**.

We will reimburse the **Insured** for a Baggage and Personal Effects Benefit, in excess of the **Deductible** shown in the **Schedule**, less any amount paid or payable from any **Other Valid and Collectible Insurance** or indemnity, for direct loss, theft, damage or destruction of his/her **Baggage** during the **Insured's Covered Trip**, up to the corresponding Maximum Covered Amount shown in the **Schedule**. **We** will reimburse the

Insured the cost to reissue his/her passports or visas if they are lost, stolen, damaged or destroyed during the **Insured's Covered Trip**. **We** will also pay for loss due to unauthorized use of the **Insured's** credit cards that are not forgiven or otherwise waived by the applicable credit card companies, if the **Insured** has complied with all of the credit card conditions imposed by the credit card companies. The maximum amount **We** will reimburse for any one item is limited to the Per Item Limit shown in the **Schedule**.

Valuation and Payment of Loss

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon the **Actual Cash Value** or replacement cost basis, whichever is less. At **Our** option, **We** may elect to repair or replace the **Insured's Baggage**.

We may take all or part of a damaged **Baggage** as a condition for payment of loss. In the event of a loss to a pair or set of items, **We** will, solely at **Our** discretion: (i) repair or replace any part to restore the pair or set to its value before the loss; or (ii) pay the difference between the value of the property before and after the loss.

Items Subject to Special Limitations

We will not pay more than \$500 (or the Baggage and Personal Effects Benefit limit, if less) on all losses to jewelry; watches; precious or semi-precious gems; articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media; and articles consisting in whole or in part of fur. For purposes of this Special Limitation of this Benefit, the loss of such items will be considered one total combined loss and not separate losses for each separate item such that a single Special Limitation Maximum Covered Amount will apply to the total loss of such items.

Continuation of Coverage

If the covered **Baggage**, passports, or visas are in the custody of a **Common Carrier**, and delivery is delayed, this coverage will continue until the property is delivered to the **Insured**. This continuation of coverage does not include loss caused by or resulting from the delay.

The Insured's Duties in the Event of a Loss

In case of loss, theft or damage to **Baggage** and **Personal Effects**, the **Insured** must: (i) immediately report the incident to the hotel manager, tour guide or representative, transportation official, local police, or other local authorities and obtain their written report of his/her loss; and (ii) take reasonable steps to protect his/her **Baggage** from further damage, and make necessary, reasonable and temporary repairs. **We** will reimburse the **Insured** for these expenses. **We** will not pay for further damage if the **Insured** fails to protect his/her **Baggage**.

5. **BAGGAGE DELAY BENEFIT**

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Baggage Delay Benefit will take effect on the **Scheduled Date of Departure**.

If the **Insured's Baggage** is delayed or misdirected for 12 hours or more, **We** will reimburse the **Insured** a Baggage Delay Benefit, for: (i) the cost of reasonable additional clothing and personal articles purchased or rented by the **Insured** during the **Covered Trip**, and (ii) the expenses incurred during the **Insured's Covered Trip** to expedite the return of the **Insured's** delayed or misdirected **Baggage**; up to the corresponding Maximum Covered Amount shown in the **Schedule**. Coverage for Baggage Delay Benefits terminates upon the **Insured's** arrival at the return **Destination** of his/her **Covered Trip**. The maximum amount **We** will pay for each 24 hour period is limited to the Per Day Limit shown in the **Schedule**.

TRAVEL INCONVENIENCE PLAN - OTHER PROVISIONS

For purposes of this entire section A. Travel Inconvenience Plan only, the following additional conditions apply:

Excess Coverage

Our obligation to pay the **Insured** under this Travel Inconvenience Plan will be excess of **any Other Valid and Collectible Insurance**, indemnity or recoverable that the **Insured** has with respect to the expenses covered under this Travel Inconvenience Plan.

B. EMERGENCY EVACUATION AND REPATRIATION PLAN

1. EMERGENCY EVACUATION AND REPATRIATION BENEFIT

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Emergency Evacuation And Repatriation Benefit will take effect on the **Scheduled Date of Departure**.

We will pay the **Insured** an Emergency Evacuation And Repatriation Benefit, for the following Covered Expenses incurred by the **Insured**, up to the corresponding Maximum Covered Amount shown in the **Schedule**, subject to the following: (i) health care related Covered Expenses will only be payable at the **Usual and Customary** level of payment; Covered Expenses not related to health care will only be payable at the reasonable and customary level of payment; (ii) benefits will be payable only for Covered Expenses resulting from a **Sickness** that first manifests itself, or a **Covered Injury** that occurs, while on a **Covered Trip**; (iii) the **Insured** must first receive treatment during his/her **Covered Trip**; and (iv) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any **Other Valid and Collectible Insurance** in effect for the **Insured** or in accordance with a Coordination of Benefits provision in jurisdictions where excess coverage provisions are not permitted.

The following are Covered Expenses under this Emergency Evacuation and Repatriation Benefit:

- a. expenses incurred by the **Insured** for **Physician**-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable **Hospital** of the **Insured's** choice, if the onsite attending **Physician** certifies that the **Insured** is medically able to travel when the **Insured** is critically **Sick** or **Injured** and no suitable local care is available, subject to **Our** or the **Assistance Provider's** prior approval;
- b. expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a **Hospital** or to the **Insured's Home** when deemed medically necessary by the attending **Physician**, subject to **Our** or the **Assistance Provider's** prior approval;
- c. expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of **Hospitalization** for one person chosen by the **Insured**, provided that the **Insured** is traveling alone and is **Hospitalized** for more than seven days;
- d. expenses for transportation not to exceed the cost of one-way economy class air fare to the **Insured's Home**, including escort expenses, if the **Insured** is 18 years of age or younger and left unattended due to the death or **Hospitalization** of an accompanying adult(s), subject to **Our** or the **Assistance Provider's** prior approval;
- e. expenses for one-way economy class air fare (or **We** will match the class of the original tickets) to the **Insured's Home**, from a medical facility to which the **Insured** was previously evacuated, less any refund paid or payable from the **Insured's** unused transportation tickets, if these expenses are not covered elsewhere in this **Policy**; and
- f. repatriation expenses for preparation and air transportation of the **Insured's** remains to his/her **Home**, or up to an equivalent amount for a local burial in the country where death occurred, if the **Insured** dies while outside the United States of America. Covered Expenses under this benefit include the reasonable and customary expenses for: (i) embalming; (ii) cremation; (iii) the most economical coffins or receptacles adequate for transportation of the remains; and (iv) transportation of the

remains, by the most direct and economical conveyance and route possible. The **Assistance Provider** must make all arrangements and authorize all expenses in advance for this benefit to be payable.

SECTION IV – GENERAL DEFINITIONS

Bold terms within this **Policy**, whether in the singular or plural, are defined as follows. Additional definitions applicable to specific benefits only can be found in Section III – Benefits.

Accident or **Accidental** means a sudden, unexpected, and unforeseen event that occurs while this **Policy** is in force and that is the direct and independent cause of bodily injury to the **Insured**.

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

Actual Cash Value means the lesser of an item's original purchase price less depreciation or the replacement cost of such item.

Administrator means GoReady Insurance.

Adverse Weather Conditions means any severe weather condition which prevents the **Insured** from reaching his/her **Destination** or delays the scheduled arrival and/or departure of a **Common Carrier**.

Application means the hard copy paper, telephone, telefax, or electronic request to effect insurance under this **Policy** for a prospective **Insured**.

Assistance Provider means Zurich Travel Assist or the travel assistance provider approved or designated by **Us**.

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

Bankruptcy means the filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction under the United States Bankruptcy Code.

Business Partner means a person who: (i) is involved with the **Insured** or the **Insured's Traveling Companion** in a business relationship, and (ii) is actively involved in the daily operation of the **Insured's** or the **Insured's Traveling Companion's** business.

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

Complications of Pregnancy means conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity. **Complications of Pregnancy** also include non-elective cesarean section, ectopic pregnancy that is terminated and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible. **Complications of Pregnancy** do not include false labor, occasional spotting, **Physician**-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

Covered Accident means an **Accident** that results in a **Covered Loss**.

Covered Injury means bodily injury directly caused by **Accidental** means that is independent of all other causes, results from a **Covered Accident**, occurs while the **Insured** is insured under this **Policy**, and results in a **Covered Loss**.

Covered Loss means a loss that meets the requisites of one or more benefits or additional benefits, and for which benefits are payable under this **Policy**.

Covered Trip means a scheduled trip for which coverage has been elected and the premium is paid, and all travel arrangements are arranged prior to the **Scheduled Date of Departure**. Coverage for an **Insured** shall not exceed 180 travel days per year.

Cruise means any prepaid cruise ship arrangements made by the **Insured**.

Deductible means the amount for which an **Insured** is responsible, and such amount will be deducted from any payment made by **Us** for a **Covered Loss**. The **Deductible** is applied for each **Insured** and for each **Covered Trip**.

Destination means any place where the **Insured** expects to travel to on his/her **Covered Trip**.

Domestic Partner means a person who qualifies as a domestic partner under the law of the state of residence.

Epidemic means an outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The United States Centers for Disease Control and Prevention (CDC).

Family Member means the **Insured's** or the **Insured's Traveling Companion's Spouse**, child, **Spouse's** child, son/daughter-in-law, parent(s), sibling(s), brother/sister, grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, uncle, aunt, niece, nephew, guardian, **Domestic Partner**, foster child, or ward.

Financial Insolvency means total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, or the total cessation or complete suspension of operations following the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other travel supplier of travel services that is duly licensed in the state(s) of operation other than the entity of the person, organization, agency or firm from whom the **Insured** directly purchased or paid for the **Covered Trip**. **Financial Insolvency** does not include the total cessation or complete suspension of operations for losses caused by fraud or negligent misrepresentation by the supplier of travel services.

Foreign National means a person who is a citizen of a country or other jurisdiction other than the United States of America and who is not a resident of the United States of America.

Home means the **Insured's Primary Residence**.

Hospital means an institution that:

- a. operates pursuant to applicable local laws and regulations governing such facilities;
- b. primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;
- c. operates facilities for medical and surgical diagnosis and treatment by or under the supervision of **Physicians**; and
- d. provides 24-hour nursing service by or under the supervision of Registered Nurses (R.N.) or graduated nurses.

Hospital does not mean any institution or part thereof that is used primarily as:

- (1) a nursing home, convalescent home, or skilled nursing facility;
- (2) a place of rest, custodial care, or for the aged;
- (3) a clinic; or

- (4) a place for the treatment of mental sickness, alcoholism or substance abuse.

However, a place for the treatment of mental sickness, alcoholism or substance abuse will be regarded as a **Hospital** if it is:

- (i) part of the institution that meets the requirements in subparagraphs a. to d. of this definition above; and
- (ii) listed in the American Hospital Association Guide as a general hospital.

Hospitalized or Hospitalization means admitted to a **Hospital**.

Inaccessible means an **Insured** cannot reach his/her **Destination** by any mode of transportation.

Injured, Injury or Injuries means a bodily injury or injuries.

Insured means any person who has arranged to take a **Covered Trip**, who has completed the **Application**, and who has paid the required premium.

Natural Disaster means flood, hurricane, tornado, earthquake, volcano, wildfires, inclement weather or blizzard that renders the **Insured's Common Carrier** unable to provide a travel service due to a shutdown of all local airports for a duration of greater than 36 hours.

Normal Pregnancy means a pregnancy that is not considered a **Complication of Pregnancy**.

Other Covered Event means an unforeseeable event or its consequences that:

- (i) is outside of the **Insured's** control and outside of the control of the **Insured's Family Member** traveling with the **Insured** or **Traveling Companion**;
- (ii) prevents the **Insured** or the **Insured's Family Member** traveling with the **Insured** or **Traveling Companion** from traveling on or continuing his/her **Covered Trip**; and
- (iii) occurs while coverage is in effect under this **Policy**,

and includes only the following unforeseeable events or their consequences that occur to the **Insured**, or the **Insured's Family Member** traveling with the **Insured** or **Traveling Companion**:

- a. **Common Carrier** delay resulting from severe weather conditions; mechanical breakdown of the aircraft, ship, boat, or motor coach on which the **Insured** is scheduled to travel; or organized labor **Strikes** that affect public transportation; subject to the following conditions:
 - (1) the scheduled carrier connecting times must meet airline legal minimum connect times;
 - (2) the scheduled time between arrival at the **Scheduled Trip Departure City** and the scheduled tour/**Cruise** departure must be two hours or longer; and
 - (3) the **Common Carrier** delay must prevent the **Insured** from reaching his/her **Destination** for at least 48 consecutive hours;
- b. arrangements canceled by an airline, cruise line, or tour operator resulting from severe weather conditions; mechanical breakdown of the aircraft, ship, boat, or motor coach; or organized labor **Strikes** that affect public transportation; subject to the following conditions:
 - (1) the scheduled carrier connecting times must meet airline legal minimum connect times;
 - (2) the scheduled time between arrival at the **Scheduled Trip Departure City** and the scheduled tour/**Cruise** departure must be two hours or longer; and

- (3) the **Common Carrier** delay or cancellation must prevent the **Insured** from reaching his/her **Destination** for at least 48 consecutive hours;
- c. arrangements canceled by an airline, cruise line, rental car company, hotel, condominium, or motor coach company resulting from **Financial Insolvency** provided that the **Financial Insolvency** occurs more than 14 days following the **Insured's** effective date for Pre-Departure Trip Cancellation Benefit;
- d. being directly involved in a documented traffic accident while en route to the **Insured's** departure;
- e. being hijacked, or **Quarantined** (except as the result of an **Epidemic** or a **Pandemic**);
- f. being required to serve on a jury or required by a court order to appear as a witness in a legal action, provided the **Insured**, or the **Insured's Family Member** traveling with the **Insured** or **Traveling Companion** is not: (i) a plaintiff or defendant in the legal action, or (ii) appearing as a law enforcement officer or attorney;
- g. the **Insured's Home** is made **Uninhabitable** due to fire, flood, volcano, earthquake, hurricane or natural disaster;
- h. being called into military or law enforcement duty in aid/relief efforts in the event of a natural disaster;
- i. documented theft of passports or visas;
- j. a **Family Member** who was to provide **Accommodations** for the **Insured** during a **Covered Trip** can no longer do so due to the hosting **Family Member's** life-threatening **Sickness**, **Covered Injury**, or death; and
- k. the **Insured** is permanently transferred by their employer to a location of 250 miles or more from current place of permanent residence.

Other Valid and Collectible Insurance means any policy or contract that provides coverage for medical, dental, evacuation, repatriation baggage and personal effects, and rental car damage benefits for **Covered Injury**, **Sickness**, loss, theft or damage the **Insured** incurs while on his/her **Covered Trip**.

Pandemic means an **Epidemic** over a wide geographic area that affects a large portion of the population.

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

Payments and Deposits mean the prepaid non-refundable amounts actually paid for the **Insured's Covered Trip** that may be done by cash, check, credit card, prepaid vouchers or similar form of payment. The amount includes incurred change fees and administrative fees. **Payments and Deposits** or portions of **Payments and Deposits** satisfied by non-paid vouchers, non-paid certificates or discounts are not considered **Payments and Deposits** under this **Policy**. Payments for cultural, religious, wedding event planning or services are not **Payments and Deposits**.

Personal Effects means items such as clothing and toiletry items that are included in the **Insured's Baggage** and are required for the **Insured's Covered Trip**.

Physician means a person who is:

- a. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that **We** recognize or are required by law to recognize;
- b. licensed to practice in the jurisdiction where care is being given;
- c. practicing within the scope of that license referenced in b. above; and
- d. not related to the **Insured** by blood, marriage, or adoption.

Policy means this Individual Travel Insurance Policy, the Declarations, and any Rider, endorsement, or amendment attached thereto.

Pre-Existing Condition means a sickness, disease, or other condition during the 180 day period immediately prior to the date the plan payment has been received by **Us** or the **Administrator** for which the **Insured**, the **Traveling Companion**, or **Family Member** who is scheduled or booked to travel with the **Insured**:

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

Item b. of this definition does not apply to a condition that is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 30 day period before the date stipulated in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE.

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

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

Schedule means the schedule in SECTION I – SCHEDULE OF BENEFITS.

Scheduled Date of Departure means the date on which the **Insured** is originally scheduled to depart on the **Covered Trip**.

Scheduled Date of Return means the date on which the **Insured** is originally scheduled to return to where the **Covered Trip** departed from or to a different final **Destination** as noted on the **Insured's** initial itinerary.

Scheduled Trip Departure City means the city from which the **Insured** is originally scheduled to depart on the **Covered Trip**.

Sickness or **Sick** means a sickness, illness or disease that impairs the normal functions of the body and that requires examination and treatment by a **Physician**.

Spouse means the **Insured's** legally married spouse.

Strike means a stoppage of work that: (i) is an unannounced labor disagreement, (ii) interferes with the normal departure and arrival of a **Common Carrier**, and (iii) the **Insured's** Pre-Departure Trip Cancellation Benefit coverage must be effective prior to when the strike is foreseeable. A **Strike** is foreseeable on the date labor union members vote to approve a **Strike**.

Travel Supplier means the tour operator, hotel, rental company, cruise line, airline that provides prepaid travel arrangements for the **Insured's Covered Trip**.

Traveling Companion means a person accompanying the **Insured** on the **Covered Trip** whose name is included with the **Insured** on the same itinerary for the **Covered 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.

Trip Cost means the dollar amount of **Covered Trip Payments and Deposits** paid by the **Insured** prior the **Schedule Date of Departure** and shown in the Declarations, that is subject to cancellation penalties or restrictions. **Trip Cost** also includes the cost of any subsequent arrangement added to the **Insured's Covered Trip**.

Uninhabitable means not suitable for human occupancy in accordance with local public health or safety guidelines.

Usual and Customary means the common charge made by other health care providers in the same locality for the treatment furnished. If the common charge for a service cannot be determined due to the unusual nature of such service, **We** or **Our Assistance Provider** will determine the amount based upon:

- a. the complexity involved;
- b. the degree of professional skill required; and
- c. any other pertinent factor.

We or **Our Assistance Provider** will make the final determination of what is **Usual and Customary** based on all the circumstances.

We, Us, and Our means Zurich American Insurance Company.

SECTION V – GENERAL EXCLUSIONS

1. Notwithstanding any other term, condition or provision under this **Policy**, **We** shall not provide coverage nor will **We** make any payments or provide any service or benefit to any **Insured**, beneficiary, or third party who may have any rights under this **Policy** to the extent that such cover, payment, service, benefit, or any business or activity of the **Insured** would violate any applicable trade or economic sanctions law or regulation.
2. **We** will not pay for any loss under this **Policy**, arising directly or indirectly out of, or as a result of, or from, or that occur to, or are as a result of the actions of, the **Insured** or the **Insured's Family Member, Traveling Companion, or Business Partner** booked to travel with the **Insured** for the following:
 - a. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO and MO);
 - b. mental, nervous, or psychological disorders;
 - c. being under the influence of drugs or intoxicants, unless prescribed by a **Physician**;
 - d. **Normal Pregnancy**, resulting childbirth, and elective abortion. This exclusion does not apply to Pre-Departure Trip Cancellation Benefit;
 - e. participation as a professional in athletics while on a **Covered Trip**;
 - f. participation in organized amateur or interscholastic athletic or sports competition or related practice events;
 - g. riding or driving in any motor competition;
 - h. off-road driving, whether as a driver or as a passenger;
 - i. declared or undeclared war, or any act of war;
 - j. civil disorder. This exclusion does not apply to the Travel Delay Benefit;
 - k. service in the armed forces of any country;
 - l. nuclear reaction, radiation or radioactive contamination;
 - m. operating or learning to operate any aircraft, as pilot or crew;

- n. mountain climbing, bungee jumping, snow skiing, skydiving, **Parachuting**, free falling, cliff diving, B.A.S.E. or base jumping, hang gliding, parasailing, travel on any air supported device other than on a regularly scheduled airline or air charter company, or extreme sports;
 - o. mountaineering where ropes or guides are commonly used including ascending and descending a mountain requiring specialized equipment, including but not limited to anchors, bolts, carabineers, crampons, lead/top-rope anchoring equipment and pick-axes;
 - p. scuba diving if the depth of the water exceeds 75 feet;
 - q. the **Insured's** commission of or attempt to commit a felony;
 - r. elective medical or holistic treatment or procedures;
 - s. failure of any tour operator, **Common Carrier**, other travel supplier, person or agency to provide the bargained-for travel arrangements/services;
 - t. a loss that results from a sickness, disease, or other condition, event or circumstance, that occurs at a time when this **Policy** is not in effect for the **Insured**;
 - u. **Epidemic or Pandemic**;
 - v. a diagnosed sickness (if insurance is purchased after such diagnosis) from which no recovery is expected and that only palliative treatment is provided and that carries a prognosis of death within 12 months of the effective date of the applicable coverage under this **Policy**; or
 - w. sickness, injury or death if insurance is purchased after entering a hospice facility or receiving hospice treatment.
3. **We will not pay for any loss under this Policy, arising directly or indirectly out of, or as a result of, or from, or that occur to, or are as a result of the actions of, the following that occur to the Insured:**
- a. any amount paid or payable under any Worker's Compensation, disability benefit or similar law;
 - b. a loss or damage caused by detention, confiscation or destruction by customs;
 - c. medical treatment during a **Covered Trip**, or arising from a **Covered Trip** undertaken for the purpose or intent of securing medical treatment;
 - d. **Financial Insolvency** of the person, organization or agency that solicited this coverage for the **Insured**, or **Financial Insolvency** of the person, organization or agency that helped the **Insured** book his/her arrangements for travel with a third party, or **Financial Insolvency** for which a petition for bankruptcy was filed by a travel supplier, before the effective date for Pre-Departure Trip Cancellation Benefit. There is no coverage for **Financial Insolvency** due to fraud or negligent misrepresentation by the supplier of travel services; or
 - e. **Bankruptcy, Financial Insolvency**, default or failure to supply services by a travel supplier.
4. The following additional exclusion applies to the Pre-Departure Trip Cancellation Benefit, Post-Departure Trip Interruption Benefit, and Travel Delay Benefit:
- a. **We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition** including death that results therefrom.

5. The following additional exclusion applies to the Emergency Evacuation and Repatriation Benefit:
- a. **We** will not pay for loss or expense caused by or incurred resulting from a **Pre-Existing Condition** including death that results therefrom. This Exclusion does not apply to the following benefits under the Covered Expenses shown in the Emergency Evacuation and Repatriation Benefit: (i) item a. (emergency medical evacuation); or (ii) item f. (return of remains).
6. The following additional exclusion applies to the Pre-Departure Trip Cancellation Benefit and Post-Departure Trip Interruption Benefit:
- a. except as provided in any Rider or endorsement attached to this **Policy**, **We** will not pay for any loss under this **Policy**, caused by, or resulting from being unable to assume the scheduled tenancy in a booked **Accommodation** due to the **Accommodation** being made **Uninhabitable** or **Inaccessible**.
7. The following additional exclusions apply to the Baggage and Personal Effects Benefit:
- a. **We** will not pay for damage to or loss of the following items:
 - (1) animals;
 - (2) property used in trade, business or for the production of income; household furniture; musical instruments; brittle or fragile articles; jewelry; or if the loss results from the use thereof, sporting equipment;
 - (3) boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances (except wheelchairs) or equipment, or parts for such conveyances;
 - (4) artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses;
 - (5) documents or tickets, except for administrative fees required to reissue tickets up to \$250 per ticket;
 - (6) money, checks of any kind, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps, or credit cards, except as otherwise specifically included elsewhere in this **Policy**;
 - (7) property shipped as freight or shipped prior to the **Scheduled Date of Departure**; or
 - (8) contraband.
 - b. **We** will not pay for loss to **Baggage** and **Personal Effects** arising from:
 - (1) defective materials or craftsmanship;
 - (2) normal wear and tear, gradual deterioration, inherent vice;
 - (3) rodents, animals, insects or vermin;
 - (4) electrical current, including electric arcing that damages or destroys electrical devices or appliances;
 - (5) mysterious disappearance; or
 - (6) confiscation by airport personnel.

SECTION VI – GENERAL LIMITATIONS

LIMITATION ON MULTIPLE COVERED POLICIES: If an **Insured** can recover benefits under more than one travel or accident policy written by **Us**, **We** will pay under only one policy, this **Policy** that offers the **Insured** the largest benefit. **We** will refund premium for any duplicate coverage.

SECTION VII - HOW TO FILE A CLAIM

A. NOTICE: The **Insured** or the beneficiary, or someone on their behalf, must give **Us** written notice of the **Covered Loss** within 90 days of such **Covered Loss**, or as soon thereafter as reasonably possible. The notice must name the **Insured**, and this Policy Number. To request a claim form, the **Insured** or the beneficiary, or someone on their behalf may contact **Us** at 1-833-515-3322 or claims@zurichtravelassist.com. The notice must be sent to the address shown in this paragraph below, or to any of **Our** agents. Notice to **Our** agents is considered notice to **Us**.

Claims Department
Zurich American Insurance Company,
P.O. Box 968019, Schaumburg, IL 60196-8019
Telephone: 1-833-515-3322

- B. CLAIM FORMS: **We** will send the claimant Proof of Loss forms within 15 days after **We** receive notice. If the claimant does not receive the Proof of Covered Loss form in 15 days after submitting notice, he or she can send **Us** a detailed written report of the claim and the extent of the **Covered Loss**. **We** will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.
- C. PROOF OF COVERED LOSS: Written Proof of Covered Loss, acceptable to **Us**, must be sent within 90 days of the **Covered Loss**. Failure to furnish Proof of Covered Loss acceptable to **Us** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of Covered Loss, and the proof was provided as soon as reasonably possible.
- D. BENEFIT SPECIFIC DETAILS: Additional details on benefit-specific requirements are found in Section III – Benefits and in the Riders attaching to this **Policy**.

SECTION VIII - PAYMENT OF CLAIMS

- A. TIME OF PAYMENT: **We** will pay claims for all **Covered Losses**, other than **Covered Losses** for which this **Policy** provides any periodic payment, as soon as practicable upon receipt of written proof of loss that is acceptable to **Us**. Unless an optional periodic payment is stated or chosen, any **Covered Loss** to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance, that remains when **Our** liability ends, will then be paid when **We** receive the Proof of Covered Loss that is acceptable to **Us**.
- B. WHO **WE** WILL PAY:
1. LOSS OF LIFE OF AN **INSURED**: **Covered Losses** resulting from the **Insured's** death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as the **Insured**, **We** will pay the benefit to the **Insured's** estate. If any **Insured** is a minor or is not competent to give a valid release for the payment, the payment will be made to his/her parent, guardian, or other person actually supporting the **Insured**.

2. ALL OTHER CLAIMS: Benefits are to be paid to the **Insured** first listed on the Declarations. He or she may direct in writing that all, or part of the Emergency Evacuation and Repatriation Benefit, if applicable, will be paid directly to the party who furnished the service. The direction may be changed by the **Insured** at any time up to the filing of the Proof of Covered Loss.
3. If a **Foreign National** is entitled to benefits for a **Covered Loss** and **We** are unable to make payment directly to him or her because of legal restrictions in the country or jurisdiction where such **Foreign National** is located, **We** will either: (i) pay the benefits to a bank account owned by the **Foreign National** in the United States of America; or (ii) if no such bank account is established or maintained, **We** will pay the benefits to the **Insured** on behalf of the **Foreign National**.

It will then be the responsibility of the **Insured** to remit the benefit to such **Foreign National**. Payment of the benefit to the **Insured** will release **Us** from any further liability to the **Foreign National**. If the **Insured** does not remit the payment to the **Foreign National**, the **Insured** will indemnify **Us** and hold **Us** harmless against any and all liability incurred by **Us** including, but not limited to, interest, penalties, and attorneys' fees in connection with, arising or resulting from such failure to remit payment. The **Insured** will not be considered the beneficiary under this **Policy** if payment is made to the **Insured** in accordance with this provision.

4. Any payment **We** make will fully discharge **Us** to the extent of the payment.

SECTION IX - GENERAL POLICY CONDITIONS

- A. BENEFICIARIES: The **Insured** first shown in Item 1. of the Declarations has the sole right to name a beneficiary. The beneficiary has no interest in this **Policy** other than to receive certain payments. Unless an irrevocable beneficiary is named, The **Insured** may change the beneficiary at any time unless he or she has assigned the interest in this **Policy**. In such case, the person to whom he or she has assigned the interest in this **Policy** may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed. Any beneficiary designation must be in writing on a form acceptable to **Us**.
- B. CHANGE OR WAIVER: A change or waiver of any term or condition of this **Policy** must be issued by **Us** in writing and signed by one of **Our** executive officers. No agent has authority to change or waive **Policy** provisions, terms or conditions. A failure to exercise any of **Our** rights under this **Policy** will not be deemed as a waiver of such rights in the same or future situations.
- C. CLERICAL ERROR: A clerical error or omission will not increase or continue an **Insured's** coverage, that otherwise would not be in force. If an **Insured** applies for insurance for which he or she is not eligible, **We** will only be liable for any premium paid to **Us**.
- D. CONFORMITY WITH STATUTE: Terms of this **Policy** that conflict with the laws of the state where it is delivered are amended to conform to such laws.
- E. ENTIRE CONTRACT: This Individual Travel Insurance Policy, the Declarations, and any Rider, endorsement, or amendment attached thereto, represent the entire insurance contract.
- F. SUIT AGAINST **US**: No action on this **Policy** may be brought until 60 days after written Proof of Covered Loss has been sent to **Us**. Any action must commence within three years, (five years in Kansas and Tennessee; and six years in South Carolina and Wisconsin) of the date the written Proof of Covered Loss was required to be submitted. If the law of the state where the **Insured** lives makes such limit void, then the action must begin within the shortest time period permitted by law. In those states where binding arbitration is allowed, binding arbitration will supersede this provision.
- G. PHYSICAL EXAMINATION AND AUTOPSY: **We** have the right to examine an **Insured** when and as often as **We** may reasonably request while the claim is pending. Such examination will be at **Our** expense. **We** can have an autopsy performed unless forbidden by law.
- H. ARBITRATION: Any contest to a claim denial under this **Policy** will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award

rendered by the arbitrator(s) may be entered in any court having jurisdiction. The arbitration will occur at the offices of the American Arbitration Association nearest to the **Insured**. The arbitrator(s) will not award consequential or punitive damages in any arbitration under this section. This provision does not apply if the **Insured** is a resident of a state where the law does not allow binding arbitration in an insurance policy, but only if this **Policy** is subject to its laws. In such a case, binding arbitration does not apply. This provision bars the institution of a lawsuit by the **Insured**.

- I. MISSTATEMENT OF AGE: If the age of the **Insured** has been misstated, all amounts payable under this **Policy** shall be such as the premium paid would have purchased at the correct age.
- J. SUBROGATION: **We** have the right to recover from any third party all payments that **We** have made to the **Insured** or on behalf of the **Insured's Spouse** or **Domestic Partner**, child, heirs, guardians or executors or will be obligated to pay in the future to the **Insured**, from any third party. If the **Insured** recovers from any third party, **We** will be reimbursed first from such recovery to the extent of **Our** payments to or on behalf of the **Insured**. The **Insured** agrees to assist **Us** in preserving its rights against any third party, including but not limited to, signing subrogation forms supplied by **Us**. If **We** seek to recover any amount paid by **Us**, **We** are entitled to recovery of those amounts before the **Insured** is entitled to share in any amount so recovered by **Us**.
- K. VALUATION: All premiums, limits, **Deductibles**, and other amounts under this **Policy** are expressed and payable in the currency of the United States unless otherwise stated. If judgment is rendered, settlement is denominated or another element of loss under this **Policy** is stated in a currency other than United States dollars, payment under this **Policy** shall be made in United States dollars at the rate of exchange on the date the final judgment is reached or the amount of the settlement is agreed upon.
- L. HEADINGS: The titles and headings to the various sections, subsections and endorsements of this **Policy**, are included solely for ease of reference and do not in any way limit, expand or otherwise affect the provisions or existence of such sections, subsections or endorsements.

Amend Definition of Family Member Endorsement



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Amend Definition of Family Member

- I. The definition of **Family Member** in SECTION IV – GENERAL DEFINITIONS is deleted in its entirety and replaced with the following:

Family Member means the **Insured's** or the **Insured's Traveling Companion's Spouse**, child, **Spouse's** child, son/daughter-in-law, parent(s), sibling(s), brother/sister, grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, uncle, aunt, niece, nephew, guardian, **Domestic Partner**, foster child, ward, or **Service Animal**.

- II. The following is added to SECTION IV – GENERAL DEFINITIONS:

Service Animal means any guide dog, signal dog or other animal individually trained to work or perform tasks for the benefit of an individual with a disability including but not limited to, guiding persons with impaired vision, alerting persons with impaired hearing to intruders or sounds, pulling a wheelchair or fetching dropped items.

All other terms, conditions, provisions and exclusions remain the same.

Amend Emergency Evacuation and Repatriation Benefit Endorsement (Transportation Expenses)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT 3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Emergency Evacuation and Repatriation Benefit (Transportation Expenses)

- I. Subparagraph c. of Paragraph B.1. in SECTION III – BENEFITS is deleted in its entirety and replaced with the following:

expenses for transportation not to exceed the cost of one round-trip economy class air fare subject to a maximum of \$3,000 to the place of **Hospitalization** for one person chosen by the **Insured** as well as lodging and meals not to exceed \$300 per day for a maximum of 15 days, provided the **Insured** is traveling alone and is **Hospitalized** for more than 3 days.

All other terms, conditions, provisions and exclusions remain the same.

Amend Exclusion b. Endorsement - Washington



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
Policy No. GPT-3024323	Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Amend Exclusion b.

Exclusion b. in SECTION V – GENERAL EXCLUSIONS is deleted in its entirety and replaced with the following:

- b. mental, nervous, or psychological disorders. However, this exclusion does not apply to the Emergency Medical and Dental Expense Benefit;

All other terms, conditions, provisions and exclusions remain the same.

Rider #223

Accidental Death Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Accidental Death Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Accidental Death Benefit

- I. If an **Insured** suffers a loss of life as a result of a **Covered Injury** while on a **Covered Trip**, **We** will pay a Maximum Covered Amount of \$10,000. Death must occur within 365 days of the **Covered Injury**.
- II. **We** will not pay for loss caused by or resulting from **Sickness** of any kind.
- III. In the event of multiple covered benefits for accidental death, dismemberment, exposure, or disappearance, **We** will pay one benefit, the benefit that offers the **Insured** the largest benefit.

All other terms, conditions, provisions and exclusions remain the same.

Rider #223

Accidental Death Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan Optional AD Upgrade

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Accidental Death Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Accidental Death Benefit

- I. If an **Insured** suffers a loss of life as a result of a **Covered Injury** while on a **Covered Trip**, **We** will pay a Maximum Covered Amount of \$90,000. Death must occur within 365 days of the **Covered Injury**.
- II. **We** will not pay for loss caused by or resulting from **Sickness** of any kind.
- III. In the event of multiple covered benefits for accidental death, dismemberment, exposure, or disappearance, **We** will pay one benefit, the benefit that offers the **Insured** the largest benefit.

All other terms, conditions, provisions and exclusions remain the same.

Amend Exclusion n. Endorsement (Leisure Ski)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
Policy No. GPT- 3024323	Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Amend Exclusion n.

Exclusion n. in SECTION V – GENERAL EXCLUSIONS is deleted in its entirety and replaced with the following:

- n. mountain climbing, bungee jumping, snow skiing outside marked trails, skydiving, **Parachuting**, free falling, cliff diving, B.A.S.E. or base jumping, hang gliding, parasailing, travel on any air supported device other than on a regularly scheduled airline or air charter company, extreme sports, snowboarding outside marked trails, heli-skiing, heli-snowboarding, heli-snowmobiling, backcountry skiing, backcountry snowboarding, or backcountry snowmobiling.

All other terms, conditions, provisions and exclusions remain the same.



Amend Definition a. of Other Covered Event Endorsement (Common Carrier Delay)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

It is agreed that:

- I. Subparagraph a.(3) under the **Other Covered Event** definition in SECTION IV – GENERAL DEFINITIONS is deleted in its entirety and replaced with the following:
 - (3) the **Common Carrier** delay must prevent the **Insured** from reaching his/her **Destination** for at least 6 consecutive hours;

All other terms, conditions, provisions and exclusions of this policy remain the same.



Amend Definition b. of Other Covered Event Endorsement (Common Carrier Delay)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

[Individual Travel Insurance Policy | GoReady Choice Plan]

It is agreed that:

- I. Subparagraph b.(3) under the **Other Covered Event** definition in SECTION IV – GENERAL DEFINITIONS is deleted in its entirety and replaced with the following:
 - (3) the **Common Carrier** delay must prevent the **Insured** from reaching his/her **Destination** for at least 6 consecutive hours;

All other terms, conditions, provisions and exclusions of this policy remain the same.

Rider #502

Accidental Dismemberment Benefit



This Rider modifies insurance provided under the:
Individual Travel Insurance Policy | GoReady Choice Plan

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Accidental Dismemberment Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Accidental Dismemberment Benefit

If a **Covered Injury** to an **Insured** while on a **Covered Trip** results in any of the following **Covered Losses, Covered Losses of Use, or Plegia**, **We** will pay the percentage shown below. The **Covered Loss, Covered Losses of Use, or Plegia** must occur within 365 days of the **Covered Accident**.

The benefit amount is based on a percentage of the Maximum Covered Amount of \$10,000 for the person suffering the **Covered Loss, Covered Loss of Use, or Plegia**. If the **Insured** suffers more than one **Covered Loss, Covered Loss of Use, or Plegia** from one **Covered Accident**, **We** will pay only for the **Covered Loss, Covered Loss of Use, or Plegia** with the larger benefit.

I. The **Covered Loss** benefit is payable based on the following table.

Covered Loss of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot plus the loss of Sight of One Eye	100%
Sight of Both Eyes	100%
Speech and Hearing	100%
Speech or Hearing	50%
One Hand; One Foot; or Sight of One Eye	50%
Thumb and Index Finger of the same Hand	25%
Hearing in One Ear	25%

A reduced benefit will be payable equal to 50% of the applicable Accidental Dismemberment Benefit for dismemberment where the dismembered body part is surgically reattached, provided all other provisions of the **Policy** are met. The balance of the applicable Accidental Dismemberment Benefit for such dismemberment will be paid if, after 365 days, the reattachment has failed to the extent that **Covered Loss of Use** then exists, provided all other provisions of the **Policy** are met.

II. The **Covered Loss of Use** benefit is payable based on the following table.

Covered Loss of Use of	Percentage of Maximum Amount
Four Limbs	100%
Three Limbs	100%
Two Limbs	75%
One Limb	50%

Covered Loss of Use must continue for 12 consecutive months and be determined by authority **Physician**.

III. The **Plegia** benefit is payable based on the following table.

Plegia of	Percentage of Maximum Amount
Quadriplegia (total paralysis of all four Limbs)	100%
Triplegia (total paralysis of three Limbs)	75%
Paraplegia (total paralysis of both lower Limbs)	75%
Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)	75%
Uniplegia (total paralysis of one Limb)	50%

Plegia must continue for 12 consecutive months and be determined by a **Physician**.

IV. For purposes of this Accidental Dismemberment Benefit Rider only, the following definitions apply:

Covered Loss means:

- a. for a foot or hand, actual severance through or above the ankle proximal to the knee or actual severance through or above a wrist joint proximal to the elbow;
- b. for thumb and index finger, complete severance through or above the metacarpophalangeal joint of both digits proximal to the wrist;
- c. total and permanent loss of sight;
- d. total and permanent loss of speech; or
- e. total and permanent loss of hearing.

Covered Loss of Use means total paralysis of a **Limb** or **Limbs**, that has continued for 12 consecutive months and is determined by a **Physician** to be permanent, complete and irreversible

Limb means an arm or a leg.

Plegia means a permanent, complete and irreversible loss of voluntary movement that affects motor function of one or more **Limbs**. Proof of total **Plegia** may be required by **Us** on a periodic basis. Benefits are not payable for paralysis caused by a stroke.

V. **We** will not pay for loss caused by or resulting from sickness of any kind.

VI. In the event of multiple covered benefits for accidental death, dismemberment, exposure, or disappearance, **We** will pay one benefit, the benefit that offers the **Insured** the largest benefit.

All other terms, conditions, provisions and exclusions remain the same.

Rider #502

Accidental Dismemberment Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan Additional AD Benefit Optional Upgrade

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Accidental Dismemberment Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Accidental Dismemberment Benefit

If a **Covered Injury** to an **Insured** while on a **Covered Trip** results in any of the following **Covered Losses, Covered Losses of Use, or Plegia**, **We** will pay the percentage shown below. The **Covered Loss, Covered Losses of Use, or Plegia** must occur within 365 days of the **Covered Accident**.

The benefit amount is based on a percentage of the Maximum Covered Amount of \$90,000 for the person suffering the **Covered Loss, Covered Loss of Use, or Plegia**. If the **Insured** suffers more than one **Covered Loss, Covered Loss of Use, or Plegia** from one **Covered Accident**, **We** will pay only for the **Covered Loss, Covered Loss of Use, or Plegia** with the larger benefit.

I. The **Covered Loss** benefit is payable based on the following table.

Covered Loss of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot plus the loss of Sight of One Eye	100%
Sight of Both Eyes	100%
Speech and Hearing	100%
Speech or Hearing	50%
One Hand; One Foot; or Sight of One Eye	50%
Thumb and Index Finger of the same Hand	25%
Hearing in One Ear	25%

A reduced benefit will be payable equal to 50% of the applicable Accidental Dismemberment Benefit for dismemberment where the dismembered body part is surgically reattached, provided all other provisions of the **Policy** are met. The balance of the applicable Accidental Dismemberment Benefit for such dismemberment will be paid if, after 365 days, the reattachment has failed to the extent that **Covered Loss of Use** then exists, provided all other provisions of the **Policy** are met.

II. The **Covered Loss of Use** benefit is payable based on the following table.

Covered Loss of Use of	Percentage of Maximum Amount
Four Limbs	100%
Three Limbs	100%
Two Limbs	75%
One Limb	50%

Covered Loss of Use must continue for 12 consecutive months and be determined by authority **Physician**.

III. The **Plegia** benefit is payable based on the following table.

Plegia of	Percentage of Maximum Amount
Quadriplegia (total paralysis of all four Limbs)	100%
Triplegia (total paralysis of three Limbs)	75%
Paraplegia (total paralysis of both lower Limbs)	75%
Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)	75%
Uniplegia (total paralysis of one Limb)	50%

Plegia must continue for 12 consecutive months and be determined by a **Physician**.

IV. For purposes of this Accidental Dismemberment Benefit Rider only, the following definitions apply:

Covered Loss means:

- a. for a foot or hand, actual severance through or above the ankle proximal to the knee or actual severance through or above a wrist joint proximal to the elbow;
- b. for thumb and index finger, complete severance through or above the metacarpophalangeal joint of both digits proximal to the wrist;
- c. total and permanent loss of sight;
- d. total and permanent loss of speech; or
- e. total and permanent loss of hearing.

Covered Loss of Use means total paralysis of a **Limb** or **Limbs**, that has continued for 12 consecutive months and is determined by a **Physician** to be permanent, complete and irreversible

Limb means an arm or a leg.

Plegia means a permanent, complete and irreversible loss of voluntary movement that affects motor function of one or more **Limbs**. Proof of total **Plegia** may be required by **Us** on a periodic basis. Benefits are not payable for paralysis caused by a stroke.

V. **We** will not pay for loss caused by or resulting from sickness of any kind.

VI. In the event of multiple covered benefits for accidental death, dismemberment, exposure, or disappearance, **We** will pay one benefit, the benefit that offers the **Insured** the largest benefit.

All other terms, conditions, provisions and exclusions remain the same.

Rider #505

Electronic and Professional Equipment Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan Optional Upgrade

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Electronic and Professional Equipment Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Electronic and Professional Equipment Benefit

- I. **We** will reimburse the **Insured** for an Electronic and Professional Equipment Benefit, in excess of a **Deductible** of \$0 per **Covered Trip**, for loss, theft, or damage to his/her laptop, cell phone or other professional equipment, up to the Maximum Covered Amount of \$1,000, provided that he/she has taken reasonable measures to protect, save, and recover his/her property at all times. The laptop, cell phone, or other professional equipment must accompany the **Insured** during the **Covered Trip**.

Valuation and Payment of Loss

Payment of loss under the Electrical and Professional Equipment Benefit will be calculated based upon the **Actual Cash Value**. At **Our** option, **We** may elect to repair or replace the **Insured's Baggage**.

We may take all or part of a damaged **Baggage** as a condition for payment of loss. In the event of a loss to a pair or set of items, **We** will, solely at **Our** discretion: (i) repair or replace any part to restore the pair or set to its value before the loss; or (ii) pay the difference between the value of the property before and after the loss.

Continuation of Coverage

If the covered **Baggage**, passports, or visas are in the custody of a **Common Carrier**, and delivery is delayed, this coverage will continue until the property is delivered to the **Insured**. This continuation of coverage does not include loss caused by or resulting from the delay.

The Insured's Duties in the Event of a Loss

In case of loss, theft or damage to **Baggage**, the **Insured** must: (i) immediately report the incident to the hotel manager, tour guide or representative, transportation official, local police, or other local authorities and obtain their written report of his/her loss; and (ii) take reasonable steps to protect his/her **Baggage** from further damage, and make necessary, reasonable and temporary repairs. **We** will reimburse the **Insured** for these expenses. **We** will not pay for further damage if the **Insured** fails to protect his/her **Baggage**.

In case of loss, theft, or damage to the **Insured's** laptop, cell phone or other professional equipment, the **Insured** must report the incident to the airline, airport, local police or other such local authorities and obtain their written report of his/her loss.

- II. For purposes of this Electronic and Professional Equipment Benefit only, the following definitions apply:

Actual Cash Value means the purchase price less depreciation.

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

All other terms, conditions, provisions and exclusions remain the same.

Rider #506

Sporting Equipment Rental Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan Optional Sporting Equipment Rental Upgrade

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Sporting Equipment Rental Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Sporting Equipment Rental Benefit

- I. **We** will reimburse the **Insured** a Sporting Equipment Rental Benefit, in excess of the **Deductible** of \$0 per **Covered Trip**, for expenses to rent sporting equipment, up to the Maximum Covered Amount of \$1,000, if the **Insured's** sporting equipment is lost, stolen or damaged while on a **Covered Trip**. Receipts for the expenses incurred must be submitted for reimbursement, along with written proof that the **Insured's** sporting equipment was lost, stolen or damaged.

The **Insured's** Duties in the Event of a Loss

In case of loss, theft or damage to **Baggage**, the **Insured** must: (i) immediately report the incident to the hotel manager, tour guide or representative, transportation official, local police, or other local authorities and obtain their written report of his/her loss; and (ii) take reasonable steps to protect his/her **Baggage** from further damage, and make necessary, reasonable and temporary repairs. **We** will reimburse the **Insured** for these expenses. **We** will not pay for further damage if the **Insured** fails to protect his/her **Baggage**.

In case of loss, theft or damage to the **Insured's** sporting equipment, receipts for the expenses incurred must be submitted for reimbursement, along with written proof that the **Insured's** sporting equipment was lost, stolen or damaged.

- II. For purposes of this Sporting Equipment Rental Benefit Rider only, the following definition applies:

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

All other terms, conditions, provisions and exclusions remain the same.

Rider #507

Sporting Equipment Delay Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan Optional Sporting Equipment Delay Upgrade

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Sporting Equipment Delay Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Sporting Equipment Delay Benefit

If the **Insured's Covered Trip** is delayed for eight hours or more due to a **Covered Loss**, **We** will reimburse the **Insured** a Sporting Equipment Delay Benefit for expenses to rent sporting equipment, up to the Maximum Covered Amount of \$600, if the **Insured's** sporting equipment is delayed, while on a **Covered Trip**. Receipts for the expenses incurred must be submitted for reimbursement, along with written proof that the **Insured's** sporting equipment was delayed.

All other terms, conditions, provisions and exclusions remain the same.

Rider #520

Missed Connections For Air and Cruises Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Missed Connections For Air and Cruises Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Missed Connections For Air and Cruises Only Benefit

- I. **We** will reimburse the **Insured** a Missed Connections For Air and Cruises Benefit, for reasonable additional lodging arrangements, meal expenses, and the unused portion of the **Insured's** travel arrangements, up to the Maximum Covered Amount of \$500, if he/she misses his/her **Cruise** departure as the result of a documented traffic accident while the **Insured** is en route to his/her departure, or the cancellation of, or the delay of three hours or more of all regularly scheduled departure times or due to **Adverse Weather Conditions**.
The **Common Carrier** must certify the delay of the regularly scheduled airline flight.
- II. For purposes of this Missed Connections For Air and Cruises Benefit Rider only, the following definitions apply:
Adverse Weather Conditions means any severe weather condition which prevents the **Insured** from reaching his/her **Destination** or delays the scheduled arrival and/or departure of a **Common Carrier**.
Cruise means any prepaid cruise ship arrangements made by the **Insured**.
- III. These benefits will not duplicate any other benefits payable under the **Policy** or any coverage attached to the **Policy**.

All other terms, conditions, provisions and exclusions remain the same.

Rider #522

Emergency Dental Expense Benefit – Excess



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Emergency Dental Expense Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Emergency Dental Expense Benefit

- I. **We** will pay the **Insured** an Emergency Dental Expense Benefit, up to the Maximum Covered Amount of \$1,000, in excess of the **Deductible** of \$50 per **Covered Trip**, for the following Covered Expenses incurred by the **Insured**, subject to the following: (i) Covered Expenses will only be payable at the **Usual and Customary** level of payment; (ii) benefits will be payable only for Covered Expenses resulting from a **Covered Injury** that occurs while on a **Covered Trip**; (iii) the **Insured** must first receive treatment during his/her **Covered Trip** by a **Dentist**; and (iv) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any **Other Valid and Collectible Insurance** in effect for the **Insured** or in accordance with a Coordination of Benefits provision in jurisdictions where excess coverage provisions are not permitted. The **Covered Injury** must occur within 365 days of the **Covered Trip**.

The following are Covered Expenses under this Emergency Dental Expense Benefit:

- a. expenses for emergency dental treatment incurred by the **Insured** during his/her **Covered Trip**; and
- b. expenses for follow-up emergency dental treatment received within three days of completion of the **Insured's Covered Trip**.

The Insured's duties in the event of a Dental Expense:

- (1) The **Insured** must provide **Us** with all bills and reports for dental expenses claimed.
 - (2) The **Insured** must provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance.
 - (3) The **Insured** must sign a patient authorization to release any information required by **Us** to investigate his/her claim.
- II. For purposes of this Emergency Dental Expense Benefit Rider only, the following definitions apply:

Dentist means someone who is licensed and legally entitled to practice dentistry or dental surgery who is not the **Insured**, a **Traveling Companion**, any member of the **Insured's** immediate family, or any member of the **Sick** or **Injured** person's immediate family.

Usual and Customary means the common charge made by other health care providers in the same locality for the treatment furnished. If the common charge for a service cannot be determined due to the unusual nature of such service, **We** or **Our Assistance Provider** will determine the amount based upon:

- a. the complexity involved;

- b. the degree of professional skill required; and
- c. any other pertinent factor.

We or **Our Assistance Provider** will make the final determination of what is **Usual and Customary** based on all the circumstances.

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

All other terms, conditions, provisions and exclusions remain the same.

Rider #526

Emergency Medical Expense Benefit - Excess



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Emergency Medical Expense Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Emergency Medical Expense Benefit

- I. **We** will pay the **Insured** an Emergency Medical Expense Benefit, for the Covered Expenses described below in this Emergency Medical Expense Benefit Rider, up to the Maximum Covered Amount of \$50,000, in excess of a **Deductible** of \$50 per **Covered Trip**, and subject to a **Co-Insurance** amount of 100% for the first \$1,000 then 100% thereafter for the following Covered Expenses incurred by the **Insured** while traveling outside his/her country of **Primary Residence**, subject to the following: (i) Covered Expenses will only be payable at the **Usual and Customary** level of payment; (ii) benefits will be payable only for Covered Expenses resulting from a **Sickness** that first manifests itself or a **Covered Injury** that occurs while on a **Covered Trip**; (iii) the **Insured** must first receive treatment by a **Physician**, in person during his/her **Covered Trip**; and (iv) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any **In Force Policy** in effect for the **Insured** or in accordance with a Coordination of Benefits provision in jurisdictions where excess coverage provisions are not permitted.

The following are Covered Expenses under this Emergency Medical Expense Benefit:

- (1) expenses for the following **Physician**-ordered medical services: services of legally qualified **Physicians** and graduate nurses, charges for **Hospital** confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services incurred by the **Insured** within 12 months from the date of the **Insured's Sickness** or **Covered Injury**, that occurred during a **Covered Trip**; and
- (2) expenses for a **Hospital Admission Guarantee Charge** or a **Medical Expense Guarantee Charge** if while traveling outside of the **Insured's** country of **Primary Residence** on a **Covered Trip**, the **Insured** suffers a medical emergency. **We** or **Our Assistance Provider** will pay on the **Insured's** behalf or reimburse up to \$5,000 for actual expenses incurred for guarantee of payment to the **Hospital** or the medical provider. The **Insured** agrees to reimburse **Us** or **Our Assistance Provider** for the amount **We** or **Our Assistance Provider** paid for the **Hospital Admission Guarantee Charge** or a **Medical Expense Guarantee Charge**.

The Insured's duties in the event of a Medical Expense:

- (i) The **Insured** must provide **Us** with all bills and reports for medical expenses claimed.
- (ii) The **Insured** must provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance.
- (iii) The **Insured** must sign a patient authorization to release any information required by **Us** to investigate his/her claim.

- II. For purposes of this Emergency Medical Expense Benefit Rider only, the following definitions apply:

Co-Insurance means the percentage of the eligible expenses payable by **Us**, or **Our Assistance Provider** on **Our** behalf, after the **Insured** pays the applicable **Deductible**, if any.

Hospital Admission Guarantee Charge means any charge or expense made by a **Hospital** prior to and as a condition of an **Insured's** admission to that **Hospital**.

In Force Policy means any multiple group, group-type, family, or individual health care policy covering the **Insured** and in effect at the time of the **Covered Injury** or **Sickness**, or subsequently thereafter, other than the **Policy** to which this benefit is included.

Medical Expense Guarantee Charge means any charge or expense made by a medical provider other than a **Hospital** prior to and as a condition of **Insured** being provided with the medical service or treatment by that provider.

Usual and Customary means the common charge made by other health care providers in the same locality for the treatment furnished. If the common charge for a service cannot be determined due to the unusual nature of such service, **We** or **Our Assistance Provider** will determine the amount based upon:

- a. the complexity involved;
- b. the degree of professional skill required; and
- c. any other pertinent factor.

We or **Our Assistance Provider** will make the final determination of what is **Usual and Customary** based on all the circumstances.

- III. **We** will not pay for loss or expense caused by or incurred resulting from a **Pre-Existing Condition** including death that results therefrom.
- IV. Loss or expense caused by or incurred resulting from a mental, nervous, or psychological disorder is not excluded under this Emergency Medical Expense Benefit Rider.
- V. Benefits are to be paid to the **Insured** first listed on the Declarations. He or she may direct in writing that all, or part of the Emergency Medical Expense Benefit, if applicable, will be paid directly to the party who furnished the service. The direction may be changed by the **Insured** at any time up to the filing of the Proof of Covered Loss.

All other terms, conditions, provisions and exclusions remain the same.

Rider #526

Emergency Medical Expense Benefit - Excess



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan Optional Upgrade for Additional Medical Expense Benefit

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Emergency Medical Expense Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Emergency Medical Expense Benefit

- I. **We** will pay the **Insured** an Emergency Medical Expense Benefit, for the Covered Expenses described below in this Emergency Medical Expense Benefit Rider, up to the Maximum Covered Amount of \$450,000, in excess of a **Deductible** of \$50 per **Covered Trip**, and subject to a **Co-Insurance** amount of 100% for the first \$1,000 then 100% thereafter for the following Covered Expenses incurred by the **Insured** while traveling outside his/her country of **Primary Residence**, subject to the following: (i) Covered Expenses will only be payable at the **Usual and Customary** level of payment; (ii) benefits will be payable only for Covered Expenses resulting from a **Sickness** that first manifests itself or a **Covered Injury** that occurs while on a **Covered Trip**; (iii) the **Insured** must first receive treatment by a **Physician**, in person during his/her **Covered Trip**; and (iv) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any **In Force Policy** in effect for the **Insured** or in accordance with a Coordination of Benefits provision in jurisdictions where excess coverage provisions are not permitted.

The following are Covered Expenses under this Emergency Medical Expense Benefit:

- (1) expenses for the following **Physician**-ordered medical services: services of legally qualified **Physicians** and graduate nurses, charges for **Hospital** confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services incurred by the **Insured** within 12 months from the date of the **Insured's Sickness** or **Covered Injury**, that occurred during a **Covered Trip**; and
- (2) expenses for a **Hospital Admission Guarantee Charge** or a **Medical Expense Guarantee Charge** if while traveling outside of the **Insured's** country of **Primary Residence** on a **Covered Trip**, the **Insured** suffers a medical emergency. **We** or **Our Assistance Provider** will pay on the **Insured's** behalf or reimburse up to \$5,000 for actual expenses incurred for guarantee of payment to the **Hospital** or the medical provider. The **Insured** agrees to reimburse **Us** or **Our Assistance Provider** for the amount **We** or **Our Assistance Provider** paid for the **Hospital Admission Guarantee Charge** or a **Medical Expense Guarantee Charge**.

The Insured's duties in the event of a Medical Expense:

- (i) The **Insured** must provide **Us** with all bills and reports for medical expenses claimed.
 - (ii) The **Insured** must provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance.
 - (iii) The **Insured** must sign a patient authorization to release any information required by **Us** to investigate his/her claim.
- II. For purposes of this Emergency Medical Expense Benefit Rider only, the following definitions apply:

Co-Insurance means the percentage of the eligible expenses payable by **Us**, or **Our Assistance Provider** on **Our** behalf, after the **Insured** pays the applicable **Deductible**, if any.

Hospital Admission Guarantee Charge means any charge or expense made by a **Hospital** prior to and as a condition of an **Insured's** admission to that **Hospital**.

In Force Policy means any multiple group, group-type, family, or individual health care policy covering the **Insured** and in effect at the time of the **Covered Injury** or **Sickness**, or subsequently thereafter, other than the **Policy** to which this benefit is included.

Medical Expense Guarantee Charge means any charge or expense made by a medical provider other than a **Hospital** prior to and as a condition of **Insured** being provided with the medical service or treatment by that provider.

Usual and Customary means the common charge made by other health care providers in the same locality for the treatment furnished. If the common charge for a service cannot be determined due to the unusual nature of such service, **We** or **Our Assistance Provider** will determine the amount based upon:

- a. the complexity involved;
- b. the degree of professional skill required; and
- c. any other pertinent factor.

We or **Our Assistance Provider** will make the final determination of what is **Usual and Customary** based on all the circumstances.

- III. **We** will not pay for loss or expense caused by or incurred resulting from a **Pre-Existing Condition** including death that results therefrom.
- IV. Loss or expense caused by or incurred resulting from a mental, nervous, or psychological disorder is not excluded under this Emergency Medical Expense Benefit Rider.
- V. Benefits are to be paid to the **Insured** first listed on the Declarations. He or she may direct in writing that all, or part of the Emergency Medical Expense Benefit, if applicable, will be paid directly to the party who furnished the service. The direction may be changed by the **Insured** at any time up to the filing of the Proof of Covered Loss.

All other terms, conditions, provisions and exclusions remain the same.

Rider #532

Rental Car Damage Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan Optional Upgrade

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Rental Car Damage Benefit will take effect on the **Scheduled Date of Departure** and when the **Insured** signs the rental car agreement and takes possession of the private passenger car. The following is added to SECTION III – BENEFITS:

Rental Car Damage Benefit

- I. If the **Insured** rents a private passenger car that is not an **Exotic Vehicle** and is not a vehicle with an original manufacturer's suggested retail price greater than \$50,000 while on his/her **Covered Trip**, and that car is damaged due to accidental collision, theft, vandalism, windstorm, fire, hail, flood, any cause not in the **Insured's** control while in the **Insured's** possession, or that car is stolen while in the **Insured's** possession and not recovered, **We** will pay on the **Insured's** behalf or reimburse the **Insured** a Rental Car Damage Benefit, up to the Maximum Covered Amount of \$50,000, in excess of a **Deductible** of \$100 per **Covered Trip**, for the lesser of:
- the cost of repairs and rental charges imposed by the rental company while the car is being repaired;
 - the **Actual Cash Value** of the car, up to the corresponding Maximum Covered Amount shown in this Rental Car Damage Benefit Rider;
 - incurred expenses after payment under any **Other Valid and Collectible Insurance**.

Coverage is provided to the **Insured**, as long as he/she is a licensed driver, is listed on the rental agreement, and is legally and financially responsible for the damages. This coverage is secondary to other forms of insurance or indemnity.

The Insured's duties in the event of rental car damage:

The **Insured** must:

- (1) take all reasonable, necessary steps to protect the vehicle and prevent further damage to it;
- (2) report the loss to the appropriate local authorities and the rental company as soon as possible;
- (3) obtain all information on any other party involved in an accident, such as name, address, insurance information, and driver's license number; and
- (4) provide **Us** with all documentation such as rental agreement, police report, and damage estimate.

- II. For purposes of this Rental Car Damage Benefit Rider only, the following definitions apply:

Actual Cash Value means the lesser of an item's original purchase price less depreciation or the replacement cost of such item.

Exotic Vehicle means antique vehicles that are over 20 years old or vehicles that have not been manufactured for 10 or more years.

III. **We** will not pay for loss or expense caused by or incurred resulting from:

- (1) any obligation assumed by the **Insured** under any agreement (except insurance collision deductible); rentals of trucks, campers, trailers, off-road vehicles, motor bikes, motorcycles, recreational vehicles, vehicles used for commercial or livery use, **Exotic Vehicles**, or any vehicle with an original manufacturer's suggested retail price greater than \$75,000;
- (2) any loss that occurs if the **Insured** is in violation of the rental agreement;
- (3) failure to report the loss to the proper local authorities and the rental car company;
- (4) damage to any other vehicle, structure or person as a result of a **Covered Loss**;
- (5) hauling or vehicles used off maintained roadways; or
- (6) any intentional act by the **Insured** resulting in damage to the **Insured's** rented vehicle.

All other terms, conditions, provisions and exclusions remain the same.

Rider #533

Frequent Traveler Awards Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. The **Insured's** coverage for this Frequent Traveler Awards Benefit will take effect as stated in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE. The following is added to SECTION III – BENEFITS:

Frequent Traveler Awards Benefit

- I. If (i) the **Travel Supplier** cancels the **Insured's Covered Trip**; (ii) the **Insured** is prevented from taking his/her **Covered Trip** due to **Sickness, Covered Injury**, or death of the **Insured**, or the **Insured's Family Member, Traveling Companion**, or **Business Partner**; or (iii) the **Insured** is prevented from taking his/her **Covered Trip** for one of the **Other Covered Events**, We will reimburse the **Insured** a Frequent Traveler Awards Benefit, for the cost charged to reimburse his/her frequent traveler awards/points if he/she used them to purchase any combination of the airline ticket, land reservation, and sea reservation in conjunction with this **Covered Trip**, up to the Maximum Covered Amount of \$500. The **Insured** must have insured the cost of the **Covered Trip** plus the estimated cost of the cash value of the airline ticket, land reservation, and sea reservation purchased using frequent traveler awards/points in order for this Frequent Traveler Awards Benefit to apply.
- II. For purposes of this Frequent Traveler Awards Benefit Rider only, the following definitions apply:

Business Partner means a person who: (i) is involved with the **Insured** or the **Insured's Traveling Companion** in a business relationship, and (ii) is actively involved in the daily operation of the **Insured's** or the **Insured's Traveling Companion's** business.

Travel Supplier means the tour operator, hotel, rental company, cruise line, airline that provides prepaid travel arrangements for the **Insured's Covered Trip**.

All other terms, conditions, provisions and exclusions remain the same.

Rider #535

Per Person Occupancy Benefit (Trip Cancellation)



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. The **Insured's** coverage for this Per Person Occupancy Benefit take effect as stated in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE. The following is added to SECTION III – BENEFITS:

Per Person Occupancy Benefit

We will reimburse the **Insured** for additional costs as a result of a change in the per person occupancy rate for prepaid travel arrangements, up to the Maximum Covered Amount of 100% of **Trip Cost** to a maximum of \$50,000, if a **Traveling Companion's Covered Trip** is canceled for a **Covered Loss** and the **Insured's Covered Trip** is not canceled.

All other terms, conditions, provisions and exclusions remain the same.

Rider #536

Reissue Fee Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. The **Insured's** coverage for this Reissue Fee Benefit will take effect as stated in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE. The following is added to SECTION III – BENEFITS:

Reissue Fee Benefit

- I. If the **Travel Supplier** cancels the **Insured's Covered Trip**, **We** will reimburse the **Insured** a Reissue Fee Benefit, for the reissue fee charged by the airline for the tickets, up to the Maximum Covered Amount of \$500. Any expense under this Reissue Fee Benefit must be incurred within 365 days of the date of cancellation.
- II. For purposes of this Reissue Fee Benefit Rider only, the following definition applies:

Travel Supplier means the tour operator, hotel, rental company, cruise line, airline that provides prepaid travel arrangements for the **Insured's Covered Trip**.

All other terms, conditions, provisions and exclusions remain the same.

Rider #541

Emergency Evacuation And Repatriation Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance

GoReady Choice Plan | Optional Upgrade for Additional Emergency Evacuation And Repatriation Benefit

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Emergency Evacuation And Repatriation Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Emergency Evacuation And Repatriation Benefit

- I. **We** will pay the **Insured** an Emergency Evacuation And Repatriation Benefit, for the following Covered Expenses incurred by the **Insured**, up to \$250,000, subject to the following: (i) health care related Covered Expenses will only be payable at the **Usual and Customary** level of payment; Covered Expenses not related to health care will only be payable at the reasonable and customary level of payment; (ii) benefits will be payable only for Covered Expenses resulting from a **Sickness** that first manifests itself, or a **Covered Injury** that occurs, while on a **Covered Trip**; (iii) the **Insured** must first receive treatment during his/her **Covered Trip**; and (iv) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any **Other Valid and Collectible Insurance** in effect for the **Insured** or in accordance with a Coordination of Benefits provision in jurisdictions where excess coverage provisions are not permitted.

The following are Covered Expenses under this Emergency Evacuation and Repatriation Benefit:

- a. expenses incurred by the **Insured** for **Physician**-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable **Hospital** of the **Insured's** choice, if the onsite attending **Physician** certifies that the **Insured** is medically able to travel when the **Insured** is critically **Sick** or **Injured** and no suitable local care is available, subject to **Our** or the **Assistance Provider's** prior approval;
- b. expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a **Hospital** or to the **Insured's Home** when deemed medically necessary by the attending **Physician**, subject to **Our** or the **Assistance Provider's** prior approval;
- c. expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of **Hospitalization** for one person chosen by the **Insured**, provided that the **Insured** is traveling alone and is **Hospitalized** for more than seven days;
- d. expenses for transportation not to exceed the cost of one-way economy class air fare to the **Insured's Home**, including escort expenses, if the **Insured** is 18 years of age or younger and left unattended due to the death or **Hospitalization** of an accompanying adult(s), subject to **Our** or the **Assistance Provider's** prior approval;
- e. expenses for one-way economy class air fare (or **We** will match the class of the original tickets) to the **Insured's Home**, from a medical facility to which the **Insured** was previously evacuated, less any refund paid or payable from the **Insured's** unused transportation tickets, if these expenses are not covered elsewhere in the **Policy**; and

- f. repatriation expenses for preparation and air transportation of the **Insured's** remains to his/her **Home**, or up to an equivalent amount for a local burial in the country where death occurred, if the **Insured** dies while outside the United States of America. Covered Expenses under this benefit include the reasonable and customary expenses for: (i) embalming; (ii) cremation; (iii) the most economical coffins or receptacles adequate for transportation of the remains; and (iv) transportation of the remains, by the most direct and economical conveyance and route possible. The **Assistance Provider** must make all arrangements and authorize all expenses in advance for this benefit to be payable.

II. For purposes of this Emergency Evacuation And Repatriation Benefit only, the following definition applies:

Usual and Customary means the common charge made by other health care providers in the same locality for the treatment furnished. If the common charge for a service cannot be determined due to the unusual nature of such service, **We** or **Our Assistance Provider** will determine the amount based upon:

- a. the complexity involved;
- b. the degree of professional skill required; and
- c. any other pertinent factor.

We or **Our Assistance Provider** will make the final determination of what is **Usual and Customary** based on all the circumstances.

- III. **We** will not pay for loss or expense caused by or incurred resulting from a **Pre-Existing Condition** including death that results therefrom. This Exclusion does not apply to the following benefits under the Covered Expenses shown in the Emergency Evacuation and Repatriation Benefit: (i) item a. (emergency medical evacuation); or (ii) item f. (return of remains).
- IV. Benefits are to be paid to the **Insured** first listed on the Declarations. He or she may direct in writing that all, or part of the Emergency Evacuation and Repatriation Benefit, if applicable, will be paid directly to the party who furnished the service. The direction may be changed by the **Insured** at any time up to the filing of the Proof of Covered Loss.

All other terms, conditions, provisions and exclusions remain the same.

Rider #543

Pet Care Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Pet Care Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Pet Care Benefit

If the **Insured** is delayed in reaching his/her return **Destination** due to a **Natural Disaster, Other Covered Event**, or if the **Insured** is confined in a **Hospital** as a patient, **We** will reimburse the **Insured** a Pet Care Benefit, for the reasonable additional boarding fees at a licensed commercial kennel up to two days after the **Scheduled Date of Return**, up to the Maximum Covered Amount of \$500.

For benefits under this Pet Care Benefit Rider, the **Insured** must provide the following documentation when presenting a claim:

- a. written confirmation of the reasons for the delay from the **Common Carrier** whose delay resulted in the loss, including, but not limited to, scheduled departure and return times and actual departure and return times; and
- b. written confirmation from the licensed commercial kennel advising the original pick-up date and the actual pick-up date.

Receipts for the expenses must be submitted for reimbursement.

All other terms, conditions, provisions and exclusions remain the same.

Rider #546

Cancel For Business Reasons Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan Optional Upgrade

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. The **Insured's** coverage under the Cancel For Business Reasons Benefit will take effect as stated in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE. The following is added to SECTION III – BENEFITS:

Cancel For Business Reasons Benefit

This benefit must be purchased prior to or within 24 hours of **Final Payment** for the **Covered Trip**.

- I. Subject to the Maximum Covered Amount of up to 100% of **Trip Cost** to a maximum of \$50,000, if the **Insured** purchased Cancel for Business Reasons coverage, the Pre-Departure Trip Cancellation Benefits and Post-Departure Trip Interruption Benefits coverage will be extended to include the following unforeseeable events that occur while coverage is in effect:
 - a. the **Insured** is required to work during the **Covered Trip**. A notarized written statement by a company officer or the Human Resources department demonstrating revocation of previously approved time off will be required;
 - b. the **Insured's** place of employment is rendered unsuitable for business due to burglary, fire, flood, volcano, earthquake, hurricane, or other natural disaster, and he/she is required to work as a result; or
 - c. the **Insured** is directly involved in the merger of his/her employer with another company or the acquisition of his/her employer by another company.
- II. For purposes of this Cancel for Business Reasons Benefit Rider only, the following definition applies:

Final Payment means the last payment prior to the **Scheduled Date of Departure** that is applied against the balance due for the **Covered Trip**.

All other terms, conditions, provisions and exclusions remain the same.

Rider #554

Baggage and Personal Effects Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan Optional Additional Baggage Upgrade

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under this Baggage and Personal Effects Benefit will take effect on the **Scheduled Date of Departure**. The following is added to SECTION III – BENEFITS:

Baggage and Personal Effects Benefit

- I. **We** will reimburse the **Insured** for a Baggage and Personal Effects Benefit, in excess of the **Deductible** of \$0 per **Covered Trip**, less any amount paid or payable from any **Other Valid and Collectible Insurance** or indemnity, for direct loss, theft, damage or destruction of his/her **Baggage** during the **Insured's Covered Trip**, up to \$1,500. **We** will reimburse the **Insured** the cost to reissue his/her passports or visas if they are lost, stolen, damaged or destroyed during the **Insured's Covered Trip**. **We** will also pay for loss due to unauthorized use of the **Insured's** credit cards that are not forgiven or otherwise waived by the applicable credit card companies, if the **Insured** has complied with all of the credit card conditions imposed by the credit card companies. The maximum amount **We** will reimburse for any one item is limited to the Per Item Limit of \$1,500 per item.

Valuation and Payment of Loss

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon the **Actual Cash Value**. At **Our** option, **We** may elect to repair or replace the **Insured's Baggage**.

We may take all or part of a damaged **Baggage** as a condition for payment of loss. In the event of a loss to a pair or set of items, **We** will, solely at **Our** discretion: (i) repair or replace any part to restore the pair or set to its value before the loss; or (ii) pay the difference between the value of the property before and after the loss.

Items Subject to Special Limitations

We will not pay more than \$1,500 (or the Baggage and Personal Effects Benefit limit, if less) on all losses to jewelry; watches; precious or semi-precious gems; articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media; and articles consisting in whole or in part of fur. For purposes of this Special Limitation of this Benefit, the loss of such items will be considered one total combined loss and not separate losses for each separate item such that a single Special Limitation Maximum Covered Amount will apply to the total loss of such items.

Continuation of Coverage

If the covered **Baggage**, passports, or visas are in the custody of a **Common Carrier**, and delivery is delayed, this coverage will continue until the property is delivered to the **Insured**. This continuation of coverage does not include loss caused by or resulting from the delay.

The Insured's Duties in the Event of a Loss

In case of loss, theft or damage to **Baggage**, the **Insured** must: (i) immediately report the incident to the hotel manager, tour guide or representative, transportation official, local police, or other local authorities and obtain their written report of his/her loss; and (ii) take reasonable steps to protect his/her **Baggage** from further damage, and make necessary, reasonable and temporary repairs. **We** will reimburse the **Insured** for these expenses. **We** will not pay for further damage if the **Insured** fails to protect his/her **Baggage**.

II. For purposes of this Baggage and Personal Effects Benefit Rider only, the following definitions apply:

Actual Cash Value means purchase price less depreciation.

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

III. **We** will not pay for damage to or loss of the following items:

- (1) animals;
- (2) property used in trade, business or for the production of income; household furniture; musical instruments; brittle or fragile articles; jewelry; or if the loss results from the use thereof, sporting equipment;
- (3) boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances (except wheelchairs) or equipment, or parts for such conveyances;
- (4) artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses;
- (5) documents or tickets, except for administrative fees required to reissue tickets up to \$250 per ticket;
- (6) money, checks of any kind, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps, or credit cards, except as otherwise specifically included elsewhere in the **Policy**;
- (7) property shipped as freight or shipped prior to the **Scheduled Date of Departure**; or
- (8) contraband.

IV. **We** will not pay for loss to **Baggage** arising from:

- (1) defective materials or craftsmanship;
- (2) normal wear and tear, gradual deterioration, inherent vice;
- (3) rodents, animals, insects or vermin;
- (4) electrical current, including electric arcing that damages or destroys electrical devices or appliances;
- (5) mysterious disappearance; or
- (6) confiscation by airport personnel.

V. Loss or expense caused by or incurred resulting from a civil disorder is not excluded under this Baggage and Personal Effects Benefit Rider.

All other terms, conditions, provisions and exclusions remain the same.

Rider #556

Cancel For Any Reason Benefit



This Rider modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan Optional Upgrade

This Rider is attached to and made part of the **Policy** and is subject to all of the provisions, limitations and exclusions. The **Insured's** coverage under the Cancel For Any Reason Benefit will take effect as stated in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE. The following is added to SECTION III – BENEFITS:

Cancel For Any Reason Benefit

- I. If the **Insured** cancels his/her **Covered Trip** for any reason not otherwise covered by the **Policy**, **We** will reimburse the **Insured** a Cancel For Any Reason Benefit, for the **Payments and Deposits** the **Insured** paid for his/her **Covered Trip**, up to the Maximum Covered Amount of 75% of **Trip Cost** to a maximum of \$7,500, provided:
 - a. the **Insured's** premium for the coverage and **Application** is received (or, if mailed, postmarked) by GoReady within 21 days of the date the **Insured's** initial payment for his/her **Covered Trip** is received;
 - b. the **Insured** is not disabled from travel at the time the **Insured** pays his/her premium;
 - c. the **Insured** insures at least 100% of all prepaid **Trip Costs** that are subject to cancellation penalties or restrictions; and also insures within 21 days of the payment for those arrangements the cost of any subsequent arrangement added to his/her **Covered Trip**;
 - d. the **Trip Cost** per person is no more than \$10,000;
 - e. the booking for the **Covered Trip** must be the first and only booking for this travel period and **Destination**; and
 - f. the **Insured** cancels his/her **Covered Trip** two days or more before his/her scheduled **Covered Trip** departure.
- II. For purposes of this Cancel For Any Reason Benefit Rider only, the following definitions apply:

Payments and Deposits mean the prepaid non-refundable amounts actually paid for the **Insured's Covered Trip** that may be done by cash, check, credit card, prepaid vouchers or similar form of payment. The amount includes incurred change fees and administrative fees. **Payments and Deposits** or portions of **Payments and Deposits** satisfied by non-paid vouchers, non-paid certificates or discounts are not considered **Payments and Deposits** under the **Policy**. Payments for cultural, religious, wedding event planning or services are not **Payments and Deposits**.

All other terms, conditions, provisions and exclusions remain the same.

Deletion of Exclusion Endorsement



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Deletion of Exclusion

The following exclusion(s) under of SECTION V – GENERAL EXCLUSIONS is/are deleted in its/their entirety:

2. q. Epidemic or Pandemic publicly known prior to the effective date of the policy;

All other terms, conditions, provisions and exclusions remain the same.

Other Covered Events Extension Endorsement (Adoption)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
Policy No. GPT-3024323	Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Other Covered Events Extension (Adoption)

The following is added to SECTION IV – GENERAL DEFINITIONS, **Other Covered Event**:

; and

receipt of court-issued notice to attend legal proceedings relative to an adoption, provided the person being adopted is not the **Insured**, the **Insured's Family Member** or the **Insured's Travel Companion** and the adoption proceeding is not a condition of the **Insured's** employment. The date of the scheduled adoption proceeding must be no more than five days prior to the **Scheduled Date of Departure**.

All other terms, conditions, provisions and exclusions remain the same.

Other Covered Events Extension Endorsement (Extended School Session)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
Policy No. GPT-3024323	Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Other Covered Events Extension (Extended School Session)

The following is added to SECTION IV – GENERAL DEFINITIONS, **Other Covered Event**:

; and

the primary or secondary school where the **Insured**, or **the Insured's Family Member** or **Traveling Companion** attend(s) extends its operating session beyond its predefined school year or starts earlier than its predefined school year, due to unforeseeable events commencing during the effective date of the applicable coverage under the **Policy**, that cause the extension of the predefined school year, and the **Scheduled Date of Departure** falls within the period of the school year extension. Extensions due to extra-curricular or athletic events are not covered.

All other terms, conditions, provisions and exclusions remain the same.

Other Covered Events Extension Endorsement (Felonious Assault or Burglary)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Other Covered Events Extension (Felonious Assault or Burglary)

I. The following is added to SECTION IV – GENERAL DEFINITIONS, **Other Covered Event**:

; and

being the victim of a **Felonious Assault** or having the **Insured's Home** vandalized or burglarized within seven days of the **Scheduled Date of Departure** or during the **Insured's Covered Trip**.

II. The following is added to SECTION IV – GENERAL DEFINITIONS:

Felonious Assault means an act of violence against the **Insured**, a **Traveling Companion**, or a **Family Member** booked to travel with the **Insured** that requires medical treatment in a **Hospital**. The act must not have been inflicted by the **Insured**, a **Traveling Companion**, or a **Family Member** of either the **Insured** or the **Insured's Traveling Companion**.

All other terms, conditions, provisions and exclusions remain the same.

Other Covered Events Extension Endorsement (Involuntary Termination of Employment)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
Policy No. GPT-3024323	Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Other Covered Events Extension (Involuntary Termination of Employment)

The following is added to SECTION IV – GENERAL DEFINITIONS, **Other Covered Event**:

; and

the **Insured's** involuntary termination of employment or layoff that occurs more than 14 days after the effective date of the applicable coverage under the **Policy**. The **Insured** must have been continuously employed with the same employer for two years prior to the termination or layoff. This provision is not applicable to temporary employment, independent contractors, or self-employed persons.

All other terms, conditions, provisions and exclusions remain the same.

Other Covered Events Extension Endorsement (Kidnap)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Other Covered Events Extension (Kidnap)

The following is added to SECTION IV – GENERAL DEFINITIONS, **Other Covered Event**:

; and

being kidnapped.

All other terms, conditions, provisions and exclusions remain the same.

Other Covered Events Extension Endorsement (Mandatory Evacuation)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Other Covered Events Extension (Mandatory Evacuation)

The following is added to SECTION IV – GENERAL DEFINITIONS, **Other Covered Event**:

; and

mandatory evacuation issued by local government authorities (or public official evacuation advisements issued in place of mandatory evacuations only when mandatory evacuations do not exist in that jurisdiction), at the **Insured's** final **Destination** due to severe weather conditions, hurricane or natural disaster provided the cancellation of the **Insured's Covered Trip** occurs more than 14 days following the **Insured's** effective date of coverage shown in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE. The **Insured** must have seven days or 75% of his/her total **Covered Trip** length or less remaining at the time the mandatory evacuation or public official evacuation advisement ends, in order to cancel or interrupt his/her **Covered Trip**. Coverage expires 14 days after the issue date of a mandatory evacuation or a public official evacuation advisement.

All other terms, conditions, provisions and exclusions remain the same.

Other Covered Events Extension Endorsement (Military Leave Revoked)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Other Covered Events Extension (Military Leave Revoked)

The following is added to SECTION IV – GENERAL DEFINITIONS, **Other Covered Event**:

; and

the **Insured's**, or the **Insured's Traveling Companion's** or traveling **Family Member's** approved, written military leave is involuntarily revoked as a result of being temporarily or permanently reassigned, being called to active military reserve, or an extension of deployment beyond a defined tour of duty, within five days of the **Scheduled Date of Departure**. All approved, written military leave must be approved prior to the date stipulated in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE. Full or partial mobilization or mass reassignment of Armed Forces, invocation of the War Powers Act, base or unit mobilization is not covered.

All other terms, conditions, provisions and exclusions remain the same.

Other Covered Events Extension Endorsement (Organ Match)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
Policy No. GPT-3024323	Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Other Covered Events Extension (Organ Match)

The following is added to SECTION IV – GENERAL DEFINITIONS, **Other Covered Event**:

; and

receipt of official notification of an organ match available for immediate transplant for the **Insured**, or the **Insured's Family Member**, or **Traveling Companion**, provided the transplant is considered medically necessary. The notification must be received while coverage is in effect under the **Policy**, and in the written opinion of the **Physician**, the transplant surgery or recovery is so disabling as to prevent the **Insured** from taking his/her **Covered Trip**.

All other terms, conditions, provisions and exclusions remain the same.

Other Covered Events Extension Endorsement (Terrorist Act)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Other Covered Events Extension (Terrorist Act)

I. The following is added to SECTION IV – GENERAL DEFINITIONS, **Other Covered Event**:

; and

a **Terrorist Act** (or acts) in the **Scheduled Trip Departure City** or within ten miles of the **Scheduled Trip Departure City** of his/her **Covered Trip** occurring on, or within seven days prior to the **Scheduled Date of Departure**, or a **Terrorist Act** (or acts) occurring within thirty days prior to the **Insured's** arrival, or during his/her stay in a city or within five miles of a city, that is a scheduled **Destination** during the **Insured's Covered Trip**, provided:

- (1) the **Insured's** premium is received within 21 days of the initial payment for his/her **Covered Trip**; and
- (2) the **Terrorist Act** (or acts) occurs more than 21 days following the **Insured's** effective date of coverage shown in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE.

II. The following is added to SECTION IV – GENERAL DEFINITIONS:

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

All other terms, conditions, provisions and exclusions remain the same.

Other Covered Events Extension Endorsement (Uninhabitable Accommodation at Destination)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Other Covered Events Extension (Uninhabitable Accommodation at Destination)

The following is added to SECTION IV – GENERAL DEFINITIONS, **Other Covered Event**:

; and

Insured's Accommodation at Destination made **Uninhabitable** due to fire, flood, volcano, earthquake, hurricane or natural disaster so as to prevent the **Insured** from reaching his/her **Destination** or continuing on his/her **Covered Trip**. To cancel or delay the arrival on the **Insured's Covered Trip**:

- (1) the **Insured's Accommodation** must be **Uninhabitable** on the **Scheduled Date of Departure**;
- (2) the **Insured's Accommodation** must be **Uninhabitable** for a minimum of 24 hours; and
- (3) the time and date that the **Accommodation** first becomes **Uninhabitable** must commence no more than 10 days prior to his/her **Scheduled Date of Departure**.

To interrupt the **Insured's Covered Trip**:

- (1) the **Accommodation** must be **Uninhabitable** for a minimum of 24 hours; and
- (2) the **Insured** must have seven days or 75% or less remaining on his/her **Covered Trip** at the time and date the **Accommodation** first becomes **Uninhabitable**.

All other terms, conditions, provisions and exclusions remain the same.

Primary for Specified Benefit Endorsement



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Primary for Specified Benefit

Subject to the corresponding Maximum Covered Amount in the **Schedule**, solely with respect to the following benefit(s), this insurance will pay for **Covered Loss** on a primary basis regardless of any other insurance in place, and any reference to **Other Valid and Collectible Insurance** or Coordination of Benefits is hereby deleted:

Pre-Departure Trip Cancellation Benefit

Post-Departure Trip Interruption Benefit

Travel Delay Benefit

Baggage and Personal Effects Benefit

Baggage Delay Benefit

Rental Car Damage Benefit

All other terms, conditions, provisions and exclusions remain the same.

Waiver Of The Pre-Existing Condition Exclusion Endorsement



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Waiver Of The Pre-Existing Condition Exclusion

Solely with respect to coverage under the following benefit(s):

Pre-Departure Trip Cancellation Benefit
Post-Departure Trip Interruption Benefit
Emergency Evacuation and Repatriation Benefit
Emergency Medical Expense Benefit
Emergency Dental Expense Benefit

Any exclusion pertaining to a **Pre-Existing Condition** is hereby waived provided the **Insured** meets the following requirements:

- a. the **Insured's** payment for this coverage is received within 21 days of his/her initial **Covered Trip** payment;
- b. the **Insured** is not disabled from travel at the time he/she pays his/her premium; and
- c. the cost of any subsequent arrangement added to the **Insured's Covered Trip** (or any other arrangement not made through the **Insured's** travel agent) must be insured within 21 days of the payment for those arrangements.

All other terms, conditions, provisions and exclusions remain the same.

Traveling Companion Extension Endorsement



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT-3024323

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy | GoReady Choice Plan

Traveling Companion Extension Endorsement

The definition for **Traveling Companion** in SECTION IV – GENERAL DEFINITIONS is deleted in its entirety and replaced with the following:

Traveling Companion means a person accompanying the **Insured** on the **Covered 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.

All other terms, conditions, provisions and exclusions remain the same.

Washington Changes



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No.

Effective Date: Refer to Confirmation of Coverage

This endorsement modifies insurance provided under the:

Individual Travel Insurance Policy

- A. The Valuation and Payment of Loss provision in the **BAGGAGE AND PERSONAL EFFECTS BENEFIT** is replaced with the following:

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon the **Actual Cash Value**. At **Our** option, **We** may elect to repair or replace the **Insured's Baggage**.

We may take all or part of a damaged **Baggage** as a condition for payment of loss. In the event of a loss to a pair or set of items, **We** will, solely at **Our** discretion: (i) repair or replace any part to restore the pair or set to its value before the loss; or (ii) pay the difference between the value of the property before and after the loss.

- B. Under the **DEFINITIONS** section, the definition of **Covered Trip** is amended to state that trip shall not exceed 90 days.
- C. Under the **DEFINITIONS** section, **Actual Cash Value** definition means purchase price less depreciation.
- D. Under the **DEFINITIONS** section, the definition of **Domestic Partner** is replaced with the following:

Domestic Partner means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months:

- a. resides with the **Insured** or **Family Member**;
- b. shares financial assets and obligations with the **Insured** or **Family Member**;
- 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.

We may require proof of the domestic partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

- E. Under the **DEFINITIONS** section, the definition of **Spouse** is replaced with the following:

Spouse means the **Insured's** legally married spouse or **Domestic Partner**.

- F. Under the **GENERAL EXCLUSIONS** section the following exclusions are deleted:

suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO and MO);
mental, nervous, or psychological disorders;
being under the influence of drugs or intoxicants, unless prescribed by a **Physician**;
Normal Pregnancy, resulting childbirth, and elective abortion;
nuclear reaction, radiation or radioactive contamination;

- G.** The PROOF OF COVERED LOSS provision is replaced by the following:

PROOF OF COVERED LOSS: Written Proof of Covered Loss must be sent within 90 days of the **Covered Loss**. Failure to furnish Proof of Covered Loss within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of Covered Loss, and the proof was provided as soon as reasonably possible.

- H.** The TIME OF PAYMENT provision in the **PAYMENT OF CLAIMS** section is replaced with the following:

TIME OF PAYMENT: We will pay claims for all **Covered Losses**, other than **Covered Losses** for which the **Policy** provides any periodic payment, within 30 days of receipt of written proof of loss that is acceptable to **Us**. Unless an optional periodic payment is stated or chosen, any **Covered Loss** to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance, that remains when **Our** liability ends, will then be paid when **We** receive the Proof of Covered Loss that is acceptable to **Us**.

- I.** The BENEFICIARIES provision in the **GENERAL POLICY CONDITIONS** section of the **Individual Travel Policy of Insurance** is replaced with the following:

BENEFICIARIES: The **Insured** has the sole right to name a beneficiary. The beneficiary has no interest in the **Policy** other than to receive certain payments. Unless an irrevocable beneficiary is named, The **Insured** may change the beneficiary at any time unless he or she has assigned the interest in the **Policy**. In such case, the person to whom he or she has assigned the interest in the **Policy** may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed. Any beneficiary designation must be in writing.

- J.** The CONFORMITY WITH STATUTE provision in the **GENERAL POLICY CONDITIONS** section is replaced with the following:

CONFORMITY WITH STATUTE: Any provision of this **Policy** which, on its effective date, is in conflict with the statutes of the state of Washington, is hereby amended to conform to the minimum requirements of those statutes and control over any conflicting statutes of any state in which the **Insured** resides on or after that date.

- K.** The SUBROGATION provision in the **GENERAL POLICY CONDITIONS** section is deleted.

- L.** The ARBITRATION provision in the **GENERAL POLICY CONDITIONS** section is deleted.

All other terms, conditions, provisions and exclusions of this policy remain the same.



Important Notice

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? Your satisfaction is very important to us. If you are having problems with your insurance, do not hesitate to contact the insurance company to resolve your problem.

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

**Zurich in North America
Customer Inquiry Center
1299 Zurich Way
Schaumburg, Illinois 60196-1056
1-800-382-2150 (Business Hours: 8am - 4pm CT)
Email: info.source@zurichna.com**

Disclosure Statement



NOTICE OF DISCLOSURE FOR AGENT & BROKER COMPENSATION

If you want to learn more about the compensation Zurich pays agents and brokers visit:

<http://www.zurichnaproducercompensation.com>

or call the following toll-free number: (866) 903-1192.

This Notice is provided on behalf of Zurich American Insurance Company
and its underwriting subsidiaries.

Beneficiary Designation/Change Form



Zurich American Insurance Company
1299 Zurich Way
Schaumburg, Illinois 60196

POLICYHOLDER INFORMATION	
Name of Policyholder:	Policy Number: GPT-

INSURED INFORMATION			
Full Legal Name (First, Middle Initial and Last):		Last 4 Digits of SSN: XXX-XX-	
Mailing Address:	City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY):	Gender: ☐ Male ☐ Female	Marital Status: ☐ Single ☐ Married ☐ Domestic or Civil Union Partner	
Email Address:	Home Phone: - -	Work Phone: - -	Cell Phone: - -

BENEFICIARY INFORMATION (Please check one: ☐ Designate a Beneficiary OR ☐ Change of Beneficiary Designation)			
It is important that your beneficiary designation be clear so that there will be no question as to your intent. If you wish to name more than 2 primary or 4 contingent beneficiaries, please attach a separate sheet of paper and include all the information requested. NOTE: If designating more than one beneficiary, the total % of share should not exceed 100%.			
Primary Beneficiary(ies):			
% Share:	Relationship: ☐ Spouse ☐ Non-Spouse Individual ☐ Trust ☐ Estate ☐ Charity or Other Entity		SSN/Tax ID:
Name (If an Individual, include First, Middle Initial and Last):		Date of Birth/Trust (MM/DD/YYYY):	
Street Address:	City:	State:	Zip Code:
% Share:	Relationship: ☐ Spouse ☐ Non-Spouse Individual ☐ Trust ☐ Estate ☐ Charity or Other Entity		SSN/Tax ID:
Name (If an Individual, include First, Middle Initial and Last):		Date of Birth/Trust (MM/DD/YYYY):	
Street Address:	City:	State:	Zip Code:
Contingent Beneficiary(ies):			
% Share:	Relationship: ☐ Spouse ☐ Non-Spouse Individual ☐ Trust ☐ Estate ☐ Charity or Other Entity		SSN/Tax ID:
Name (If an Individual, include First, Middle Initial and Last):		Date of Birth/Trust (MM/DD/YYYY):	
Street Address:	City:	State:	Zip Code:
% Share:	Relationship: ☐ Spouse ☐ Non-Spouse Individual ☐ Trust ☐ Estate ☐ Charity or Other Entity		SSN/Tax ID:
Name (If an Individual, include First, Middle Initial and Last):		Date of Birth/Trust (MM/DD/YYYY):	

Street Address:		City:	State:	Zip Code:
% Share:	Relationship: ☐ Spouse ☐ Non-Spouse Individual ☐ Trust ☐ Estate ☐ Charity or Other Entity			SSN/Tax ID:
Name (If an Individual, include First, Middle Initial and Last):			Date of Birth/Trust (MM/DD/YYYY):	
Street Address:		City:	State:	Zip Code:
% Share:	Relationship: ☐ Spouse ☐ Non-Spouse Individual ☐ Trust ☐ Estate ☐ Charity or Other Entity			SSN/Tax ID:
Name (If an Individual, include First, Middle Initial and Last):			Date of Birth/Trust (MM/DD/YYYY):	
Street Address:		City:	State:	Zip Code:
If more than one primary and/or contingent Beneficiary is designated and no percentage has been designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the Insured's estate, unless otherwise provided in the Accident Policy.				

INSURED AUTHORIZATION	
I hereby revoke any previous beneficiary designation(s), if any, for my accident insurance policy and direct that the insurance proceeds payable under the policy be paid as indicated above.	
If I live in a state with community property statutes and do not designate my spouse as the sole primary beneficiary, I represent and warrant that my spouse has consented to such designation.	
Insured's Signature:	Date (MM/DD/YYYY):

Privacy Notice

We Take Important Steps to Protect the Nonpublic Personal Information We Collect About You

Dear Customer:

rev. January 2020

We care about your privacy. That is why we believe in your right to know what nonpublic personal information (“NPI”) we collect about you and what we do with that information. This Privacy Notice describes the NPI we collect about you and how we share and protect that information.

Overview	UNDERSTANDING HOW WE USE YOUR PERSONAL INFORMATION
Why are you receiving this Notice?	Financial institutions, which include the Company, choose how they share your NPI. Federal and state law gives consumers the right to limit some but not all sharing of that information. Federal law also requires us to tell you how we collect, share and safeguard your NPI. You are receiving this Privacy Notice because our records show either that you are a customer who is obtaining or has obtained insurance coverage or non-insurance products or services.
What types of Information do we collect?	The types of NPI we collect depend on the product or service you have with us. This information can include: • Information about you we receive on applications or other forms, such as your name, address, telephone number, date of birth, your social security number, driver's license number, employment information, information about your income, assets and net worth, and medical information; • Information about your transactions with the Company and its affiliates; • Information about your insurance coverage, premiums, claims history, and payment history; • Data from insurance support organizations, government agencies, insurance information sharing bureaus; • Property information and similar data about you or your property, such as property appraisal reports; and • Information we receive from a consumer reporting agency or insurance information sharing bureau, such as a credit or fraud report. When your relationship with us ends, we may continue to share information about you as described in this Privacy Notice.
What do we do with the NPI we collect?	We share your NPI in the course of supporting your insurance coverage or non-insurance products or services, as authorized by law, or with your consent. This includes sharing, as permitted by law, your NPI with affiliated parties and nonaffiliated third parties, as applicable, in the course of supporting your insurance coverage or non-insurance products. These affiliates and nonaffiliated third parties include: • Financial service providers, such as banks and other insurance companies; • Non-financial companies, such as medical providers and nonaffiliated service providers that perform marketing services on our behalf; and • Others, such as consumer reporting agencies and insurance information sharing bureaus. In the section below, we list the reasons we can share your NPI, whether we actually share your NPI, and whether you can opt out of this sharing (or if you are a resident of Vermont, whether you

	have the right to opt in to allowing this sharing).
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Reasons we can share your personal information	Does Company Share?	Can you opt out of this sharing or limit this sharing or is your authorization required for this sharing? [For residents of Vermont: Do you have the right to opt in to allow this sharing?]
For our everyday business purposes – such as to process your transactions, administer insurance coverage, products or services, maintain your account, prevent fraud and report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	Not Applicable
For our affiliates' everyday business purposes – transaction and experience information	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	Not Applicable
For our affiliates to market to you	Yes	No
For non-affiliates to market their products to you	No	Not Applicable

Collecting and safeguarding information	
How often do you notify me about your privacy practices?	We must notify you about our sharing practices when you receive your policy, open an account or purchase a service, and each year while you are a customer, or when significant or legal changes require a revision. Please review the privacy policy posted on our website, ZurichNA.com. It contains additional information about our practices.
Why do you collect my NPI?	We collect NPI when you apply for insurance or file an insurance claim to help us provide you with our insurance products and services, and determine your insurability or other eligibility. We may also ask you and others for information to help us verify your identity in order to prevent money laundering and terrorism. Information in a report prepared by an insurance support organization may be retained by that organization and provided to others.
What NPI do we share?	We may provide to affiliates and/or nonaffiliated third parties the same NPI listed above in the section entitled, "What types of information do we collect?"
How do you safeguard my NPI?	Employees who have access to your NPI are required to maintain and protect the confidentiality of that information. Access to your personal information may be needed to conduct business on your behalf or to service your insurance coverage. In addition, we maintain physical, electronic and procedural measures to protect your personal information in compliance with applicable laws and regulatory standards.

FOR RESIDENTS OF ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, ILLINOIS, MAINE, MASSACHUSETTS, MINNESOTA, MONTANA, NEW JERSEY, NEVADA, NORTH CAROLINA, OHIO, OREGON, OR VIRGINIA:

You have the following individual rights under state law:

Except for certain documents related to claims and lawsuits, you have the right to access the recorded personal information that we have collected about you which we reasonably can locate and retrieve. To access your recorded personal information, you must submit a request using our online form on our website, ZurichNA.com, or calling our toll-free number at 1-800-382-2150. You may also reasonably describe the information you seek in writing and send your written request to the Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com. If you would like a copy of your recorded personal information that we reasonably can locate and retrieve, we may charge you a reasonable fee to cover the costs incurred in providing you a copy of the recorded information if it is permitted by law. If you request medical records, we may elect to supply that information to you through your designated medical professional for security purposes. We may also direct you to a consumer reporting agency to obtain certain consumer report information.

Generally, most of the recorded nonpublic personal information we collect about you and have in our possession is from policy applications or enrollment forms you submit to obtain our products and services, and is reflected in your statements and other documentation you receive from us. If you believe that the personal information we have about you in our records is incomplete or inaccurate, please let us know at once through any of the above methods, and we will investigate and correct any errors we find.

You also have the right to request the correction, amendment, or deletion of recorded personal information about you that we have in our possession. You may make your request using any of the above methods.

Residents of California and Nevada have additional rights over their non-public personal information if it is not governed by the Gramm-Leach-Bliley Act. For more information about these rights, please consult our online privacy policy posted on our website, ZurichNA.com.

FOR RESIDENTS OF MASSACHUSETTS ONLY WHO ARE ZNA P&C CUSTOMERS: You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

Key words and phrases		TERMS YOU SHOULD KNOW
Definitions		
Everyday business purposes		The actions necessary for financial companies like the Company to conduct business and manage customer accounts, such as: • Processing transactions, mailing and auditing services; • Administering insurance coverage, product, services or claims; • Providing information to credit bureaus; • Protecting against fraud; • Responding to court/governmental orders or subpoenas and legal investigations; and • Responding to insurance regulatory authorities.
Affiliates		Financial or nonfinancial companies related by common ownership or control. • <i>Company affiliates include insurance and non-insurance companies under common ownership with the Company and that provide insurance and non-insurance products or services.</i>
Nonaffiliated Third Parties		Financial or nonfinancial companies not related by common ownership or control. We may share your information with companies that we hire to perform marketing and business services for us, such as data processing, computer software maintenance and development, and transaction processing. When we share information with others to perform these services, they are required to take appropriate steps to protect this information and use it only for purposes of performing the services. • <i>The Company does not share information with nonaffiliates to market their products to you.</i>

Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. • <i>The Company does not jointly market.</i>
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Changes to this Privacy Notice; contact us	We may change the policies, standards and procedures described in this Notice at any time to comply with applicable laws and/or to conform to our current business practices. We will notify you of material changes. If you have any questions about your contract with us, you should contact your agent. If you have questions specific to our Privacy Notice, contact our Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.
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This Privacy Notice is sent on behalf of the following affiliated companies, which are referred to in this Privacy Notice, in the aggregate, as the “Company:”

American Guarantee and Liability Insurance Company, American Zurich Insurance Company, Colonial American Casualty and Surety Company, Empire Fire & Marine Insurance Company, Empire Indemnity Insurance Company, The Fidelity and Deposit Company of Maryland, Steadfast Insurance Company, Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company, Zurich American Insurance Company, Zurich American Insurance Company of Illinois, The Zurich Services Corporation (together, “the ZNA P&C Companies”), Zurich American Life Insurance Company, and Zurich American Life Insurance Company of New York.

SANCTIONS EXCLUSION ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

The following exclusion is added to the policy to which it is attached and supersedes any existing sanctions language in the policy, whether included in an Exclusion Section or otherwise:

SANCTIONS EXCLUSION

Notwithstanding any other terms under this policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent that such cover, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED