

- o. professional or occupational equipment or property, whether or not electronic business equipment;
- p. sporting equipment.

Additional Limitations and Exclusions Specific to Baggage Loss:

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. Your negligent acts or omissions;
- g. property shipped as freight or shipped prior to the Scheduled Departure Date;
- h. insects or vermin;
- i. radioactive contamination;
- j. war or any act of war whether declared or not;
- k. delay or loss of market value;
- l. electrical current including electric arcing that damages or destroys electrical devices;

Additional Claims Provisions Specific to Baggage

Your duties after loss of or damage to property: In case of loss, theft, damage or delay of Your baggage or personal effects, 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 Your property at the time of loss;
- c. produce records needed to verify the claim and its amount, and permit copies to be made;
- d. send proof of loss as soon as reasonably possible after date of loss, providing date, time, and cause of loss, and a complete list of damaged/lost items; and
- e. allow the Company to examine baggage or personal effects, if requested.

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy. The Maximum Benefit Amount is shown in the Schedule of Benefits.

BAGGAGE DELAY

We will pay You for the actual expenditure for necessary personal effects if, while on a Trip, Your checked baggage is delayed or misdirected by a Common Carrier for more than 24 hours from Your time of arrival at a Destination other than Your return Destination. You 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.

Incurred expenses over \$25 must be accompanied by receipts.

24-HOUR ACCIDENTAL DEATH AND DISMEMBERMENT - OTHER THAN COMMON CARRIER

We will pay the percentage of the Principal Sum shown in the Table of Losses below when You, as a result of an Injury occurring during Your Trip, other than Common Carrier Only Benefits, sustain a loss shown in the Table of Losses below. The loss must occur within 90 days after the date of the Injury causing the loss. The Principal Sum is the Maximum Benefit Amount shown in the Schedule of Benefits.

COMMON CARRIER ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage of the Principal Sum shown in the Table of Losses below when You sustain an Injury while a passenger (not as a pilot, operator, or member of the crew) riding in, boarding or alighting from a public conveyance provided by a Common Carrier that results in a loss shown in the Table of Losses below. The loss must occur within 90 days after the date of the Injury causing the loss. The Principal Sum is the Maximum Benefit Amount shown in the Schedule of Benefits.

Table of Losses	
Type of Loss	Benefit Amount

Loss of life	100% of Principal Sum
Loss of both hands	100% of Principal Sum
Loss of both feet	100% of Principal Sum
Loss of both eyes	100% of Principal Sum
Loss of one hand and one foot	100% of Principal Sum
Loss of one hand and one eye	100% of Principal Sum
Loss of one foot and one eye	100% of Principal Sum
Loss of one hand	50% of Principal Sum
Loss of one foot	50% of Principal Sum
Loss of one eye	50% of Principal Sum
Loss of thumb and index finger of the same hand	25% of Principal Sum

Loss of hand, hands, 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.

The Principal Sum is shown in the Schedule of Benefits.

Exposure and Disappearance

We will pay for covered losses, as shown in the Table of Losses, which result from You being unavoidably exposed to the elements due to an Accident occurring during Your Trip. The loss must occur within 365 days after the event that caused the exposure.

If, while Insured under this Coverage, You are in an Accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are covered by this coverage, and if Your 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 You suffered loss of life as a result of those Injuries.

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

The following will be included if elected and appropriate costs have been paid:

RENTAL CAR DAMAGE

You are eligible for benefits if You rent a car while on Your Trip, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood, or any cause not in Your control while in Your possession, or the car is stolen while in Your possession and is not recovered.

We will pay the lesser of:

- a. the cost of repairs and rental charges imposed by the rental company while the car is being repaired;
- b. the Actual Cash Value of the car; or
- c. the amount shown in the Schedule of Benefits.

Coverage is provided to You, provided You are a licensed driver and are listed on the rental agreement.

In addition to the General Exclusions and Limitations, coverage is not provided for loss due to:

1. any obligation of You, a Traveling Companion or family member traveling with You assumed under any agreement (except Insurance collision deductible);
2. renting of trucks, pickups, full-size vans mounted on truck chassis, heavy duty trucks, jeep-type vehicles, campers, trailers, motor bikes, motorcycles, off road vehicles, recreational vehicles, autonomous vehicles, or Exotic Vehicles;
3. any loss which occurs if You or anyone traveling with You are in violation of the rental agreement;
4. failure to report the loss to the proper local authorities and the rental car company;
5. damage to any other vehicle, structure or person as a result of a covered loss;
6. any loss as the result of, or attributed to, driving the rental vehicle; while under the influence of alcohol or any illegal substance or the abuse of a legal substance; while using any medication which recommends abstinence from driving; in a speed competition; for compensation for hire; for illegal trade purposes; or transporting contraband;

7. any loss as the result of physical damage or loss attributed to mechanical failure or breakdown of the rental vehicle, wear and tear, gradual deterioration, corrosion, rust or freezing, any neglect or abuse of the vehicle, any dishonest act or conversion, any consequence of war (declared or otherwise), or contamination by a radioactive material;
8. glass damage;
9. overhead damage;
10. tire damage;
11. any contents in the rental vehicle;

You are responsible for any amount above the reimbursement maximum chosen at purchase.

ADDITIONAL CLAIMS PROVISIONS SPECIFIC TO RENTAL CAR DAMAGE

The following outlines Your duties in the event of any damage to the vehicle. You must:

- a. take all necessary and reasonable steps to protect the vehicle and prevent further damage to it;
- b. report the loss to the appropriate local authorities and the rental company as soon as possible;
- c. obtain all information on any other party involved in the Accident, such as name, address, Insurance information and driver's license number;
- d. provide Us all documentation that We may reasonably require concerning your claim such as rental agreement, police report and damage estimate;
- e. confirm any other insurance coverage payments.

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

SECTION III. DEFINITIONS

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

“Actual Cash Value” means current replacement cost for items of like kind and quality.

“Alert/Warning” means any government, *Center for Disease Control and Prevention (CDC)* or *World Health Organization (WHO)* alert or warning which may include notice of disease, Epidemic or Pandemic.

“Baggage and Personal Effects” means luggage, personal possessions and travel documents taken by You on Your Trip.

“Bankruptcy or Default” means the total cessation of operations due to insolvency, with or without the filing of a Bankruptcy petition by an airline, or Cruise line, tour operator or other travel provider provided the Bankruptcy or Default occurs more than 14 days following Your Effective Date for the Trip benefits. There is no coverage for the Bankruptcy or Default of any person, organization, agency, or firm from whom You purchased Travel Arrangements supplied by others.

“Business Day” means all days except Saturday, Sunday, or holidays recognized by the state of Texas.

“Common Carrier” means any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire, not including taxicabs or rented, leased, or privately owned motor vehicles.

“Company” means Centurion Casualty Company.

“Covered Expense(s)” means expenses that would be reimbursed according to the terms of the Insurance Policy.

“Cruise” means a voyage on a Common Carrier ship or boat taken for pleasure or as a vacation, usually including several ports of call.

“Deductible” means the dollar amount of expenses which must be incurred and paid by You before benefits are payable under this Policy. It applies separately to each Insured.

“Destination” means the place where You are going.

“Domestic Partner” means an opposite or same sex partner who, for at least 12 consecutive months, has resided with You and shared financial assets/obligations with You. Both You and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which You both reside; and (3) be mentally competent to contract. Neither You nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company may require proof of the Domestic Partner relationship in the form of a signed and completed affidavit of Domestic Partnership.

“Economy Transportation” means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that You purchased for Your Trip.

“Effective Date” means the day the contract begins.

“Epidemic” means an outbreak of an illness or disease that spreads rapidly, widely, and affects a large number of people. Epidemics are identified by *Center for Disease Control and Prevention (CDC)* or *World Health Organization (WHO)*.

“Exotic Vehicle(s)” means antique cars that are over 20 years old or have not been manufactured for 10 or more years or any vehicle with an original Manufacturer’s Suggested Retail Price (MSRP) greater than \$100,000.

“Extreme Sports Activities” means B.A.S.E. jumping, bull riding, running of the bulls, free diving, bungee jumping, hot air ballooning, parachuting, skydiving, cliff diving, fly-by-wire, paragliding, hang gliding, heli-skiing, heli-snowboarding, wingsuit flying, rock climbing without equipment, bodily contact sports excluding limited contact sports, mountain climbing over 9,000 feet (2,700 meters), motor sport or motor racing, multi-sport endurance competitions, parkour, scuba diving if the depth exceeds 131 feet (40 meters) and any activity materially similar to the above.

“Injury”, “Injuries” means bodily harm caused by an Accident which: 1) occurs while Your coverage is in effect under the Policy; and 2) requires 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.

“Insurance” means a guarantee of compensation for specified loss, damage, illness, or death in return for payment of a premium.

“Insured” means a person(s) who is booked to travel on a Trip, completes the enrollment form and for whom the required premium is paid, also referred to as You and Your.

“Intoxicated” means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.

“Maximum Benefit Amount” means the maximum amount payable for coverage provided to You as shown in the Schedule of Benefits.

“Medically Necessary” means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.

“Medical Treatment” means examination and treatment by a Physician for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted reasonable person to seek diagnosis, care, or treatment.

“Natural Disaster(s)” means a tsunami, earthquake, mudslide, avalanche, volcanic eruption, windborne dust or sand, fire, wildfire, blizzard, precipitation, or wind that results in widespread and severe damage, while You are in a Host Country.

“Pandemic” means an Epidemic spread across several countries and affecting a large number of people. Pandemics are identified by *Center for Disease Control and Prevention (CDC)* or *World Health Organization (WHO)*.

“Payments or Deposits” means the cash, check, or credit card amounts actually paid for Your Trip. Certificates, vouchers, discounts, credits, frequent traveler or frequent flyer rewards, miles or points applied (in part or in full) towards the cost of Your Travel Arrangements are not Payments or Deposits as defined herein.

“Physician(s)” means a Physician: (a) other than You, 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.

“Policy”, “Policies”, “Policy of Insurance” means a document detailing the terms and conditions of a contract of Insurance.

“Prepaid” means Payments or Deposits paid by You to a Travel Supplier for Travel Arrangements for Your Trip prior to Your actual or Scheduled Departure Date.

“Principal Sum” means the Maximum Benefit Amount shown in the Schedule of Benefits.

“Quarantine(d)” means the enforced isolation of You or Your Traveling Companion, for the purpose of preventing the spread of illness, disease, or pests.

“Schedule of Benefits” means a table or chart that specifies the amount of coverage provided for each benefit.

“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 the point of origin or the original, final Destination of Your Trip.

“Secondary” means We will reimburse up to the lesser of any remaining balance, or the amount in the Schedule of Benefits, after any other Insurance or Common Carrier reimbursements are considered.

“Sickness” means an illness or disease of the body which: 1) requires examination and treatment by a Physician, and 2) commences while Your coverage is in effect.

“Terrorist Incident” means an act of violence, that is deemed terrorism by the *United States* government other than civil disorder or riot (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting alone or in association with other persons on behalf of or in connection with any organization of foreign government which is generally recognized as having the intent to overthrow or influence the control of any other foreign government.

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

“Travel Arrangement(s)” means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for Your Trip. Air arrangements covered by this definition also include any direct round Trip air flights booked by others, to and from Your Scheduled Trip Departure and return cities, provided the dates of travel for the air flights are within 7 total days of Your scheduled Trip dates.

“**Traveling Companion**” means a person or persons whose names appear with Yours on the same Travel Arrangements and who, during Your Trip, will accompany You. A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with You.

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

“**Trip**” means a scheduled Trip of 364 days or less for which coverage is requested and the premium is paid.

“**Unforeseen**” means not anticipated or predicted.

“**We**”, “**Us**”, “**Our**” means Centurion Casualty Company.

“**You**”, “**Your**”, “**Yours**”, “**Yourself**” means the individual(s) covered by this Policy.

SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS

Benefits are not payable for any loss due to, arising or resulting from:

1. an act of declared or undeclared war;
2. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the *United States*, including the *National Guard*;
3. participating as a professional in a stunt, athletic or sporting event or competition;
4. Your participation in Extreme Sports Activities, riding or driving in any races, or participation in speed or endurance competition or events, except as a spectator.
5. piloting or learning to pilot or acting as a member of the crew of any aircraft;
6. being intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Physician;
7. the commission of or attempt to commit a felony or being engaged in an illegal occupation or act;
8. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits;
9. failure of any tour operator, Common Carrier, or other Travel Supplier, person or agency to provide the bargained-for Travel Arrangements for reasons other than Bankruptcy or Default or to refund money due You;
10. any Trip taken against the advice of a Physician and any losses incurred during such Trip;
11. regularly scheduled treatment, rehabilitation or therapy sessions;
12. suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane. This exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains coverage;
13. expenses incurred by any child born or adopted during Your Trip;
14. participation in a civil disorder or riot;
15. the actual or threatened use, or exposure, to any hazardous biological, chemical, nuclear radioactive matter or contamination;
16. trips paid for with the use of loyalty reward points, frequent travel miles, or other non-monetary redeemable points or rewards through similar programs, including credits issued for future travel by a Travel Supplier or tour operator;
17. damages resulting from tropical storms, hurricanes or typhoons that are named on or before the date You purchased Your Policy;
18. travel within 100 miles of your permanent residence within the *United States*.

SECTION V. PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: Notice of claim must be reported within 90 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You.

Within 15 days after We receive notice of a claim, We will:

- a. acknowledge receipt of the claim (if acknowledgement of the claim is not made, in writing, We will make a record of the date, means, and content of the acknowledgement);
- b. commence any investigation of the claim; and
- c. request from You all items, statements, and forms that we reasonably believe, at that time, will be required from You. Additional requests may be made if during the investigation of the claim such additional requests are necessary.

We will notify You in writing of the acceptance or rejection of a claim no later than 15 Business Days after We receive all proof of loss required by Us. If We reject the claim, We will tell You the reasons for the rejection. If We are unable to accept or reject the claim within 15 Business Days after We receive all proof of loss information required, We will notify You within the 15 Business-Day period and tell You why We need additional time to investigate the claim. If We require additional time to investigate Your claim, We will notify You if we accept or reject the claim no later than 45 days after We request additional time to investigate the claim.

Claim Procedures: Claim Forms: When notice of claim is received by Us or Our 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 You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

Claim Procedures: Proof of Loss: Proof of loss must be provided within 91 days after We request proof of 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.

Payment of Claims: When Paid: Benefits will be paid within 5 Business Days after the date We notify You that a claim is to be paid. If Our payment of such claim is conditioned on Your performance of an act requested by Us, We will pay the claim no later than the 5th Business Day after the date You perform such act.

Except as otherwise provided, if We delay payment of a claim for more than 60 days following receipt of all required proof of loss, We will pay the amount of the claim plus 18% interest per year along with reasonable attorney fees. If a lawsuit is filed, such attorney fees shall be taxed as part of the costs in the case.

Payment of Claims: To Whom Paid: Benefits for loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

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

All other benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, We will honor the assignment if a signed copy has been filed with Us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the Policy may, at Our option, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You.

If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) Your estate, We may pay up to \$1,000 to Your beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

Subrogation: If the Company has made a payment for a loss under this Policy, 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. You 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 You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

SECTION VI. GENERAL PROVISIONS

Eligibility: Who Is Eligible For Coverage: A person who is booked to travel on a Trip and pays the required premium is covered under this policy. Eligibility for purchase of this policy will be determined at the time of claim. If it is determined that a person or Trip is not eligible for coverage, any claim for benefits will be denied and Your premium for this policy will be refunded. Coverage is only available for persons who are citizen, resident, or alien resident of the *United States*.

Entire Contract: Changes: This Policy, Schedule of Benefits, and any attachments are the entire contract of Insurance. 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 this Policy or its attachments.

Beneficiary Designation and Change: The Insured's beneficiary(ies) is (are) the person(s) designated by You and on file with the Company/administrator.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an

irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the Company/administrator with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

Misstatement of Age: If premiums are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

Physician Examination and Autopsy: The Company, at the expense of the Company, may have You 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.

Legal Actions: All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written proof of loss has been furnished. No legal action for a claim may be brought against Us after three years from the date the cause of action first accrues. A cause of action accrues on the date of the initial breach of Our contractual duties as alleged in the action.

Concealment and Misrepresentation: To the extent permitted by Texas Insurance Code sections 705.003 and 705.004, the coverage will be void if before, during, or after a loss any material fact or circumstance relating to this Policy or claim has been concealed or misrepresented.

Excess Insurance: Insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity or as required by state law. If at the time of the occurrence of any loss payable under this Policy there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

Recovery of losses from other parties does not result in a refund of {premium} paid.

Primary Insurance: The insurance provided by this Policy will be paid on a primary basis, regardless of any other coverage. We will pay the applicable eligible benefit, subject to any Deductible amount. We will pay first but reserve the right to recover from any other insurance carrier with which You may be covered. We will pay the claim first then seek to recover any payments made by a Third Party.

Other Insurance with the Company: You may be covered under only one travel Policy with the Company for each Trip. If You are covered under more than one such Policy, You 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.

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 Policy for Your Trip.

Payment of Premium: Coverage is not effective unless all premium has been paid to the Company/administrator prior to a date of loss or Insured occurrence.

Termination of This Policy: Termination of this Policy will not affect a claim for loss which occurs while the Policy is in force.

Transfer of Coverage: Coverage under this Policy cannot be transferred to anyone else.

Controlling Law: Any part of this Policy that conflicts with the state law where this Policy is issued is changed to meet the requirements of that state's law.

Elected Officials: We may not cancel Your coverage solely because You are an elected official.

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

Centurion Casualty Company

To get information or file a complaint with your insurance company:

Call: Centurion Casualty Company

at 1-800-732-5309 toll-free

Email: safetrip_info@uhcglobal.com

Mail: 9800 Health Care Lane MN006-W500, Minnetonka, MN 55343

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091