



## TRAVEL INSURANCE POLICY DECLARATIONS

This Policy is an important legal document. Please read your Policy carefully.

Policy Number:	Product Name:	Product Code:
Sample	TravelCover Complete	GRTC300

This Policy provides travel insurance benefits for you as described within this Declarations and endorsements forming this Policy. The benefits described in this Policy are subject to all terms, conditions and exclusions of the Policy. This document serves as proof of insurance coverage.

Any changes to your travel dates, trip costs, or coverages must be accepted by us. The effective date of the change will be the day following our acceptance of the change and receipt of any additional premium required.

This Policy is Underwritten By*:	General Agent & Program Administrator:
<b>Generali - U. S. Branch</b> 28 Liberty Street, Ste 3040 New York, NY 10005	Customized Services Administrators, Inc. d.b.a. Generali Global Assistance & Insurance Services, CA Lic. No. 0821931 9797 Aero Drive, Ste 300 San Diego, CA 92123

Named Insured & Mailing Address:	Assistance Company:
Sample	Generali Global Assistance's designated provider

### POLICY TERM & TRIP DESTINATION(S)

Policy Purchase Date: NA	
Please refer to the coverage endorsements for when coverage begins and ends.	
Trip Departure Date: NA	Trip Return Date: NA
Trip Destination(s): NA	

### COVERED TRAVELERS INSURED

Name
Sample Sample
Total Trip Cost: NA

### BENEFICIARY

Name	Relationship
NA	NA



## SCHEDULE OF BENEFITS

Coverage	Benefits Limit	
	Per Person	Per Plan
Trip Cancellation	100% of Trip Cost	100% of Trip Cost
Trip Cancellation for Any Reason	75% of Penalty Amount	75% of Penalty Amount
Travel Delay	\$2,000.00	\$20,000.00
Daily Limit	\$250.00	\$2,500.00
Trip Interruption	200% of Trip Cost	200% of Trip Cost
Emergency Assistance & Transportation	\$500,000.00	\$1,000,000.00
Emergency Companion Hospitality Expenses	\$10,000.00	\$10,000.00
Medical and Dental	\$250,000.00	\$1,250,000.00
Emergency Dental Expense Limit	\$500.00	\$5,000.00
Accidental Death and Dismemberment - Travel Accident	\$50,000.00	\$500,000.00
Accidental Death and Dismemberment - Air Flight Accident	\$100,000.00	\$1,000,000.00
Baggage	\$2,500.00	\$25,000.00
Baggage Delay	\$500.00	\$5,000.00
Rental Car Damage	\$35,000.00	\$35,000.00

## FORMS AND ENDORSEMENTS

The coverages provided to you under this Policy are subject to the terms and conditions described in the following policy forms and endorsements.

Form Number and Edition Date	Title
GEN TIDP01.01US 01.2019	TRAVEL INSURANCE POLICY DECLARATIONS
GEN TIPE01.01US 01.2019	TRAVEL INSURANCE POLICY EXECUTION
GEN TIPO01.58SS 11.2024	TRAVEL INSURANCE POLICY
GEN TICE14.64SS 11.2024	TRIP CANCELLATION COVERAGE PART ENDORSEMENT
GEN TICE13.06SS 07.2022	TRAVEL DELAY COVERAGE PART ENDORSEMENT

Form Number and Edition Date	Title
GEN TICE15.09SS 11.2024	TRIP CANCELLATION FOR ANY REASON COVERAGE PART ENDORSEMENT
GEN TICE17.73SS 11.2024	TRIP INTERRUPTION COVERAGE PART ENDORSEMENT
GEN TICE05.01SS 01.2019	EMERGENCY ASSISTANCE AND TRANSPORTATION COVERAGE PART ENDORSEMENT
GEN TICE07.23SS 07.2022	MEDICAL AND DENTAL COVERAGE PART ENDORSEMENT
GEN TICE02.01SS 01.2019	ACCIDENTAL DEATH AND DISMEMBERMENT – TRAVEL ACCIDENT COVERAGE PART ENDORSEMENT
GEN TICE01.02SS 01.2019	ACCIDENTAL DEATH AND DISMEMBERMENT – AIR FLIGHT ACCIDENT COVERAGE PART ENDORSEMENT
GEN TICE03.01SS 01.2019	BAGGAGE COVERAGE PART ENDORSEMENT
GEN TICE04.02SS 07.2022	BAGGAGE DELAY COVERAGE PART ENDORSEMENT
GEN TICE10.02SS 01.2019	RENTAL CAR DAMAGE COVERAGE PART ENDORSEMENT
GEN TISA.01MO 10.2020	MISSOURI AMENDATORY ENDORSEMENT

**INSURANCE PREMIUM**

This Policy is issued to you in consideration of payment of the premium as provided by its terms and conditions. We agree to pay benefits in accordance with all the provisions of this Policy. Premiums are payable to us or our agent in the amounts as set forth by us.

**Total Premium:** NA

---

This Policy is governed by the laws of the state in which it is delivered.

\* This Policy is underwritten by: Generali - U.S. Branch, New York, NY; NAIC # 11231. Generali - U.S. Branch operates under the following names: Generali Assicurazioni Generali S.P.A. (U.S. Branch) in California, Assicurazioni Generali - U.S. Branch in Colorado, Generali - U.S. Branch DBA The General Insurance Company of Trieste & Venice in Oregon, and The General Insurance Company of Trieste and Venice - U.S. Branch in Virginia.

Signed for **GENERALI - UNITED STATES BRANCH** at New York, New York, by:

Mark Taber  
Vice President, Insurance and Underwriting

Chris Carnicelli  
President



**GENERALI - U. S. BRANCH**

28 Liberty Street, Ste 3040  
New York, NY 10005

This Policy is governed by the laws of the state in which it is delivered.

Signed for GENERALI - U.S. BRANCH at New York, New York, by:

Mark Taber  
Vice President, Insurance and Underwriting

Chris Carnicelli  
President



**Generali – U.S. Branch**

28 Liberty Street, Ste 3040

New York, NY 10005

**TRAVEL INSURANCE POLICY**

TravelCover Complete

GRTC300

FOR COVERAGE INQUIRIES OR CUSTOMER SERVICE, CALL

800-341-9606

---

FOR EMERGENCY ASSISTANCE 24 HOURS A DAY DURING YOUR TRIP, CALL:  
IN THE U.S.

(833) 430-3658

COLLECT WORLDWIDE

(954) 308-3949

This Policy is issued to you in consideration of any premium due. The insurance benefits vary from program to program; please refer to your Schedule of Benefits for specific information about the program you purchased. Please contact us immediately if you believe the Schedule of Benefits is incorrect. We agree to pay benefits in accordance with all the provisions of this Policy.

**15-DAY RIGHT TO EXAMINE YOUR POLICY**

If you are not satisfied for any reason, you may cancel coverage under the Policy within 15 days after receipt. If you have not filed a claim and you cancel your Policy before your Scheduled Departure Date, your premium will be refunded. After this 15-day period, the premium is nonrefundable.



## ELIGIBILITY

### Who is Eligible

Coverage will be provided for all travelers if the required premium has been received by us or our authorized agent, and provided the traveler is a resident of the United States of America.

### Extension of Coverage

If your entire Trip is covered by the Policy and your return is delayed by unavoidable circumstances, all coverages in effect at the time of the delay will be extended. Extended coverage will end on the earlier of the date you reach your Return Destination or 7 days after the Scheduled Return Date. If you cannot return home before this extension ends, we may, at our sole discretion, extend coverage for an additional 30 days, or until you are able to travel to your Return Destination, whichever is earlier.

## GENERAL EXCLUSIONS

This Policy does not pay for any loss caused by or resulting from:

1. you or your Traveling Companion's suicide, attempted suicide, or intentionally self-inflicted injury;
2. Mental or Psychological Disorders;
3. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
4. intoxication above the legal limit at your location at the time of loss;
5. pregnancy or childbirth, elective abortion or fertility treatment (not including Unforeseen Complications of Pregnancy);
6. any Trip taken against the advice of a Physician;
7. participation as a professional in athletics;
8. riding or driving in any motor competition;
9. participation in Adventure Activities, Extreme Activities, or Hazardous Activities, except as a spectator;
10. operating or learning to operate any aircraft, as pilot or crew;
11. Elective or Experimental Treatment or Procedures;
12. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
13. declared or undeclared war, or any act of war;
14. participation in a Riot, Civil Disorder, or insurrection;
15. the release, escape, or dispersal of: nuclear or radioactive contamination, pathogenic, poisonous biological or chemical materials;
16. any unlawful acts, committed by you or your Traveling Companion;
17. any amount paid or payable under any worker's compensation, no fault or personal injury protection coverage, disability benefit or similar law;
18. detention by Customs and Border Protection or any governmental authority, regulation or prohibition;
19. travel restrictions imposed for a certain area by governmental authority;
20. Financial Insolvency of your Proprietor;
21. Pandemic or Epidemic;
22. an illness, disease, or other condition, event or circumstance which occurs at a time when coverage is not in effect;
23. any issue or event that could have been reasonably foreseen or expected when you purchased the coverage;
24. a Natural Disaster that occurs on or before the purchase date of this Policy;
25. a tropical storm or hurricane that is named on or before the purchase date of this Policy;
26. any amount paid for this Policy or any other insurance.
27. disruption of travel caused by a Cyber Attack;
28. disruption of travel caused by an Electromagnetic Event;
29. disruption of travel caused by an Impact Event.

This Policy does not apply to the extent any applicable law or regulation, including any US, UN or EU economic or trade sanctions, prohibit us from providing insurance, and related services, including, but not limited to, the payment of any claims. Any expenses incurred or claims made involving travel or travel related services that are in violation of such sanctions, laws or regulations will not be covered under this Policy. Any coverage provided under this Policy in violation of any US, UN or EU economic or trade sanctions, or other laws or regulations, shall be null and void.

This Policy expressly excludes any insurance coverage, related services, or loss: (i) occurring in Iran, Syria, North Korea, Crimea, or Cuba or their territorial waters; (ii) incurred by persons or entities located or resident in Iran, Syria, North Korea, Crimea, or Cuba; or (iii) resulting from, or involving activities that directly or indirectly involve or benefit the government, entities or residents of Iran, Syria, North Korea, Crimea, or Cuba except where (a) expressly permitted by applicable law or regulation and (b) we have confirmed coverage for the risk in writing.



## CLAIMS PROVISIONS

### NOTICE OF CLAIM

We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and sufficient information to identify him or her.

### PROOF OF LOSS

Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, you must give us written proof of loss within 12 months after the date the loss occurs unless you are medically or legally incapacitated. No agent or any person or entity, other than us, has authority to accept proof of loss.

### YOUR DUTY TO COOPERATE

You must provide us with receipts, proof of payment, medical authorizations, or other records and documents we may reasonably require concerning your claim. Failure or refusal to cooperate may delay, impede, or result in the denial of your claim.

### PHYSICAL EXAMINATION AND AUTOPSY

At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

### PAYMENT OF CLAIMS

Any benefits payable due to your loss of life will be paid to the following:

- a) the beneficiary named for the Policy that is on file with us;
- b) to your Spouse, if living. If no living Spouse, then
- c) to your estate in the United States.

Any accrued benefits unpaid at your death will also be paid according to the above. All other benefits are paid directly to you, unless you direct us otherwise.

### WHERE TO PRESENT A CLAIM

All claims should be presented to the Program Administrator:

Customized Service Administrators, Inc.  
DBA Generali Global Assistance & Insurance Services  
P. O. Box 939057  
San Diego, CA 92193-9057  
(800) 541-3522 (Toll-Free)

### APPRAISAL

If there is a disagreement about the amount of the loss, either you or we can make a written demand for an appraisal. After the demand, you and we will each select a 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 a majority of these three parties will be binding. The appraiser selected by you is paid by you. We will pay the appraiser we choose. You will share equally with us the cost for the arbitrator and the appraisal process.

### NO 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:

### LEGAL ACTIONS

No legal action may be brought to recover on the Policy within 60 days after written proof of loss has been given. No such action will be brought after 3 years from the time written proof of loss is required to be given. If a time limit of the Policy is less than allowed by the laws of the state where you live, the limit is extended to meet the minimum time allowed by such law.



**CONTROLLING LAW**

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

**CONCEALMENT OR FRAUD**

We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to this Policy.

**MISSTATEMENT OF INFORMATION**

If you have provided inaccurate details about you or your Trip when purchasing this Policy, and those inaccurate details affect the plan cost owed by you, any benefits paid will be reduced by the amount you underpaid for your premium.

**CANCELLATION BY US**

This Policy is a single pay, single term, non-renewable insurance Policy. We have no unilateral right to cancel this coverage after the effective date.

**DUPLICATION OF COVERAGE**

You may be covered under only one travel Policy with us for each Trip. If you are covered under more than one such Policy, the Policy with the higher coverage limit will remain in effect. The maximum benefit limit as stated in the Schedule of Benefits of such Policy will be the maximum benefit payable in the event a claim occurs. In the event claim payment has been made under the duplicate Policy, premiums paid less claims paid will be refunded for the duplicate coverage that does not remain in effect.

**TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY**

Your rights and duties under this Policy are not transferable without our express written consent.

**ENTIRE CONTRACT: CHANGES**

This Policy and any attachments are the entire contract of insurance. Only our President, Vice President or Secretary may change or waive the provisions of the Policy. No agent or other person may change the Policy or waive any of its terms. The change will be endorsed on the Policy.

**ACTS OF AGENTS**

No agent or any person or entity has authority to alter, modify, or waive any of the provisions of this Policy.

**RECOVERY**

To the extent we pay for a loss suffered by you, you agree that we will be assigned the rights and remedies you had relating to the loss. You must help us preserve our rights against those responsible for the loss. This may involve signing any papers and taking any other steps we may reasonably require.

**INSURANCE UNDER TWO OR MORE COVERAGES**

If two or more of this Policy's coverages apply to the same loss or damage, we will only pay once, and under the coverage with the higher benefit.

**DEFINITIONS**

The Insured is referred to as "you", "your" or "yours". The company providing this coverage is referred to as "we", "us" or "our". In addition, certain words and phrases are defined as follows:

**ACCIDENT** means a sudden, unexpected, unintended and external event.

**ACCOMMODATION** means any establishment used for temporary overnight lodging for which a fee is paid, such as a hotel, motel, resort, apartment, condominium, or other vacation residential unit. The establishment may require reservations, and pre-determined check-in and check-out dates and times.

**ACTUAL CASH VALUE** means the original purchase price less depreciation.

**ADVENTURE ACTIVITIES** means:

1. bungee jumping;
2. caving;
3. hot air ballooning;
4. multi-sport endurance competitions;
5. parakiting or parasailing;
6. any activities materially similar to the above.



**BAGGAGE** means luggage, personal possessions and travel documents taken by you on your Trip.

**CIVIL DISORDER** means a group of people acting in revolt, coup, rebellion or resistance against an established government or civil authority.

**COMMON CARRIER** means any land, water or air conveyance, with scheduled and published departure and arrival times, operated under a license for the transportation of passengers for hire, not including taxis or rented, leased or privately owned motor vehicles.

**COMPLICATIONS OF PREGNANCY** means conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include, but are not limited to, hyperemesis gravidarum, preeclampsia, eclampsia, gestational diabetes, gestational hypertension, acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy, and spontaneous miscarriage.

Complications of pregnancy do not include Physician-prescribed rest during the period of pregnancy (except due to the conditions noted above), false labor, occasional spotting, morning sickness, elective abortion, and similar conditions associated with the management of a pregnancy, not constituting a categorically distinct complication of pregnancy.

**CYBER ATTACK** means unauthorized or unintended activities that target or affect the electronic devices, computer equipment, operating systems, websites, networks or databases of one or more people or companies:

1. performed using the internet to gain unauthorized access to computer networks; and/or
2. performed by physical means including, but not limited to: damaging or altering network connections, physically destroying data center or network center equipment, or electromagnetic pulse detonation.

**DESTINATION** means any place you expect to travel to on your Trip, as shown on an itinerary or other travel document.

**DOMESTIC PARTNER** means a person who is at least 18 years of age and you have an affidavit of domestic partnership. If domestic partnerships are not recognized by the jurisdiction where you reside, you must provide:

1. evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; and
2. evidence of cohabitation for at least the previous 6 months.

**ELECTIVE OR EXPERIMENTAL TREATMENT OR PROCEDURE** means any medical treatment or surgical procedure that is not Medically Necessary or is not considered by the medical community as a whole to be safe and effective for the condition for which the medical treatment or surgical procedure are being used. This includes any treatments, procedures, facilities, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

**ELECTROMAGNETIC EVENT** means a large-scale disruption of electronic devices, electrical grids, or electricity transmission, caused by an electromagnetic pulse. This includes both naturally occurring events (for example geomagnetic storms, Impact Events, solar flares, etc.) and man-made events (for example nuclear electromagnetic pulses, electromagnetic interference devices, etc.).

**EPIDEMIC** means an outbreak of a contagious illness or disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention or The World Health Organization.

**EXTREME ACTIVITIES** means:

1. cross country skiing outside marked trails;
2. fly-by-wire;
3. heli-skiing or heli-snowboarding;
4. parkour;
5. scuba diving below 40 meters or without a dive master;
6. telemark skiing, skiing, or snowboarding outside marked trails;
7. any activities materially similar to the above.

**FAMILY MEMBER** means:

- Insured's or Traveling Companion's Spouse;
- Insured's, Traveling Companion's, or Spouse's:
  - child;
  - parent;
  - sibling;

- grandparent, great-grandparent or grandchild or great-grandchild;
- son-in-law or daughter-in-law;
- brother-in-law or sister-in-law;
- parent-in-law;
- step-parent, step-child or step-sibling;
- aunt or uncle;
- niece or nephew;
- legal guardian;
- foster child or legal ward;
- step-grandparent or step-grandchild;
- step-aunt or step-uncle.

FINAL TRIP PAYMENT means the date, prior to the Scheduled Departure Date, on which all additional payments for Trip arrangements are paid to the Travel Supplier, or the date that such payments are contractually due to be paid, whichever is earlier.

FINANCIAL INSOLVENCY means the total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services which is duly licensed in the jurisdiction of operation.

HAZARDOUS ACTIVITIES means:

1. base jumping;
2. bobsledding;
3. boxing;
4. bull riding;
5. cliff diving;
6. free diving;
7. full contact martial arts;
8. hang gliding;
9. ice diving;
10. luge sledding;
11. mountaineering;
12. parachuting;
13. rock climbing;
14. running of the bulls;
15. scuba diving below 50 meters or without a dive master;
16. skeleton sledding;
17. skydiving;
18. wing suit flying;
19. any activities materially similar to the above.

HIJACKED means the illegal commandeering and redirection of an aircraft, ship, train, bus or other conveyance.

HOME means your primary or secondary residence.

HOSPITAL means an institution that meets all of the following requirements:

1. it must be operated according to law;
2. it must give 24-hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis;
3. it must provide diagnostic and surgical facilities supervised by Physicians;
4. registered nurses must be on 24-hour call or duty; and
5. the care must be given either on the hospital's premises or in facilities available to the hospital on a prearranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

HOST means a person with whom you are sharing pre-arranged overnight lodging at their place of residence.



**IMPACT EVENT** means extraterrestrial meteors, meteorites, asteroids, or man-made space debris that enter the earth's atmosphere.

**INITIAL TRIP PAYMENT** means the first payment made towards the cost of your Trip, regardless of whether this payment is refundable. A "good faith deposit" or a "holding payment" is not considered the Initial Trip Payment until the payment is applied to confirmed dates of travel.

**INJURY** means bodily harm caused by an Accident which requires the in-person examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**INSURED** means the person named on the Policy, for whom the required premium payment is received by us or our authorized agent and a Trip is scheduled.

**INSURER** means Generali US— U.S. Branch. Generali U.S. Branch operates under the following names:

In California: Generali Assicurazioni Generali S.p.A. (U.S. Branch)

In Colorado: Assicurazioni Generali - U.S. Branch

In Oregon: Generali U.S. Branch DBA The General Insurance Company of Trieste & Venice

In Minnesota and Texas: Generali - United States Branch

In Virginia: The General Insurance Company of Trieste and Venice, U.S. Branch

**MENTAL OR PSYCHOLOGICAL DISORDER** means a mental health condition including, but not limited to: anxiety; depression; neurosis; phobia; psychosis; or any related physical manifestation thereof. Autism, and its related symptoms, are not considered a Mental or Psychological disorder. Neurodegenerative diseases (e.g., Parkinson's or Huntington's diseases) are not considered Mental or Psychological Disorders, even if their symptoms meet this definition. Mental or Psychological Disorder does not mean Accident, Injury or Sickness, as defined.

**NATURAL DISASTER** means a flood due to natural causes, tsunami, hurricane, tornado, earthquake, mudslide, avalanche, landslide, volcanic eruption, sandstorm, sinkhole, wildfire or blizzard.

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

**PAYMENT(S)** means the cash, check, credit card amounts paid for your Trip.

**PHYSICIAN** means a person licensed as a medical doctor or chiropractor by the jurisdiction in which he or she is resident to practice medical, surgical, therapeutic or dental services. He or she must be practicing within the scope of their license for the service or treatment given. He or she may not be you, your Traveling Companion, or your Family Member.

**PRE-EXISTING CONDITION** means a Sickness or Injury of you or your Traveling Companion during the 60-day period immediately prior to your effective date to which any of the following applied: (1) first manifested itself, worsened, became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment, or; (2) care, testing or treatment was given or recommended; or (3) required a change in prescribed medication.

**Change in prescribed medication** means the dosage or frequency of a medication has been reduced, increased, stopped and/or new medications have been prescribed, unless between a brand name and a generic medication with comparable dosage.

**PROGRAM ADMINISTRATOR** means Customized Service Administrators, Inc. DBA Generali Global Assistance & Insurance Services.

**PROPRIETOR** means the owner or property manager of the Accommodation.

**QUARANTINE** means the enforced isolation to prevent of you or your Traveling Companion, for the purpose of preventing the spread of illness, disease or pests.

**RETURN DESTINATION** means your primary residence or a different final destination as shown in the travel documents.

**RIOT** means a group or crowd of people violently disturbing the peace and causing danger, damage, or injury to others or to property.



**SCHEDULE** means the Schedule of Benefits provided with this Policy.

**SCHEDULED DEPARTURE DATE** means the date on which you are originally scheduled to leave on your Trip.

**SCHEDULED RETURN DATE** means the date on which you are originally scheduled to return to your Return Destination.

**SERVICE ANIMAL** means a dog that is individually trained to work or perform tasks for a person with a disability. The work or task a dog has been trained to provide must be directly related to the person's disability. Examples of such work or tasks include guiding persons with impaired vision, alerting persons with impaired hearing to intruders or sounds, alerting and protecting a person who is having a seizure, pulling a wheelchair, or fetching dropped items. Dogs whose sole function is to provide comfort or emotional support do not qualify as Service Animals.

**SICKNESS** means an illness or disease of the body that requires in-person examination and treatment by a Physician. Sickness also means Complications of Pregnancy as defined. Sickness does not mean Mental or Psychological Disorder as defined.

**SPOUSE** means your legally wed husband or wife, or Domestic Partner as defined by this Policy.

**STRIKE** means a stoppage of work, work slowdown, or sickout which is announced, organized and sanctioned by a labor union or other organized association of workers, in a trade or profession, formed to protect and further their rights and interests.

**TERRORIST ACT** means an act of violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), committed for political, religious, or ideological purposes including the intention to influence any government and/or to put the public in fear for such purposes. This does not include Civil Disorder, Riot, or an act of war (declared or undeclared).

**TRAVELING COMPANION** means a person who, during the Trip, with whom you have made travel arrangements, will accompany you during the Trip, and will share Accommodations with You. A group or tour leader is not a Traveling Companion unless you are sharing Accommodations with them. Other travelers incidentally taking the same trip as you (for example other cruise ship passengers, tour group participants, etc.) are not Traveling Companions.

**TRAVEL SUPPLIER** means the company or Common Carrier that provides travel arrangements for your Trip.

**TRIP** means a period of travel at least 100 miles away from Home to your Destination. The purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind. For round-trip travel you must have a defined Scheduled Departure Date and a Scheduled Return Date associated with the purchase of this Policy. For one-way travel you must have a defined Scheduled Departure Date, an arrival date, departure city, and arrival city specified at the time of purchase. The Trip may not exceed 180 days in length.

**UNFORESEEN** means not known, anticipated or reasonably expected, and occurring after the effective date of the benefit under which the claim is being made.

**UNINHABITABLE** means (i) the building itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; or (iii) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines.



## **TRIP CANCELLATION COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### **Coverage Effective Dates**

When Coverage Begins

This coverage will take effect at 12:01 A.M. local time at your location on the day after you purchased this Policy.

When Coverage Ends

This coverage ends on the earlier of:

1. the date and time you depart on your trip;
2. the date of cancellation of your Trip covered by this Policy; or
3. your Scheduled Departure Date and time.

### **Coverage**

We will reimburse you, up to the amount in the Schedule, for Trip Cancellation Covered Expenses, if you are prevented from taking your Trip due to any of the Unforeseen Covered Events listed below. The Covered Event must occur before you depart on your Trip and while your coverage is in effect under this Policy.

Trip Cancellation Covered Expenses

1. forfeited, prepaid, non-refundable, and non-refunded published Payments that you paid for your unused Trip. Should you elect to reschedule your Trip instead of cancelling, in lieu of covering these expenses we will pay for Change Fees charged by your Travel Supplier;
2. Change Fees charged by your Travel Supplier;
3. fees incurred by you to reinstate any of the following used to pay for any part of your Trip: traveler awards, frequent flyer miles or hotel/motel rewards.

### **Single Occupancy Supplement**

In the event there is a change in the per person occupancy rate for your pre-paid arrangements as a result of a Traveling Companion cancelling his or her Trip due to an Unforeseen Covered Event when you do not cancel, we will reimburse you for additional costs above the original invoiced and pre-paid charge for your booking, up to the amount in the Schedule, for Accommodations during your Trip as a result of the change.

### **NOTICE OF TRIP CANCELLATION TO TRAVEL SUPPLIER**

In the event of a Trip Cancellation, you must notify the Travel Supplier within 72 hours or as soon as reasonably possible. We will not pay for any additional forfeited, prepaid, non-refundable, and non-refunded Payments, or any other Covered Expenses, that would not have been imposed had you notified the Travel Supplier within this time period.

### **Covered Events**

Medical

1. Sickness or Injury of you, your Traveling Companion, or your Family Member provided the following conditions are met:
  - a. the Sickness or Injury of you or your Traveling Companion must commence while your coverage is in effect under this Policy, requires the in-person treatment by a Physician prior to cancellation and must be so disabling in the written opinion of a Physician so as to prevent you from taking your Trip;
  - b. the Sickness or Injury of a Family Member must commence while your coverage is in effect under this Policy, requires the in-person treatment by a Physician at the time of cancellation and must be so disabling in the written opinion of a Physician so as to prevent You from taking your Trip because your Family Member requires your care;
2. Sickness or Injury of your or your Traveling Companion's Service Animal provided the following conditions are met:
  - a. the Sickness or Injury of your or your Traveling Companion's Service Animal must commence while your coverage is in effect under this Policy, requires the in-person treatment by a veterinarian prior to cancellation and must be so disabling in the written opinion of a veterinarian so as to prevent you from taking your Trip;
3. Death of:
  - a. you, your Traveling Companion, or your Family Member; or
  - b. your or your Traveling Companion's Service Animal;



4. your Host is unable to provide overnight lodging due to their death or a life-threatening Sickness or Injury or, in the written opinion of a Physician, your Host is prevented from hosting guests in their residence;
5. you or your Traveling Companion are medically unable to undergo a vaccination or inoculation that is required for entry into a country of Destination. The vaccination or inoculation must be unannounced and unpublished to the public at the time of the purchase of this Policy;
6. you, your Traveling Companion, or your Family Member are on a list as a recipient for an organ transplant and, while coverage is in effect, receive official notification that an organ match is available for immediate transplant. The transplant must be considered medically necessary and a Physician must confirm that the transplant and/or surgery is so disabling as to prevent you from taking your Trip;
7. you or your Traveling Companion are Quarantined;

#### Family Related

8. you or your Traveling Companion receive notice that your adoption proceeding or adoption arrangements have been cancelled or terminated, provided your Trip was for the purpose of executing the adoption and provided the adoption proceeding or adoption arrangement was confirmed prior to the purchase of this Policy;
9. you or your Traveling Companion receive a court-issued notice to attend an adoption proceeding, provided you are not attending as a condition of your employment and provided the person being adopted is not you, your Traveling Companion or your Family Member. The date of the scheduled adoption proceeding must fall within the scheduled Trip dates and must be announced while your coverage is in effect;

#### Weather

10. your or your Traveling Companion's Home is under Mandatory Evacuation or is made Uninhabitable by a Natural Disaster. We will only pay the benefits for losses occurring within 30 days after the Mandatory Evacuation is issued or the Natural Disaster makes the Home Uninhabitable;
11. your Accommodations at the Destination made Uninhabitable due to a Natural Disaster. In order to receive benefits under this Covered Event, you must have 4 days or 50% of your total Trip length or less remaining at the time the Accommodation is deemed habitable. We will only pay benefits for losses occurring within 30 calendar days after the Natural Disaster renders your Accommodations Uninhabitable;
12. Mandatory Evacuation goes into effect at the Destination due to adverse weather or Natural Disaster. In order to receive benefits under this Covered Event, you must have 4 days or 50% of your total Trip length or less remaining at the time the Mandatory Evacuation ends. We will only pay benefits for losses occurring within 30 calendar days after the evacuation order goes into effect;

#### Failure of Services

13. your or your Traveling Companion's Common Carrier is delayed or cancelled resulting from adverse weather;
14. your or your Traveling Companion's Common Carrier is delayed or cancelled resulting from mechanical breakdown of the aircraft, ship, boat or motor coach that you were scheduled to travel on;
15. your or your Traveling Companion's public transportation or Common Carrier is delayed or cancelled resulting from a Strike. The Strike must be announced at least 5 days after the purchase of this Policy;
16. your or your Traveling Companion's Trip is cancelled by your Travel Supplier or Common Carrier as a result of Financial Insolvency, provided:
  - a. you purchased this coverage prior to or within 24 hours of your Final Trip Payment, and
  - b. the Financial Insolvency occurs at least 14 days after the purchase of this Policy.We will not cover the Financial Insolvency of the entity or the person, organization, agency, or firm from whom you purchased this Policy. Benefits will be paid due to Financial Insolvency of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow you to transfer to another airline in order to travel to your intended destination;

#### Legal / Victim of an Accident or Crime

17. you or your Traveling Companion are serving on a jury, or are required by a court order to appear as a witness in a legal action provided you, a Family Member or a Traveling Companion is not a party to the legal action or appearing as a law enforcement officer. Your jury services or court appearance must fall within the scheduled Trip dates;
18. a documented theft of your or your Traveling Companion's passports, or visas specifically required for your Trip. The theft must be substantiated by a police report and must occur within 14 days prior to your Scheduled Departure Date;
19. the Common Carrier or other conveyance that you or your Traveling Companion are traveling on is Hijacked during your Trip;

#### Work or School

20. you, or your Traveling Companion are called into active military service to provide aid or relief in the event of a Natural Disaster;
21. your or your Traveling Companion's previously granted military leave is revoked. The leave must be approved prior to your coverage becoming effective, and official written revocation notice from a superior will be required;





22. you (if you are a dependent child, your parent or legal guardian), or your Traveling Companion, or your Spouse, or your Traveling Companion's Spouse are involuntarily terminated or laid off from his or her employment. Termination or layoff must occur at least 14 days after the purchase of this Policy. The employee must have been with the same employer for at least 1 continuous year. This benefit is not available to temporary or seasonal employees, independent contractors, or self-employed persons;
23. you or your Traveling Companion are a full-time employee or student and the school where you attend or work must extend its operating session beyond its predefined school year due to Unforeseen events commencing while coverage is in effect. The school year extension must fall within the scheduled Trip in order for this coverage to be available. Extensions due to extra-curricular or athletic events are not covered;
24. you or your Traveling Companion are required to take an academic or professional examination on a date that has been fixed while coverage is in effect, and the examination falls within the scheduled Trip;

#### Travel Safety Risk

25. A Terrorist Act which occurs in your Trip departure city or Destination within 30 days prior to your Scheduled Departure Date, provided the city has not experienced a Terrorist Act in the past 30 days prior to the effective date of your coverage.

#### Exclusions

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

1. Payments for arrangements that are offered to be refunded or are refunded by the Travel Supplier in the form of a certificate, credit, voucher or any other method when your trip is cancelled; costs for your Trip paid using loyalty rewards points, frequent travel miles, or other non-monetary redeemable points or rewards through similar programs;
2. costs for your Trip paid using loyalty rewards points, frequent travel miles, or other non-monetary redeemable points or rewards through similar programs;
3. maintenance, exchange, membership, or association fees;
4. failure of a tour operator or other Travel Supplier, person or agency to provide the bargained-for travel arrangements for reasons other than Financial Insolvency; or
5. Pre-Existing Conditions  
this Exclusion does not apply provided you meet the following requirements:
  - a. coverage is purchased prior to or within 24 hours of your Final Trip Payment; and
  - b. you and your Traveling Companions are medically able to travel at the time you purchase this Policy.

#### Definitions

For purposes of this coverage, the following definitions are included:

**CHANGE FEES** means the amount charged for altering a reservation, such as a previously purchased airfare ticket. This does not include a price increase for your replacement Trip;

**MANDATORY EVACUATION** means government officials order all persons in designated evacuation areas to relocate to safer locations.

All other provisions of this Policy remain in full force and effect.





## **TRAVEL DELAY COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### **Coverage Effective Dates**

This coverage will take effect on the later of:

When Coverage Begins

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date; or
2. your arrival at the Return Destination on a round-trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

### **Coverage**

We will reimburse you, up to the amount shown in the Schedule, for reasonable additional expenses incurred by you for Accommodations, meals, telephone calls, local transportation, vehicle parking charges, and pet kennel fees if you are delayed on your Trip for 5 consecutive hours or more. We will not pay benefits for expenses incurred after travel becomes possible. The delay must be due to one of the Unforeseen events listed below, which prevents you from reaching your intended Destination:

1. you are directly involved in a traffic accident, which is substantiated by a police report;
2. your or your Traveling Companion's lost or stolen passports, or travel documents;
3. you or your Traveling Companion are Quarantined;
4. Natural Disaster;
5. Sickness or Injury of you or your Traveling Companion;
6. death of a Traveling Companion;
7. Civil Disorder;
8. the Common Carrier or other conveyance that you or your Traveling Companion are traveling on is Hijacked during the Trip;
9. delay of a Common Carrier you or your Traveling Companion are scheduled to travel on;
10. Strike;
11. adverse weather.

### **Exclusions**

This coverage is subject to the general exclusions.

All other provisions of this Policy remain in full force and effect.



## **TRIP CANCELLATION FOR ANY REASON COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

#### **Coverage Effective Dates**

When Coverage Begins

This coverage will take effect at 12:01 A.M. local time at your location on the day after you purchased this Policy.

When Coverage Ends

This coverage ends on the earlier of:

1. the date and time you depart on your Trip;
2. 48 hours prior to your Scheduled Departure Date; or
3. the date of cancellation of your Trip covered by this Policy.

#### **Coverage**

If you purchased this optional coverage, we will reimburse you up to the amount shown in the Schedule for Trip Cancellation for Any Reason Covered Expenses when you cancel your Trip for any reason, provided:

1. your payment for this coverage is received within 24 hours of the date your Initial Trip Payment is received;
2. you are medically able to travel at the time you purchase this Policy;
3. you insure 100% of your prepaid Payments that are subject to cancellation penalties or restrictions;
4. the booking for your Trip must be the first and only booking for the travel period and destination; and
5. You must report the cancellation to the Travel Supplier at least 48 hours or more prior to your Scheduled Departure Date. We do not cover increased amounts of forfeited, prepaid, non-refundable, and non-refunded published Payments that would not have been imposed had you notified the Travel Supplier within this timeframe. If you are unable to provide cancellation notice within this timeframe, you must provide proof of the circumstance that prevented timely notification.

#### **Trip Cancellation for Any Reason Covered Expenses:**

1. forfeited, prepaid, non-refundable, and non-refunded published Payments that you paid for your unused Trip.

#### **Exclusions**

The following exclusion applies to this coverage:

No benefits will be paid for any loss for, caused by, or resulting from failure of a Travel Supplier, person or agency to provide the bargained-for travel arrangements for reasons other than Financial Insolvency.

This coverage is not subject to the Policy General Exclusions.

All other provisions of this Policy remain in full force and effect.



## **TRIP INTERRUPTION COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### **Coverage Effective Dates**

**When Coverage Begins**

This coverage will take effect on the Scheduled Departure Date of your Trip.

**When Coverage Ends**

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date;
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

### **Coverage**

We will reimburse you, up to the amount shown in the Schedule, for Trip Interruption Covered Expenses if, due to one of the Unforeseen Covered Events listed below:

- a. your departure on your Trip is delayed beyond your Scheduled Departure Date, or
- b. you are unable to continue your Trip.

The Covered Event must occur while your coverage is in effect under this Policy.

### **Trip Interruption Covered Expenses**

1. forfeited, prepaid, non-refundable, and non-refunded published Payments that you paid for your unused land or water arrangements;
2. forfeited, prepaid, non-refundable, non-refunded and unused air arrangements, provided that the arrangements are not intended as transportation to your initial destination or Return Destination and provided that these are not flights within 24 hours of your Scheduled Departure Date or Scheduled Return Date;
3. additional transportation expenses incurred to reach the Return Destination. Benefits will not exceed the cost of airfare (the same class airfare on which you were originally booked) less any refunds paid or payable;
4. additional transportation expenses incurred by you, for travel by the most direct route to:
  - a. your scheduled Destination if your departure is delayed and you leave after the Scheduled Departure Date and time;
  - b. rejoin your Trip in progress from the point where you interrupted your Trip;
  - c. the Return Destination of your Trip.

Benefits payable for additional transportation expenses will not exceed the cost of airfare (the same class airfare on which you were originally booked) less any refunds paid or payable.

### **NOTICE OF TRIP INTERRUPTION TO TRAVEL SUPPLIER**

In the event of a Trip Interruption, you must notify the Travel Supplier within 72 hours, or as soon as reasonably possible. We will not pay for any additional forfeited, prepaid, non-refundable, and non-refunded Payments, or any other Covered Expenses, that would not have been imposed had you notified the Travel Supplier within this time period.

### **Covered Events**

**Medical**

1. Sickness or Injury of you, your Traveling Companion, or your Family Member provided the following conditions are met:
  - a. the Sickness or Injury of you or your Traveling Companion, must commence while your coverage is in effect under this Policy, requires the in-person treatment by a Physician at the time of the interruption and must be so disabling in the written opinion of a Physician so as to delay you from departing on or prevent you from continuing on your Trip;
  - b. the Sickness or Injury of a Family Member must commence while your coverage is in effect under this Policy, requires the in-person treatment by a Physician at the time of the interruption and must be so disabling in the written opinion of a Physician so as to delay you from departing on, or prevent you from continuing on your Trip because your Family Member requires your care;
2. Sickness or Injury of your or your Traveling Companion's Service Animal provided the following conditions are met:
  - a. the Sickness or Injury of a Service Animal must commence while your coverage is in effect under this Policy, requires the in-person treatment



by a veterinarian at the time of the interruption and must be so disabling in the written opinion of a veterinarian so as to delay you from departing on, or prevent you from continuing on your Trip;

3. Death of:
  - a. you, your Traveling Companion, or your Family Member; or
  - b. your or your Traveling Companion's Service Animal;
4. your Host is unable to provide overnight lodging due to their death or a life-threatening Sickness or Injury or, in the written opinion of a Physician, your Host is prevented from hosting guests in their residence;
5. you, your Traveling Companion, or your Family Member are on a list as a recipient for an organ transplant and, while coverage is in effect, receive official notification that an organ match is available for immediate transplant. A Physician must determine the transplant is medically necessary and must confirm that the transplant and/or surgery is so disabling as to delay you from departing on, or prevent you from continuing on your Trip;
6. you or your Traveling Companion are Quarantined;

#### Family Related

7. you or your Traveling Companion receive notice that your adoption proceeding or adoption arrangements have been cancelled or terminated, provided your Trip was for the purpose of executing the adoption and provided the adoption proceeding or adoption arrangement was confirmed prior to the purchase of this Policy;
8. You or your Traveling Companion receive a court-issued notice to attend an adoption proceeding, provided you are not attending as a condition of your employment and provided the person being adopted is not you, your Traveling Companion or your Family Member. The date of the scheduled adoption proceeding must fall within the scheduled Trip dates and announced while your coverage is in effect;

#### Weather

9. your or your Traveling Companion's Home is under Mandatory Evacuation or is made Uninhabitable by a Natural Disaster. We will only pay the benefits for losses occurring within 30 days after the Mandatory Evacuation is issued or the Natural Disaster makes the Home Uninhabitable;
10. your Accommodations at the Destination made Uninhabitable by a Natural Disaster. In order to receive benefits for the unused arrangements after the Accommodation is restored for use, you must have 4 days or 50% of your total Trip length or less remaining at the time the Accommodation is deemed habitable We will only pay benefits for losses occurring within 30 calendar days after the Natural Disaster renders your Accommodations Uninhabitable;
11. Mandatory Evacuation goes into effect at the Destination due to adverse weather or a Natural Disaster. In order to receive benefits for the unused arrangements after the Mandatory Evacuation ends, you must have 4 days or 50% of your total Trip length or less remaining on your Trip at the time the Mandatory Evacuation ends. We will only pay benefits for losses occurring within 30 calendar days after the evacuation order goes into effect;

#### Failure of Services

12. your or your Traveling Companion's Common Carrier is delayed or cancelled resulting from adverse weather;
13. your or your Traveling Companion's Common Carrier is delayed or cancelled resulting from mechanical breakdown of the aircraft, ship, boat or motor coach that you were scheduled to travel on;
14. your or your Traveling Companion's public transportation or Common Carrier is delayed or cancelled resulting from a Strike. The Strike must be announced at least 5 days after the purchase of this Policy;
15. your or your Traveling Companion's Trip is cancelled by your Travel Supplier or Common Carrier as a result of their Financial Insolvency, provided:
  - a. you purchased this coverage prior to or within 24 hours of your Final Trip Payment, and
  - b. the Financial Insolvency occurs at least 14 days after the purchase of this Policy.We will not cover the Financial Insolvency of the entity or the person, organization, agency, or firm from whom the Policy was purchased. Benefits will be paid due to Financial Insolvency of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow you to transfer to another airline in order to travel to your intended destination;

#### Legal / Victim of an Accident or Crime

16. you or a Traveling Companion are serving on a jury, or are required by a court order to appear as a witness in a legal action provided you or, a Family Member or a Traveling Companion is not a party to the legal action or appearing as a law enforcement officer. Your service on the jury or appearance in court must fall within the scheduled Trip dates;
17. a documented theft of your or your Traveling Companion's passports or visas specifically required for your Trip. The theft must be substantiated by a police report;
18. the Common Carrier or other conveyance that you or your Traveling Companion are traveling on is Hijacked during your Trip;

#### Work or School

19. you, or your Traveling Companion are called into active military service to provide aid or relief in the event of a Natural Disaster;



20. your or your Traveling Companion's previously granted military leave is revoked. The leave must be approved prior to your coverage becoming effective, and official written revocation notice from a superior will be required;
21. you or your Traveling Companion are a full-time employee or student and the school where you attend or work must extend its operating session beyond its predefined school year due to Unforeseen events commencing while coverage is in effect. The school year extension must fall within the scheduled Trip in order for this coverage to be available. Extensions due to extra-curricular or athletic events are not covered;
22. you or your Traveling Companion are required to take an academic or professional examination on a date that has been fixed while coverage is in effect and the examination must fall within the scheduled Trip;

#### Travel Safety Risk

23. Terrorist Act which occurs on your Trip, in your Trip departure city or Destination, provided the city has not experienced a Terrorist Act in the past 30 days prior to the effective date of your coverage.

#### Exclusions

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

1. Payments for arrangements that are offered to be refunded or are refunded by the Travel Supplier in the form of a certificate, credit, voucher or any other method when your trip is cancelled;
2. costs for your Trip paid using loyalty rewards points, frequent travel miles, or other non-monetary redeemable points or rewards through similar programs
3. maintenance, exchange, membership, or association fees;
4. failure of a tour operator or other Travel Supplier, person or agency to provide the bargained-for travel arrangements for reasons other than Financial Insolvency; or
5. Pre-Existing Conditions  
this Exclusion does not apply provided you meet the following requirements:
  - a. coverage is purchased prior to or within 24 hours of your Final Trip Payment; and
  - b. you and your Traveling Companions are medically able to travel at the time you purchase this Policy.

#### Definitions

For purposes of this coverage, the following definitions are included:

**MANDATORY EVACUATION** means government officials order all persons in designated evacuation areas to relocate to safer locations.

All other provisions of this Policy remain in full force and effect.



## EMERGENCY ASSISTANCE AND TRANSPORTATION COVERAGE PART ENDORSEMENT

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### Coverage Effective Dates

When Coverage Begins

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date; or
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of the Trip covered by this Policy.

### Coverage

We will pay, up to the amount shown in the Schedule, for Emergency Assistance and Transportation Covered Expenses subject to the following:

1. Covered Expenses will only be payable at the usual and customary level of payment;
2. Benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip;
3. All expenses and arrangements must be authorized in advance by our Assistance Company. In the event we or our Assistance Company could not be contacted to arrange for services, benefits are limited to the amount we would have paid had we or our Assistance Company been contacted; and
4. Expenses paid may be recovered from any Other Valid and Collectible Health Insurance you may have.

### Emergency Assistance and Transportation Covered Expenses

1. Expenses incurred by you for Physician-ordered emergency medical evacuation, including Medically Appropriate Transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available;
2. Expenses incurred for non-emergency repatriation, including Medically Appropriate Transportation and medical care en route, to a Hospital in the United States or to your Home in the United States, when deemed Medically Necessary. In lieu of returning to your Home, you may opt to be returned to a different city in the United States if proper care for your condition is not available;
3. Expenses for a Medical Escort's or Attendant's services, and the Medical Escort's or Attendant's transportation and Accommodations, if an attending Physician deems that a Medical Escort or Attendant is Medically Necessary;
4. Expenses for transportation (not to exceed the cost of one round-trip economy-class air fare, to the place of hospitalization), and expenses for reasonable Accommodations, meals, telephone calls and local transportation for one person chosen by you if you are traveling alone, provided that you are hospitalized for more than 7 days;
5. Expenses for transportation, not to exceed the cost of a one-way economy-class airfare, to your Home in the United States, including escort expenses, if you are 17 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s);
6. Expenses for one-way economy-class air fare (or first class, if your original tickets were first class) to your Home in the United States, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets;
7. Expenses for:
8. repatriation for air transportation of your remains to your Home or a funeral home in the United States, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the United States.
9. embalming or cremation;
10. associated temporary storage costs for up to 15 days, or until local authorities will permit further transportation of the body, whichever is later;
11. the most economical coffins or receptacles adequate for transportation of human remains;
12. the cost for creation and transmission of necessary documentation to transport the body, such as a death certificate, autopsy or police report. This is limited to five (5) copies per document.



### **Exclusions**

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

1. service in the armed forces of any country;
2. transportation taken against the advice of our Assistance Company;
3. you or your Traveling Companion traveling for the purpose of securing medical treatment;
4. Mental or Psychological Disorders.

### **Definitions**

For purposes of this coverage, the following definitions are included:

**ASSISTANCE COMPANY** means the service provider with whom we have contracted to coordinate and deliver emergency travel assistance, medical evacuation, repatriation of remains, and other services.

**ATTENDANT** means a Traveling Companion, Family Member, close friend, or a person contracted by us if there is no one else available who, on the advice of a Physician, accompanies you while being transported.

**MEDICAL ESCORT** means a medical professional approved by us or our Assistance Company that is contracted to accompany and provide medical care to you for a Sickness or Injury while being transported.

**MEDICALLY APPROPRIATE TRANSPORTATION** means an adequate and acceptable course of Transportation that is approved by our Assistance Company.

**MEDICALLY NECESSARY** means that a treatment, service, or supply:

1. is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed;
2. meets generally accepted standards of medical practice;
3. is ordered by a Physician and performed under his or her care, supervision, or order; and
4. is not primarily for the convenience of you, the Physician, other providers, or any other person.

**OTHER VALID AND COLLECTIBLE HEALTH INSURANCE** means any policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes, but is not limited to, group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a covered expense.

All other provisions of this Policy remain in full force and effect.

### **Travel Assistance Services**

Assistance services are provided by the Assistance Company and are not insurance benefits: The Assistance Company will coordinate your medical care at your location, arrange your medical evacuation to another Hospital or to your Home, and make other necessary medical and travel arrangements.



## **MEDICAL AND DENTAL COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### **Coverage Effective Dates**

When Coverage Begins

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date; or
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

### **Coverage**

We will reimburse you, up to the amount on the Schedule, for the following covered expenses incurred by you, subject to the following:

1. Covered expenses will only be payable at the usual and customary level of payment;
2. Benefits will be payable only for covered expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip and the initial documented treatment is given by a Physician or Dentist during this Trip; and
3. Benefits payable as a result of incurred covered expenses will only be paid after benefits have been paid under any Other Valid and Collectible Health Insurance in effect for you. This coverage is in excess of any other health insurance you have available to you at the time of the loss. You must submit your claim to that provider first. Any benefits you receive from your primary or supplementary insurance providers will be deducted from your claim with us.

### **Medical Covered Expenses**

We will pay this benefit for the medically necessary expenses incurred while on your Trip for:

1. services of a Physician or registered nurse (R.N.) and related tests or treatment ordered by a Physician;
2. Hospital charges;
3. prescription medication to treat the Injury or Sickness;
4. local ambulance services.

### **Dental Covered Expenses**

If you suffer an Injury or a Sickness that requires emergency dental treatment by a Dentist, we will reimburse you, up to the amount shown in the Schedule, for the following emergency dental expenses:

1. services and supplies for the relief of dental pain; and
2. the repair or replacement of teeth or dental implants.

Coverage for emergency dental treatment does not apply if treatment or expenses are incurred after you have reached your Return Destination, regardless of the reason.

### **Your duties in the event of a Loss:**

1. you must provide us with all bills and reports for medical and/or dental expenses claimed;
2. you must provide any requested information related to the claimed expense(s), including but not limited to, an explanation of benefits from any other applicable insurance;
3. you must sign a patient authorization to release any information required by us, to investigate your claim.





### Exclusions

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

1. service in the armed forces of any country;
2. routine physical examinations or routine dental care;
3. any treatment or medication which, prior to or at the time of departure, is required to be continued during this Trip;
4. repair or replacement of hearing aids, any type of eye glasses, contact lenses, sunglasses, orthodontic equipment, artificial teeth and prosthetics;
5. any service provided by you, a Family Member, or Traveling Companion;
6. alcohol or substance abuse or treatment for the same;
7. care or treatment which is not medically necessary, except for related reconstructive surgery resulting from trauma, infection or disease;
8. Pre-Existing Conditions

This Exclusion does not apply provided you meet the following requirements:

- a. coverage is purchased prior to or within 24 hours of your Final Trip Payment; and
- b. you and your Traveling Companions are medically able to travel at the time you purchase this Policy.

### Definitions

For purposes of this coverage, the following Definitions are included:

ASSISTANCE COMPANY means the service provider with whom we have contracted to coordinate and deliver emergency travel assistance, medical evacuation, repatriation of remains, and other services.

DENTIST means a person licensed as a dental medical doctor by the jurisdiction in which he or she is resident to practice dental services. He or she must be practicing within the scope of their license for the service or treatment given. He or she may not be you, a Traveling Companion, or your Family Member.

OTHER VALID AND COLLECTIBLE HEALTH INSURANCE means any policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes, but is not limited to, group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a covered expense.

All other provisions of this Policy remain in full force and effect.

### Travel Assistance Services

These assistance services are provided by the Assistance Company and are not insurance benefits:

#### Medical Referral

The Assistance Company will provide you with the name and location of locally qualified doctors who speak your language. If additional medical services are required, the Assistance Company will consult with the attending physician and provide such assistance, as they believe to be in your best interest.

#### Telemedicine

The Assistance Company offers 24/7 access to their proprietary nationwide cross-coverage network of physicians licensed in the United States for telephone and secure e-mail medical consultations. Physicians provide specific answers to medical questions and advice regarding non-emergency, routine medical conditions. Physicians discuss symptoms, recommend treatment options, diagnose many common conditions, and prescribe medication when appropriate and legally permitted. The Assistance Company's services may not be available in all states, and international services may be limited.



## ACCIDENTAL DEATH AND DISMEMBERMENT – TRAVEL ACCIDENT COVERAGE PART ENDORSEMENT

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### Coverage Effective Dates

When Coverage Begins

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date;
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

### Coverage

We will pay this benefit, up to the amount on the Schedule, if you are injured in an Accident, which occurs while you are on a Trip, and covered under this Policy. You must suffer one of the losses listed below within 365 days of the Accident.

Loss	Percentage of Maximum Benefit
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%

If you suffer more than one loss as a result of the same Accident, we will pay only for the loss with the larger benefit. We will not pay more than the amount shown on the schedule for all losses due to the same Accident.

Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

### Exposure and Disappearance

If, due to an Accident covered by this Policy, you are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which benefits would otherwise be payable; such loss shall be covered hereunder. If you are involved in an Accident which results in the sinking or wrecking of a conveyance in which you were riding and your body is not located within one year of such Accident, it will be presumed that you suffered loss of life resulting from Injury caused by the Accident.

### Exclusions

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

1. Sickness; or
2. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm; or
3. service in the armed forces of any country.

All other provisions of this Policy remain in full force and effect.



## ACCIDENTAL DEATH AND DISMEMBERMENT – AIR FLIGHT ACCIDENT COVERAGE PART ENDORSEMENT

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### Coverage Effective Dates

When Coverage Begins

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date;
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

### Coverage

We will pay this benefit, up to the amount on the Schedule, if you are injured in an Air Flight Accident, which occurs while you are on a Trip, and covered under this Policy. You must suffer one of the losses listed below within 365 days of the Air Flight Accident.

Loss	Percentage of Maximum Benefit
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%

If you suffer more than one loss as a result of the same Air Flight Accident, we will pay only for the loss with the larger benefit. We will not pay more than the amount shown on the schedule for all losses due to the same Air Flight Accident.

Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

### Exposure and Disappearance

If, due to an Air Flight Accident covered by this Policy, you are unavoidably exposed to the elements and suffer a loss for which benefits would otherwise be payable, such loss shall be covered hereunder. If you are involved in an Air Flight Accident which results in the sinking or wrecking of a conveyance in which you were riding and your body is not located within one year of such Air Flight Accident, it will be presumed that you suffered loss of life resulting from Injury caused by the Air Flight Accident.

### Exclusions

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

1. Sickness; or
2. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm; or
3. service in the armed forces of any country.

**Definitions**

For purposes of this coverage, the following definition is included:

AIR FLIGHT ACCIDENT means an Accident that occurs while riding as a passenger in, or boarding, or alighting from, or being struck or run down by a certified passenger aircraft provided by a Common Carrier and operated by a properly certified pilot.

All other provisions of this Policy remain in full force and effect.

## BAGGAGE COVERAGE PART ENDORSEMENT

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### Coverage Effective Dates

When Coverage Begins

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date; or
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

### Coverage

We will reimburse you, up to the amount shown in the Schedule, for the following that occur during your trip:

1. loss, theft, damage or destruction of your Baggage, provided you have taken reasonable steps to protect your Baggage against loss, theft, damage and destruction;
2. administrative fees to reissue lost, stolen, or damaged tickets, visas or passports;
3. fees to reissue and expedite replacements for lost or stolen credit card(s).

### Valuation and Reimbursement of Loss

Reimbursement of loss for Baggage will be calculated based upon an Actual Cash Value basis. For items without receipts, reimbursement of loss will be calculated based upon 75% of the Actual Cash Value of items of like kind and quality at the time of loss. At our option, we may elect to reimburse you for either the repair or replacement of your Baggage.

We may take all or part of the damaged Baggage as a condition for reimbursement of loss. In the event of a loss to a pair or set of items, we will:

1. repair or replace any part to restore the pair or set to its value before the loss; or
2. pay the difference between the value of the property before and after the loss.

### Exclusions

In addition to the General Exclusions, the following exclusions apply to this coverage.

We will not pay for damage to or loss of:

1. animals; or
2. bicycles (except when checked with a Common Carrier);
3. Business Equipment, household furniture, musical instruments, brittle or fragile articles; or
4. boats, motors, motorcycles, motor vehicles, aircraft, drones, and other conveyances or equipment, or parts for such conveyances; or
5. artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses; or
6. documents or tickets (except for administrative fees required to reissue tickets, as noted above); or
7. money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps or credit cards, except as noted above; or
8. property shipped as freight or shipped prior to the Scheduled Departure Date; or
9. telephones, tablets, laptops, computer hardware or software; or
10. consumables, perfumes, cosmetics, perishables, and medicines; or
11. items seized by any government, government official or customs official; or
12. illegal drugs and contraband.



We will not pay for loss arising from:

1. damage caused by any process of repair; or
2. defective materials or craftsmanship; or
3. normal wear and tear, gradual deterioration, inherent vice, latent or patent defect; or
4. rodents, animals, insects or vermin; or
5. mysterious disappearance; or
6. electrical current, including electric arcing that damages or destroys electrical devices or appliances.

#### **Your Duties in the Event of a Loss**

1. take reasonable steps to protect your Baggage from further damage, and make necessary, reasonable and temporary repairs. We will reimburse you for those expenses but will not pay for further damage if you fail to protect your Baggage; and
2. immediately report the incident to the hotel manager, tour guide or representative, transportation official, local police or other local authorities, and obtain their written report of your loss; and
3. in case of theft, a police report is required. Original receipts and a list of stolen or lost items must be provided along with proof of loss providing the amount of loss, date, time, and cause of loss.

#### **Definitions**

For purposes of this coverage, the following definitions are included:

BUSINESS EQUIPMENT means physical property owned by you or your employer used in trade, business, or for the production of income, taken by you for use on your Trip, excluding software or data.

All other provisions of this Policy remain in full force and effect.



## **BAGGAGE DELAY COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

#### **Coverage Effective Dates**

##### **When Coverage Begins**

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

##### **When Coverage Ends**

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date; or
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

#### **Coverage**

If your Baggage is delayed by a Common Carrier for 12 hours or more from the time you were originally scheduled to receive your Baggage during your Trip, we will reimburse you, up to the amount shown in the Schedule, for the:

1. cost of necessary clothing and toiletry items purchased by you;
2. the cost to launder your clothing while your Baggage is delayed during a Trip; and
3. expenses incurred during your Trip to locate and/or track your delayed Baggage, and to have your delayed Baggage delivered to you.

#### **Exclusions**

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

1. the cost of jewelry, perfume, alcohol or tobacco; or
2. expenses incurred after your Baggage is returned to you, or after your arrival at your Return Destination.

All other provisions of this Policy remain in full force and effect.



## **RENTAL CAR DAMAGE COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### **Coverage Effective Dates**

When Coverage Begins

This coverage will take effect on the later of:

1. the time you sign the rental agreement and take possession of the rental vehicle; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the expiration date of your Policy; or
2. the date and time you return the rental vehicle to the rental agency.

### **Coverage**

We will reimburse you, up to the amount in the Schedule, if your rental vehicle is damaged, or is stolen and not recovered, while on your Trip. Damage must be due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not in your control. We will pay the lesser of:

1. the cost of repairs and rental charges imposed by the rental company while the rental vehicle is being repaired;
2. the Actual Cash Value of the rental vehicle.

Coverage is provided to you and your Traveling Companion, provided you and your Traveling Companion are licensed drivers, and are listed on the rental agreement. This coverage is primary to other forms of insurance or indemnity.

### **Exclusions**

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

1. any obligation assumed under any agreement of you or a Traveling Companion or a Family Member traveling with you;
2. rental of commercial trucks, campers, trailers, motor bikes, motorcycles, off-road, all-terrain, or recreational vehicles;
3. vehicles that are older than 10 years;
4. vehicles that are rented for commercial, livery, taxi, or ridesharing purposes, including but not limited to limousines;
5. vehicles that have a manufacturer's suggested retail price of more than \$75,000;
6. actions in violation of the rental agreement;
7. failure to report the loss to the proper local authorities and the rental car company;
8. damage to any other vehicle, structure, property or person as a result of a covered loss;
9. the decreased or diminution of the value of the rental vehicle as a result of the accident and the subsequent repairs;
10. participation in contest of speed, motor sport, or motor racing, including training or practice for the same; or
11. intentional acts of you or your Traveling Companion.

### **Your Duties in the Event of a Loss**

You must:

1. take all reasonable and necessary steps to protect the rental vehicle and prevent further damage to it;
2. report the loss to the appropriate local authorities and the rental company as soon as possible;
3. provide us all documentation such as the rental agreement, police report, damage estimate, and photographs or videos;
4. obtain all information on any other party involved in an accident, such as name, address, insurance information and driver's license number, vehicle year, make, model, license plate number.

All other provisions of this Policy remain in full force and effect.





## **MISSOURI IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

### **MISSOURI PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION NOTIFICATION OF COVERAGE LIMITATIONS**

1. Subject to the provisions of the Missouri Property And Casualty Insurance Guaranty Association Act (to be referred to as the Act), and the Missouri Property And Casualty Insurance Guaranty Association (to be referred to as the Association), the Association will pay claims covered under the Act if we become insolvent.
2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitations apply subject to all other provisions of the Act:
  - a. Claims covered by the Association do not include a claim by or against an insured of an insolvent insurer, if the insured has a net worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes insolvent, provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.
  - b. Payments made by the Association for covered claims will include only that amount of each claim which is less than \$300,000.

However, the Association will not:

- (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
- (2) Return any unearned premium to an insured in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this Policy.



## MISSOURI AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

1. The header of the cover page of the Policy on page 1 is amended as follows:

**Generali – U.S. Branch**  
28 Liberty Street, Ste 3040  
New York, NY 10005  
(212)602-7600

2. **GENERAL EXCLUSIONS**, exclusion 1 is replaced by the following:

1. you or your Traveling Companion's suicide, attempted suicide, or intentionally self-inflicted injury not in relation to an attempted suicide while sane;

3. **CLAIMS PROVISIONS**, the **NOTICE OF CLAIM**, **PROOF OF LOSS**, **PAYMENT OF CLAIMS** and **APPRAISAL** provisions are replaced by the following:

### **NOTICE OF CLAIM**

We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. No claim will be denied based upon the insured's failure to provide notice within such specified time, unless this failure operates to prejudice the rights of the insurer, as per Missouri regulation 20 CSR 100-1.020. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and sufficient information to identify him or her.

### **PROOF OF LOSS**

The claimant must send us, or our designated representative, proof of loss within 90 days after a covered loss occurs or as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, and no claim will be denied based upon your failure to provide notice within such specified time, unless this failure operates to prejudice the rights of the insurer, as per Missouri regulation 20 CSR 100-1.020 (D).

### **PAYMENT OF CLAIMS**

Any benefits payable due to your loss of life will be paid to the following:

- a) the beneficiary named for the Policy that is on file with us;
- b) to your Spouse, if living. If no living Spouse, then
- c) to your estate in the United States.

Any accrued benefits unpaid at your death will also be paid according to the above. All other benefits are paid directly to you unless you direct us otherwise. All benefits will be paid within 15 working days after the submission of all forms necessary to establish the nature and extent of any claim.



#### **APPRAISAL**

If there is a disagreement about the Actual Cash Value or amount of the loss, either you or we can make a written demand for an appraisal. If you and we make a written demand for appraisal, you and we will each select a competent and disinterested appraiser and notify the other of the appraiser selected within 20 days after receipt of such demand. The appraisers will then select a competent and disinterested umpire; and failing for 15 days to agree on such umpire, the on the request of you or us, such umpire will be selected by a judge of a court of record in the state and county (or city if the city is not within a county) in which the property covered is located. The appraisers will then appraise the loss, stating separately Actual Cash Value and loss to each item; and, failing to agree, will submit their differences, only, to the umpire. The umpire will make the award within 30 days after the umpire receives the appraisers' submissions of their differences. An award in writing, so itemized, of any two when filed with us will determine the amount of Actual Cash Value and loss. The appraiser selected by you is paid by you. We will pay the appraiser we choose. You will share equally with us the other expenses of the appraisal and the umpire.

4. **GENERAL PROVISIONS**, the **LEGAL ACTIONS** provision is replaced by the following:

#### **LEGAL ACTIONS**

No legal action may be brought to recover on the Policy unless there has been full compliance with all terms of the policy and no more than 10 years from the time written proof of loss is required to be given.

5. **DEFINITIONS**, the definition of HOSPITAL and PRE-EXISTING CONDITION is replaced by the following:

HOSPITAL means a legally constituted institution (or an institution which operates pursuant to law) having organized facilities for the care and treatment of sick and injured persons on a resident or inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one or more licensed physicians and which provides twenty-four (24)-hour nursing service by registered nurses on duty or call.

A Hospital is not: a rest, convalescent, extended care, or nursing facility or facilities operated exclusively for treatment of the aged, alcoholics or drug addicts, even though the facilities are operated as a separate institution by a hospital.

PRE-EXISTING CONDITION means a Sickness or Injury of you or your Traveling Companion during the 60-day period immediately prior to your effective date for which medical advice or treatment was received.

All other provisions of this Policy remain in full force and effect.

**This page separates your Travel Insurance Policy from your Travel Services Program Description.**

## Travel Services Program Description

(Non-insurance services provided by Generali Global Assistance's designated provider)

With travel services from Generali Global Assistance, help is only a phone call away. When you are traveling, you have access to these Travel Support and Assistance Services.

**During your trip, assistance is available 24 hours a day by contacting our designated provider:**

**Toll free from within the United States:**

**(833) 430-3658**

**Collect from anywhere in the world:**

**(954) 308-3949**

When you call us, please be sure to have your policy number, plan code, location, telephone number and details of your situation available so we can help you.

### **Travel Informational Services**

We offer a wide range of travel guidance and services before you leave home and during your trip, including:

- Visa, Passport, Inoculation, and Immunization Requirements
- Weather Information
- Currency Exchange Rates
- Cultural Information
- Embassy & Consulate Referrals
- Travel Advisories

### **Travel Support Services**

- Emergency Cash Transfer
- Embassy & Consular Services
- Emergency Message Relay
- Legal Referral
- Replacement of Medication & Eyeglasses
- Vehicle Return
- Locating Lost or Stolen Items
- Interpretation & Translation

### **Concierge Services**

- City Profiles
- Hotel Accommodations
- Restaurant Reviews & Reservations
- Epicurean Needs
- Meet & Greet Services
- Rental Car Reservations
- Event Ticketing
- Personalized Retail Shopping Assistance
- Airline Reservations
- Flowers & Gift Baskets
- Pre-Trip Assistance
- Pet Services Locator
- Golf Outings & Tee Times
- Procurement of Hard to Find Items

## **Description of Services**

### **Travel Support Services**

These services become available when you start your trip and end when you reach the final destination of your trip. These support services are not financial or insurance benefits. You are responsible for any costs associated with these services:

**Emergency Cash Transfer** - If your cash or traveler's checks are lost or stolen, or unanticipated emergency expenses are incurred, we will help arrange for an emergency cash transfer in currency, traveler's checks, or other forms as deemed acceptable by the provider. The assistance provider will advance up to \$500 after satisfactory guarantee of reimbursement from you.

**Legal Referral** - We will provide you with referrals to a local lawyer. All costs associated with this service are your responsibility. In case of your incarceration, We will notify the proper embassy or consulate, arrange the receipt of funds from third party sources and locate an attorney and bail bondsman, where permitted by law, with satisfactory guarantee of reimbursement from you, a family member or friend. You are responsible for associated fees.

Locating Lost or Stolen Items – We will assist you in locating lost luggage, and help you coordinate the replacement of transportation tickets, travel documents or credit cards.

Replacement of Medication and Eyeglasses – We will arrange to fill a prescription that has been lost, forgotten, or requires a refill, subject to local law, whenever possible. We will also arrange for shipment of replacement eyeglasses, corrective lenses or medical devices. You are responsible for payments of all costs related to these services.

Embassy and Consular Services – We will provide you with referrals to United States Embassies and Consulates.

Worldwide Medical Information – We can provide you with necessary inoculation and vaccination information, and detailed general health and medical descriptions of destinations around the world.

Interpretation/Translation – We will assist with telephone interpretation in all major languages or will refer you to an interpretation or translation service for written documents.

Emergency Message Relay – We will assist you with relaying emergency messages to and from friends, relatives, personal physicians and employers.

Pet Return – We will arrange for the return of your pet to your home if your pet is traveling with you and you are unable to take care of your pet due to a medical emergency.

Vehicle Return – We will make arrangements to have a designated person or provider return your vehicle to your home (or your rental vehicle to the closest rental agency) if you experience a medical emergency or mechanical problems, which prevent you from driving the vehicle.

### **Concierge Services**

These services become available when you purchase your travel protection plan and end when you reach the final destination of your trip. These concierge services are not financial or insurance benefits. You are responsible for any costs associated with these services:

- |                            |                                           |                                     |
|----------------------------|-------------------------------------------|-------------------------------------|
| • City Profiles            | • Hotel Accommodations                    | • Restaurant Reviews & Reservations |
| • Epicurean Needs          | • Meet & Greet Services                   | • Rental Car Reservations           |
| • Event Ticketing          | • Personalized Retail Shopping Assistance | • Airline Reservations              |
| • Flowers & Gift Baskets   | • Pre-Trip Assistance                     | • Pet Services Locator              |
| • Golf Outings & Tee Times | • Procurement of Hard to Find Items       |                                     |

### **Terms and Conditions**

There may be times when circumstances beyond our control hinder our endeavors to provide assistance; however, we will make all reasonable efforts to provide services and help resolve your situation.

The assistance provider cannot be held responsible for failure to provide, or for delay in providing services when such failure or delay is caused by conditions beyond its control, including but not limited to flight conditions, labor dispute and strike, rebellion, riot, civil commotion, war or uprising, nuclear accidents, natural disasters, acts of God or where rendering service is prohibited by local law or regulations.

The assistance provider's staff will do their best to refer you to the appropriate providers. However, the assistance provider and Generali Global Assistance cannot be held responsible for the quality or results of any services provided by these independent practitioners.



## ASSISTANCE SERVICES PRICING

The total price for your travel protection plan includes a price of insurance reflecting a filed and approved rate for Generali U.S. Branch and a price of non-insurance assistance services provided by Generali's designated provider. The price on non-insurance assistance services is below.

Without Optional Trip Cancellation for Any Reason coverage:

Trip Cost	Age				
	0-45	46-60	61-70	71-75	76-199
\$0.00-\$400.00	\$8.44	\$8.96	\$11.48	\$17.92	\$30.24
\$400.01-\$100,000.00	2.11% of trip cost	2.24% of trip cost	2.87% of trip cost	4.48% of trip cost	7.56% of trip cost

If Optional Trip Cancellation for Any Reason coverage is selected there is an additional cost shown below:

Trip Cost	Age				
	0-45	46-60	61-70	71-75	76-199
\$0.00-\$400.00	\$8.22	\$8.48	\$8.74	\$8.96	\$17.12
\$400.01-\$100,000.00	2.06% of trip cost	2.12% of trip cost	2.19% of trip cost	2.24% of trip cost	4.28% of trip cost

If you have questions regarding the assistance services or pricing, please call us at 800-341-9606.



## What does Generali US Branch (“GUSB”) do with your personal information?

### Why?

Financial companies choose how they share your personal information. Federal and state laws give consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

### What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Personal information and identifiers: name, date of birth
- Demographics: age, disability status, citizenship, gender
- Product information: policy/account number, policy/account values
- Audiovisual information: video & audio recordings

### How?

All financial companies need to share customer personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer information; the reasons GUSB chooses to share; and whether you can limit this sharing.

Reasons We Can Share Your Personal Info	Does GUSB share	Can you limit this sharing?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes—</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	No
<b>For our affiliates’ everyday business purposes—</b> information about your transactions and experiences	Yes	No
<b>For our affiliates’ everyday business purposes –</b> information about your creditworthiness	No	Yes
<b>For our affiliates to market to you</b>	No	Yes
<b>For nonaffiliates to market to you</b>	No	No

### Questions?

Call us at: 866-757-0010

Email us at: [consumerprivacy@us.generaliglobalassistance.com](mailto:consumerprivacy@us.generaliglobalassistance.com)

## Who We Are

### Who is providing this notice?

This privacy notice is provided by Generali US Branch (“GUSB”).





## What We Do

### How does GUSB protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state law. These measures include computer safeguards, access limitations, and secured files and buildings.

### How does GUSB collect my personal information?

We collect your personal information, for example, when you:

- apply for a product or make a claim.
- give us your contact information.
- communicate and transact with us.
- pay insurance premiums.

We also may collect your personal information from others, such as affiliates or other companies.

### Why can I not limit all sharing?

Federal law gives you the right to limit only:

- sharing for affiliates' everyday business purposes – information about your creditworthiness.
- affiliates from using your information to market to you.
- sharing for nonaffiliates to market to you.

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

### What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account.

## Definitions

### Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include the member companies of (i) Europ Assistance North America, Inc.; (ii) Europ Assistance Holding S.A.S and (iii) Assicurazioni Generali S.p.A.

### Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies. For example, we use service providers to perform business functions for us.

### Joint Marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you. **GUSB does not jointly market.**

## Other Important Information

**For residents of Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Montana, New Jersey, Nevada, North Carolina, Ohio, Oregon, and Virginia.** These states require insurers and agents to describe their information practices in addition to providing a Privacy Notice. The two notices are very similar, but in general our information practices include the following: GUSB may obtain information about you and any other persons applying for insurance. Some of this information will come from you and some may come from other sources. That information and any other information collected by GUSB may in some circumstances be disclosed to third parties, such as agents, affiliates, service providers and others without your specific consent. In some cases, we may need your direct authorization before sharing that information. Residents have the right to access, to correct and, in some states, to delete (if incorrect) the information collected about them, except information that relates to a claim or to a civil or criminal proceeding. If you are refused coverage or if your application is postponed, you may also have the right to receive the specific reason in writing. To exercise your rights or if you wish to have a more detailed explanation of our information practices required by your state, please submit a written request by email to: [consumerprivacy@us.generaliglobalassistance.com](mailto:consumerprivacy@us.generaliglobalassistance.com).



**State Specific Requirements.** Customer personal information will be collected, used, and stored as required by applicable federal privacy laws. If the customer's state laws provide more protection of the customer's personal information than federal privacy laws, GUSB will protect the customer's personal information as required by such state law.

**For residents of Arizona, California, Maine, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, and Virginia.** We will not share your personal information with non-affiliated third parties (or, in some circumstances, our affiliates) other than our agents or service providers unless you authorize us to share it, or the law otherwise permits us to share it. You have the right to authorize or not authorize this sharing of personal information.

**For Vermont Residents only.** We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.

**For Nevada Residents Only.** We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: [aginfo@ag.nv.gov](mailto:aginfo@ag.nv.gov). You may contact the applicable customer service department using the contact information above or by writing to us at 28 Liberty Street, Ste 3040, New York, NY 10005.

**For California Residents only.** The California Consumer Privacy Act (CCPA) gives California residents certain privacy rights with respect to the limited nonpublic personal information we collect. These rights are:

- the right to notice of the personal information we collect;
- the right to know the categories, sources and specific pieces of personal information we have collected about you in the past 12 months, including our purpose for collecting the information and the categories of third parties with whom we share that personal information, subject to certain exceptions;
- the right to delete some or all of the personal information we collect, subject to certain exceptions; and
- the right to opt-out of our sale of your personal information, if we sell your personal information.

CCPA rights are limited and do not apply to any of the personal information that we have collected from you and about you in connection with providing you an insurance or financial product or service. The personal information we collect that is subject to the CCPA includes some of your internet and network activity. We may share this information with our service providers for a business purpose. We do not sell personal information about current or former customers to any third parties. We may allow third-party advertising cookies to be placed on your browser or mobile device when you visit our website. You may opt-out.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at: 28 Liberty Street, Ste 3040, New York, NY 10005.