

Student Travel Protection Plan

Schedule of Benefits

Maximum Limit Per Person

Trip Cancellation	100% of insured Trip cost up to a maximum of \$25,000
Trip Interruption	150% of insured Trip Cost up to a maximum of \$37,500
Trip Delay	(Maximum of \$100 per day) \$500
Baggage & Personal Effects	\$1,000
Per article limit	\$250
Combined maximum limit	\$500
Baggage Delay	\$100
Accident Sickness Medical Expense	\$50,000
Emergency Evacuation	
& Repatriation of Remains	\$500,000
Escort Maximum	\$10,000
Accidental Death & Dismemberment	\$30,000

Extra Coverage

(when coverage is purchased within 15 days of initial Trip deposit):

- Pre-Existing Medical Condition Exclusion Waiver if You purchase this coverage, and You are not disabled from travel at the time You pay the cost

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

- Travel Medical Assistance
- Worldwide Travel Assistance
- LiveTravel® Emergency Assistance
- Optional 75% Cancel for Any Reason Service

Coverage only available to New York residents.

This policy is a legal contract between National Union Fire Insurance Company of Pittsburgh, Pa. and the Policyholder. Benefits are provided for eligible persons (Insureds) of the Participating Organization shown above, subject to the terms and conditions of this policy. In return, the Participating Organization must sign an application and agree to remit premium to the Company.

NO DIVIDENDS WILL BE PAYABLE UNDER THIS POLICY.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this policy.



President



Secretary

GENERAL DEFINITIONS

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

“Accidental Injury” means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the loss.

“Actual Cash Value” means purchase price less depreciation.

“Bodily Injury” means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of death or dismemberment of the Insured within twelve months from the date of the Accident.

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

“Checked Baggage” means a piece of baggage for which a claim check has been issued to the Insured by a Common Carrier.

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

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

“Complications of Pregnancy” means:

- (1) conditions requiring hospital stays (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and

- surgical conditions of comparable severity, and shall 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; and
- (2) nonelective caesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

“Covered Expenses” shall mean expenses incurred by the Insured which are for medically necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the schedule of benefits, under each stated benefit.

“Covered Trip” means any class of scheduled trips, tours or cruises shown in the Application for which the Insured requests coverage and remits the required premium.

“Default” means a material failure or inability to provide contracted services due to financial insolvency.

“Domestic Partner” means a person who has registered as a domestic partner in a municipality that requires such registration or has provided Us with a signed and notarized Affidavit of Partnership in municipality that do not require such registration. The Affidavit will attest to the following:

- a. Each person is 18 years of age or older and is mentally competent to consent to contract,
- b. Neither one is married to or legally separated from anyone else,
- c. They are not related by blood in a manner that would bar marriage under the laws of the state of New York,
- d. They have been living together on a continuous basis prior to the date of application, AND
- e. Neither individual has been registered as a member of another domestic partnership within the last six months.

“Effective Date” means the date and time an Insured’s coverage begins, as outlined in the General Provisions section of this Policy.

“Eligible Person” means a citizen or resident of the United States who is covered under a Class of Eligible Persons shown on the Application and who is scheduled to take a Covered Trip. Also defined as “You,” or “Your”.

“Family Member” means the Insured’s or Traveling Companion’s legal or common law spouse, Domestic Partner, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, foster child, ward, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, or nephew.

“Hospital” means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides 24 hour nursing service and has at least one registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

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

“Insured” means an Eligible Person (as defined above and included in the Class of Eligible Persons on the Application) while covered under this Policy.

“Land/Sea Arrangements” means land and/or sea arrangements made by the Participating Organization.

“Medically Necessary” means that a treatment, service, or supply is: (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; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

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

“Participating Organization” means a travel agency, tour operator, cruise line, airline or other organization who applies for coverage under this Policy and remits the required premium to the Company.

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

“Pre-Existing Condition” means any injury, sickness or condition of the Insured, Traveling Companion or Family Member booked to travel with the Insured for which medical advice, diagnosis, care or treatment was recommended or received with the 180 day period ending on the Effective Date. Conditions are not considered pre-existing if the condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

“Schedule” means the Benefit Schedule shown on the Application.

“Scheduled Departure Date” means the date on which the Insured is originally scheduled to leave on the Trip.

“Scheduled Return Date” means the date on which the Insured is originally scheduled to return to the point of origin or to a different final destination.

“Sickness” means illness or disease which is diagnosed or treated by a Physician after the Effective Date of insurance and while the Insured is covered under this Policy.

“Strike” means a stoppage of work: (a) announced, organized and sanctioned by a labor union; and (b) which interferes with the normal departure and arrival of a Common Carrier. This includes work slowdowns and sick-outs.

“Terrorist Attack” means an incident deemed an act of terrorism by the U.S. government.

“Traveling Companion” means a person or persons with whom the Insured has coordinated travel arrangements and intends to travel with during the Covered Trip. Note, a group or tour leader is not considered a Traveling Companion unless the Insured is sharing room accommodations with the group or tour leader.

“Travel Supplier” means tour operator, cruise line, hotel, etc., who has made the land and/or sea arrangements.

“Trip” means prepaid Land/Sea Arrangements and shall include flight connections to join or depart such Land/Sea Arrangements, provided such flight connections are scheduled to commence within one (1) day of the Land/Sea Arrangements.

“Unforeseen” means not anticipated or expected and occurring after the effective date of the policy.

GENERAL PROVISIONS

The following provisions apply to all coverages:

CONTRACT. The Policy, applications, riders and endorsements, if any, make up the entire contract. No change in the Policy is valid unless it is signed by an executive officer of the Company. No agent has the power to change this Policy.

RECORDS. As required by the Company, the Participating Organization must keep a record of the insurance for all Insureds. The Company can inspect these records while coverage is in effect and for one year after it ends or until final adjustment and settlement of claims hereunder, whichever is later.

CLERICAL ERRORS. The Company will not deny or cancel coverage on an Insured because of clerical error by the Participating Organization or by the Company. After an error is found, the Company will take appropriate action. This may include adjusting, collecting or refunding premium.

CONTESTING THIS POLICY. The Company relies on statements made by the Participating Organization in the application. If there is no fraud, the Participating Organization's statements:

- (a) are considered representations and not warranties; and
- (b) will not be used to void the Policy or reduce any claim.

The Company will not contest the Policy after it has been in effect for two (2) years, except for fraud.

LEGAL ACTIONS. No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of loss. No legal action for a claim can be brought against the Company more than two (2) years after the time required for giving proof of loss.

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

MISREPRESENTATION AND FRAUD. Coverage as to an Insured shall be void if, whether before or after a loss, the Insured has concealed or misrepresented any material fact or circumstance concerning this Policy or the subject thereof, or the interest of the Insured therein, or if the Insured commits fraud or false swearing in connection with any of the foregoing.

SUBROGATION. To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. Subrogation is limited to situations in which the settlement or judgment received from a third party specifically identifies or allocates monetary sums directly attributable for expenses which the insurer paid benefits. The Insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

ASSIGNMENT. This Policy is not assignable, whether by operation of law or otherwise, but benefits may be assigned.

CANCELLATION AND NON-RENEWAL.

Cancellation by the Participating Organization or Insured:

The Participating Organization or Insured has the right to cancel this Policy at any time by giving advance notice to the Company (stating when thereafter the cancellation shall be effective).

Cancellation by the Company:

The Company has the right to cancel this Policy at any time and for any reason within the first sixty (60) days. The Company will mail all notice of cancellation thirty (30) days prior to the effective date of cancellation on a Policy which has been in force sixty (60) days or less. A specific explanation for cancellation will be given. On a Policy which has been in force sixty one (61) days or more, the Company will mail advance notice of cancellation sixty (60) days prior to cancellation.

After this Policy has been in effect for sixty (60) days, it may be cancelled only for one of the following reasons:

- (a) Non-payment of premium;
- (b) The Policy was obtained through a material misrepresentation;
- (c) Any Participating Organization or Insured violating any of the terms and conditions of the Policy;
- (d) The risk originally accepted has measurably increased;
- (e) Certification to the Director of the loss of reinsurance by the insurer which provided coverage to the Company for all or a substantial part of the underlying risk insured.

All notices of cancellation will be mailed to the last mailing address known by the Company for the named Participating Organization or Insured.

The Company will mail all notices of cancellation for nonpayment of premium ten (10) days in advance prior to cancellation.

Non-renewal by the Company:

The Company has the right to non-renew this Policy effective on any annual Policy anniversary date. All notices of non-renewal will be mailed to the Participating Organization or Insured at the last mailing address known to the Company, at least sixty (60) days prior to the effective date of non-renewal.

POLICY TERM. The period beginning on the effective date and continuing for a period indicated in the Policy. The Policy term shall automatically renew continuously for successive one year periods (Policy anniversary date) thereafter until cancelled or non-renewed pursuant to the terms of this Policy.

WHEN AN INSURED'S COVERAGE BEGINS. All coverage (except Trip Cancellation) will take effect at 12:01 A.M. local time, at the location of the Insured, on the Scheduled Departure Date provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

Trip Cancellation coverage will take effect at 12:01 A.M. local time at the location of the Insured, on the date the required premium for such coverage is received by the Company or its authorized representative.

WHEN AN INSURED'S COVERAGE ENDS. An Insured's coverage will end at 11:59 local time on the date which is the earliest of the following:

- (a) the date the Policy is terminated, unless the Insured purchased insurance prior to the date of termination;
- (b) the Scheduled Return Date as stated on the travel tickets;
- (c) the date the Insured returns to his/her origination point if prior to the Scheduled Return Date;
- (d) Any Trip that exceeds 180 days.

EXTENDED COVERAGE. Coverage will be extended under the following conditions:

- (a) When the Insured commences air travel from his/her origination point: within two (2) days before the commencement of the Land/Sea Arrangements, coverage shall apply from the time of departure from the origination point; or (ii) greater than two (2) days before the commencement of the Land/Sea Arrangements, the extension of coverage shall be provided only during his/her air travel.
- (b) If the Insured returns to his/her origination point: within two (2) days after the completion of the Land/Sea Arrangements, coverage shall apply until the time of return to the origination point; or (ii) greater than two (2) days after the completion of the Land/Sea Arrangements, the extension of coverage shall be provided only during his/her air travel.
- (c) If the Insured is a passenger on a scheduled common carrier which is unavoidably delayed due to a covered reason in reaching the final destination coverage will be extended for the period of time needed to arrive at the final destination.

In no event will coverage be extended for unscheduled extensions to the Insured's Covered Trip for which premium has not been paid in advance.

PREMIUMS. The Company provides insurance in return for premium payments. Premium must be remitted on behalf of the Insureds to the Company or to its authorized representative.

AMOUNT OF PREMIUM. The amount of premium due from the Participating Organization is calculated by multiplying the number of Insureds in each class by the amounts due for the benefits for that class and adding the total amounts due for each class.

The amount of premium due for each Insured is obtained by adding the total rate charged for each benefit provided for that Insured.

MODE OF PREMIUM.

Insured: The required premium must be paid to the Participating Organization or its authorized representative prior to the Scheduled Departure Date of the Covered Trip.

Participating Organization: All premium in a calendar month must be paid to the Company, or its authorized representative, no later than the tenth (10th) day of the following month and must be accompanied by a report of Insureds for which such premium has been paid.

PREMIUM RATE CHANGE. The Company has the right to change premium rates on any premium due date. The Company will give the Participating Organization thirty one (31) days advance notice in writing of any such change. The Company can also change the rates when any change affecting rates is made in the Policy.

ARBITRATION. Notwithstanding anything in this Policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated if more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

The following provisions apply to Trip Cancellation, Trip Interruption, Trip Delay, Accidental Death & Dismemberment, Sickness Medical Expense, Accident Medical Expense, and Emergency Evacuation and Repatriation of Remains:

PAYMENT OF CLAIMS. The Company, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Insured's beneficiary. If

a beneficiary is not otherwise designated by the Insured benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) the Insured's spouse;
- b) the Insured's child or children jointly;
- c) an Insured's parents jointly if both are living or the surviving parent if only one survives;
- d) an Insured's brothers and sisters jointly; or
- e) the Insured's estate.

All other claims will be paid to the Insured. In the event the Insured is a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to the Insured's legal guardian, committee or other qualified representative. All or a portion of all other benefits provided by this policy may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to the Insured. Any payment made in good faith will discharge the Company's liability to the extent of the claim.

With respect to Sickness and Accident Medical Expense, under New York law, certain mandated benefits may be provided as applicable under this type of Policy.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will the Company reimburse the Insured for an amount greater than the amount paid by the Insured

NOTICE OF CLAIM. Written notice of claim must be given by the Claimant (either the Insured or someone acting for the Insured) to the Company or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include the Insured's name, the Participating Organization's name and the Policy number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of the Policy, or to the Company's designated representative.

PROOF OF LOSS. The Claimant must send the Company, or its designated representative, proof of loss within ninety (90) days after a covered loss occurs or as soon as reasonably possible.

PHYSICAL EXAMINATION AND AUTOPSY. The Company, or its designated representative, at their own expense, have the right to have the Insured examined as often as reasonable necessary while a claim is pending. The Company, or its designated representative, also have the right to have an autopsy made unless prohibited by law.

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

NOTICE OF LOSS. If the Insured's property covered under this Policy is lost, stolen or damaged, the Insured must:

- (a) notify the Company, or its authorized representative as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;

(c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;

(d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS. The Insured must furnish the Company, or its designated representative, with proof of loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative within ninety (90) days from the date of loss. Failure to comply with these conditions shall invalidate any claims under this Policy.

SETTLEMENT OF LOSS. Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. The Insured must present acceptable proof of loss and the value involved to the Company.

VALUATION. The Company will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation as determined by the Company. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

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

BENEFIT TO BAILEE. This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

TRIP CANCELLATION

The Company will pay a benefit, up to the maximum shown on the Schedule, if the Insured is prevented from taking his/her Covered Trip due to the following Unforeseen events:

- a) Sickness, Accidental Injury, or death of the Insured, Traveling Companion, Family Member, or Business Partner; which results in medically imposed restrictions as certified by a Physician at the time of loss preventing Your continued participation in the Trip;
- b) The Insured or Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, or having

his/her principal place of residence made uninhabitable by fire, flood, or other natural disaster;

- c) If within 30 days of the departure of an Insured, a politically motivated Terrorist Attack occurs within a 1-mile radius of the territorial limits of the city listed on the Insured's itinerary. The Terrorist Attack must occur after the Effective Date of the Insured's Trip Cancellation coverage;
- d) Strike that causes complete cessation of services. A Strike is foreseeable on the date labor union members vote to approve a Strike;
- e) Weather which causes complete cessation of services and prevents the Insured from reaching their destination;
- f) The Insured or Traveling Companion being directly involved in or delayed due to a traffic accident substantiated by a police report, while en route to departure.

The Company will reimburse the Insured for the following:

- a) non-refundable cancellation charges imposed by the Travel Suppliers and
- b) airfare cancellation charges for flights commencing within one day of the Land/Sea Arrangements.

In no event shall the amount reimbursed exceed the amount the Insured prepaid for the Covered Trip or the maximum benefit shown on the Schedule.

SPECIAL CONDITIONS: The Insured must advise the Participating Organization and the Company as soon as possible in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had the Insured notified the Participating Organization as soon as reasonable possible.

SINGLE OCCUPANCY COVERAGE

The Company will reimburse the Insured, up to the maximum shown on the Schedule, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with the Insured has his/her Trip delayed, canceled, or interrupted for a covered reason and the Insured does not cancel.

TRIP INTERRUPTION

The Company will pay a benefit, up to the maximum shown on the Schedule, if the Insured is unable to continue on his/her Covered Trip due to the following Unforeseen events:

- a) Sickness, Accidental Injury, or death of the Insured, Traveling Companion, Family Member, or Business Partner; which results in medically imposed restrictions as certified by a Physician at the time of loss preventing Your continued participation in the Trip;

- b) The Insured or Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, or having his/her principal place of residence made uninhabitable by fire, flood, or other natural disaster;
- c) If within 30 days of the departure of an Insured, a politically motivated Terrorist Attack occurs within a 1-mile radius of the territorial limits of the city listed on the Insured's itinerary. The Terrorist Attack must occur after the Effective Date of the Insured's Trip Cancellation coverage;
- d) Strike that causes complete cessation of services. A Strike is foreseeable on the date labor union members vote to approve a Strike;
- e) Weather which causes complete cessation of services and prevents the Insured from reaching their destination;
- f) The Insured or Traveling Companion being directly involved in or delayed due to a traffic accident substantiated by a police report, while en route to departure.

The Company will pay for the following:

- a) unused, non-refundable travel arrangements prepaid to the Travel Suppliers;
- b) additional transportation expenses incurred by the Insured;
- c) up to the maximum shown in the Schedule for airfare paid, less the value of applied credit from an unused return travel ticket to return the Insured to the return destination of the Trip as specified in the original travel documents.

In no event shall the amount reimbursed exceed the maximum benefit shown on the Schedule of Coverages.

TRIP DELAY

The Company will reimburse the Insured for Covered Expenses on a one-time basis, up to the maximum shown in the Schedule, if the Insured is delayed en route to or from the Covered Trip for twelve (12) or more hours due to the events listed under Trip Cancellation and Trip Interruption:

Covered expenses include: Meals and accommodations.

ACCIDENTAL DEATH AND DISMEMBERMENT

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when an Insured, as a result of an Accidental Injury occurring during the Covered Trip, sustains a loss shown in the Table below. The loss must occur within 180 days after the date of the Accident causing the loss. The Principal Sum is shown on the Schedule.

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

TABLE OF LOSSES

Loss of:	Percentage of Principal Sum:
Life.....	100%
Both hands or both feet.....	100%
Sight of both eyes.....	100%
One hand and one foot.....	100%
Either hand or foot and sight of one eye.....	100%
Either hand or foot.....	50%
Sight of one eye.....	50%

“Loss” with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints;
2. eye means an entire and irrecoverable loss of sight;

EXPOSURE

The Company will pay benefits for covered losses which result from an Insured being unavoidably exposed to the elements due to an Accident of an air conveyance operated under a license for the transportation of passengers for hire during the Covered Trip. The loss must occur within 365 days after the event which caused the exposure.

DISAPPEARANCE

The Company will pay benefits for loss of life if an Insured's body cannot be located one year after the Insured's disappearance due to an Accident.

SICKNESS MEDICAL EXPENSE

The Company will pay benefits up to the maximum shown on the Schedule, if an Insured incurs necessary Covered Medical Expenses as a result of a Sickness which first manifests itself during the Covered Trip. The Insured must receive initial treatment while on the Covered Trip within ninety (90) days of the onset of the Sickness. All services, supplies, or treatment must be received within 52 weeks following the onset of the Sickness.

Covered Medical Expenses are necessary services and supplies which are recommended by the attending Physician. They include but are not limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, prosthetics and therapeutic services and supplies;
- (f) emergency dental treatment for the relief of pain.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means

charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to the Insured or already included within the cost of the Trip.

ACCIDENT MEDICAL EXPENSE

The Company will pay benefits up to maximum shown on the Schedule, if an Insured incurs necessary Covered Medical Expenses as a result of an Accidental Injury which occurs during the Covered Trip. The Insured must receive initial treatment for Accidental Injuries within ninety (90) days of the Accident which caused them. All services, supplies or treatment must be received within 52 weeks of the date of the Accident.

Covered Medical Expenses are necessary services and supplies which are recommended by the attending Physician. They include but are not limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, prosthetics and therapeutic services and supplies;
- (f) emergency dental treatment for the relief of pain.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to the Insured or already included within the cost of the Trip.

EMERGENCY EVACUATION AND REPATRIATION OF REMAINS

Emergency Evacuation

The Company will pay benefits for Covered Expenses incurred, up to the maximum shown on the Schedule if an Accidental Injury or Sickness commencing during the course of the Covered Trip results in the necessary Emergency Evacuation of the Insured. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of the Insured's Accidental Injury or Sickness warrants an Emergency Evacuation of the Insured.

Emergency Evacuation means:

- (a) the Insured's medical condition warrants immediate transportation from the place where the Insured is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;

- (b) after being treated at a local Hospital, the Insured's medical condition warrants transportation to the United States where the Insured resides, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

Transportation of Spouse or Domestic Partner: If the Insured is in the Hospital for more than seven (7) days or if the attending Physician certifies that due to the Insured's Injury or Sickness, the Insured will be required to stay in the Hospital for more than seven (7) consecutive days, the Insurer will return the Insured's spouse or Domestic Partner to their primary residence.

The Company will pay up to \$10,000 for 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.

Covered Expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with the Emergency Evacuation of the Insured. All transportation arrangements made for evacuating the Insured must be by the most direct and economical route possible. Expenses for transportation must be:

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting the Insured; and
- (c) authorized in advance by the Company or its authorized representative.

Transportation services are provided if authorized in advance by the assistance provider, and are limited to necessary economy fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to the Insured or already included within the cost of the Covered Trip.

Repatriation of Remains

The Company will pay the reasonable Covered Expenses incurred to return the Insured's body to their primary place of residence if he/she dies during the Trip. This will not exceed the maximum shown on the Schedule.

Covered Expenses are limited to the cost of transportation of the body.

BAGGAGE/PERSONAL EFFECTS

The Company will reimburse the Insured up to the maximum shown on the Schedule, for loss, theft or damage to baggage and personal effects, provided the Insured has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured during the Covered Trip.

There will be a per article limit shown on the Schedule.

There will be a combined maximum limit shown on the schedule for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will also reimburse the Insured for charges and interest incurred due to unauthorized use of the Insured's credit cards if such use occurs during the Insured's Trip and if the Insured has complied with all credit card conditions imposed by the credit card companies.

The Company will reimburse the Insured for fees associated with the replacement of the Insured's passport during the Insured's trip. Receipts are required for reimbursement.

The Company will pay the lesser of the following:

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

EXTENSION OF COVERAGE

If an Insured has checked his/her property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

BAGGAGE DELAY

The Company will reimburse the Insured for the expenses of necessary personal effects, up to the maximum shown in the Schedule, if the Insured's Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty four (24) hours, while on a Covered Trip, except for travel to final destination or place of residence. The Insured must be a ticketed passenger of a Common Carrier. Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

LIMITATIONS AND EXCLUSIONS

The following exclusions all apply to Accidental Death & Dismemberment, Sickness Medical Expense, Accident Medical Expense, Emergency Evacuation and Repatriation of Remains:

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section unless the Policy is purchased within 15 days of the initial Trip deposit and the Insured is not disabled from travel at the time they pay the premium.
2. suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
3. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
4. participation in any military maneuver or training exercise;
5. piloting or learning to pilot or acting as a member of the crew of any aircraft;
6. Mental or emotional disorders;
7. dental treatment except as a result of an Injury to sound, natural teeth within twelve (12) months of the Accidental Injury;
8. any routine physical examinations, hearing aids, eyeglasses, or contact lenses;
9. pregnancy and childbirth (except for Complications of Pregnancy);
10. care or treatment which is not medically necessary;
11. a loss that results from an illness, disease, or other condition, event, or circumstance which occurs at a time when the plan is not in effect for You;
12. riot or insurrection.

All limits are applied per Trip. The Company's maximum limit of liability resulting from the same occurrence will be \$10,000,000. If the loss for all Insureds from such an occurrence exceeds \$10,000,000, the Company will pay each Insured the proportion of the benefits stated which \$10,000,000 bears to the total loss of all persons the Company insures under all travel and flight insurance in force under this program.

The following exclusions apply to Trip Cancellation, Trip Interruption and Trip Delay:

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section unless the Policy is purchased within 15 days of the initial Trip deposit and the Insured is not disabled from travel at the time they pay the premium;
2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
3. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
4. participation in any military maneuver or training exercise;

5. piloting or learning to pilot or acting as a member of the crew of any aircraft;
6. mental or emotional disorders, unless hospitalized;
7. participation as a professional in athletics;
8. participating in bodily contact sports; skydiving; hanggliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest;
9. dental treatment except as a result of an injury to sound natural teeth within twelve (12) months of the Accidental Injury;
10. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
11. pregnancy and childbirth (except for complications of pregnancy);
12. traveling for the purpose of securing medical treatment;
13. a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the policy is not in effect for you;
14. Riot or insurrection.

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

The Company will not provide benefits for any loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers
5. motors;
6. motorcycles;
7. bicycles (except when checked as baggage with a Common Carrier);
8. eyeglasses, sunglasses, or contact lenses;
9. artificial teeth and dental bridges;
10. hearing aids;
11. prosthetic limbs;
12. keys, money, securities, and documents;
13. tickets.

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

1. wear and tear or gradual deterioration;
2. insects or vermin;
3. inherent vice or damage while the article is actually being worked upon or processed;
4. confiscation or expropriation by order of any government;
5. radioactive contamination;
6. war or any act of war whether declared or not;
7. property shipped as freight or shipped prior to the Scheduled Departure Date.

ASSISTANCE SERVICES*

All Assistance Services listed below are **not insurance benefits** and are not provided by the Company. Travel Guard provides assistance through coordination, negotiation, and consultation using

an extensive network of worldwide partners. Expenses for goods and services provided by third parties are the responsibility of the traveler.

Travel Medical Assistance

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

Worldwide Travel Assistance

- Lost baggage search; stolen luggage replacement assistance
- Lost passport/travel documents assistance
- ATM locator
- Emergency cash transfer assistance
- Travel information including visa/passport requirements
- Emergency telephone interpretation assistance
- Urgent message relay to family, friends or business associates
- Up-to-the-minute travel delay reports
- Arrangements for long-distance calling cards for worldwide telephoning
- Inoculation information
- Embassy or consulate referral
- Currency conversion or purchase assistance
- Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures
- Up-to-the-minute travel supplier strike information
- Legal referrals/bail bond assistance
- Worldwide public holiday information

LiveTravel® Emergency Assistance

- Flight rebooking
- Hotel rebooking
- Rental vehicle booking
- Emergency return travel arrangements
- Roadside assistance
- Rental vehicle return assistance

- Guaranteed hotel check-in
- Missed connections coordination

OPTIONAL- Cancel for Any Reason

If the traveler is prevented from taking their Trip, Travel Guard will refund the traveler for 75% of any prepaid, forfeited, non-refundable Trip costs provided the following conditions are met:

1. the traveler purchases Cancel for Any Reason within 15 days of the initial Trip payment. The cost of any subsequent arrangement(s) made must be added to the total Trip cost within 15 days of the date of payment for any subsequent Trip arrangement(s); and
2. this service is purchased for the full cost of all nonrefundable prepaid Trip arrangements that are subject to cancellation penalties and/or restrictions; and
3. the traveler cancels the Trip no less than 48 hours prior to the departure date.

There will be no refund of the Trip cost under the Cancel for Any Reason Service if the full cost of all prepaid nonrefundable Trip arrangements is not included in the calculation of the service fee. Any fee paid for Cancel for Any Reason will be refunded.

* Non-insurance services are provided by Travel Guard.

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: <http://www.treasury.gov/resource-center/sanctions/> or a Travel Guard representative.



Travel Guard®

24-Hour Emergency Assistance

Telephone Numbers

USA.....**1.877.254.8922**

International.....**1.715.295.5452**

LiveTravel® 24-Hour Assistance.....**1.800.826.8597**

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

- KEEP THESE NUMBERS WITH YOU WHEN YOU TRAVEL -

008905 P1-P2 04/12; 008906 P1 04/12
T30253NUFIC-NY

02/25/15

Travel Insurance

This document describes the benefits and basic provisions of the policy. Read it with care. The Policy is the only contract under which benefits are paid.

PLEASE READ THIS DOCUMENT CAREFULLY!

Insurance coverage

Underwritten by National Union Fire Insurance Company of Pittsburgh, PA, a Pennsylvania Insurance Company, NAIC No. 19445.

This is only a brief description of the insurance coverage(s) available under Policy series T30253NUFIC-NY. 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.