

Travel Protection provided exclusively for



Administered by



Quality Protection Worldwide

For Medical Assistance while traveling
 Call Toll Free:
 888-268-2824
 (Within the United States and Canada)
 or Call Collect:
 603-328-1725
 (From all other locations)

For questions or to report a claim, contact:
 Travel Insured International, Inc.
 P.O. Box 280568
 East Hartford, CT 06128-0568
 Customer Care & Claims
 866-684-0218

Please contact Your Travel Supplier to report cancellation of travel plans first, prior to calling Travel Insured International to report Your claim.

**MUSIC AMERICA
 GET TRAVEL SPORTS AND EVENTS
 PROTECTION PLAN
 T-9040 (2.21.2011)**

**Master Contract Number: 11TVL7038100
 Underwritten by Arch Insurance Company
 DESCRIPTION OF COVERAGE
 SHORT TERM TRAVEL INSURANCE**

You are not eligible for insurance under the plan until You have enrolled for coverage and paid the appropriate premium and providing You have not already departed on Your Trip.

Individual Short Term Travel policy Insurance for residents of CO, GA, KS, LA, OH, OR, SD, TX, UT, VT, WY

Notice to residents of IN, NH & WA; This is not Your Description of Coverage. To obtain Your state-specific insurance policy, call 866-684-0218.

Notice to Residents of AL, AK, AR, CT, GA, IL, KS, LA, ME, MO, MS, NC, ND, NE, NJ, NY, NV, OK, OR, PA, TN, TX, VA, VT, WI, WV or WY. : Your policy consists of this Description of Coverage and the enclosed State Exceptions. If You do not receive one of these documents, please call 866-684-0218

SCHEDULE OF COVERAGE AND SERVICES

Listing of Benefits	Maximum Principle Sum
Part A-Travel Protection	
Trip Cancellation	Up to Trip Cost*
Trip Interruption	Up to Trip Cost*
Trip Delay (6 hrs).....	\$600 (\$150/day)
Part B- Medical Protection	
Emergency Accident/Sickness Medical Expense	\$50,000
Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Remains.....	\$500,000
Part C-Baggage Protection	
Baggage & Personal Effects	\$1,000
Limit Per Article	\$250
Combined Limit-Valuable.....	\$500
Baggage Delay.....	\$500 (\$100/day)
Part C-Travel Accident Protection	
Accidental Death & Dismemberment (24 hours).....	\$20,000
Worldwide Assistance Services: Non-Insurance Services	
Worldwide Assistance Services	Included

*Up to the Trip cost paid up to a maximum of \$4,000.

OPTIONAL COVERAGE

Applicable only when specifically requested on the original application and the appropriate premium has been paid.

Cancel for Any Reason Up to 75% of non-refundable Trip Cost*

This Description of Coverage describes all of the travel insurance benefits, underwritten by Arch Insurance Company and herein referred to as the Company. The insurance benefits vary from program to program. Please refer to the Schedule of Coverage and Service as listed above. It provides You with specific information about the program You purchased.

PART A- TRAVEL PROTECTION

TRIP CANCELLATION: The Company will pay a benefit, up to the maximum shown on Your Confirmation of Benefits, if You are prevented from taking or continuing Your Trip due to the following Unforeseen events:

- a) Sickness, Accidental Injury or death of You, or Your Traveling Companion, or Family Member or Business Partner of You or Your Traveling Companion; which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.
- b) You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, required to appear as a witness in a legal action provided You or a Traveling Companion are not a party to the legal action or appearing as a law enforcement officer, the victim of felonious assault within 10 days of departure; or having Your principal place of residence made uninhabitable by fire, flood or other Natural Disaster; or burglary of Your principal place of residence within 10 days of departure.
- c) You or Your Traveling Companion are directly involved in a traffic Accident substantiated by a police report while en route to departure;
- d) Your parent or legal guardian is terminated, or laid off from employment subject to three years of continuous employment at the place of employment where terminated.

CANCEL FOR ANY REASON-OPTIONAL COVERAGE:
 Applicable only when specifically requested on the original application and the appropriate additional premium has been paid.

Not applicable for Residents of WA State

Be advised that the Company requires the Insured to purchase Cancel for any Reason coverage within 24 hours of Your initial Trip deposit. If 24 hours after Your initial Trip deposit, this coverage is not available.

The Company will pay a benefit, up to the maximum shown on Your Confirmation of Benefits, if You are prevented from taking Your Trip for all reasons up to 48 hours prior to departure.

In no event shall the amount reimbursed exceed the lesser of the amount You prepaid for the Trip or the maximum benefit shown on Your Confirmation of Benefits.

The Company will reimburse You for the following:

- a) Non-refundable cancellation charges imposed by the Travel Suppliers.
- b) Airfare cancellation charges for flights joining or departing Your Land/Sea Arrangements.
- c) If Your Travel Supplier cancels Your Covered Trip, You are covered for the reissue fee charged by the airline for the tickets. You must have covered the entire cost of the Covered Trip including the airfare.

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

TRIP INTERRUPTION: The Company will pay a benefit, up to the maximum shown on Your Confirmation of Benefits, if You are unable to continue Your Trip due to the Unforeseen events listed under **TRIP CANCELLATION**.

The Company will pay for the following:

- a) Unused, non-refundable travel arrangements prepaid to the Travel Suppliers.
- b) Up to the maximum shown in the accompanying Schedule of Coverage and Services for the airfare paid, less the value of applied credit from an unused return travel ticket to return You to the return destination of the Trip as specified in the original travel documents from the point where You interrupted the Trip or rejoin the Trip from the point where You interrupted the Trip. (Airfare limited to the cost of one-way airfare using the same class of fare as the original travel ticket).

In no event shall the amount reimbursed exceed the lesser of the amount You prepaid for the Trip or the maximum benefit shown on Your Confirmation of Benefits.

Special Conditions: You must advise the Travel Supplier and Travel Insured International 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 You notified the Travel Supplier as soon as reasonably possible.

Single Occupancy Coverage: The Company will reimburse You, up to the maximum shown on Your Confirmation of Benefits, for the additional cost incurred during the Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with You has his/her Trip delayed, canceled, or interrupted for a covered reason and You do not cancel.

TRIP DELAY: The Company will reimburse You for covered expenses on a one-time basis, up to the maximum shown on Your Confirmation of Benefits, if You are delayed en route to or from the Trip for six (6) or more hours due to a Hazard: Covered expenses Include:

- a) Any prepaid, unused, non-refundable Land/Sea accommodations; or any reasonable additional expenses incurred for meals and accommodations limited to \$150 per day;

- b) An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip; or a one-way Economy Fare to return You to Your originally scheduled return destination;
- c) Reasonable additional transportation expenses.

PART B- MEDICAL PROTECTION

EMERGENCY ACCIDENT AND SICKNESS MEDICAL

EXPENSE: The Company will pay benefits up to the maximum shown on Your Confirmation of Benefits, for Covered Medical Expenses which are incurred while on Your Trip, for Emergency Treatment of an Accidental Injury which occurs while on Your Trip or a Sickness which first manifests itself during the Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during the Trip due to the serious and acute nature of the Injury or 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) Charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- d) Ambulance service; and
- e) Drugs, medicines, prosthetics and therapeutic services and supplies.

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 You or already included within the cost of the Trip.

The Company will advance payment to a Hospital, up to the maximum shown on the accompanying Schedule of Coverage and Services, if needed to secure Your admission to a Hospital because of Accidental Injury or Sickness.

The Company will pay benefits, up to \$750.00, for emergency dental treatment for Accidental Injury to sound natural teeth.

If you are hospitalized due to an Accidental Injury or Sickness which first occurred during the course of the scheduled Trip, beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under the policy have been paid.

EMERGENCY MEDICAL EVACUATION BENEFIT: The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if You suffer an Injury or Emergency Sickness that warrants Your Emergency Evacuation while on a Trip. Benefits payable are subject to the Maximum Amount per person shown on Your

Confirmation of Benefits for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes. A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of Your Injury or Emergency Sickness warrants Your Emergency Evacuation to the closest adequate medical facility. In the sole discretion of the Assistance Company, it must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities. The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including reasonable and customary medical services and supplies incurred in connection with Your Emergency Evacuation. Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting You and (c) reviewed and pre-approved by the Assistance Company.

The Company will also pay reasonable and customary charges for escort expenses required by You, if You are disabled during a Trip and an escort is recommended in writing, by Your attending Physician and must be pre-approved by the Assistance Company.

If You are hospitalized for more than seven (7) days following a Covered Emergency Evacuation Expense, the Company will pay subject to the limitations set out herein, for expenses:

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

MEDICALLY NECESSARY REPATRIATION: Following a covered Emergency Evacuation expense or a covered medical expense, the Company will pay to return You from the location to which You were evacuated or became sick or injured to Your return destination or the Hospital nearest Your home if medically necessary and authorized by the Assistance Company via Common Carrier within one year from Your original Trip completion date.

Commercial airfare costs will be in the same class of service as Your original airline tickets, or in business or first class as in compliance with Your medical necessities and requirements upon Your discharge, less refunds from Your unused transportation tickets.

In addition to the above covered expenses, if the Company has previously evacuated You to a medical facility, the Insurer will

pay Your airfare costs from that facility to Your primary residence, within one year from Your original Scheduled Return Date, less refunds from Your unused transportation tickets. Airfare costs will be economy, or first class if Your original tickets are first class. This benefit is available only if it is not provided under another coverage in the policy.

Emergency Evacuation means Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained. Transportation means any land, sea or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.

Emergency Sickness means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of Your condition or place Your life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while Your coverage is in force and during Your Trip.

REPATRIATION OF REMAINS: The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Trip. This will not exceed the maximum shown on Your Confirmation of Benefits.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

All Covered Expenses must be approved in advance by the Assistance Company.

PART C- BAGGAGE PROTECTION

BAGGAGE/PERSONAL EFFECTS: The Company will reimburse You, up to the maximum shown on Your Confirmation of Benefits, for Loss, theft or damage to Baggage and personal effects, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. The Baggage and personal effects must accompany You during the Trip.

There will be a per article limit shown on Your Confirmation of Benefits.

There will be a combined maximum limit shown on Your Confirmation of Benefits for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; sporting equipment, Ski Equipment, personal computers, radios, cameras, camcorders and their accessories and related equipment and other electronic items.

The Company will also reimburse You for charges and interest incurred due to unauthorized use of Your credit cards if such use occurs during Your Trip and if You have complied with all

credit card conditions imposed by the credit card companies.

The Company will reimburse You for fees associated with the replacement of Your passport during Your trip. Receipts are required for reimbursement.

The Company will pay the lesser of the following:

- Actual Cash Value at time of Loss, theft or damage to Baggage and personal effects, less depreciation as determined by the Company.
- The cost of repair or replacement.

BAGGAGE DELAY (OUTWARD JOURNEY ONLY): The Company will reimburse You for the expense of necessary personal effects, up to the maximum shown on Your Confirmation of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty four (24) hours, while on a Trip, except for travel to final destination or place of residence.

You must be a ticketed passenger on 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.

PART D- TRAVEL ACCIDENT PROTECTION

ACCIDENTAL DEATH AND DISMEMBERMENT: The Company will pay the percentage of the maximum limit shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below. The Loss must occur within 180 days after the date of the Accident causing the Loss.

The Maximum Limit is shown on Your Confirmation of Benefits. 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

Percentage of:	Loss 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%
Speech and hearing in both ears.....	100%
Speech	50%
Hearing in both ears.....	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

- Hand or foot, means actual complete severance through and above the wrist or ankle joints; and
- Eye means an entire and irrecoverable Loss of sight; and
- Speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
- Thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

EXPOSURE: The Company will pay benefits for covered Losses which result from You being unavoidably exposed to the elements due to an Accident. 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 Your body cannot be located one year after Your disappearance due to an Accident.

WORLDWIDE ASSISTANCE SERVICES NON INSURANCE SERVICES WORLDWIDE ASSISTANCE SERVICES

The Travel Assistance feature provides a variety of travel related services. Services offered include:

- Medical Evacuation • Medically Necessary Repatriation
 - Repatriation of Remains • Medical or Legal Referral
 - Hospital Admission Guarantee • Translation Service
 - Lost Baggage Retrieval • Inoculation Information
 - Passport / Visa information • Emergency Cash Advance
 - Prescription Drug / Eyeglass Replacement • Bail Bond
- Payment reimbursement to the Assistance Company is Your responsibility.

24-Hour Emergency Assistance Telephone Numbers For travel assistance services only:

CALL TOLL FREE: 888-268-2824

(Within the United States and Canada)

OR CALL COLLECT: 603-328-1725

(From all other locations)

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

**- KEEP THESE NUMBERS WITH YOU
WHEN YOU TRAVEL -**

Travel assistance services are provided by an independent organization and not by Arch Insurance Company or Travel Insured International. There may be times when circumstances beyond the Assistance Company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help you resolve your emergency situation.

DEFINITIONS

- 1) **"Accident"** means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.
- 2) **"Accidental Injury"** means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the Loss.
- 3) **"Actual Cash Value"** means purchase price less depreciation.
- 4) **"Assistance Company"** means the service provider with which the Company has contracted to coordinate and deliver emergency travel assistance, medical evacuation, and repatriation.
- 5) **"Baggage"** means luggage and personal possessions, whether owned, borrowed, or rented, taken by You on the Trip.
- 6) **"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 You within twelve months from the date of the Accident.
- 7) **"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.
- 8) **"Checked Baggage"** means a piece of Baggage for which a claim check has been issued to You by a Common Carrier.
- 9) **"City"** means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.
- 10) **"Common Carrier"** means any regularly scheduled land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.
- 11) **"Company"** means Arch Insurance Company.
- 12) **"Complication of Pregnancy"** means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.
- 13) **"Covered Expenses"** shall mean expenses incurred by You 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 accompanying Schedule of Coverage and Services, under each stated benefit.
- 14) **"Cruise"** means any prepaid sea arrangements.
- 15) **"Dependent Child(ren)"** means Your children, including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.
- 16) **"Domestic Partner"** means a person, at least 18 years of age, with whom You have been living in a spousal relationship with evidence of cohabitation for at least 10 continuous months prior to the Effective Date of coverage.
- 17) **"Economy Fare"** means the lowest published rate for a one-way ticket.
- 18) **"Effective Date"** means the date and time Your coverage begins, as outlined in the General Provisions section of the policy.

- 19) **"Family Member"** means You or Your 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.
- 20) **"Hazard"** means:
 - a) Any delay of a Common Carrier (including Inclement Weather).
 - b) Any delay by a traffic Accident en route to a departure, in which You or Your Traveling Companion are directly or not directly involved.
 - c) Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced Strike, Natural Disaster.
- 21) **"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.
- 22) **"Inclement Weather"** means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.
- 23) **"Injury"** means Bodily Injury caused by an Accident occurring while this policy is in force, and resulting directly and independently of all other causes of Loss covered by the policy. The Injury must be verified by a Physician and require emergency care.
- 24) **"Insured"** means a person covered under the policy and for whom the required premium is paid. Insured also means "You or Your".
- 25) **"Land/Sea Arrangements"** means land and or sea arrangements made by the Travel Supplier.
- 26) **"Loss"** means Injury or damage sustained by You as a result of one or more of the occurrences against which the Company has undertaken to indemnify You.
- 27) **"Maximum Benefit"** means the largest total amount of Covered Expenses that the Company will pay for You.
- 28) **"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.
- 29) **"Natural Disaster"** means flood, fire, hurricane, tornado, earthquake, volcanic eruption, blizzard or avalanche that is due to natural causes.
- 30) **"Physician"** means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license and shall include Christian Science Practitioners. The treating Physician may not be You, a Traveling Companion or a Family Member.
- 31) **"Pre-Existing Condition"** means any Injury, Sickness or

- condition of You, a Traveling Companion or Your and/or Your Traveling Companion's Family Member for which medical advice, diagnosis, care or treatment was recommended or received within the 180 day period ending on the Effective Date. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.
- 32) **"Scheduled Departure Date"** means the date on which You are originally scheduled to leave on the Trip.
- 33) **"Scheduled Return Date"** means the date on which You are originally scheduled to return to the point of origin or to a different final destination.
- 34) **"Sickness"** means an illness or disease which is diagnosed or treated by a Physician after the Effective Date of insurance and while You are covered under the policy.
- 35) **"Ski Equipment"** means skis, ski poles, ski bindings, ski boots, snowboards, snowboard bindings, snowboard boots, snowblades and any other recognized snow sports equipment.
- 36) **"Strike"** means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.
- 37) **"Terrorist Attack"** means an incident deemed an act of terrorism by the U.S. Government.
- 38) **"Traveling Companion"** means a person who is sharing travel arrangements with You. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.
- 39) **"Travel Supplier"** means tour operator, Cruise line, hotel etc. who has made the Land and/or Sea arrangements.
- 40) **"Trip"** means prepaid Land/Sea Arrangements and shall include flight connections to join or depart such Land/Sea Arrangements provided such flights are scheduled to commence within one week of the Land/Sea Arrangements.
- 41) **"Unforeseen"** means not anticipated or expected and occurring after the Effective Date of the policy.
- 42) **"Used"** means to avail oneself of, to employ, to expend or consume, or to convert to one's service.

LIMITATIONS AND EXCLUSIONS

This policy does not cover Loss caused by or resulting from:

- 1) Pre-Existing Conditions (except Emergency Evacuation & repatriation of Remains);
- 2) Suicide, attempted suicide or any intentionally self-inflicted Injury while sane or insane (in Missouri, sane only) committed by You, Your Traveling Companion, or Family Member whether insured or not;
- 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) Being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- 9) Commission or the attempt to commit a criminal act by You, Your Traveling Companion or Family Member whether insured or not;

- 10) Participating in skydiving; hang gliding; parachuting; mountaineering where ropes or guides are normally used; any race, bungee cord jumping; speed contest; spelunking or caving;
- 11) Dental treatment except as a result of Accidental Injury to sound natural teeth within twelve (12) months of the Accidental Injury;
- 12) Pregnancy and childbirth (except for Complications of Pregnancy);
- 13) Traveling for the purpose of securing medical treatment.

The following limitation applies to Trip Cancellations: All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72-hour period, the Company will not pay for additional charges which would not have been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay: The Company will not provide benefits for any Loss or damage to: animals; automobiles and automobile equipment; boats or other vehicles or conveyances; trailers; motors; motorcycles; bicycles (except when checked as Baggage with a Common Carrier); eye glasses, sunglasses or contact lenses; artificial teeth and dental bridges; hearing aids; prosthetic limbs; keys, money, stamps, securities and documents; tickets.

Any Loss caused by or resulting from the following is excluded: Wear and tear or gradual deterioration; insects or vermin; inherent vice or damage while the article is actually being worked upon or processed; confiscation or expropriation by order of any government; radioactive contamination; war or any act of war whether declared or not; property shipped as freight or shipped prior to the Scheduled Departure Date.

CLAIMS PROCEDURES PAYMENT OF CLAIMS

Please contact Your travel supplier to report cancellation of travel plans first, prior to calling Travel Insured International to report your claim.

To facilitate prompt claims settlement:

TRIP CANCELLATION CLAIMS: IMMEDIATELY Call Your travel supplier and Travel Insured International to report Your cancellation and avoid non-Covered Expenses due to late reporting. T Travel Insured International will then advise You on how to obtain the appropriate form to be completed by You and the attending Physician. If You are prevented from taking Your Trip due to Sickness or Injury, You should obtain medical care immediately. We require a certification by the treating Physician at the time of Sickness or Injury that medically imposed restrictions prevented Your participation in the trip. Provide all unused transportation tickets, official receipts, etc.
TRIP INTERRUPTION CLAIMS: Obtain medical statements from the doctors in attendance in the country where Sickness

or Accident occurred. These statements should give complete diagnosis, stating that the Sickness or Accident prevented traveling on dates contracted. Provide all unused transportation tickets, official receipts, etc.

TRIP DELAY CLAIMS: Obtain any specific dated documentation, which provides proof of the reason for delay (airline or Cruise line forms, medical statements, etc). Submit this documentation along with Your Trip itinerary and all receipts from additional expenses incurred.

MEDICAL EXPENSES CLAIMS: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment.

BAGGAGE CLAIMS: Obtain a statement from the Common Carrier that Your Baggage was delayed or a police report showing Your Baggage was stolen along with copies of receipts for Your purchases.

For questions regarding Your plan or to receive a claim form, contact TII, or send Your name, address, travel dates, booking number and details of Your Loss within 30 days to:

Travel Insured International, Inc.
P.O. Box 280568
East Hartford, CT 06128-0568
Toll Free Phone: 866-684-0218
(Weekdays 7:45am – 5:30pm EST)

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 Your beneficiary. If a beneficiary is not otherwise designated by You, the benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

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

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangements to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by the 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 You. Any payment made in good faith will discharge the Company's liability to the extent of the claim.

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

NOTICE OF CLAIM: Written notice of claim must be given by the Claimant (either You or someone acting for You) 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 Your name, the Travel

Supplier'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 90 days after a covered Loss occurs or as soon as reasonably possible.

The following provisions apply to Baggage/Personal Effects coverage:

NOTICE OF LOSS:

If Your property is covered under the policy is lost, stolen or damaged, You 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 24 hours.

PROOF OF LOSS: You must furnish the Company, or its designated representative, with proof of Loss. This must be a detailed statement. It must be filed with the Company, or its designated representative within 90 days from the date of Loss. Failure to comply with these conditions shall invalidate any claims under the 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. You 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 You or the Company can make a written demand for an appraisal. After the demand, You and the Company will each select their own competent appraiser. After examining the facts, each of the two (2) appraisers will give an opinion on the amount of the Loss. If they do not agree, they will select an arbitrator. Any figure agreed to by two (2) of the three (3) (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. The Company will pay the appraiser they choose. You 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.

GENERAL PROVISIONS

The following provisions apply to all coverages

IMPORTANT NOTICE

Protection plan fees are non-refundable.

BENEFICIARY

Your estate, unless written notice of a designated beneficiary is provided to Travel Insured International.

LEGAL ACTIONS: No legal action for a claim can be brought against the Company until 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 the 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 You shall be void if, whether before or after a Loss, You have concealed or misrepresented any material fact or circumstance concerning the policy or the subject thereof, or the interest of You therein, or if You commit fraud or false swearing in connection with any of the foregoing.

SUBROGATION: To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You 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 Your rights, You must sign an appropriate subrogation form supplied by the Company.

ASSIGNMENT: The policy is not assignable, whether by operation of law or otherwise, but benefits may be assigned.

WHEN AN INSURED'S COVERAGE BEGINS: All coverage (except Trip Cancellation) will take effect at 12:01 A.M. local time, at Your location, 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 Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

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

- a) The Scheduled Return Date as stated on the travel tickets;
- b) The date You return to Your origination point if prior to the Scheduled Return Date;
- c) If You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date.
- d) The date You cancel Your Trip.

EXTENDED COVERAGE: All coverage under the policy will be extended, if: (a) Your entire Trip is covered by the policy; and (b) Your return is delayed by covered reasons specified

under Trip Cancellation and Interruption or Travel Delay. If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date You reach Your Return Destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

MODE OF PREMIUM: Insured: The required premium must be paid to the Travel Supplier or its authorized representative prior to the Scheduled Departure Date of the Covered Trip.



STATE EXCEPTIONS

ALABAMA RESIDENTS:

The LEGAL ACTIONS Provision is deleted in its entirety and replaced with the following:

LEGAL ACTIONS: The time period by which a legal action relating to this policy must be filed is governed by Alabama law.

ALASKA RESIDENTS:

The following provisions are added: Examination under Oath: The Insured is allowed to have legal representation present when examined under oath.

INSURANCE WITH OTHER INSURERS: If the Insured has other valid coverage, for which this Company has not been given written notice prior to the occurrence or commencement of a Loss, the Company's liability, under any expense incurred coverage of this policy, shall be for such proportion of the Loss as the amount which would otherwise have been payable under this policy plus the total of the like amounts under all such other valid coverage for the same Loss of which this insurer had notice bears to the total like amounts under all valid coverage for such Loss. The Company shall return such portion of the premiums paid as shall exceed the pro-rata portion for the Company's liability as so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the "like amount" of such other coverage shall be taken as the amount which the services rendered would have cost in the absence of such coverage.

LEGAL ACTIONS: No actions at law or in equity shall be brought to recover on the policy prior to the expiration of sixty days after written proof of Loss has been furnished in accordance with requirements of this policy. No such action shall be brought after expiration of three years from the date a claim is denied in whole or in part.

Regarding Claims payments, undisputed claims will be paid within 30 business days of satisfactory notice of Loss.

ARKANSAS RESIDENTS:

The following Definition is added: "Punitive Damages" and "Exemplary Damages" mean damages imposed to punish a wrongdoer and to deter others from similar conduct.

For inquiries regarding your policy you can either contact your broker or the company at the administrative office noted on your declarations page. You may also call the company's toll free number at 1-800-817-3252.

If Arch Insurance Company fails to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
(501) 371-2640 or (800)852-5494

CONNECTICUT RESIDENTS:

The MISREPRESENTATION AND FRAUD General Provision is deleted in its entirety and is replaced with the following: **TIME LIMIT ON CERTAIN DEFENSES.** After two (2) years from the date of enrollment, no misstatements, except fraudulent misstatements, during enrollment may be used to void the coverage or deny any claim for loss incurred after the two-year period."

The EXCESS INSURANCE LIMITATION section is deleted in its entirety.

The Subrogation General Provision is deleted in its entirety and is replaced by the following:

SUBROGATION. To the extent allowed by law, the Company, upon making any payment or assuming liability of recovery of the Insured against any person or corporation, may bring an action in the name of the Covered Person to enforce such rights. This provision does not apply to judicial awards of damages.

The Arbitration provision is deleted in its entirety and is replaced by the following:

ARBITRATION. Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to the Policy, or its breach, may, by agreement of the parties, 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. The decision of the arbitrators is not binding upon the parties. 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.

Exclusions 2, 3, 6, 8, 9, and are deleted in their entirety and are replaced by the following:

2. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only) except as provided elsewhere in this policy.
3. Civil disorder or participation in a riot;
6. Mental, nervous, emotional, or personality disorders in any form whatsoever unless the Covered Person is hospitalized for 3 consecutive days or more after the Policy Effective Date;
8. Voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 as now or hereafter amended, unless prescribed by a Physician for the Insured. (Accidental ingestion of a poisonous food substance or consumption of a controlled drug is not excluded)
9. Commission or the attempt to commit a felony by the Insured, Traveling Companion, or Family Member, whether insured or not;

GEORGIA RESIDENTS:

The MISREPRESENTATION AND FRAUD provision is deleted in its entirety and replaced by the following:

MISREPRESENTATION AND FRAUD. Coverage as to an Insured shall be denied and coverage shall be cancelled if, whether before or after a Loss, the Insured has concealed or misrepresented any material fact or circumstance concerning the 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.

The following changes apply to Trip Cancellation and Trip Interruption f) The Insured's Traveling Companion or Family Member, who are military personnel and who purchased coverage at the time the initial payment was made for the scheduled trip are called to emergency duty for a Natural Disaster including Military duty, the Insured has his/her leave revoked or the Insured is reassigned, the Insured or Traveling Companion being called into active military service by having his/her leave revoked.

ILLINOIS RESIDENTS:

The MISREPRESENTATION AND FRAUD Provision is deleted in its entirety and replaced with the following:

MISREPRESENTATION AND FRAUD. Coverage as to an Insured shall be denied or cancelled if, whether before or after a Loss, the Insured has concealed or misrepresented any material fact or circumstance concerning the 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.

The SUBROGATION Provision is deleted in its entirety and replaced with the following: "The Company is assigned the right to recover from the negligent third party, or his or her insurer, to the extent of the benefits the Company paid for that Sickness or Injury. You are required to furnish any information or assistance, or provide any documents that the Company may reasonably require in order to exercise the Company's rights under this provision. This provision applies whether or not the third party admits liability."

The EXCESS LIMITATION Provision is deleted in its entirety and replaced with the following: If there is other valid and collectible insurance in effect covering a Loss insured under this policy, this policy will share proportionately with such other insurance.

Exclusion 9 is deleted in its entirety and replaced with the following:

9. Commission of or attempt to commit a felony or to which a contributing cause was being engaged in an illegal occupation by the Insured or Traveling Companion.

INDIANA RESIDENTS:

Separate policy required

KANSAS RESIDENTS:

GENERAL PURPOSES AND LIMITATIONS OF THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION
K.S.A. 40-3001, et. seq.

DISCLAIMER

THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION MAY NOT PROVIDE COVERAGE FOR ALL OR A PORTION OF THIS POLICY. IF COVERAGE IS PROVIDED, IT MAY BE SUBJECT TO SUBSTANTIAL LIMITATIONS OR EXCLUSIONS, AND IS DEPENDENT UPON CONTINUED RESIDENCE IN KANSAS. THEREFORE, YOU SHOULD NOT RELY UPON COVERAGE BY THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION IN SELECTING AN INSURANCE COMPANY OR IN SELECTING AN INSURANCE POLICY. INSURANCE COMPANIES AND THEIR AGENTS ARE PROHIBITED BY LAW FROM USING THE EXISTENCE OF THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION IN

SELLING YOU ANY FORM OF AN INSURANCE POLICY, OR TO INDUCE YOU TO PURCHASE ANY FORM OF AN INSURANCE POLICY. EITHER THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OR THE KANSAS INSURANCE DEPARTMENT WILL RESPOND TO ANY QUESTIONS YOU HAVE REGARDING THIS DOCUMENT.

THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION
2909 SW MAUPIN LANE
TOPEKA, KS 66614-5335
THE KANSAS INSURANCE DEPARTMENT
420 SOUTHWEST 9TH STREET
TOPEKA, KS 66612-1678

This is a summary of the basic provisions of the Kansas Life and Health Insurance Guaranty Association Act. It is only a summary, and does not provide an in dept analysis of that act. Nothing in this summary modifies the rights of persons, who are protected by the act, or the rights or duties of the association.

The purpose of this Kansas Life and Health Insurance Guaranty Association Act is to protect certain individuals who purchase life insurance, annuities or health insurance in Kansas. The act provides for the establishment of a funding mechanism to pay benefits or provide insurance coverage to individuals when a life or health insurance company is unable to meet its obligations by reason of insolvency or financial impairment.

However, not all individuals with a right to recover under life or health insurance policies are protected by the act. An individual is only provided protection when:

1. the individual, regardless of where they reside, except for nonresident certificate holders under group policies or contracts, is the beneficiary, assignee or payee of a covered policy or contract holder,
2. the individual policy or contract holder is a resident of the state of Kansas,
3. the individual is not a resident of the state of Kansas, but only with respect to an annuity contract which has been awarded pursuant to a judgment or settlement agreement in a medical malpractice liability action,
4. the individual is not a resident of the state of Kansas, but only under all of the following conditions:

- a. the impaired or insolvent insurer was a Kansas domestic insurer; and
- b. the insurer never had a license to do business in the state in which the individual resides; and
- c. the state in which the individual resides has an association similar to this state's; and
- d. the individual is not eligible for coverage by the association of the state in which the individual resides.

Additionally, the association may not provide coverage for the entire amount the individual expects to receive from the policy. The association does not provide coverage for any portion of the policy where the individual has assumed the risk, for any policy of reinsurance, for interest rates that exceed a specified average rate, for employers' plans that are self funded, for parts of the plan that provide dividends or credits in connection with the administration of the policy, for policies sold by companies not authorized to do business in Kansas, for any unallocated annuity contract or for policies or contracts that provide benefits under Medicare Part C or Part D. Also, the association will not provide coverage where any guaranty protection is provided to the individual under the laws of the insolvent or impaired insurer's state of domicile.

The act also limits the amount the association is obligated to pay individuals on various policies to those limits in effect on

the date the association became liable for that impaired or insolvent insurer. The association does not pay more than the amount of the contractual obligation of the insurance company. Regardless of the number of policies or contracts the association is not obligated to pay amounts over \$300,000 in life insurance death benefits; \$100,000 in net cash surrender and net cash withdrawal values for life insurance; \$100,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, unless the annuity contract is awarded pursuant to a judgment or settlement agreement in a medical malpractice liability action; or more than \$300,000 in the aggregate for the above coverages with respect to any one life.

LOUISIANA RESIDENTS:

The following changes apply to GENERAL PROVISIONS: The ARBITRATION Provision is deleted in its entirety and replaced by the following:

ARBITRATION. Notwithstanding anything in the policy to the contrary, any claim arising out of or relating to the policy, or its breach, may be settled by non-binding 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 Louisiana court having jurisdiction thereof.

Arbitration will be by mutual consent by all affected parties. 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 MISREPRESENTATION AND FRAUD Provision is deleted in its entirety and replaced by the following:

MISREPRESENTATION AND FRAUD. Coverage as to an Insured shall be void if, the Insured has concealed or misrepresented any fact or circumstance concerning the policy or the subject thereof, or the interest of the Insured therein, when applying for coverage. The fraud or misrepresentation must be made with the intent to deceive and must be material to the risk assumed for avoidance to occur. The following changes apply to CLAIMS PROCEDURES AND PAYMENT:

The following is added to the PAYMENT OF CLAIMS Provision: Claims will be paid within thirty (30) days of satisfactory proof of Loss is received by the Company or its agent.

All PROOF OF LOSS Provisions are deleted and replaced by the following:

PROOF OF LOSS. The Insured must furnish the Company, or its designated representative, with proof of Loss. This must be a detailed statement. It must be filed with the Company, or its designated representative within ninety (90) days from the date of Loss or as soon as practicable thereafter. Failure to comply with these conditions shall not invalidate any claims under the policy unless the Insured's action or inaction prejudiced the Company in the presentation of a Loss or caused the Company to incur a Loss. The following applies to all policy Sections: The term "Domestic Partner" is deleted wherever used in this Individual Travel policy.

MAINE RESIDENTS:

The MISREPRESENTATION AND FRAUD Provision is revised as follows:

MISREPRESENTATION AND FRAUD. Coverage as to an Insured shall be denied or cancelled if, whether before or after a Loss, the Insured has concealed or misrepresented any material fact or circumstance concerning the 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.

MISSISSIPPI RESIDENTS:

The following changes apply to GENERAL PROVISIONS:

The LEGAL ACTIONS provision is deleted in its entirety and replaced by the following:

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 three (3) years after the time required for giving proof of Loss.

The MISREPRESENTATION AND FRAUD provision is deleted in its entirety and replaced by the following:

MISREPRESENTATION AND FRAUD. Coverage as to an Insured shall be void if, whether before or after a Loss, the Insured has fraudulently concealed or misrepresented any material fact or circumstance concerning the 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.

The following provision is added to GENERAL PROVISIONS:

POLICY CHANGES:

No change to this policy shall be valid unless approved by the Company and no agent has authority to change the policy or waive any of its provisions.

The following changes apply to CLAIMS PROCEDURES AND PAYMENT:

The NOTICE OF CLAIM provision is deleted in its entirety and replaced by the following:

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 thirty (30) 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. Upon receipt of a written notice of claim, the Company will furnish any forms required to file a proof of Loss. If the Company fails to furnish such forms within fifteen (15) days after receipt of notice of claim, the claimant shall be deemed to have complied with proof of Loss requirements upon submitting written proof of Loss covering the occurrence within the timeframe for proof of Loss outlined in the policy.

The PAYMENT OF CLAIMS provision is deleted in its entirety and replaced by the following:

PAYMENT OF CLAIMS. The Company, or its designated representative, will pay a claim after receipt of acceptable proof of Loss within twenty-five (25) days for claims submitted electronically and thirty-five (35) days for claims submitted in a format other than electronic. If payment is not made in these timeframes for all or portion(s) of a submitted claim, the Company will provide the claimant with the reason(s) why the claim is not payable or the additional information necessary to process the balance of the claim. Once the claimant provides the Company with any additional information requested, the balance of the claim will then be paid within twenty (20) days of receipt by the Company of the requested additional satisfactory documentation. If a claim is not denied by the Company for valid reasons within the above stated timeframes or payment is not made within these timeframes, interest shall accrue on the portion of the unpaid claim at the rate of one and one-half percent (1 1/2 %) per month from the date payment was due until final claim settlement or adjudication. Benefits for Loss of life are payable to the 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) Your spouse;
- b) Your child or children jointly;

- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your 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 arrangements to pay claims to the Insured's legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by the 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.

The right to change the beneficiary is reserved for the Insured. 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.

The PROOF OF LOSS provision is deleted in its entirety and replaced by the following:

PROOF OF LOSS. The Insured must furnish the Company, or its designated representative, with proof of Loss. This must be a detailed 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 not invalidate or reduce any claims under the policy if it was not reasonably possible to give proof within such time, provided such proof of Loss is furnished as soon as a reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof was otherwise required. The following provision is added to CLAIMS PROCEDURES AND PAYMENT:

If the age of the Insured has been misstated, all amounts payable under this policy shall be what the actual premium paid would have purchased at the correct age.

The following is added to the CANCELLATION Provision:

If the Insured cancels, premium will be refunded on a short rate basis. If the Company cancels, premium will be refunded on a pro-rata basis.

The following changes apply to GENERAL LIMITATIONS AND EXCLUSIONS:

Exclusion 9 is deleted in its entirety and replaced by the following:

9. Commission or the attempt to commit a felony by the Insured, Traveling Companion, to which a contributing cause was the Insured or Traveling Companion being engaged in an illegal occupation;

MISSOURI RESIDENTS:

The LEGAL ACTIONS provision is deleted in its entirety and replaced by the following:

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 ten (10) years after the time required for giving proof of Loss.

The NOTICE OF CLAIM provision is deleted in its entirety and replaced by the following:

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.

Failure to give notice within such time will not invalidate or reduce any valid claim if it is shown not to have been reasonably possible to give such notice and that notice was then given as soon as reasonably possible thereafter.

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.

Upon receipt of the Insured's Notice of Claim, the Company will furnish the claimant such forms as are necessary for filing a Proof of Loss. If the Company fails to furnish such forms within fifteen (15) days of the receipt of a Notice of Claim, the claimant shall be deemed to have complied with the policy requirements for proof of Loss upon the claimant's timely submission of a written proof covering the occurrence and the extent of Loss for which claim is being made.

The PROOF OF LOSS provision is deleted in its entirety and replaced by the following:

PROOF OF LOSS. The Insured must furnish the Company, or its designated representative, with proof of Loss. This must be a detailed statement. It must be filed with the Company or its designated representative within ninety (90) days from the date of Loss and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Failure to give notice within such time will not invalidate or reduce any valid claim if it is shown not to have been reasonably possible to give such notice and that notice was then given as soon as reasonably possible thereafter.

The definition of Accidental Injury is deleted in its entirety and replaced by the following:

"Accidental Injury" means Bodily Injury caused by an accident being the direct and independent cause in the Loss.

The definition of Dependent Child(ren) is deleted in its entirety and replaced by the following:

"Dependent Child(ren)" means the Insured's children, including a stepchild, legally adopted child or foster child who is primarily dependent on the Insured for support and maintenance and is: (1) unmarried, (2) less than age 26 and (3) is a resident of the state in which the policy was issued.

The definition of "Hospital" is deleted in its entirety and replaced by the following:

"Hospital" means a facility that:

- a) Is a legally constituted institution that operates pursuant to law;
- b) Operates primarily for the care and treatment of sick or injured persons on a resident or in-patient basis;
- c) Operates under the supervision of one (1) or more licensed Physicians;
- d) Provides 24 hour nursing service and has at least one registered 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.

NEBRASKA RESIDENTS:

DISAGREEMENT OVER SIZE OF LOSS is deleted in its entirety and replaced by the following:

DISAGREEMENT OVER SIZE OF LOSS: If there is a disagreement about the amount of the Loss the disagreement will be settled by appraisal if the Company and Insured agree in writing to the appraisal process. If agreement to appraise is reached, 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.

NEVADA RESIDENTS:

Exclusion 8 is deleted in its entirety.

NEW JERSEY RESIDENTS:

All references in this form to the required number of days between Loss and the date of the accident are changed to "no less than ninety (90) days from the date of the accident". ALL EXCESS INSURANCE LIMITATION Provisions are deleted in their entirety.

NEW HAMPSHIRE RESIDENTS:

Separate policy required

NEW YORK RESIDENTS:

"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. Residency and citizenship do not apply to and are not requirements for coverage in relation to the Sickness Medical Expense, Accident Medical Expense and Emergency Evacuation, Repatriation of Remains benefits. 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 for which the Insurer paid benefits.

The definition of "Complication of Pregnancy" is revised to read: "Complication 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. The Repatriation benefit is limited to the cost of transporting the body. Coverage for "embalming, cremation, and casket for transport" is deleted. Exclusion #2 is revised to read: Suicide or attempted suicide or intentionally self-inflicted injuries. The following exclusions are deleted: (8) Being under the influence of drugs or intoxicants, unless prescribed by a Physician; (9) Commission or the attempt to commit a criminal act by You or Your Traveling Companion; (10) Participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest;

NORTH CAROLINA RESIDENTS:

The LEGAL ACTION Provision is deleted in its entirety and replaced with the following:
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 three (3) years after the time required for giving proof of Loss.
 The SUBROGATION provision is deleted.
 The EXCESS INSURANCE LIMITATION is deleted in the entirety and replaced by the following:
EXCESS INSURANCE LIMITATION
 The Insurance provided by the policy shall be in excess of all

other valid and collectible insurance or indemnity other than private passenger auto no-fault benefits or third part liability insurance. If at the time of the occurrence of any Loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of Loss, over the amount of such other insurance or indemnity, and applicable deductible.

The definition of "Pre-Existing Condition" is deleted in the entirety and replaced by the following:

"Pre-Existing Condition" means any injury, sickness or condition of You, a Traveling Companion, or You and/or Your Traveling Companion's Family Member for which within the one hundred eighty (180) day period prior to the Effective Date under the policy (a) first manifested itself or exhibited symptoms which would have caused one 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 medical treatment or treatment was recommended by a Physician. Taking maintenance medications for a condition that is considered stable shall not be cause for Exclusion.

Exclusion 3 is deleted in its entirety and replaced by the following:

3. War, whether declared or not declared.

The definition of "Hospital" is revised by the addition of the following:

"Hospital" also means:

1. A place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO).
2. A duly licensed State tax-supported institution, including those providing services for medical care of cerebral palsy, other orthopedic and crippling disabilities, mental and nervous diseases or disorders, mental retardation, alcoholism and drug or chemical dependency, and respiratory illness, on a basis no less favorable than the basis which would apply had the medical care been rendered in or by any other public or private institution or provider. The term "State tax-supported institutions" shall include community mental health centers and other health clinics which are certified as Medicaid providers.

NORTH DAKOTA RESIDENTS:

The following revision is made to GENERAL DEFINITIONS: The definition of Dependent Children is deleted in its entirety and replaced by the following:

"Dependent Child(ren)" means [one of] the Insured's children, including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 23 and primarily dependent on the Insured for support and maintenance; or (2) who is at least age 23 but less than age 26 and who regularly attends an accredited school or college; and who is primarily dependent on the Insured for support and maintenance.

OKLAHOMA RESIDENTS:

The following Fraud Statement is added:

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of felony.

The following change applies to GENERAL PROVISIONS

The WHEN AN INSURED'S COVERAGE ENDS provision is deleted in its entirety and replaced by the following:
WHEN AN INSURED'S COVERAGE ENDS. An Insured's coverage will end at 12:01 am Standard Time on the date which is the earliest of the following:

- a) The day following the Scheduled Return Date as stated on the travel tickets;
- b) The day after the Insured returns to his/her origination

point if prior to the Scheduled Return Date;

c) The time the policy terminates;

d) The date the Insured cancels their Covered Trip;

e) Any Trip that exceeds 365 days.

The following change applies to CLAIMS PROCEDURES AND PAYMENT:

The EXCESS INSURANCE LIMITATION provision is deleted and replaced by the following:

For Losses which are not governed by the Coordination of Benefits Section of this Description of Coverage, when other benefits are available for the same Loss, the order of payment for this policy and other policies in effect shall be in accordance with the benefits rules established by Oklahoma Administrative Code.

The LEGAL ACTIONS provision is deleted and replaced by the following:

LEGAL ACTIONS - No legal action for a claim can be brought against the Company until sixty days the Company receives written proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving written proof of Loss.

The following changes apply to GENERAL DEFINITIONS:

The definition of "Dependent Child(ren)" is deleted and replaced by the following:

"Dependent Child(ren)" means the Insured's children, including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on the Insured for support and maintenance; or (2) who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on the Insured for support and maintenance.

Subject to the age limits stated above, and subject to providing the Company with written notice within 31 days of obtaining custody, a Dependent child also means the Insured Person's adopted child from the date the child is placed in the custody of the Insured Person and/or a child in the temporary care of the Insured Person pursuant to an interlocutory decree issued under Title 10 of the Oklahoma statutes during the pendency of an adoption proceeding regardless of whether a final decree of adoption is ultimately issued.

The following changes apply to GENERAL LIMITATIONS AND EXCLUSIONS:

Exclusion 3 is deleted and replaced by the following:

3. War or any act of war whether declared or undeclared while serving in military service or any auxiliary thereto;

Exclusion 12 "Pregnancy and childbirth" is deleted.

For exclusions that apply to Baggage/Personal Effects, Baggage Delay:

Exclusion 3 is deleted and replaced by the following:

3. War or any act of war whether declared or undeclared while serving in military service or any auxiliary thereto;

OREGON RESIDENTS:

The PROOF OF LOSS Provision is deleted in its entirety and replaced with the following:

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. The Company will furnish claims forms to the Insured within fifteen (15) days of receipt of the Insured's proof of Loss. **AGREEMENT OVER SIZE OF LOSS** provision is deleted in its entirety and replaced with the following:

DISAGREEMENT OVER SIZE OF LOSS: If there is a disagreement about the amount of the Loss at the time of the Loss and both the Insured and the Company agree to appraisal, the disagreement will be settled by appraisal. The appraisal must occur in Oregon and according to Oregon law. After there is agreement to appraise, 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.

Trip Cancellation and Trip Interruption are revised as follows:

i) An Insured is terminated, or laid off from employment subject to three years of continuous employment at the place of employment where terminated.

e) If within 30 days of the departure of an Insured, a politically motivated Terrorist Attack occurs on foreign soil within a 1 mile radius of the territorial city limits of the foreign city to be visited by the program for which the Insured has registered and if the United States government has not issued a travel advisory indicating that Americans should not travel to a city named on the itinerary; The Terrorist Attack must occur after the Effective Date of the Insured's Trip Cancellation coverage.

The definition of "Domestic Partner" is deleted and replaced with the following:

"Domestic Partner" means an individual joined in a Domestic Partnership.

The Definition of "Domestic Partnership" is added as follows:

'Domestic Partnership' means a civil contract entered into in person between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon.

The COORDINATION OF BENEFITS provision is deleted in its entirety.

PENNSYLVANIA RESIDENTS:

The last paragraph of the CANCELLATION Provision is deleted and replaced by the following:

The Company will mail all notices of cancellation for nonpayment of premium thirty (30) days in advance prior to cancellation.

SOUTH DAKOTA RESIDENTS:

The following revisions apply to GENERAL PROVISIONS:

The DISAGREEMENT OVER SIZE OF LOSS provision is deleted in its entirety and replaced by the following:

DISAGREEMENT OVER SIZE OF LOSS: If there is a disagreement about the amount of the Loss the Insured and the Company may mutually agree to a non binding appraisal. The Insured and the Company may 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. The appraiser selected by the Insured is paid by the Insured. The Company will pay the appraiser they choose. After examining the facts, each of the two appraisers will give an opinion on the amount of the Loss. Both parties must agree on the appraisal outcome in order for it to be a final determination.

The last paragraph of the CANCELLATION BY COMPANY provision is deleted and replaced by the following:

The Company will mail all notices of cancellation for nonpayment of premium twenty (20) days in advance prior to cancellation.

The following changes apply to GENERAL DEFINITIONS:

The definition of Pre-Existing Condition is deleted in its entirety and replaced by the following:

"Pre-Existing Condition" means any injury, sickness or condition of the Insured, Traveling Companion Family Member booked to travel with the Insured the Insured's and/or Traveling Companion's Family Member for which within the sixty (60) day period prior to the Effective Date of Trip Cancellation coverage under the policy (a) manifested itself or exhibited symptoms which would have caused one 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 medical treatment or treatment was recommended by a Physician. The Pre-Existing Conditions

exclusion is waived if the Insured enrolls in the policy at the time the Insured pays the deposit required for their Trip (or within 10 days of the initial deposit) and the Insured purchases the policy for the full cost of their Trip. Such an Injury or Sickness will continue to be a Pre-Existing Condition until the earlier of: (a) The expiration of 12 consecutive months, beginning with the Effective Date of coverage for which the Insured has not received any medical care, consultation, diagnosis, or treatment or has not taken any prescribed drug or medicine on account of such condition; or (b) The expiration of 12 consecutive months, beginning with the Effective Date of coverage.

Taking maintenance medications for a condition that is considered stable shall not be cause for Exclusion.

The following changes apply to GENERAL LIMITATIONS AND EXCLUSIONS:

Exclusion 8 is deleted in its entirety and replaced by the following: 8. Expenses incurred as a result of being under the influence of drugs or intoxicants if committing a felony.

Exclusion 9 is deleted in its entirety and replaced by the following:

9. Commission of a felony by the Insured, Traveling Companion, or Family Member, whether insured or not;

The following changes apply to COORDINATION OF BENEFITS:

COORDINATION OF BENEFITS is deleted in its entirety.

The EXCESS INSURANCE LIMITATION provisions, wherever shown in this policy are deleted in their entirety.

TENNESSEE RESIDENTS:

The following revisions apply to GENERAL PROVISIONS:

The LEGAL ACTIONS provision is deleted in its entirety and replaced with the following:

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 three (3) years after the time required for giving proof of Loss.

The SUBROGATION provision is deleted in its entirety and replaced with the following:

SUBROGATION. In the event the Company makes payment to any person under this policy, and subject to the terms and conditions of the policy, the Company, to the extent thereof, shall be subrogated to all the rights of the person to whom such payment was made and shall be entitled to the proceeds of any settlement or judgment resulting from the exercise of any rights of recovery of such person against any person or organization legally responsible for the Loss, including the proceeds recoverable from the assets of an insolvent insurer. Such recovery by the Company shall allow the Insured to recover legal fees he or she incurred in a third party situation.

The following revisions apply to CLAIMS PROCEDURES AND PAYMENT:

The PROOF OF LOSS Provision is deleted in its entirety and replaced with the following:

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. Failure to furnish proof of Loss within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof of Loss within such time. Provided however, that such proof of Loss is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

The following revisions apply to GENERAL DEFINITIONS:

The definition of ACCIDENT is deleted in its entirety and replaced with the following:

"Accident" means a sudden, unexpected, unintended event, but shall also include exposure resulting from a mishap to a conveyance in which the Insured is traveling.

The following revisions apply to GENERAL LIMITATIONS AND

EXCLUSIONS:

Exclusion 2 is deleted in its entirety and replaced with the following:

2. Suicide or attempt thereof, while sane or intentional self destruction or any attempt thereof while insane.

Exclusion 3 is deleted in its entirety and replaced with the following:

3. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war, participation in warlike operations;

TEXAS RESIDENTS:

The provision CLAIMS PROCEDURES AND PAYMENT is amended by the addition of the following paragraphs:

The claimant must send the Company, or its designated representative, proof of Loss within ninety-one (91) days after a covered Loss occurs or as soon as reasonably possible. The Company shall, not later than the 15th day after receipt of such notice of a claim:

a) Acknowledge receipt of the claim;

b) Commence any investigation of the claim; and

c) Request from the Claimant all items, statements, and forms that the Company reasonably believes, at that time, will be required from the claimant. Additional requests may be made if during the investigation of the claim such additional requests are necessary. Acknowledgement of the claim is not made in writing, the Company shall make a record of the date, means, and content of the acknowledgement.

The Company shall notify a claimant in writing of the acceptance or rejection of the claim not later than the 15th business day after the date the Company receives all items, statements, and forms required by the Company, in order to secure final proof of Loss. If the company rejects the claim, the Company will inform the claimant of the reasons for the rejection. If the Company is unable to accept or reject the claim within 15 business days after the date the Company receives all items, statements, and forms required by the Company, the Company shall notify the claimant within such 15 business day period. The notice provided must give the reasons that the Company needs additional time. Not later than the 45th day after the date the Company notifies a claimant of the need for additional time to investigate a claim, the Company shall accept or reject the claim.

Except as otherwise provided, if the Company delays payment of a claim following its receipt of all items, statements, and forms reasonably requested and required for more than 60 days, the Company shall pay, in addition to the amount of the claim, 18 percent per annum of the amount of such claim as damages, together with reasonable attorney fees. If suit is filed, such attorney fees shall be taxed as part of the costs in the case.

"Business Day" means a day other than a Saturday, Sunday, or holiday recognized by Texas.

If the Company notifies a claimant that the Company will pay a claim or part of a claim, the Company shall pay the claim not later than the fifth business day after the notice has been made. If the claimant conditions payment of the claim or part of the claim on the performance of an act, the Company shall pay the claim not later than the fifth business day after the date the act is performed.

The provision entitled WHEN AN INSURED PERSON'S COVERAGE ENDS is amended by the addition of the following: Coverage will not end solely because a person becomes an elected official in Texas.

The LEGAL ACTIONS provision is replaced with the following:

Legal Actions: No action in any form can be brought after two years and one day after the Loss.

The VALUATION provision is replaced by the following:

VALUATION (excluding jewelry). 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.

The following VALUATION provision is added:

VALUATION - JEWELRY. The Company will not pay more than the actual cost of replacing the jewelry item with one of like kind and quality.

The Collision Damage Waiver benefit is deleted in its entirety.

VIRGINIA RESIDENTS:

The first paragraph of the Description of Coverage is revised to read as follows:

THIS PROGRAM IS ISSUED FOR A STATED TERM AS SHOWN IN YOUR ACCOMPANYING CONFIRMATION OF COVERAGE

This Description of Coverage describes all of the travel insurance benefits, underwritten by Arch Insurance Company and herein referred to as the Company. The insurance benefits vary from program to program. Please refer to Your Confirmation of Benefits. It provides You with specific information about the program You purchased.

The SUBROGATION and CANCELLATION provisions are deleted in their entirety.

The following GENERAL PROVISIONS are replaced in their entirety:

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.

WHEN AN INSURED'S COVERAGE BEGINS. All coverage will take effect at 12:01 A.M. local time, at Your location, on the Scheduled Departure Date provided:

- a) Coverage has been elected;
- b) The required premium has been paid.

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 Scheduled Return Date as stated on the travel tickets;
- b) The date You return to Your origination point if prior to the Scheduled Return Date;
- c) If You extends the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date.

EXTENDED COVERAGE.

All coverage under the policy will be extended, if Your entire Trip is covered by the policy. If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date You reach Your Return Destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

The Arbitration provision is revised to read as follows:

ARBITRATION. Notwithstanding anything in the Policy to the contrary, if the Company and Insured mutually agree at the time of a Loss, a claim arising out of or relating to the Policy, or its breach, may 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 PAYMENT OF CLAIMS provision is revised to read as follows:

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 Your beneficiary. If a beneficiary is not otherwise designated by You benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

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

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangements to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by the 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 You.

Any payment made in good faith will discharge the Company's liability for the portion of the benefit that has been paid.

The CLAIMS FORM provision is added. Claims

Procedures and Payment as follows:

CLAIMS FORM. The Company will furnish forms for filing a proof of Loss. These forms will be provided to You within 15 days of notice of Loss. If such forms are not furnished by the Company to You within such 15 days, the person making the claim shall be deemed to have complied with the requirements of the policy as to proof of Loss upon submitting within the time fixed in the policy the filing of proof of Loss covering the occurrence.

The NOTICE OF CLAIM provision is revised to read as follows:

NOTICE OF CLAIM. Written notice of claim must be given by the Claimant (either You or someone acting for You) 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 Your name, the Travel Suppliers 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.

The PROOF OF LOSS provision is revised to read as follows:

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.

The first paragraph of the ACCIDENT AND SICKNESS MEDICAL EXPENSE PROVISION is revised to read as follows:

The Company will pay Reasonable and Customary benefits up to maximum shown on Your Confirmation of Benefits subject to the \$50 deductible for each occurrence, if You incur necessary Covered Medical Expenses as a result of Accidental Injury or Sickness during the Covered Trip.

The EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE PROVISION is revised to read as follows:

EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE

The Company will pay benefits up to the maximum shown on Your Confirmation of Benefits, subject to the \$50 deductible, if You incur Covered Medical Expenses as a result of Emergency Treatment of Accidental Injury or Sickness during the Covered Trip.

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

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; and
- e) drugs, medicines, prosthetics and therapeutic services and supplies.

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 You or already included within the cost of the Trip.

The Company will advance payment to a Hospital, up to the maximum shown on Your Confirmation of Benefits, if needed to secure Your admission to a Hospital because of Sickness. The Company will pay benefits, up to \$750.00, for emergency dental treatment for Accidental Injury to sound natural teeth. The EXCESS INSURANCE LIMITATION provisions are deleted in their entirety.

The definition of "Dependent Child(ren)" is revised to read as follows:

"Dependent Child(ren)" means Your children, including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.

The definition of "Physician" is revised to read as follows:

"Physician" means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license and shall include Christian Science Practitioners.

The treating Physician may not be You, a Traveling Companion or a Family Member.

The definitions of "Pre-Existing Condition" are both replaced with the following:

"Pre-Existing Condition" means any Injury, Sickness or condition of You, Your Traveling Companion or Family Member or You and/or Your Traveling Companion's Family Member for which within the 180 day period prior to the effective date under the Policy required medical treatment or treatment was recommended by a Physician.

The Pre-Existing Conditions exclusion is waived if You enroll in the Policy at the time You pay the deposit required for their Trip or within 14 days of the initial deposit and You purchase the Policy for the full cost of their Trip.

The definitions of "Hazard", "Inclement Weather", "Natural Disaster" and "Strike" are deleted in their entirety.

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

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: Arch Insurance Company, 55 Madison Ave. Suite 200| Morristown, NJ 07906-1901, 1- 800-243-3174.

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at: P.O. Box 1157, Richmond, VA 23218, 1- 800-552-7945 (for in-state calls) or 1-877-310-6560 (for out-of-state calls).

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

VERMONT RESIDENTS:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VERMONT AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

TRAVEL PROTECTION PROGRAM

I. The Endorsement will attach to policy number LTP2007 and is effective on March 1, 2008:

II. The following revisions apply to CLAIMS PROCEDURES AND PAYMENT:

The following is added to the PAYMENT OF CLAIMS provision:

After claim settlement has been agreed upon by the claimant and the Company, the Company will mail payment in the agreed amount to the claimant and/or Loss payee within ten (10) working days.

III. This endorsement provides benefits under the certificate for parties to a civil union. Vermont law requires that insurance policies offered to married persons and their families be made available to parties to a civil union and their families. In order to receive benefits in accordance with this endorsement, the civil union must be established in the state of Vermont according to Vermont law.

It is understood that policy definitions and provisions designating

- an Insured
- named Insured
- who is Insured
- who is a named Insured
- covered person(s)
- You and/or Your
- spouse
- Family Member

and any other policy definitions and provisions designating an Insured under this certificate, are amended, wherever appearing, where terms denoting a marital relationship or family relationship arising out of a marriage are used, to indicate parties to a civil union and their families under Vermont law. All other terms and conditions of the policy remain unchanged.

WASHINGTON RESIDENTS:

Separate policy required

WEST VIRGINIA RESIDENTS:

Under CLAIMS PROCEDURES AND PAYMENT, the DISAGREEMENT OVER SIZE OF LOSS provision is replaced with the following:

DISAGREEMENT OVER SIZE OF LOSS.

In case the Insured and the Company shall fail to agree as to the Actual Cash Value or the amount of Loss, then, on the written demand of either, each shall select a competent and disinterested appraiser and notify the other of the appraiser selected within twenty days of such demand. The appraisers shall first select a competent and disinterested umpire; and failing for fifteen days to agree upon such umpire, then on request of the Insured or the Company, such umpire shall be selected by a judge of a court of record in the state in which the property covered is located. The appraisers shall then appraise the Loss, stating separately Actual Cash Value and Loss to each item; and, failing to agree, shall submit their differences, only, to the umpire. An award in writing, so itemized, of any two when filed with this company shall determine the amount of Actual Cash Value and Loss. Each appraiser shall be paid by the party selecting him and the expenses of appraisal and umpire shall be paid by the parties equally.

WISCONSIN RESIDENTS:

The following is added to the SUBROGATION provision under GENERAL PROVISIONS:

The Insured must be made whole, taking into account comparative negligence, before the Company may retain

amounts it has recovered.

WYOMING RESIDENTS:

The following changes apply to GENERAL PROVISIONS:

The LEGAL ACTIONS Provision is deleted in its entirety and replaced with the following:

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 forty-eight (48) months after the date of discovery.