

Worldwide Trip Protector Gold



Comprehensive and Post Departure Plan Description of Coverage

AIC-TRVL-P (5/03) WA

T-3021WA & 3022WA
07/2006

WORLDWIDE TRIP PROTECTOR GOLD DESCRIPTION OF COVERAGE FOR WASHINGTON RESIDENTS

This Insurance is underwritten by: Arch Insurance Company, with its principal place of business in New York, NY.

Schedule of Benefits

Part A - Travel Protection Maximum Benefits Per Person

Trip Cancellation*	Up to Trip Cost
Trip Interruption	Up to 150% of Trip Cost (\$1,000 Return Air only for Post Departure Plan)
Missed Connection	\$300
Trip Delay (6 hours)...	\$1,250 (\$150/day)

Part B - Baggage Protection

Baggage and Personal Effects	\$1,000
Limit Per Article	\$250
Combined Limit - Valuables	\$500
Baggage Delay	\$200

Part C - Medical Protection

Emergency Accident and Sickness Medical Expense	\$100,000
Emergency Evacuation and Repatriation of Remains	\$1,000,000

Part D - Travel Accident Protection

Accidental Death & Dismemberment	\$25,000
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Part E - Optional Travel Accident Protection

I - Optional Medical Protection

Additional Emergency Accident and Sickness Medical Expense	\$150,000
(For a total of \$250,000)	
Additional Emergency Evacuation and Repatriation of Remains	\$500,000
(For a total of \$1million)	

II - Optional Flight Accident Protection

Accidental Death & Dismemberment	Up to the amount Common Carrier (Air Only)
	purchased

Optional limits of \$100,000, \$250,000, \$500,000, or
\$1,000,000 per person

* Not applicable to the Post Departure Plan.

Worldwide Assistance Services

are included with the purchase of your
Worldwide Trip Protector plan.

Double Advantage

You may cancel the Protection Plan by giving us written notice within either fourteen (14) days from the date of issuance of Your Protection Plan, or Your Departure Date whichever occurs first provided you have not filed a claim. If you do this, we will refund Your plan cost in full (excluding the \$5 administration fee). If past fourteen days, the plan cost is non-refundable.

Part A - Travel Protection

Trip Cancellation/Trip Interruption: The Insurer will pay a benefit, up to the maximum shown on the Schedule, if You are prevented from taking or continuing Your covered Trip due to the following Unforeseen events:

- a) Sickness, Injury or death involving You or Your Traveling Companion, or a Family Member or Business Partner of You or Your Traveling Companion which results in medically imposed restrictions as certified by a Legally Qualified Physician at the time of loss preventing the Insured's continued participation in the Trip.
- b) Unannounced Strike that causes complete cessation of services of the Insured's Common Carrier for at least 24 consecutive hours;
- c) Weather that causes complete cessation of services of the Insured's Common Carrier for at least 24 consecutive hours;
- d) Employer termination or layoff affecting You or a person(s) sharing the same room during Your Trip. Employment must have been with the same employer for at least three (3) consecutive years;
- e) You or Your Traveling Companion are hijacked, quarantined, required to serve on jury duty, or court ordered appearance as a witness in a legal action in which an Insured or Traveling Companion is not a party (except law enforcement officers);
- f) Your primary residence or that of Your Traveling Companion is rendered uninhabitable by Unforeseen circumstances;
- g) Burglary of You or Your Traveling Companion's primary residence within 10 days of departure of the Trip;
- h) Bankruptcy and/or Default of the Insured's Travel Supplier which occurs more than 14 days following the Insured's Effective Date. Coverage is not provided for the Bankruptcy or Default of the agency from whom the Insured purchased their Land/Sea Arrangements. Benefits will be paid due to Bankruptcy or Default 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 the Insured to transfer to another airline in order to get to the Insured's intended destination.

- i) If within 30 days of the departure of an Insured, a politically motivated Terrorist Attack occurs within the territorial limits of the City listed on the Insured's itinerary. The Terrorist Attack must occur after the Effective Date of the Insured's Trip Cancellation coverage.
- j) The Insured or Traveling Companion are called to emergency military duty for a disaster other than war;
- k) Traffic accident, substantiated by a police report, directly involving either the Insured or Traveling Companion while en route to a scheduled point of departure
- l) Natural Disaster at the site of Your destination which renders Your destination accommodations uninhabitable.;

Single Supplement: Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per-person occupancy rate of prepaid Travel Arrangements if a Traveling Companion has his or her Trip delayed, canceled or interrupted for a covered reason and You do not cancel.

Trip Cancellation (not applicable to the Post Departure Plan): non-refundable cancellation charges imposed by Your Travel Supplier and/or airfare cancellation charges for flights joining or departing Your Land/Sea Arrangements; or the additional costs You may incur as a result of a change in the per-person occupancy rate of prepaid travel arrangements if a person booked to share accommodations with You cancels his/her Trip for a covered reason and You do not cancel.

Trip Interruption (Post Departure Plan - Return Air Only): Benefits will be paid, up to the Maximum Benefit Amount for the non-refundable, unused portion of the pre-paid expenses for Travel Arrangements and/or the additional cost for one-way Economy Transportation for the Insured to return to their original or rejoin their Trip less the value of the original unused return travel ticket.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

Trip Delay: If an Insured is delayed for more than the number of hours shown in the Schedule of Benefits while en route to or from a Trip, due to:

- a) any delay of a Common Carrier. The delay must be certified by the Common Carrier;
- b) lost or stolen passports, travel documents or money (must be substantiated by a report to the police or the appropriate authority); or
- c) quarantine, hijacking, strike, Natural Disaster, terrorism or riot;

Benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for:

- a) the Additional Transportation Cost from the point where an Insured was delayed to a destination where he or she can join the Trip;
- b) reasonable accommodation and meal expenses (up to the daily amount shown in the Schedule of Benefits); and Benefits will not be paid for any expenses that have been reimbursed or for any services that have been provided by the Common Carrier.

These benefits will not duplicate any benefits payable under the Policy or any coverage(s) attached to the Policy.

Missed Connection: Covers missed Cruise or Trip departures which result from cancellation or delay (for up to twelve or more hours) of all regularly scheduled airline flights due to Inclement Weather or any Common Carrier caused delay. Maximum benefits of up to the amount shown in the Schedule are provided to cover additional transportation expenses needed for the Insured(s) to join the departed Cruise or Trip, reasonable accommodation and meal expenses (up to the per day amount shown in the Schedule) and non-refundable trip payments for the unused portion of your Cruise or Trip. Coverage is secondary to any compensation provided by a Common Carrier. Coverage will not be provided to individuals who are able to meet their scheduled departure but cancel their Cruise or Trip due to Inclement Weather.

The Maximum Benefit Amount is shown in the Schedule of Benefits.

Part B - Baggage Protection

Baggage/Personal Effects: For Baggage and Personal Effects: Coverage will be provided to an Insured: (a) against all risks of permanent loss, theft or damage to Baggage and Personal Effects; (b) subject to all Exclusions and Limitations in the Policy; (c) up to the Maximum Benefit Amount; and (d) occurring while this coverage is in force. The Company will pay the lesser of the following amounts up to the Per Article Maximum shown in the Schedule of Benefits:

- i) the actual cash value at the time of loss, theft or damage; or
- ii) the cost to repair or replace the article with material of a like kind and quality.

The Company will pay the Combined Maximum shown in the Schedule of Benefits for jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, articles trimmed with fur, cameras and their accessories and related equipment.

The Insurer will also reimburse You for charges and interest incurred due to unauthorized use of Your credit cards if such use occurs during Your Trip and if You have complied with all credit card conditions imposed by the

credit card companies. The Insurer will reimburse You for fees associated with the replacement of Your passport during Your Trip. Receipts are required for reimbursement.

Baggage Delay (Outward Journey Only): For Baggage Delay: If, while on a Trip, an Insured's checked Baggage is delayed or misdirected by a Common Carrier for more than 24 hours from his or her time of arrival at a destination other than Your place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount, for the actual expenditure for necessary Personal Effects. An Insured must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

Part C - Medical Protection

Accident Medical Expense: Benefits will be paid for the expense incurred, up to the Maximum Benefit Amount, if an Insured incurs an Eligible Expense as a result of an accidental Injury that occurs during the Trip. An Insured must receive initial Medical Treatment for the Injury within 365 days after the date of the Accident that caused the Injury. All services, supplies or treatment must be received within the 52 weeks following the date of the Accident.

Benefits will include expenses for emergency dental treatment not to exceed \$750.

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure an Insured's admission to a Hospital, because of a covered accidental Injury. The authorized travel assistance company will coordinate advance payment to the Hospital.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

Sickness Medical Expense: The Insurer will pay benefits up to the maximum shown on the Schedule, if You incur Covered Medical Expenses as a result of a Sickness which first manifests itself during the Covered Trip. You must receive initial treatment while on the Covered Trip within thirty (30) days of the onset of the Sickness. All services, supplies or treatment must be received within 52 weeks following the onset of the Sickness.

Benefits will include expenses for emergency dental treatment not to exceed the amount shown in the Schedule of Benefits.

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure an Insured's admission to a Hospital, up to the Maximum Benefit Amount, because of a covered Sickness. The authorized travel assistance company, if any, will coordinate advance payment to the Hospital.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

Emergency Evacuation Benefit. The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if the Insured suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is on a Trip. Benefits payable are subject to the Maximum Amount per Insured shown on the Schedule for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of the Insured's Injury or Emergency Sickness warrants his or her Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities.

The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

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

The Company will also pay reasonable and customary charges, up to the maximum escort limit shown on the

policy, for escort expenses required by the Insured, if the Insured is disabled during a Trip and an escort is recommended in writing, by the Company's attending Physician and must be pre-approved by the Assistance Company.

Additional Benefits:

If the Insured is hospitalized for more than up to 7 days following a Covered Emergency Evacuation Expense, the Company will pay subject to the limitations set out herein, for expenses:

1. to return to the United States where they reside, with an attendant if necessary, any of the Insured's Dependent Children who were accompanying the Insured when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.
2. to bring one person chosen by the Insured to and from the Hospital or other medical facility where the Insured is confined if the Insured is alone; but not to exceed the cost of one round-trip economy airfare ticket.
3. to return the Insured from the medical facility to which he or she was evacuated to the Insured's Return Destination via Common Carrier, within one year from the Insured's original Trip completion date, (or) date of hospitalization. Commercial airfare costs will be in the same class of service, as the Insured's original airline tickets, or in business or first class as in compliance to Insured's medical necessities and requirements upon the discharge, less refunds from the Insured's unused transportation tickets.

In addition to the above covered expenses, if the Company has previously evacuated an Insured to a medical facility, the Company will pay his/her airfare costs from that facility to the Insured's primary residence, within one year from the Insured's original Scheduled Return Date, less refunds from the Insured's unused transportation tickets. Airfare costs will be economy, or first class if the Insured's original tickets are first class. This benefit is available only if it is not provided under another coverage in the policy.

Emergency Evacuation – means the Insured's medical condition warrants immediate transportation from the place where the Insured is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;

Emergency Sickness - means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her

life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while coverage is in force as to the Insured suffering the symptom and during the Insured's Trip.

Transportation - means any land, sea or air conveyance required to transport the Insured during an Emergency Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.

Part D - Travel Accident Protection

Accidental Death & Dismemberment: When an Insured sustains covered Injuries resulting in any of the following losses within 365 days from the date of the Accident, benefits will be paid as follows: Loss of Life : Principal Sum; Loss of Both Feet, Both Hands or Both Eyes : Principal Sum; Loss of One Hand and One Foot: Principal Sum; Loss of One Hand and One Eye or One Foot and One Eye: Principal Sum; Loss of One Hand, One Foot or One Eye: One-half Principal Sum

The Principal Sum is shown in the Schedule of Benefits. Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively, Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one Accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same Accident.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy
Exposure: If, while insured under this Benefit, an Insured is unavoidably exposed to the elements because of a covered Accident and suffers a loss for which benefits are payable under this Benefit, such loss will be covered.

Disappearance: If, while insured under this Benefit, an Insured is in an Accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which he or she is covered by this Benefit, and if his or her body has not been found within 52 weeks from the date of the Accident, it will be presumed, unless there is evidence to the contrary, that he or she suffered loss of life as a result of those Injuries.

Part E - Optional Flight Accident Protection

Accidental Death & Dismemberment Common Carrier (Air Only): Air Common Carrier benefit applies to Injury

sustained by You: (a) while riding as a passenger in or on, boarding or alighting from an aircraft operated under a license for the transportation of passengers for hire; (b) being struck or run down by an aircraft. If You sustain an Injury which results in loss of life; actual severance of limb; or entire and irrecoverable loss of eyesight, speech, or hearing, within 365 days of the date of the Accident, the Insurer will pay the largest applicable amount as follows: the full benefit amount is paid for loss of life, two hands or two feet, speech, and hearing in both ears, one hand, and one foot, sight in both eyes, one hand, or one foot and sight in one eye. One-half of the benefit amount is paid for loss of one hand or one foot, speech, or hearing in both ears, sight of one eye. One-fourth of the benefit is paid for loss of the thumb and index finger of the same hand. In no event will the Insurer pay more than the maximum amount shown on the Schedule of Coverages and Services for all losses due to the same Accident.

Exposure: The Insurer will pay benefits for covered losses which result from You being unavoidably exposed to the elements due to an Accident.

Disappearance: The Insurer will pay benefits for loss of life if Your body cannot be located one year after the disappearance of the Common Carrier in which You were a passenger due to forced landing, stranding, sinking, or wrecking.

Worldwide Assistance Services

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

- Medical evacuation • Medically necessary repatriation
 - Repatriation of remains • Medical or legal referral
- Inoculation information • Hospital admission guarantee
 - Translation service • Lost Baggage retrieval
- Passport/visa information • Emergency cash advance*
- Bail bond* • Prescription drug/eyeglass replacement*

* Payment reimbursement to the Assistance Company is Your responsibility.

For Worldwide Assistance and Concierge Services Only

CALL TOLL FREE:

(Within the United States and Canada)

1-800-494-9907

OR CALL COLLECT

1-603-898-8752

(From all other locations)

Travel assistance services are provided by an independent organization and not by Arch Insurance Company or Travel Insured International.

There may be times when circumstances beyond the Assistance Company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help you resolve your emergency situation.



24-Hour Emergency Assistance Telephone Numbers

Continental USA **800-494-9907**

International **603-898-8752**

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

-KEEP THESE NUMBERS WITH YOU WHEN YOU TRAVEL-

PRE-EXISTING CONDITIONS

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

Exclusions

The following exclusions apply to Parts A, C, D and E:

Benefits are not payable for Sickness, Injuries or losses of You, Your Traveling Companion, You or Your Traveling Companion's Family Member, or Your Business Partner:

- 1) suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only) committed by the Insured, Traveling Companion or Family Member, whether insured or not;
- 2) resulting from an act of declared or undeclared war;
- 3) while participating in maneuvers or training exercises of an armed service;
- 4) while riding, driving or participating in races, or speed or endurance contests;
- 5) while mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
- 6) while participating as a member of a team in an organized sporting competition;
- 7) while participating in skydiving, hang gliding, bungee cord jumping, or deep sea diving;
- 8) while piloting or learning to pilot or acting as a member of the crew of any aircraft;

9) commission or the attempt to commit a criminal act by the Insured or Traveling Companion.

10) due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;

11) for dental treatment (except as coverage is otherwise specifically provided herein);

12) due to Pre-Existing Conditions (except Emergency Evacuation and Repatriation of Remains), unless the policy is purchased within 14 days of the initial Trip deposit; for the full non-refundable cost of Your Trip; the booking for the covered Trip must be the first and only booking for this travel period and destination; You are not disabled from travel at the time You pay the premium;

13) for mental or nervous disorders, unless hospitalized.

The following exclusion applies to Accident Medical Expense, Sickness Medical Expense and Accidental Death and Dismemberment only:

14) due to alcoholism and drug addiction

The following exclusion applies to Trip Cancellation, Trip Interruption, Trip Delay, and Emergency Evacuation/Repatriation of Remains only:

15) received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advise of a Legally Qualified Physician.

The following limitation applies to Trip Cancellation only:

All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72-hour period, the Company will not pay for additional charges which would not have been incurred had an Insured notified the Travel Supplier in the specified period.

If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented You from reporting the cancellation within the specified period.

The following exclusions apply to Baggage/Personal Effects Coverage only in Part B:

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier; nor will benefits be paid for loss or damage to property specifically covered under any other insurance.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

Your Duties After Loss of or Damage to Property or Delay of Baggage: In case of loss, theft, damage or delay of Baggage or Personal Effects, and You must:

- a) take all reasonable steps to protect, save or recover the property;
- b) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of an Insured's property at the time of loss;
- c) produce records needed to verify the claim and its amount, and permit copies to be made;
- d) provide to the Company, within 90 days from the date of loss, a detailed proof of loss signed and sworn to; and
- e) be examined, if requested.

Reductions in the Amount of Insurance: The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this coverage for this Trip.

No Benefit to Bailee: This insurance shall not benefit any Common Carrier or bailee.

Benefits are not payable for any loss caused by or resulting from:

- a) breakage of brittle or fragile articles;
- b) wear and tear or gradual deterioration;
- c) confiscation or appropriation by order of any government or custom's rule;
- d) theft or pilferage while left in any unlocked vehicle;
- e) property illegally acquired, kept, stored or transported;
- f) an Insured's negligent acts or omissions; or
- g) property shipped as freight or shipped prior to the Scheduled Departure Date.

Definitions

"Accident" - means a sudden, unexpected, or unintended event that occurs while this Policy is in force and causes Injury.

"Additional Transportation Cost" means the actual cost incurred for one-way Economy Transportation by Common Carrier reduced by the value of an unused travel ticket.

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

"Bankruptcy" means the filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 U.S.C. Subsection 101 et seq.

"Business Partner" - means an individual who: (a) is involved in a legal partnership with You; and (b) is actively involved in the day to day management of Your business.

"Common Carrier" - means any public land, air, or water conveyance operating under a valid license providing for the transportation of passengers for hire.

"Complication of Pregnancy" means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.

"Default" means a material failure or inability to provide contracted services.

"Domestic Partner" means a person, at least 18 years of age, with whom You have been living in a spousal relationship with evidence of cohabitation for at least 10 continuous months prior to the Effective Date of coverage.

"Economy Transportation" means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Insured purchased for the Trip, reduced by the value of an unused return travel ticket.

"Eligible Expense" means expense incurred for services and supplies: (a) listed below; and (b) ordered or prescribed by a Legally Qualified Physician as Medically Necessary for diagnosis or treatment; which are limited to:

- i) the services of a Legally Qualified Physician;
- ii) Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Trip, if recommended as a substitute for a hospital room for recovery of an Injury);
- iii) transportation furnished by a professional ambulance company to and/or from a Hospital; and
- iv) prescribed drugs, prosthetics and therapeutic services and supplies.

"Family Member" means You or Your Traveling Companion's legal or common law spouse, Domestic Partner, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, foster child, ward, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, or nephew.

"Hospital" means (a) a place which is licensed or recognized as a general Hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general Hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a Hospital or institution licensed or Used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Injury" or "Injuries"- means accidental bodily Injuries (a) received after the Effective Date and prior to the Insured's scheduled return date; and (b) resulting in loss independently of sickness and all other causes and certified by a Legally Qualified Physician.

"Insured," "You" or "Your" means the Principal Insured and his or her Family Members, Business Partner, or Traveling Companion who are covered under the Principal Insured's policy.

"The Insurer" or "The Company" - means Arch Insurance Company.

"Intoxicated" mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where an Insured is located at the time of an incident.

"Legally Qualified Physician" - means a Physician or a Christian Science Practitioner (a) other than an Insured, a Traveling Companion or a Family Member: (b) practicing within the scope of his or her license; and (c) recognized as a physician in the place where the services are rendered.

"Maximum Benefit Amount" means the maximum amount payable for each coverage described herein and as shown in the Schedule of Benefits.

"Medical Treatment" means treatment advice or consultation by a Legally Qualified Physician.

"Medically Necessary" means that a treatment, service, or supply is: (1) is essential for diagnosis, treatment or care of the Injury or Sickness for which it is prescribed or performed;

(2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

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

"Pre-Existing Condition" means any Injury, Sickness or condition of the Insured, Traveling Companion and/or the Insured's Family Member for which medical advice, diagnosis, care or treatment was recommended or received within the 180 day period ending on the Effective Date. Conditions are not considered pre-existing if the condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

"Scheduled Departure Date" means the date on which You are originally scheduled to leave on the Trip.

"Scheduled Return Date" means the date on which You are originally scheduled to return to the point of origin or the original final destination.

"Schedule of Benefits" means the coverage confirmation provided to You following Your enrollment and payment of the applicable premium.

"Sickness" means an illness or disease that is first manifested, diagnosed, or treated by a Legally Qualified Physician after the effective date of insurance and while the Insured is covered under this Policy.

"Terrorist Attack" means an incident deemed an act of terrorism by the U.S. Department of State or the U.S. Government.

“Third Party” means a person or entity other than an Insured or the Company.

“Travel Arrangements” means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the Trip.

“Traveling Companion” means a person or persons with whom a covered person has coordinated travel arrangements and intends to travel with during the Trip.

“Travel Supplier” means any entity or organization that coordinates or supplies Your travel services for.

“Trip” means scheduled trips, tours or cruises for which (a) coverage is requested; and (b) the required premium is submitted prior to the Scheduled Departure Date.

Maximum Trip duration is 6 (six) months.

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

“Used” means to avail oneself of, to employ, to expend or consume, or to convert to one’s service.

“Usual and Customary Charges” means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

Claims Procedure

To facilitate prompt claims settlement:

TRIP CANCELLATION CLAIMS: IMMEDIATELY Call Travel Supplier and Travel Insured International to report Your cancellation and avoid non-covered expenses due to late reporting. Travel Insured International will then advise You on how to obtain the appropriate form to be completed by You and the attending Legally Qualified Physician.

TRIP INTERRUPTION: Obtain medical statements from the doctors in attendance in the country where Sickness or Accident occurred. These statements should give complete diagnosis, stating that the Sickness or Accident prevented traveling on dates contracted. Provide all unused transportation tickets, official receipts, etc.

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

MEDICAL EXPENSES: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment; submit these first to other medical plans. Provide a copy of their final disposition of Your claim.

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

Travel Insured International, Inc.®
P.O. Box 280568
East Hartford, CT 06128-0568
Toll free at: 800-243-2440
www.travelinsured.com

INSURING PROVISIONS

This is a legal contract between Arch Insurance Company and You. This policy is issued in consideration of payment of the appropriate plan cost. Arch Insurance Company, herein called the Company, will pay You benefits described in this policy, subject to all policy limitations, and exclusions, when You sustain a loss specified under a provision of the policy under which You are covered, as shown in this Description of Coverage. The entire contract is made up of the policy and any attachments. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in the policy or its attachments.

TWENTY-DAY LOOK. You may cancel this policy by giving the Company or the agent written notice within the first to occur of the following: (a) 20 days from the Effective Date of Your policy; or (b) Your Scheduled Departure Date. If You do this, the Company will refund Your premium paid provided no Insured has filed a claim under this policy.

PERIOD OF COVERAGE: The “Effective Date” of Your Travel Protection policy begins at 12:01 a.m. following the date You enroll and pay the required plan cost. The Trip Cancellation Benefit begins on the Effective Date. The Trip Delay Benefit is in force while You are en route to and from Your Trip. All other Benefits begin on 12:01 a.m. on the later of Your Scheduled Departure Date or the Effective Date of Your Travel Protection policy, as described above. Benefits end for all Insureds when You cancel Your Trip, when You return home, or when You complete the term of Your Trip.

General Provisions

CLERICAL ERROR. Clerical error on the Company’s part or that of a Travel Supplier in keeping records or furnishing information will not void an Insured’s coverage if it otherwise validly in force; nor will it continue an Insured’s coverage if it is otherwise validly terminated under the terms of this policy.

LEGAL ACTIONS. No legal action for a claim can be brought against us until sixty (60) days after we receive proof of loss. No legal action for a claim can be brought against us more than three (3) years after the time required for giving proof of loss. This three (3) year time period is extended from the date proof of loss is filed and the date

the claim is denied in whole or in part.

CONCEALMENT AND MISREPRESENTATION. The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been intentionally concealed or misrepresented.

SUBROGATION. If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. An Insured shall help the Company exercise the Company’s rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company’s rights; and in the event an Insured recovers damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company’s previous payment for the loss. You are entitled to complete reimbursement for loss covered under this policy before the Company is entitled to subrogation proceeds.

NOTICE OF CLAIM. Notice of claim must be reported within twenty (20) days after a loss occurs or as soon as reasonably possible. The notice should be given to the Company or designed representative and should include sufficient information to identify the Insured.

CLAIM FORMS: When notice of claim is received by the Company or designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by sending a written statement of what happened. This statement must be received within the time given for filing proof of loss.

PROOF OF LOSS. Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS: Benefits for loss of life are payable to You, if living. Otherwise, benefits for loss of life are paid to the beneficiary, if named, or to Your estate. All or a portion of all other benefits provided by this policy may, at the option if the Company, be paid directly to the provider of the services(s). All benefits not paid to the provider will be paid to You. Other than for loss of life, if any benefit is payable to either another Insured or Your beneficiary who is a minor or otherwise not able to give a valid release or Your estate, the Company may pay up to \$1,000 to Your beneficiary or any relative to whom the Company finds entitled to the payment. Any payment made in good faith shall fully discharge the Company from obligations under this policy to the extent of such payment.

PAYMENT OF CLAIMS. All benefits are payable to You, if alive. Otherwise benefits are payable to Your estate.

PHYSICAL EXAMINATION AND AUTOPSY. The Company, at the expense of the Company, may have an Insured examined when and as often as is reasonable while the claim is pending. The Company may have an autopsy done (at the expense of the Company) where it is not forbidden by law.

OTHER INSURANCE WITH THE COMPANY: An Insured may be covered under only one travel policy with the Company for each Trip. If an Insured is covered under more than one such policy, he or she may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

CONFORMITY WITH STATE STATUTES: The provisions of this policy must conform with the laws of the state in which the policy is issued. If any do not, they are hereby amended to conform.

IMPORTANT NOTICE: Payments for the plan will not be accepted after Your total tour cost has been paid in full.

Protection plan fees are non-refundable.

BENEFICIARY

Your estate, unless written notice of a designated beneficiary is provided to the plan administrator.

FOR PLAN INQUIRIES OR INFORMATION ON FILING A CLAIM PLEASE CONTACT THE PLAN ADMINISTRATOR AT

Travel Insured International, Inc.®
P.O. Box 280568
East Hartford, CT 06128-0568
Toll free at: 800-243-2440
www.travelinsured.com
1-800-243-3174

Plan is designed by Travel Insured International, Inc.®

Contact Us

Questions About Your Plan?

Visit us on-line at:
www.travelinsured.com

or

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Questions About A Claim?

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