

Notice to State of Washington Residents:

This is not your insurance policy.

To obtain your state-specific insurance policy, visit www.insureamerica.com, or call 1.715.346.0860.

DESCRIPTION OF COVERAGE



Schedule of Benefits

\$ 1,000	Trip Interruption
\$ 500	Trip Delay (\$100 maximum per day)
\$ 500	Baggage & Personal Effects
\$ 100	Baggage Delay
\$ 5,000	Medical Expense
\$ 10,000	Emergency Medical Transportation

IMPORTANT — Exclusions apply to certain medical conditions.

For coverage questions or to request a claim form, call toll-free 1.877.202.5108. For emergency help while on your trip, see the information and phone numbers on the reverse side.

Blanket Travel Accident Insurance

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

PLEASE READ THIS DOCUMENT CAREFULLY!

Insurance Coverage

Underwritten by the National Union Fire Insurance Company of Pittsburgh, PA. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

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

- Coverage may not be available in all states. -

- Coverage is valid only if premium has been paid -

PRODUCT NUMBER: 008491 P1 1/09

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

Definitions

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

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

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

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

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

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

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

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

"Experimental or Investigative" means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

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

"Immediate Family Member" means the Insured's spouse, child, spouse's child, daughter-in-law, son-in-law,

brother, sister, mother, father, grandparents, grandchild, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, or legal ward.

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

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

"Insured" means a person who: (a) is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (b) completes any required enrollment form; (c) for whom premium has been paid; and (d) while covered under this Policy.

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

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

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

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

"Reasonable Additional Expenses" means any expenses for meals and lodging which were necessarily incurred as the result of a Trip Delay and which are not provided by the Common Carrier or any other party free of charge.

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

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

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

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

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

"Trip" means the period of time between the Contracted Departure Date and the Contracted Return Date for which prepaid travel arrangements are arranged by or purchased through the Travel Supplier. Home travel is primarily by Common Carrier and only incidentally by private conveyance.

Individual Eligibility, Effective, & Termination Dates

Persons eligible for insurance under the policy are any traveler(s) who makes application for coverage and pays the plan cost by final trip payment.

Effective Date: All coverages will begin on the latest of: (a) the date and time the Insured starts this Trip; or (b) the scheduled Contracted Departure Date.

The policy covers Trips up to 180 days in length.

Termination Date: All coverage ends on the earlier of: (a) the date the Trip is completed; (b) the scheduled Contracted Return Date; (c) the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip; (d) cancellation of the Trip covered by the policy.

General Exclusions

The following exclusions apply to Trip Interruption, Trip Delay, Medical Expense, and Emergency Medical Transportation coverages: any claims arising from Pre-Existing Conditions.

THE INSURANCE DOES NOT COVER ANY LOSS CAUSED BY OR RESULTING FROM: suicide, or attempted suicide, or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury by the Insured, Immediate Family Member, Traveling Companion or Business Partner; war or any act of war whether declared or not; civil disturbance or insurrection; civil disorder or riot; full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded); riding as a pilot, crew member or student pilot on any aircraft or device for aerial navigation; participation in any professional, semi-professional, or inter-scholastic team

sports, participation in contests of speed, motor sports or motor racing, including training or practice for the same; being under the influence of drugs or intoxicants unless prescribed by a Physician; any unlawful acts, committed by the Insured, Immediate Family Member or Traveling Companion, whether insured or not; skydiving; scuba or deep sea diving; snowskiing; hang gliding; parachuting; dental treatment except as a result of Injury to sound natural teeth (limited to emergency treatment during the Trip); pregnancy or childbirth, or elective abortion, other than Complications of Pregnancy; mental, psychological, or nervous disorders including, but not limited to anxiety, depression, neurosis, or psychosis; loss or damage caused by detention, confiscation, or destruction by customs; if the Insured's tickets do not contain specific travel dates (open tickets); elective or non-emergency treatment or surgery, except for any necessary treatment or surgery due to covered Injury; Experimental or Investigative treatment or procedures; an Injury or Sickness which occurs at a time when this coverage is not in effect; medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment or traveling expressly for the purpose of obtaining medical treatment.

The following exclusions apply to Baggage and Personal Effects coverage: ANY LOSS OR DAMAGE TO:

a) animals; (b) automobiles or automobile equipment; (c) boats; (d) motors; (e) motorcycles; (f) other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); (g) household furniture; (h) prosthetic limbs, false artificial, teeth, dental bridges, any type of eyeglasses, sunglasses or contact lenses; (i) hearing aids; keys, money, stamps, stocks, bonds, notes or securities accounts, bills, currency, deeds, postal or money orders, food stamps or other evidence of debt, credit cards; (j) tickets except for administrative fees required to reissue tickets or documents and valuable papers; (k) sporting equipment if loss or damage results from the use thereof.

ANY LOSS CAUSED BY OR RESULTING FROM: (a) war or any act of war, whether declared or undeclared civil commotion, riot or insurrection; (b) any unlawful acts, committed by the Insured, Immediate Family Member, or a Traveling Companion, whether insured or not; (c) loss or damage caused by detention, confiscation or destruction by customs; (d) wear and tear or gradual deterioration; (e) natural defect or damage sustained due to any process or repair; (f) defective materials or craftsmanship; (g) animals, rodents, insects or vermin; (h) inherent vice or damage; (i) confiscation or expropriation by order of any government or public authority; (j) radioactive contamination; (k) mysterious disappearance; (l) sporting equipment damaged while being used; or (m) breakage of brittle or fragile articles, cameras, camera equipment and

accessories, musical instruments, radios, and similar property.

PRE-EXISTING CONDITIONS

The Insurer will not pay under Trip Interruption, Trip Delay, Medical Expense, and Emergency Medical Transportation any claims arising from any Injury, Sickness, or other condition of the Insured, a Traveling Companion, or an Immediate Family Member which: (a) first manifests itself, worsened, became acute, or had symptoms causing a reasonable person to seek diagnosis, care, or treatment; (b) required taking prescribed drugs or medicine unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required treatment or treatment that was recommended by a Physician; within the 90-day period before the Insured's coverage began under this insurance plan. If the Insured has any questions concerning this exclusion, they may call 1.877.202.5108 for further clarification.

The policy does not provide duplicate payments, and is therefore secondary, if there are other sources of reimbursement available as follows:

EXCESS INSURANCE PROVISION

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

Trip Interruption

Insurer will pay benefits, to the Maximum Amount shown on the Schedule of Benefits, in the event the Insured's Trip is interrupted due to: (a) Sickness, Injury, or death of an Insured, Immediate Family Member, Traveling Companion or Business Partner. Injury or Sickness must be so disabling as to reasonably cause a Trip to be delayed, canceled, or interrupted. (b) The Insured being: subpoenaed, summoned for jury duty, quarantined, has a principal residence made uninhabitable by fire, flood, or similar Natural Disaster; the Insured or a Traveling Companion has a documented traffic accident while en route to departure, or is hijacked.

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

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

Trip Interruption: The Insurer will reimburse the Insured for unused, nonrefundable travel arrangements prepaid to the tour operator and/or the airfare paid, less the value of applied credit from an unused return travel ticket, to return home or rejoin the original land/sea arrangements (limited to the cost of one-way business class or first class, if the Insured's original tickets were business or first class, by scheduled carrier, from the point of Destination to the point of origin shown on the original travel tickets).

Trip Delay

The Insurer will reimburse the Insured up to the Maximum Amount shown on the Schedule of Benefits, if the Insured's Trip is delayed for 12 hours or more, due to Inclement Weather, Strike, or other job action, or equipment failure of a Common Carrier. The Insurer will reimburse for Reasonable Additional Expenses until travel becomes possible. This benefit is payable for only one delay per Insured, per Trip.

Baggage and Personal Effects

The Insurer will reimburse the Insured up to the Maximum Amount shown on the Schedule of Benefits for loss, theft, or damage to Baggage and personal effects during the Trip. The Insurer will pay the least of the following: original cash value of the item less depreciation as determined by the Insurer; or cost of repair or replacement (limit per articles - \$250). If receipts are not provided, benefits may be reduced. All items over \$150 must be accompanied by an original receipt. There will be a combined maximum limit of \$500 for the following: jewelry, watches; articles consisting in whole or in part of silver, gold, or platinum; furs, and articles trimmed with or made mostly of fur.

Baggage Delay

The Insurer will reimburse incurred expenses up to the Maximum Amount shown on the Schedule of Benefits for Baggage which is delayed or misdirected more than 24 hours for the cost of necessary personal effects. Incurred expenses must be accompanied by receipts. This does not apply if Baggage is delayed after the Insured reaches his/her Return Destination.

Medical Expense Benefit

The Insurer will pay benefits up to the Maximum Amount shown on the Schedule of Benefits if the Insured incurs necessary covered medical expenses as a result of an Injury or Sickness. The Injury must occur and the Sickness

must first manifest itself during the Trip. Initial treatment must be received during the Insured's Trip. All services, supplies, or treatment must be received within 52 weeks of the date of the accident or the onset of the Sickness.

Covered Expenses are necessary services and supplies which are recommended by the attending Physician. They include the services of a legally qualified Physician, surgeon, graduate nurse, dentist (Injury only); charges for Hospital confinement and use of operating rooms; charges for anesthetics (including administration), x-ray examinations, or treatments and laboratory tests; ambulance service, drugs, medicines, and therapeutic services and supplies. The Insurer will not pay benefits in excess of the Reasonable and Customary Charges. The Insurer will not pay for hotel accommodations and extra living expenses for the Insured or the Insured's Traveling Companion incurred while being hospitalized or treated on an outpatient basis.

Emergency Medical Transportation

The Insurer will pay benefits for covered expenses up to the Maximum Amount shown on the Schedule of Benefits if any Injury or emergency Sickness commencing during the Tour results in the Insured's necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a legally licensed Physician who certifies that the severity of the Insured's Injury or Sickness warrants an Emergency Evacuation. Emergency Evacuation means: (a) the Insured's medical condition warrants immediate transportation from the place where he/she is injured or sick to the nearest Hospital where adequate medical treatment can be obtained. Travel Guard Assist will arrange: (a) Reasonable and Customary Charges for medical services required for evacuation to the nearest adequate medical facility or home if medically required. This service will be arranged only if the Insured's Physician determines that adequate medical treatment is not locally available; (b) Reasonable and Customary Charges for escort expenses required by the Insured, if the Insured is disabled during a Trip and an escort is recommended, in writing, by a Physician; (c) Reasonable and Customary Charges for services for transportation of the Insured's remains to his/her place of residence if he/she dies during a Trip. Services must be provided by a provider designated by the Insurer. Timely notification by the Insured to the Insurer's designated provider is required, with regard to Emergency Evacuation. Covered expenses are Reasonable and Customary Charges, up to the Maximum Amount shown on the Schedule of Benefits, for transportation, medical services, and medical supplies necessarily incurred in connection with the Insured's Emergency Evacuation. All transportation arrangements made for the Insured's evacuation must be by the most

direct and economical route possible. Expenses for special transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting the Insured; AND (c) must be verified and approved in advance by Travel Guard Assist recommended by the attending Physician. Transportation means any land, water, or air conveyance required to transport the Insured during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles. The Insurer will not cover any expenses provided by another party at no cost to the Insured or already included in the cost of the tour.

Payment of Claims

Claim Procedures: Notice of Claim: The Insured must call Travel Guard as soon as reasonably possible, and be prepared with what coverage the loss was under (i.e., Medical Expense), the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates and the amount that the Insured paid. Travel Guard will complete the claim form and send it to the Insured for his/her review/signature. The completed form should be returned to Travel Guard, P.O. Box 47, Stevens Point, Wisconsin 54481 (Telephone: 1.877.202.5108). All claims of California residents will be administered by Mercury Claims Administrator Services, LLC. All accident, health, and life claims will be administered by Mercury Claims & Assistance of WI, LLC, in those states where it is licensed.

Claim Procedures: Proof of Loss: The claim forms must be sent back to Travel Guard no more than 90 days after a covered loss occurs or ends, or as soon after that as is reasonably possible. All claims under the coverage must be submitted to Travel Guard no later than one year after the date of loss or insured occurrence or as soon as reasonably possible. If Travel Guard has not provided claim forms within 15 days after the Notice of Claim, other proofs of loss should be sent to Travel Guard by the date claims forms would be due. The proof of loss should include written proof of the occurrence, type and amount of loss, the Insured's name, the participating organization name and the policy number.

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

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

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

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

Problems with your insurance? If so, do not hesitate to contact Travel Guard to resolve your problem at 1145 Clark Street, Stevens Point, WI 54481, or call 1.877.202.5108.

General Provisions

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

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

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

Insurer's Recovery Rights – In the event of a payment under the policy, the Insurer is entitled to all rights of recovery that the Insured, or the person to whom payment was made, has against another. The Insured must sign and deliver to the Insurer any legal papers relating to that recovery, do whatever is necessary to help the Insurer exercise those rights, and do nothing after the loss to harm the Insurer's rights. When an Insured has been paid benefits under the policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the Insurer by the Insured and reimbursed to the Insurer the extent of the Insurer's payment. The provision does not apply in North Carolina.

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

Payment of Premium – Coverage is not effective unless all premium due has been paid to Travel Guard.

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

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

Notice to California residents: The plan contains disability insurance benefits or health insurance benefits, or both, that only apply during your covered trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

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

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

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

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

The Legal Actions provision applicable to residents of Florida is as follows: No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of 5 years after the time written proof of loss is required to be furnished.

Exclusion any unlawful acts, committed by the Insured, Immediate Family Member or Traveling Companion, whether insured or not; does not apply to residents of Florida.

For inquiries, information about coverage or for assistance in resolving complaints call: 1.877.202.5108.

Notice to North Carolina residents: This Description of Insurance provides all of the applicable benefits mandated by the North Carolina Insurance code, but is issued under a master policy located in another state and may be governed by that state's laws.

Notice to Texas residents: The policy may provide a duplication of coverage already provided by your personal auto insurance, homeowner's, personal liability policy, or other source of coverage.

Make sure you call Travel Guard Assist (1.877.202.5108 or 1.715.295.5452) before you seek medical care while traveling. Where available, we can arrange direct payment to a member of our Preferred medical network, saving you the time and paperwork associated with reimbursement of medical expenses. Our assistance coordinators also can help you locate the nearest and most appropriate medical provider, monitor your care, and provide updates to your family and/or employer.

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

Program fees are non-refundable.

**Travel
Guard.**

Travel Smart. Travel Insurance.

24 HOUR EMERGENCY ASSISTANCE

Telephone Numbers

Continental USA: **1.877.202.5108**

International: **1.715.295.5452**

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

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