

Flight Insure Plus

Travel Protection Plan Certificate of Insurance

For Residents of New York



IMPORTANT NOTES

Please take Your Confirmation of Coverage and this Certificate of Insurance with You on Your Covered Trip. Refer to Your Confirmation of Coverage for Your specific protection plan benefits and limits.

Note: Certain capitalized words are defined terms within this document.

All protection plan costs and fees are non-refundable after a 10 day review period. In the event the plan cost paid for coverage is less than the required plan cost for coverage, benefits will be paid in direct proportion of the actual amount paid to the required plan cost due.

THIS *FLIGHT INSURE PLUS* DOCUMENT CONTAINS THE FOLLOWING INFORMATION:

IMPORTANT NOTES
CERTIFICATE OF INSURANCE
TABLE OF CONTENTS
TRAVEL ASSISTANCE & CONCIERGE SERVICES
CLAIMS PROCEDURES

Flight Insure Plus

TRAVEL PROTECTION PLAN

CERTIFICATE OF INSURANCE

Nationwide Mutual Insurance Company
P.O. Box 2399
Columbus, OH 43216-2399
Mail Code C0-03-24

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

Please contact Travelex Insurance Services immediately if You believe that the Confirmation of Coverage is incorrect.

This Certificate of Coverage is issued in consideration of the enrollment form and payment of any premium due. All statements in the enrollment forms are representations and not warranties. Only statements contained in a written enrollment form will be used to void insurance, reduce benefits or defend a claim.

NO DIVIDENDS WILL BE PAYABLE UNDER THE GROUP POLICY.

The President and Secretary of Nationwide Mutual Insurance Company witness the Group Policy.

Patricia B. Hatter *John Barnes*

Secretary

President

TRAVEL PROTECTION CERTIFICATE

TABLE OF CONTENTS

GENERAL DEFINITIONS

GENERAL PROVISIONS

BENEFITS

EMERGENCY SICKNESS MEDICAL EXPENSE

EMERGENCY ACCIDENT MEDICAL EXPENSE

EMERGENCY EVACUATION & REPATRIATION OF REMAINS

ACCIDENTAL DEATH & DISMEMBERMENT

FLIGHT ACCIDENTAL DEATH & DISMEMBERMENT

BAGGAGE/PERSONAL EFFECTS

BAGGAGE DELAY (Outward Journey Only)

LIMITATIONS AND EXCLUSIONS

NATIONWIDE MUTUAL INSURANCE COMPANY PASSENGER PROTECTION INSURANCE POLICY

GENERAL DEFINITIONS

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

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

Actual Cash Value: means purchase price less depreciation.

Bodily Injury: means bodily Injury caused by an Accident, directly and independently of all other causes and sustained on or after the Effective Date of this coverage and before the Termination Date. Benefits for Injury will not be paid for any loss caused by sickness or other bodily diseases or infirmity.

Checked Baggage: means a piece of baggage for which a claim check has been issued to You by a Common Carrier.

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

Company: means Nationwide Mutual Insurance Company.

Covered Trip: means any class of scheduled trips, tours or cruises You request coverage and remit the required premium.

Economy Fare: means the lowest published rate for an economy ticket.

Effective Date: means the date and time Your coverage begins, as outlined in the General Provisions section of this Certificate.

Family Member: means the Insured's or Traveling Companion's legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, 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 short-term, acute, general hospital, that: (a) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons; (b) has organized departments of medicine and major surgery; (c) has a requirement that every patient must be under the care of a physician or dentist; (d) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.); (e) if located in New York

State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97, (42 USCA 1395x[k]); (f) is duly licensed by the agency responsible for licensing such hospitals; and (g) is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

Insured: means the person who has enrolled for and paid for coverage under the Group Policy.

Loss: means injury or damage sustained by You in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

Maximum Benefit: means the largest total amount of Covered Expenses that the Company will pay for Your covered losses.

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

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

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 to a different final destination.

Sickness: means an illness or disease which is diagnosed or treated by a Physician after the Effective Date of insurance and while You are covered under the Group Policy.

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

You or Your: refers to all persons listed on the Confirmation of Coverage under the program purchased by the Insured.

GENERAL PROVISIONS

The following provisions apply to all coverages:

WHEN YOUR COVERAGE BEGINS

All coverage will take effect at 12:01 A.M. local time, at the location of the Insured, on the Scheduled Departure Date provided:

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

WHEN YOUR COVERAGE ENDS

Your coverage will end at 11:59 local time on the date that is the earliest of the following:

- (a) the date the Group Policy is terminated or the date the Participating Organization no longer participates in the program, unless the Insured purchased insurance prior to the date of termination. If insurance was purchased prior to the date of termination, insurance will continue to the end of the Covered Trip;
- (b) the Scheduled Return Date as stated on the travel tickets;
- (c) the date the Insured returns to his/her origination point if prior to the Scheduled Return Date;
- (d) the date the Insured leaves or changes his/her Covered Trip (unless due to unforeseen and unavoidable circumstances covered by the Policy);
- (e) if the Insured extends the return date, Your coverage will terminate at 11:59 P.M., local time, at the location of the Insured on the Scheduled Return Date;
- (f) the date the Insured cancels the Covered Trip;
- (g) any Trip that exceeds 180 days.

EXTENDED COVERAGE

Coverage will be extended under the following conditions:

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

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

ARBITRATION

Notwithstanding anything in the Group Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. All parties must mutually agree to arbitration before arbitration may take place.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Group Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

LEGAL ACTIONS

No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of loss.

CONTROLLING LAW

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

SUBROGATION

To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

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

PAYMENT OF CLAIMS

The Company, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Insured's beneficiary. If a beneficiary is not otherwise designated by the Insured, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

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

All other claims will be paid to the Insured. In the event the Insured is a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to the Insured's legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by the Group Policy may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to the Insured. Any payment made in good faith will discharge the Company's liability to the extent of the claim.

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

NOTICE OF CLAIM

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

CLAIM FORMS

When written notice of claim is received, You will be sent forms for filing proof of loss. If these forms are not sent within 15 days, You may meet the proof of loss requirement by sending the Company a written statement of the nature and extent of the loss within the time limit stated in the "Proof of Loss" provision.

PROOF OF LOSS

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

PHYSICAL EXAMINATION AND AUTOPSY

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

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

NOTICE OF LOSS

If Your property covered under the Group Policy is lost, stolen or damaged, You must:

- (a) notify the Company, or its authorized representative as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- (d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS

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

SETTLEMENT OF LOSS

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

VALUATION

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

DISAGREEMENT OVER SIZE OF LOSS

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

BENEFITS

EMERGENCY SICKNESS MEDICAL EXPENSE

The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness that first manifests itself during the Covered Trip.

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

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

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

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished.

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

The Company will advance payment to a Hospital, up to the maximum shown on the Confirmation of Coverage, if needed to secure Your admission to a Hospital because of Sickness.

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

Under New York Law, certain mandated benefits are required to be provided under a hospital/medical expense policy. We will pay benefits as applicable to this policy for such mandates as they apply to the benefits provided under the Policy.

EMERGENCY ACCIDENT MEDICAL EXPENSE

The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses for Emergency Treatment of an Accidental Injury that occurs during the Covered Trip.

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

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

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

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished.

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

The Company will pay benefits, up to \$750, for emergency dental treatment for Accidental Injury to sound natural teeth.

The Company will advance payment to a Hospital, up to the maximum shown on the Confirmation of Coverage, if needed to secure Your admission to a Hospital because of Accidental Injury.

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

Under New York Law, certain mandated benefits are required to be provided under a hospital/medical expense policy. We will pay benefits as applicable to this policy for such mandates as they apply to the benefits provided under the Policy.

EMERGENCY EVACUATION

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

Emergency Evacuation means:

- (a) Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
- (b) after being treated at a local Hospital, Your medical condition warrants transportation to the United States where You reside, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

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

Expenses for transportation must be:

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

Transportation of Dependent Children: If the Insured is in the Hospital for more than seven (7) days, the Company will return the Insured's dependents, who are under 18 years of age and accompanying him/her on the scheduled Trip, to the domicile of a person nominated by the Insured or the Insured's next of kin with an attendant if necessary.

Transportation to Join the Insured: If the Insured is traveling alone and is in a Hospital alone for more than seven (7) consecutive days or if the attending Physician certifies that due to the Insured's Injury or Sickness, the Insured will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by the Insured, for a single visit to and from the Insured's bedside provided that repatriation is not imminent.

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

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

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

REPATRIATION OF REMAINS

The Company will pay the reasonable Covered Expenses incurred to return Your body to the Insured’s primary place of residence if You die during the Trip. This will not exceed the maximum shown on the Confirmation of Coverage.

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

ACCIDENTAL DEATH & DISMEMBERMENT

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

The maximum benefits for any one single Accident is limited to \$15,000,000 for all persons insured under the Group Policy. If more than one loss is sustained, as the result of an Accident, the amount payable shall be the largest amount of a sustained loss shown in the Table of Losses.

TABLE OF LOSSES

<u>Loss of</u>	<u>Percentage of Principal Sum</u>
Life	100%
Both hands or both feet	100%
Sight of both eyes.....	100%
One hand and one foot.....	100%
Either hand or foot and sight of one eye.....	100%
Either hand or foot.....	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

“Loss” with regard to:

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

EXPOSURE: The Company will pay benefits for covered losses that result from Your being unavoidably exposed to the elements due to an Accident. The loss must occur within 365 days after the event that caused the exposure.

DISAPPEARANCE: The Company will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident.

FLIGHT ACCIDENTAL DEATH & DISMEMBERMENT

The Insured is eligible for benefits as the result of an accident:

1. Received while a passenger on a regularly scheduled airline flight or regularly scheduled charter operated; in scheduled air transportation pursuant to economic authority issued by the Civil Aeronautics Board; by an intrastate scheduled airline of United States registry maintaining regularly published schedules and licensed for the transportation of passengers by a duly constituted authority having jurisdiction over civil aviation in the state in which said airline operates; or by a scheduled airline of foreign registry maintaining regularly

published schedules and licensed for transportation of passengers by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline;

2. Received while a passenger on any aircraft, other than a single-engine jet, which at the time is making a flight for the principal purpose of transporting passengers and not for any other operational, tactical or test purpose and which is operated by the Military Airlift Command of the United States, the Royal Canadian Air Force Air Transport Command, or the Royal Air Force Air Transport Command of Great Britain;
3. Received while a passenger on any land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this policy;
4. Received while a passenger on a vehicle licensed to carry passengers for hire, but only when:
 - (a) going to an airport to board an aircraft on which the Insured is covered by this policy; or
 - (b) when leaving an airport after alighting from such an aircraft;
5. Received while upon airport premises designated for passenger use immediately before boarding or immediately after alighting from an aircraft on which the Insured is covered under this policy.

Benefits will be paid equal to the amount purchased for accidental death or dismemberment when the Insured sustains Injuries resulting in any of the following losses within and including 181 days from the date of the accident:

Type of Loss	Percentage of Chosen Benefit Paid
Loss of Life.....	100%
Loss of both feet.....	100%
Loss of both hands.....	100%
Loss of both eyes.....	100%
Loss of one hand and one foot.....	100%
Loss of one hand and one eye.....	100%
Loss of one foot and one eye.....	100%
Loss of one hand.....	50%
Loss of one foot.....	50%
Loss of one eye.....	50%

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 the largest applicable amount shown above will be paid for the Injuries resulting from one accident. The benefit for loss of:

- (a) two extremities;
- (b) both eyes; or
- (c) one extremity and one eye is payable only when such Loss results from the same accident.

If, while covered by this benefit, the Insured is unavoidably exposed to the elements because of an eligible accident and suffer a loss for which benefits are payable under this benefit, such loss will be payable under this policy.

If, while eligible for this benefit, the Insured is in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which the Insured is scheduled under this policy, and the Insured's 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 the Insured suffered a loss of life as a result of those Injuries

Flight Accident Option also includes a medical expense feature that pays Eligible Expenses up to \$50 for each \$1,000 of the chosen benefit amount. If medical expense occurs within 52 weeks of an eligible accident, the Insured will be paid for Eligible Medical Expenses as well as home health care from a licensed home health agency, but only if continued Hospital care would have otherwise been required; attendance of a registered graduate nurse; x-ray examination; or, use of an ambulance. Loss must occur within 100 days of the accident. To receive benefits, loss must be independent of illness or disease and all other causes.

Under New York Law, certain mandated benefits are required to be provided under a hospital/medical expense policy. We will pay benefits as applicable to the Policy for such mandates as they apply to the benefits provided under the Policy.

BAGGAGE/PERSONAL EFFECTS

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

This coverage is secondary to any coverage provided by a Common Carrier.

There will be a per article limit of \$300.

There will be a combined maximum limit of \$600 for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will pay the lesser of the following:

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

EXTENSION OF COVERAGE: If You checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

BAGGAGE DELAY (OUTWARD JOURNEY ONLY)

The Company will reimburse You for the expense of necessary personal effects, up to the maximum shown on the Confirmation of Coverage, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twelve (12) hours, while on a Covered Trip, except for travel to final destination or place of residence.

You must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Accidental Death & Dismemberment, Emergency Sickness Medical Expense, and Emergency Accident Medical Expense:

Loss caused by or resulting from:

1. War or act of war (whether declared or undeclared), riot or insurrection;
2. Participation in any military maneuver or training exercise;
3. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
4. Mental or emotional disorders, unless hospitalized and except to the extent coverage is mandated under New York law;
5. Participation as a professional in athletics;
6. Being under the influence of drugs or intoxicants, unless prescribed by a Physician or unless results in the death of a non-traveling immediate Family Member;
7. Commission or the attempt to commit a felony or involvement with an illegal occupation;
8. Dental treatment except as a result of an injury to sound natural teeth within twelve (12) months of the Accidental Injury limited to \$750;
9. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
10. Pregnancy and childbirth (except for complications of pregnancy) except if hospitalized;
11. Traveling for the purpose of securing medical treatment;
12. Care or treatment that is not medically necessary;
13. Injury or Sickness when traveling against the advice of a Physician;
14. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.

The following exclusions apply to Emergency Evacuation and Repatriation of Remains:

Loss caused by or resulting from:

1. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane unless results in the death of a non-traveling immediate Family Member;
2. War, invasion, hostilities between nations (whether declared or not), civil war;
3. Participation in any military maneuver or training exercise;
4. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
5. Mental or emotional disorders, unless hospitalized;
6. Participation as a professional in athletics;
7. Participation in underwater activities;
8. Being under the influence of drugs or intoxicants, unless prescribed by a Physician or unless results in the death of a non-traveling immediate Family Member;
9. Commission or the attempt to commit a felony;
10. Participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest (speed contest shall not include any of the regatta races); scuba diving; spelunking or caving; heliskiing; extreme skiing;
11. Dental treatment except as a result of an injury to sound natural teeth within twelve (12) months of the Accidental Injury limited to \$750;
12. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
13. Pregnancy and childbirth (except for complications of pregnancy) except if hospitalized;
14. Traveling for the purpose of securing medical treatment;
15. Care or treatment that is not medically necessary;
16. Injury or Sickness when traveling against the advice of a Physician;
17. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.

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

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

1. Animals;
2. Automobiles and automobile equipment;
3. Boats or other vehicles or conveyances;
4. Trailers;
5. Motors;
6. Motorcycles;
7. Aircraft;
8. Bicycles (except when checked as baggage with a Common Carrier);
9. Household effects and furnishing;
10. Antiques and collectors items;
11. Eyeglasses, sunglasses or contact lenses;
12. Artificial teeth and dental bridges;
13. Hearing aids;
14. Prosthetic limbs;
15. Prescribed medications;
16. Keys, money, stamps, securities and documents;
17. Tickets;
18. Credit cards;
19. Professional or occupational equipment or property, whether or not electronic business equipment;
20. Personal computers, telephones, computer hardware or software;
21. Sporting equipment if Loss or damage results from the use thereof.

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

1. Breakage of brittle or fragile articles;
2. Wear and tear or gradual deterioration;
3. Insects or vermin;
4. Inherent vice or damage while the article is actually being worked upon or processed;
5. Confiscation or expropriation by order of any government;
6. War or any act of war whether declared or not;

7. Theft or pilferage while left unattended in any vehicle;
8. Mysterious disappearance;
9. Property illegally acquired, kept, stored or transported;
10. Insurrection or rebellion;
11. Imprudent action or omission;
12. Property shipped as freight or shipped prior to the Scheduled Departure Date.

TRAVEL ASSISTANCE & CONCIERGE SERVICES

MEDICAL SERVICES

MEDICAL ASSISTANCE – Our multi-lingual professionals are available 24 hours a day to provide help, advice and referrals for medical emergencies. We will help You locate local physicians, dentists, or medical facilities.

MEDICAL CONSULTATION AND MONITORING – If You are hospitalized, we will contact You and Your treating physician to monitor Your condition to assure You are receiving appropriate care and assess the need for further assistance. We will also contact Your personal physician and family at home when necessary or requested to keep them informed of Your situation.

MEDICAL EVACUATION – When medically necessary, we will arrange and pay for appropriate transportation, including an escort, if required, to a suitable hospital, treatment facility or home. Payment for Medical Evacuation is available only for covered claims and up to the amount of coverage provided in the Policy. All medical transportation services must be authorized and arranged by On Call International. In the event of an unauthorized Medical Evacuation, reimbursement may be limited or coverage may be invalidated.

EMERGENCY MEDICAL PAYMENTS – We will assist You in the advancement of funds or guarantee payments (up to the Policy limit) to a hospital or other medical provider, if required, to secure Your admission, treatment or discharge.

PRESCRIPTION ASSISTANCE – We will assist You with replacing medications that are lost, stolen or spoiled during Your Covered Trip, either locally or by special courier.

DEPENDENT TRANSPORTATION & FAMILY VISITS –

When a minor (age 18 or younger) is left unattended on a Covered Trip due to hospitalization or death of the accompanying adult, we will arrange for his or her return home, including escort expenses. If You are traveling alone and hospitalized 7 days or more, we will arrange transportation for a person You choose to visit You.

CONCIERGE SERVICES

- restaurant, shopping, hotel recommendations/reservations
- local transport (rental car, limousine, etc) information and reservations
- sporting, theatre, night life and event information (sports, scores, stock quotes, gift suggestions, etc.), recommendations and ticketing
- golf course information, referrals, recommendations and tee times
- tracking and assisting with the return of lost or delayed baggage

BUSINESS SERVICES

- emergency correspondence and business communication assistance
- assistance with locating available business services such as: express/overnight delivery sites, internet cafes, print and copy services
- assistance with or arrangements for telephone and web conferencing
- emergency messaging to customers, associates, and others (phone, fax, e-mail, text, etc.)
- real time weather, travel delay and flight status information
- worldwide business directory service for equipment repair/replacement, warranty service, etc.
- emergency travel arrangements

REPATRIATION OF REMAINS – In the event of death while on a Covered Trip, we will arrange for the preparation and transportation required to return Your remains to Your home.

24 HOUR TRAVEL ASSISTANCE SERVICES

24 HOUR LEGAL ASSISTANCE – If while on Your Covered Trip You encounter legal problems, we will help You find a local legal advisor. If You are required to post bail or provide immediate payment of legal fees, we will assist You in arranging a funds transfer from family or friends.

MESSAGE SERVICES – We will transmit emergency messages to family, friends or business associates. We will advise You if we have difficulty delivering Your message and let You know that the message has been received. We will also relay non-emergency e-mail or phone messages on Your behalf at any time during Your Covered Trip.

LANGUAGE INTERPRETATION SERVICES – We provide interpretation services in major languages and will refer You to appropriate local services, if needed.

EMERGENCY CASH TRANSFER – We will help arrange an emergency cash transfer (wire transfer, travelers checks, etc.) of Your funds from home or from friends or family in medical or travel emergency situations where additional funds are required.

PRE-TRIP TRAVEL SERVICES – We provide 24-Hour information, help and advice for Your planned Covered Trip such as: passport and visa information, requirements and replacement; travel health information or advisories; vaccine recommendations and requirements; government agency contact information (i.e. embassies, consulates, and other departments or agencies); weather and currency information.

TRAVEL DOCUMENT AND TICKET REPLACEMENT – When important travel documents (such as passports and visas) are lost or stolen, we will help You to secure replacements. We will also help You when airline or other travel tickets are lost or stolen. We will assist You with reporting Your loss, reissuing tickets and obtaining the money required for this purpose (You are responsible for providing the funds).

CLAIMS PROCEDURES

To facilitate prompt claims settlement:

MEDICAL EXPENSE CLAIMS:

Obtain receipts from the providers of services, etc., stating the amount paid and listing the diagnosis and treatment. Provide a copy of their final disposition of Your claim.

BAGGAGE CLAIMS:

In case of Loss, theft, or damage to personal belongings, immediately contact the hotel manager, tour guide or representative, transportation official, or local police; report occurrence and obtain a written statement. Submit claim first to party responsible (i.e.: airline, hotel, etc.). Provide a copy of the outcome of Your claim, along with the written Loss statements, receipts, etc.

Nationwide Claims Administration
Travelex Travel Claims
P.O. Box 6866
Shawnee Mission, KS 66206
Phone: 1-888-493-5378
Hours: 7:30 – 5:00 CST Monday - Friday

Questions? Call 1-800-819-9004