



## How to use UnitedHealthcare Global services

24 hours a day, 7 days a week, 365 days a year

If you have a medical or travel problem, simply call us for assistance. Our standard telephone numbers are printed on your ID card. You can call us at the number listed below or email us:

**Toll Free:** 1-800-527-0218 / **Call:** +1-410-453-6330

**Email:** [Assistance@uhcglobal.com](mailto:Assistance@uhcglobal.com)

An assistance coordinator will ask for your name, the UnitedHealthcare Global ID number shown on your card, and a description of your situation. **If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center.** We will then take the appropriate action to assist you and monitor your care until the situation is resolved.

**Payments arranged by UnitedHealthcare Global:** Most Physicians and hospitals will provide you with the necessary medical treatment and will either send their bill directly to UnitedHealthcare Global, or in the case of small dollar amounts, may ask you to pay at time services are rendered. Ask the hospital or Physician to contact UnitedHealthcare Global. UnitedHealthcare Global will confirm your protection plan coverage and arrange for prompt payments if possible and where allowed. You will be asked to pay for any items not covered by your plan.

**Advance Payment:** If You require admission to a Hospital or treatment at a clinic, We will arrange advance payment (directly to the provider) necessary for Your admission to a Hospital because of a covered Injury or Sickness, up to the Maximum Benefit Amount shown in the Schedule of Benefits, provided You agree to reimburse Us if it is determined that Your Medical Expense claim is not covered.

We reserve the right to deny a request for advance payment if We confirm that Your claim is not covered under the policy. An advance payment made by Us is not a guarantee that Your Medical Expense claims are covered.

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

**Payments made by You:** If you are required to pay for medical treatment, obtain a signed receipt and a signed statement by a Physician describing the problem and the treatment. To initiate a claim for reimbursement, please contact:

UnitedHealthcare Global  
Emergency Response Center  
**Toll Free:** 1-800-527-0218 / **Call:** +1-410-453-6330  
[www.uhcsafetrip.com](http://www.uhcsafetrip.com)

Once a claim is submitted, adjudication and payment will be handled by:  
Co-Ordinated Benefit Plans, LLC., P.O. Box 26222, Tampa, FL

## Worldwide emergency assistance services

These non-insurance services are provided by UnitedHealthcare Global. #

### Medical assistance services

**Worldwide Medical and Dental Referrals:** Upon your request, UnitedHealthcare Global will provide referrals to pre-approved physicians, hospitals, dentists, and dental clinics in the area you are traveling in order to assist you in locating appropriate treatment and quality care.

**Monitoring of Treatment:** As and to the extent permissible, UnitedHealthcare Global will continually monitor your medical condition. Physician Advisors will provide consultative and advisory services to UnitedHealthcare Global in relation to your medical condition, including review and analysis of the quality of medical care received by you.

**Facilitation of Hospital Payment:** Upon securing payment or a guarantee to reimburse, UnitedHealthcare Global will either wire or guarantee funds needed for admitting you into a hospital for medical treatment.

**Relay of Insurance and Medical Information:** Upon your request and authorization, UnitedHealthcare Global will relay your insurance benefit information and/or medical records and information to a health care provider or treating physician, as appropriate and permissible, to help prevent delays or denials of medical care. UnitedHealthcare Global will also assist with hospital admission and discharge planning.

**Medication and Vaccine Support:** In the event a necessary medication or vaccine is not available locally, or a prescription medication is lost or stolen, UHCG will provide the logistical support needed to get you the medication or vaccine, or their equivalent upon the prescribing physician's authorization, if it is legally permissible.

**Updates to Family, Employer, and Home Physician:** Upon your approval, UnitedHealthcare Global will provide periodic case updates to appropriate individuals designated by you in order to keep them informed.

**Hotel Arrangements:** UnitedHealthcare Global will assist you with the arrangement of hotel stays and room requirements before or after hospitalization or for ongoing care.

**Replacement of Corrective Lenses and Medical Devices:** UnitedHealthcare Global will assist with the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

## Travel assistance services

**Replacement of Lost or Stolen Travel Documents:** UnitedHealthcare Global will assist you in taking the necessary steps to replace passports, tickets, and other important travel documents.

**Emergency Travel Arrangements:** UnitedHealthcare Global will make new reservations for airlines, hotels, and other travel services for you in the event of an illness or injury.

**Transfer of Funds:** UnitedHealthcare Global will endeavor to provide you with an emergency cash advance subject to UnitedHealthcare Global first securing funds from you (via a credit card) or a person designated by you. Any bank or exchange fees will be incurred by you.

**Legal Referrals:** Should you require legal assistance, UnitedHealthcare Global will direct you to a duly licensed attorney in or around the area where you are located.

**Language Services:** UnitedHealthcare Global will provide immediate interpretation assistance to you in a variety of languages in an emergency situation. If a requested interpretation is not available or the requested assistance is related to a non-emergency situation, UnitedHealthcare Global will provide you with referrals to interpreter services. Written translations and other custom requests, including an on-site interpreter, will be subject to an additional fee.

**Message Transmittals:** You may send and receive emergency messages toll-free, 24-hours a day, through the UnitedHealthcare Global Emergency Response Center.

## Worldwide destination intelligence

**Destination Profiles:** When preparing for travel, You can contact the Emergency Response Center to have a pre-trip destination report sent to You. This report draws upon the UnitedHealthcare Global intelligence database of over 280 cities covering subjects such as health and security risks, immunizations, vaccinations, local hospitals, crime, emergency phone numbers, culture, transportation information, entry and exit requirements. Our global medical and security database of over 170 countries and 280 cities are continuously updated and includes intelligence from thousands of worldwide sources.

© 2022 United HealthCare Services, Inc. All Rights Reserved. UnitedHealthcare Global is part of UnitedHealth Group, Incorporated. Insurance coverage under the UnitedHealthcare Global travel protection products is underwritten by Centurion Casualty Company. Non-insurance assistance services are provided by or through United HealthCare Services Inc., or other UnitedHealth Group entities under the UnitedHealthcare Global brand. See more about our underwriters at [uhcsafetrip.com/faqs](https://uhcsafetrip.com/faqs). Claims administered by Co-Ordinated Benefits Plans, LLC, which is not related to UnitedHealth Group.

UnitedHealthcare Global shall not be responsible for the availability, timing, quality, results of, or failure to provide the travel assistance service described herein for any reason beyond its reasonable control, including, but not limited to, acts of God, acts of any government or governmental agency, war or other hostility, civil disorder, the elements, fire, explosion, power failure, equipment failure, industrial or labor dispute, pandemic, or the failure or inability of any third-party to perform.

## CENTURION CASUALTY COMPANY

2717 North 118<sup>th</sup> Street, Suite 300  
Omaha, NE 68164

Centurion Casualty Company Trip Cancellation provides You with United States domestic travel Trip cancellation Insurance and Travel Assistance Services. The Insurance coverages and assistance services are shown on the following pages. For full United States domestic travel Trip cancellation Insurance details, please see the enclosed Policy. For additional information, and a list of excluded countries, please visit [www.uhcsafetrip.com](http://www.uhcsafetrip.com).

### SCHEDULE OF BENEFITS

#### Travel Insurance Features

Trip Cancellation	100% of Insured Trip Cost; \$50,000 maximum
Hurricane & Weather	Included
Cancel for Work Reasons	Included
Trip Interruption	175% of Insured Trip Cost
Trip Delay	6+ hour delay; \$250 day; \$1,000 maximum
Dog/Cat Kenneling (if Trip delay)	6+ hour delay; \$30 day; \$120 maximum
Baggage Loss	\$250 per item; \$1,000 maximum
Baggage Delay	24+ hour delay; \$300 maximum

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

#### Optional Benefits

Rental Car Damage	\$50,000 maximum
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*All benefits will be payable up to the maximum limits described in the above Schedule of Benefits.*

Centurion Casualty Company  
(a stock company)  
2717 North 118<sup>th</sup> Street, Suite 300  
Omaha, NE 68164

## INDIVIDUAL TRAVEL POLICY

### PLEASE READ THIS DOCUMENT CAREFULLY!

This Policy is Our contract with You. It is issued in consideration of Your enrollment and payment of the premium due. This Policy of Insurance describes the Insurance benefits of Centurion Casualty Company, herein referred to as the Company and also referred to as We, Us and Our.

Make sure to confirm the benefits and coverages for the plan that You purchased. Defined terms are capitalized, and their meanings are listed in the Definitions, Section III.

This Policy is a legal contract between You and the Company. It is important that You read Your Policy carefully. Please refer to the Schedule of Benefits, which provides You with specific information about the program You purchased. You should contact the Company immediately if You believe that the Schedule of Benefits is incorrect.

**30 DAY FREE LOOK:** If You are not satisfied for any reason, You may cancel Insurance under this Policy by giving the Company or the agent written notice within: (a) 30 days from the Effective Date of Your Insurance; or (b) prior to Your Scheduled Departure Date, whichever occurs first. If You do this, Your premium will be refunded, provided You have not already departed on the Trip or filed a claim. If premium is returned, all coverages under this Policy are invalid from date of initial purchase.

**Renewal:** Coverage under this Policy is not renewable.

Signed for **Centurion Casualty Company** by:



Chairman and CEO



Chief Financial Officer

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## SECTION I. EFFECTIVE DATE AND TERMINATION DATE

### When Coverage For Your Trip Begins – Coverage Effective Date:

**Trip cancellation:** Coverage begins at 12:01 a.m. on the day after the date the appropriate premium for this Policy is received by the Company.

**All Other Coverages:** Coverage begins when You depart on the first Travel Arrangement (or alternate Travel Arrangement if You must use an alternate Travel Arrangement to reach Your Trip Destination) for Your Trip. This is Your “Effective Date” and time for all other coverages, except Trip cancellation.

### When Coverage For Your Trip Ends – Coverage Termination Date:

**Trip cancellation:** Your coverage automatically ends on the earlier of: 1) the date and time You depart on Your Trip; or 2) the date and time You cancel Your Trip.

**All Other Coverages:** Your coverage will automatically end at 11:59 p.m. local time on the date that is the earliest of the following: 1) the date Your Trip is completed; 2) the Scheduled Return Date; 3) Your arrival at Your return Destination on a round-Trip, or the Destination on a one-way Trip; 4) cancellation of Your Trip covered by this Policy. Termination of this Policy will not affect a claim for loss that occurs after premium has been paid.

**Automatic Extension of Coverage:** All coverages under this Policy will be extended if Your entire Trip is covered by this Policy and Your return is delayed due to circumstances beyond Your control. This extension of coverage will end on the earlier of the date You reach Your originally scheduled return Destination or 5 days after the Scheduled Return Date.

## SECTION II. COVERAGES

### TRIP CANCELLATION

Prior to Your Trip departure, benefits will be paid, to reimburse You for the amount of unused non-refundable Prepaid Payments or Deposits You paid for Travel Arrangements, when You are prevented from taking Your Trip due to:

1. Your, or a family member's, or a Traveling Companion's death, which occurs before departure on Your Trip;
2. Your, or a family member's, or a Traveling Companion's covered Sickness or Injury, which:
  - a) occurs before departure on Your Trip;
  - b) requires Medical Treatment at the time of cancellation resulting in medically imposed restrictions, as certified by a Physician; and
  - c) prevents Your participation in the Trip;
3. for the **Other Covered Reasons** listed below; provided such circumstances occur while coverage is in effect.

“Other Covered Reasons” means:

- a. You or Your Traveling Companion being hijacked, government required Quarantine prior to Your Trip departure, required to serve on a jury (notice of jury duty must be received after Your Effective Date), served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
- b. Your or Your Traveling Companion's primary place of residence or Destination being rendered uninhabitable and remaining uninhabitable during Your scheduled Trip, by fire, flood, burglary, or other Natural Disaster. The Company will only pay benefits for losses occurring within 30 calendar days after the Natural Disaster makes Your primary place of residence or Destination accommodations uninhabitable. Your Destination is uninhabitable if:
  - (i) the building structure itself is unstable and there is a risk of collapse in whole or in part;
  - (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail, or flood;
  - (iii) immediate safety hazards have yet to be cleared such as debris on roofs or downed electrical lines; or
  - (iv) the rental property is without electricity or water. Benefits are not payable if a storm, snowstorm, blizzard or hurricane is named on or before the Effective Date of Your Trip cancellation coverage;
- c. after two years of continuous employment at the same company You have a permanent transfer of employment of 250 miles or more;
- d. You or Your Traveling Companion being directly involved in a traffic Accident, substantiated by a police report, while en route to Your scheduled point of departure;
- e. You or Your Traveling Companion is in the military and called to emergency duty for a national disaster other than war;
- f. a Terrorist Incident that occurs within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your Trip. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing You to cancel Your Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary;
- g. revocation of Your previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a

supervisor or commanding officer of the appropriate branch of service will be required;

h. after two years of continuous employment at the same company Your previously approved time-off is revoked by Your employer;

i. after two years of continuous employment at the same company, You are terminated or laid-off from full-time employment by that company within 30 days of the date of Your Trip;

j. weather that causes complete cessation of services of the Common Carrier for at least 48 consecutive hours and prevents You from reaching Your Destination. This benefit will not apply if the potential Natural Disaster has been forecasted or a storm has been named prior to purchase of this coverage;

k. strike that causes complete cessation of services for at least 48 consecutive hours; (after Common Carrier/Travel Supplier reimbursements);

l. the death or hospitalization of Your host at Destination;

m. the primary or secondary school that You or Your Traveling Companion's dependent child(ren) attends continues classes beyond the predefined school year, due to Unforeseen circumstances that:

1) occur after Your Effective Date for Trip cancellation; and

2) cause the classes to extend beyond the Scheduled Departure Date of Your Trip. Extensions due to extra-curricular or athletic events are not covered;

n. Bankruptcy or Default of an airline, or Cruise line, or tour operator, other than an organization or firm from whom You purchased Travel Arrangements supplied by others causing a complete cessation of travel services provided the Bankruptcy or Default occurs more than 14 days following Your Effective Date. 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 You to transfer to another airline in order to get to Your intended Destination. Coverage for these other covered reasons only applies if Your premium for this Policy is received within the time sensitive period.

Coverage will apply in the event of issued Alerts/Warnings, country-specific entry-bans or Quarantine requirements upon entry that would impact Your Trip only if this policy is effective prior to the issuance of such Alert/Warning, entry ban or Quarantine requirement. This includes Alert/Warnings, entry bans or Quarantine entry requirements related to named Epidemics or Pandemics.

**All cancellations must be reported to Us within 72 hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the 72 hours, the event should be reported as soon as possible. Increased amounts of unused non-refundable Prepaid Payments or Deposits that result from all other delays of reporting beyond 72 hours are not covered.**

The maximum payable under this Trip cancellation Benefit is the Maximum Benefit Amount shown in the Schedule of Benefits.

In addition to the General Exclusions and Limitations, the following additional limitations and exclusions for trip cancellation apply. Benefits are not payable for any loss due to, arising or resulting from:

1. Trip cancellation coverage for any reason not described above.
2. Trip cancellation based on an issued country-specific or a global Alert/Warning if the policy is effective after the Alert/Warning was issued. This includes Alert/Warnings related to named Epidemics or Pandemics.
3. Trip cancellation based on an issued country-specific entry ban if this policy was effective after the ban was issued. This includes bans related to named Epidemics or Pandemics.
4. Trip cancellation based on an issued Quarantine requirement upon entry if this policy was effective after the Quarantine requirement was issued. This includes Quarantines related to named Epidemics or Pandemics.
5. Trip cancellation based on Epidemic or Pandemic when no Alert/Warning has been issued.

#### **Single Supplement**

Benefits will be paid, for the additional cost incurred as a result of a change in the per person occupancy rate for Prepaid Travel Arrangements if a Traveling Companion's or family member's Trip is canceled for a covered reason and You do not cancel Your Trip.

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

### **TRIP INTERRUPTION**

While on Your Trip, benefits will be paid, to reimburse You for the Prepaid Payments or Deposits for:

- a. any Prepaid, unused, non-refundable land and water accommodations; such as Prepaid hotel accommodations, booked excursions or tours;
- b. an economy fare from the point where You ended Your Trip to a Destination where You can catch up to the Trip;
- c. a one-way economy fare to return You to Your originally scheduled return Destination;
- d. additional pet kennel costs if return is delayed.

Trip interruption must be due to:

1. Your, or a family member's, or a Traveling Companion's death, which occurs while You are on Your Trip;
2. Your, or a family member's, or a Traveling Companion's covered Sickness or Injury which: a) occurs while You are on Your Trip, b) requires Medical Treatment at the time of interruption resulting in medically imposed restrictions, as certified by a Physician, and c) prevents Your continued participation on Your Trip;
3. For the **Other Covered Reasons** listed below; provided such circumstances occur while coverage is in effect.

**"Other Covered Reasons"** means:

- a. You or Your Traveling Companion being hijacked, government required Quarantine after Your Trip departure, required to serve on a jury (notice of jury duty must be received after Your Effective Date) served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
- b. Your or Your Traveling Companion's primary place of residence or Destination being rendered uninhabitable and remaining uninhabitable during Your scheduled Trip, by fire, flood, burglary, or other Natural Disaster. The Company will only pay benefits for losses occurring within 30 calendar days after the Natural Disaster makes Your Destination accommodations uninhabitable. Your Destination is uninhabitable if:
  - (i) the building structure itself is unstable and there is a risk of collapse in whole or in part;
  - (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail, or flood;
  - (iii) immediate safety hazards have yet to be cleared such as debris on roofs or downed electrical lines; or
  - (iv) the rental property is without electricity or water. Benefits are not payable if a storm, snowstorm, blizzard or hurricane is named on or before the Effective Date of Your Trip interruption coverage;
- c. You or Your Traveling Companion being directly involved in a traffic Accident, substantiated by a police report, while en route to Your scheduled point of departure;
- d. You or Your Traveling Companion is in the military and called to emergency duty for a national disaster other than war;
- e. a Terrorist Incident that occurs within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your Trip. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your interruption of the Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary;
- f. revocation of Your previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;
- g. Bankruptcy or Default of an airline, or Cruise line, or tour operator, other than an organization or firm from whom You purchased Travel Arrangements supplied by others causing a complete cessation of travel services provided the Bankruptcy or Default occurs more than 14 days following Your Effective Date. 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 You to transfer to another airline in order to get to Your intended Destination. Coverage for this other covered reason only applies if Your premium for this Policy is received within the time sensitive period.

Coverage will apply in the event there is a government/country order that requires You to Quarantine after entry. Reimbursement will be provided for hotel and a per diem of \$100 for meals which will be applied to the Maximum Benefit Amount as shown in the Schedule of Benefits.

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

In no event shall the amount reimbursed for Trip interruption exceed the lesser of the amount You Prepaid for Your Trip or the Maximum Benefit Amount shown in the Schedule of Benefits.

In addition to the General Exclusions and Limitations, the following limitations and exclusions for Trip interruption also apply. Benefits are not payable for any loss due to, arising or resulting from:

Trip interruption coverage for any reason not described above.

### **TRIP DELAY**

We will reimburse You for Covered Expenses on a one-time basis, if You are delayed, while coverage is in effect, and en route to or from the Trip for 6 or more hours. We will reimburse You for reasonable additional expenses incurred by You for lodging accommodations, meals, telephone calls, local transportation, additional vehicle parking charges and additional pet kennel fees incurred due to the delay. We will not pay benefits for expenses incurred after travel becomes possible. Travel delay must be caused by or result from:

- a. any delay of a Common Carrier (including inclement weather);
- b. any delay by a traffic Accident en route to a departure, in which You or a Traveling Companion is not directly involved;
- c. any delay due to lost or stolen passports, travel documents or money, government required Quarantine, hijacking, unannounced strike, Natural Disaster, civil commotion or riot;



d. a closed roadway causing cessation of travel to the Destination of the Trip (substantiated by the department of transportation, state police, etc.).

### **DOG/CAT KENNELING**

We will reimburse You to cover necessary additional kennel fees if You or Your Traveling Companion are delayed by a Common Carrier and unable to collect Your cat or dog on the day previously agreed with the kennel. The delay must occur after the Trip is completed while en route to Your return Destination, and the cat or dog must have been placed in the kennel for the duration of the Trip. You or Your Traveling Companion must provide the following documentation when presenting a claim for these benefits:

- a) written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the loss, including but not limited to, scheduled departure and return times and actual departure and return times; and
- b) written confirmation from the kennel advising the original pick-up date and the actual pick-up date.

### **BAGGAGE LOSS**

We will reimburse You, if Your baggage or personal effects, are lost, stolen, damaged or destroyed during Your Trip, less any amount paid or payable by a Common Carrier, hotel, Travel Supplier, or any other party responsible for Your loss. This includes losses or damage to property specifically scheduled under any other Insurance, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times.

#### **Valuation and Payment of Loss:**

The lesser of the following amounts will be paid:

- a. the Actual Cash Value as determined by Us;
- b. the current replacement cost for the lost, stolen, damaged or destroyed item; or
- c. the cost to repair or replace the item with material of a like kind and quality.

For claimed items without original receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss, not to exceed the Maximum Benefit Amount shown in the Schedule of Benefits. We may take all or part of the damaged items at the appraised or agreed value by Us.

In the event of a loss to a pair or set of items, We may choose to:

- a. repair or replace any part to restore the pair or set to its value before the loss; or
- b. pay the difference between the Actual Cash Value of the items before and after the loss.

**In addition to the Baggage Loss benefit, noted on the Schedule of Benefits, a combined maximum of \$500, \$250 per item, will be paid for the following items:**

- a. jewelry;
- b. precious or semi-precious stones;
- c. watches;
- d. articles consisting in whole or in part of silver, gold or platinum;
- e. furs or articles trimmed with fur;
- f. cameras and their accessories and related equipment;
- g. computers, electronic equipment and other digital or electronic equipment/media;
- h. fees associated with the replacement of Your passport and visas which are lost, stolen, damaged or destroyed during Your Trip.

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

#### **Passport, Visa, or Other Travel Documents Replacement**

A maximum of \$100 will be reimbursed for the cost of replacing Your passport, visas, and other travel documents, which are lost, stolen, damaged or destroyed during Your Trip. The loss, theft or damage must be documented by a police report and by providing a request for the passport replacement proof.

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

#### **Baggage Loss does not include:**

- a. animals;

- b. automobiles and automobile equipment;
- c. boats or other vehicles or conveyances;
- d. trailers;
- e. motors;
- f. aircraft;
- g. bicycles, except when checked as baggage with a Common Carrier;
- h. household effects and furnishings;
- i. antiques and collector's items;
- j. eyeglasses, sunglasses, contact lenses, artificial teeth, dentures, dental bridges, retainers, or other orthodontic devices, or hearing aids;
- k. artificial limbs or other prosthetic devices;
- l. prescribed medications;
- m. keys, money, stamps and credit cards (except as otherwise specifically covered herein);
- n. securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
- 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.

**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. confirmation of 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.

**"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.

**“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.

**“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)*.

**“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.

**“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.

**“Home”** means Your primary place of residence.

**“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.

**“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.

**“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.

**“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.

**“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 traveling for the purpose or intent of securing Medical Treatment or advice;
10. 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;
11. any Trip taken against the advice of a Physician and any losses incurred during such Trip;
12. regularly scheduled treatment, rehabilitation or therapy sessions;
13. suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane.
14. expenses incurred by any child born or adopted during Your Trip;
15. participation in a civil disorder or riot;
- 16 the actual or threatened use, or exposure, to any hazardous biological, chemical, nuclear radioactive matter or contamination;
- 17 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;
- 18 damages resulting from tropical storms, hurricanes or typhoons that are named on or before the date You purchased Your Policy;

19. 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.

**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 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.

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

**Payment of Claims: To Whom Paid:** All 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.

**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 under age 86. 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 time written proof of loss is required to be furnished.

**Concealment and Misrepresentation:** The entire 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.

SAMPLE

Centurion Casualty Company  
(a stock company)  
2717 North 118<sup>th</sup> Street, Suite 300  
Omaha, NE 68164

## INDIVIDUAL TRAVEL INSURANCE POLICY

### OUTLINE OF COVERAGE Policy Series INDTRV.POL.I.PC.0421

1. Read Your Policy Carefully: This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance policy, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.
2. Limited benefit health coverage is designed to provide, to persons insured, limited or supplemental coverage.

#### 3. BENEFITS

##### Benefits

AD&D 24-hour Full Coverage  
AD&D Common Carrier  
Flight Only

Maximum Benefit Limits  
Per Person Per Plan  
Principal Sum \$25,000  
Principal Sum \$50,000  
Included in Common Carrier

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

#### 4. GENERAL LIMITATIONS AND EXCLUSIONS

##### 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. sports equipment;
4. piloting or learning to pilot or acting as a member of the crew of any aircraft;
5. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Physician;
6. the commission of or attempt to commit a felony or being engaged in an illegal occupation or act;
7. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits;
8. traveling for the purpose or intent of securing Medical Treatment or advice;
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. participation in a civil disorder or riot;



13. 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;
14. damages resulting from tropical storms, hurricanes or typhoons that are named on or before the date You purchased Your Policy.
15. travel within 100 miles of your permanent residence within the *United States*.

## **5. When Coverage Begins and Ends**

### **When Coverage For Your Trip Begins – Coverage Effective Date:**

**Trip cancellation:** Coverage begins at 12:01 a.m. on the day after the date the appropriate premium for this Policy is received by the Company.

**All Other Coverages:** Coverage begins when You depart on the first Travel Arrangement (or alternate Travel Arrangement if You must use an alternate Travel Arrangement to reach Your Trip Destination) for Your Trip. This is Your “Effective Date” and time for all other coverages, except Trip cancellation.

### **When Coverage For Your Trip Ends – Coverage Termination Date:**

**Trip cancellation:** Your coverage automatically ends on the earlier of: 1) the date and time You depart on Your Trip; or 2) the date and time You cancel Your Trip.

**All Other Coverages:** Your coverage will automatically end at 11:59 p.m. local time on the date that is the earliest of the following: 1) the date Your Trip is completed; 2) the Scheduled Return Date; 3) Your arrival at Your return Destination on a round-Trip, or the Destination on a one-way Trip; 4) cancellation of Your Trip covered by this Policy. Termination of this Policy will not affect a claim for loss that occurs after premium has been paid.

**Automatic Extension of Coverage:** All coverages under this Policy will be extended if Your entire Trip is covered by this Policy and Your return is delayed due to circumstances beyond Your control. This extension of coverage will end on the earlier of the date You reach Your originally scheduled return Destination or [5-10] days after the Scheduled Return Date.

## **6. Renewability**

The Policy is not renewable. It is a short-term, single premium policy providing travel-related benefits.

## **7. Premium**

The Policy is issued in consideration of enrollment and payment of the premium due.

**CENTURION CASUALTY COMPANY**

2717 North 118<sup>th</sup> Street, Suite 300

Omaha, NE 68164

**Centurion Casualty Company Trip Cancellation** provides You with United States domestic travel Trip cancellation Insurance and Travel Assistance Services. The Insurance coverages and assistance services are shown on the following pages. For full United States domestic travel Trip cancellation Insurance details, please see the enclosed Policy. For additional information, and a list of excluded countries, please visit [www.uhcsafetrip.com](http://www.uhcsafetrip.com).

**SCHEDULE OF BENEFITS**

**Travel Insurance Features**

AD&D 24-hour Full Coverage

Principal Sum \$25,000

AD&D Common Carrier

Principal Sum \$50,000

Flight Only

Included in Common Carrier

*All benefits will be payable up to the maximum limits described in the above Schedule of Benefits.*

SAMPLE

Centurion Casualty Company  
(a stock company)  
2717 North 118<sup>th</sup> Street, Suite 300  
Omaha, NE 68164

## INDIVIDUAL TRAVEL POLICY

### PLEASE READ THIS DOCUMENT CAREFULLY!

This Policy is Our contract with You. It is issued in consideration of Your enrollment and payment of the premium due. This Policy of Insurance describes the Insurance benefits of Centurion Casualty Company, herein referred to as the Company and also referred to as We, Us and Our.

Make sure to confirm the benefits and coverages for the plan that You purchased. Defined terms are capitalized, and their meanings are listed in the Definitions, Section III.

This Policy is a legal contract between You and the Company. It is important that You read Your Policy carefully. Please refer to the Schedule of Benefits, which provides You with specific information about the program You purchased. You should contact the Company immediately if You believe that the Schedule of Benefits is incorrect.

**30 DAY FREE LOOK:** If You are not satisfied for any reason, You may cancel Insurance under this Policy by giving the Company or the agent written notice within: (a) 30 days from the Effective Date of Your Insurance; or (b) prior to Your Scheduled Departure Date, whichever occurs first. If You do this, Your premium will be refunded, provided You have not already departed on the Trip or filed a claim. If premium is returned, all coverages under this Policy are invalid from date of initial purchase.

**Renewal:** Coverage under this Policy is not renewable.

Signed for **Centurion Casualty Company** by:



Chairman and CEO



Chief Financial Officer

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## SECTION I. EFFECTIVE DATE AND TERMINATION DATE

### When Coverage For Your Trip Begins – Coverage Effective Date:

Coverage begins when You depart on the first Travel Arrangement (or alternate Travel Arrangement if You must use an alternate Travel Arrangement to reach Your Trip Destination) for Your Trip. This is Your “Effective Date” and time for all other coverages, except Trip cancellation.

### When Coverage For Your Trip Ends – Coverage Termination Date:

Your coverage will automatically end at 11:59 p.m. local time on the date that is the earliest of the following: 1) the date Your Trip is completed; 2) the Scheduled Return Date; 3) Your arrival at Your return Destination on a round-Trip, or the Destination on a one-way Trip; 4) cancellation of Your Trip covered by this Policy. Termination of this Policy will not affect a claim for loss that occurs after premium has been paid.

## SECTION II. COVERAGES

### 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.

### 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.

**“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.

**“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.

**“Effective Date”** means the day the contract begins.

**“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.

**“Home”** means Your primary place of residence.

**“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.

**“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.

**“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.

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

**“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.

**“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.

**“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. This exclusion will be amended, as described within the definitions section, if the upgraded optional benefit for Extreme Sports Activities is elected and any required cost is paid by final payment due date for Your Trip;
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. traveling for the purpose or intent of securing Medical Treatment or advice;
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.
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.

**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 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.

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

**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 under age 86. 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 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 time written proof of loss is required to be furnished.

**Concealment and Misrepresentation:** The entire 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.

SAMPLE



Centurion Casualty Company  
2717 North 118<sup>th</sup> Street, Suite 300  
Omaha, NE 68164

**ILLINOIS AMENDATORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**Individual Travel Policy**

The provisions of this Amendatory Endorsement are effective on the Effective Date and will expire concurrently with the Policy, unless otherwise terminated.

**I. Policy Cover Page**, the following is added:

The Policy is excess of all other valid and collective insurance or indemnity.

**II. Policy Cover Page**, the **30 Day Free Look** period is replaced by the following:

**FREE LOOK:** If You are not satisfied for any reason, You may cancel Insurance under this Policy by giving the Company or the agent written notice within 30 days after the date of delivery of the Policy's fulfillment materials by United States mail, or 30 days after the date of delivery of the Policy's fulfillment materials by means other than United States mail. If You do this, Your premium will be refunded, provided You have not already departed on the Trip or filed a claim. If premium is returned, all coverages under this Policy are invalid from date of initial purchase.

**III. SECTION II. COVERAGES, TRIP INTERRUPTION**, paragraph 1. is replaced by the following:

While on Your Trip, benefits will be paid, to reimburse You for the Prepaid Payments or Deposits for:

- a. any Prepaid, unused, non-refundable land and water accommodations; such as Prepaid hotel accommodations, booked excursions or tours;
- b. a fare comparable to Your original fare from the point where You ended Your Trip to a Destination where You can catch up to the Trip;
- c. a one-way fare comparable to Your original fare to return You to Your originally scheduled return Destination;
- d. additional pet kennel costs if return is delayed.

**IV. SECTION II. COVERAGES, NATURAL DISASTER AND SECURITY EVACUATION** is replaced by the following:

**NATURAL DISASTER AND SECURITY EVACUATION**

You should notify Us as soon as the possibility of a Security Evacuation or Natural Disaster Evacuation arises. Security and Natural Disaster evacuations and repatriations may be determined by Us and may be arranged and coordinated by Us. If You do not notify Us and arrange Your own transportation, benefits will be limited to the amount We would have paid had We been notified and arranged it. If You elect to make Your own arrangements, Our responsibility will be limited to the amount We would have paid had We made the arrangements.

If You decline a security evacuation or Natural Disaster evacuation within the timeframe listed below, We are under no obligation to You to provide like benefits at a later date due to the same occurrence or Natural Disaster. Security Evacuation and Natural Disaster benefits are payable only once per emergency security situation or Natural Disaster.

**1. Natural Disaster Evacuation:** We will arrange and pay for evacuation from an international airport or other safe departure point to the nearest safe haven or directly to Your Home Country in the event of a Natural Disaster if Your safety is in jeopardy and/or Your specific location in the Host Country is deemed uninhabitable by Us or government authorities of the Home or Host Country. The Natural Disaster must take place during Your Trip and while traveling outside Your Home Country. An evacuation must be requested within 5 days (120 hours) from the time of issuance of the Evacuation Notification or Government Evacuation Notice

ordering Your departure. Covered Expenses are for transportation and related costs to the nearest place of safety necessary to ensure Your safety and well-being. Arrangements will be by the most appropriate and economical means available and consistent with Your health and safety. Following an evacuation due to a Natural Disaster, and when safety allows, We will pay for a one-way transportation comparable to Your original transportation to return You to either the Host Country or Your Home Country within 3 days of your evacuation.

Natural Disaster evacuation benefits include:

- a. security personnel required prior to transportation to the departure point;
- b. a per diem of \$200 for Reasonable Living Expenses, if assembly of evacuees is required prior to departure;
- c. costs to transport You to the departure point;
- d. transportation costs to evacuate You to the nearest safe haven or return You directly Home;
- e. up to 3 days of reasonable lodging while at a safe haven;
- f. a per diem of \$200 for Reasonable Living Expenses while You are staying at the safe haven;
- g. We will pay for airfare comparable to Your original airfare for You to return to Your Host Country, if return is safe and permitted, or to Your Home Country.

**2. Security Evacuation:** We will arrange and pay for evacuation from an international airport or other safe departure point to the nearest safe haven or directly to Your Home Country, if You must leave Your Trip for a covered Political or Security Event as defined by Us or government authorities of the Home or Host Country. The Political or Security Event must take place during Your Trip and while traveling outside Your Home Country. An evacuation must be requested within 5 days (120 hours) from the time of issuance of the Evacuation Notification or Government Evacuation Notice. Covered Expenses are for transportation and related costs to the nearest place of safety necessary to ensure Your safety and well-being. If We make the arrangements, they will be by the most appropriate and economical means available and consistent with Your health and safety. Following an evacuation due to a Political or Security Event, and when safety allows, We will pay for one-way transportation comparable to Your original transportation to return You to either the Host Country or Your Home Country within 3 days of your evacuation.

Security evacuation situations include:

- a. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
- b. targeted with a Verified Physical Attack or Verified Threat of Physical Assault;
- c. Political or Security Events involving a Host Country for which an Evacuation Notification and/or Government Evacuation Notice has been issued ordering Your departure from the Host Country;

Security evacuation benefits include:

- a. security personnel required prior to transportation to the departure point;
- b. a per diem of \$200 for Reasonable Living Expenses, if assembly of evacuees is required prior to departure;
- c. costs to transport You to the departure point;
- d. transportation costs to evacuate You to the nearest safe haven or return You directly Home;
- e. up to 3 days of reasonable lodging while at a safe haven;
- f. a per diem of \$200 for Reasonable Living Expenses while You are staying at the safe haven.
- g. We will pay for airfare comparable to Your original airfare for You to return to Your Host Country, if return is safe and permitted, or to Your Home Country.

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

## **POLITICAL OR SECURITY AND NATURAL DISASTER EVACUATION COVERAGE CONDITIONS AND EXCLUSIONS**

1. We are not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond Our control. This includes Our inability to provide You an evacuation or any additional services when the rendering of such evacuation or service is prohibited by *United States* law, local laws or regulatory agencies.

2. We will not pay any costs or expenses arising from:
  - a. Political or Security Evacuation from Your Home Country.
  - b. Political or Security Evacuation when the Political or Security Event precedes Your arrival in the Host Country.
  - c. Political or Security Evacuation when the Evacuation Notification or Government Evacuation Notice has been issued or posted by Us or the recognized government of Your Home or Host Country for a period of more than 5 days and You have failed to notify Us regarding Your need to be evacuated.
  - d. the actual or threatened use or release of any biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.
3. We will not pay for more than one Political or Security Evacuation from a country or territory per individual per Trip.
4. We will not pay for any loss or expense arising from or attributable to: a) fraudulent or criminal acts committed or attempted by You; b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent; or c) failure to maintain required documents or visas.
5. We will not pay for any loss or expense arising from or attributable to: a) debt, insolvency, business or commercial failure, b) the repossession of any property, or c) Your non-compliance with a contract, license or permit.
6. We will not pay for any loss or expense arising from or due to liability assumed by You under any contract.
7. We will not pay for Natural Disaster evacuations due to damages resulting from foreseen or named storms unless: a) the path of such storm deviates by greater than 200 miles within a 72-hour period from the forecasted path; or b) less than 72 hours advance notice for landfall is provided for the foreseen or named storm;
8. We will not pay for Natural Disaster evacuations if tropical storms, hurricanes or typhoons are named on or before the date You purchased Your Policy unless when the path of the named storm deviates by less than 200 miles within a 72 hour period from the path forecast by a *Regional Specialized Meteorology Center* or a *Tropical Cyclone Warning Center* participating in the *WMO Tropical Cyclone Programme* or *NOAA National Hurricane Center* or there is more than 72 hours advance notice of a potential landfall for a named storm;
9. We will not pay for occurrences or Natural Disasters in Your Home Country;
10. We will not pay for occurrences or Natural Disasters in a Host Country that take place before Your arrival there;
11. Services if You enter a country after an order to evacuate has been issued.

V. **SECTION II. COVERAGES**, exclusion 6. under **RENTAL CAR DAMAGE** is replaced by the following:

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. This exclusion shall apply only if You or anyone traveling with You have been legally or medically found to be under the influence of alcohol or any illegal substance or abuse of a legal substance;

VI. **SECTION III. DEFINITIONS**, the definitions of **Complications of Pregnancy**, **Terrorist Incident**, and **Trip** are replaced by the following:

**“Complications of Pregnancy”** means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, hyperemesis gravidarum, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy, which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning Sickness, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct Complication of Pregnancy.

**“Terrorist Incident”** means an act of violence, that is deemed terrorism by the Secretary of the Treasury in consultation with the Secretary of Homeland Security and the Attorney General of the United States resulting 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. Civil disorder or riot (that is not an act of war, declared or undeclared) is not a Terrorist Incident.

**“Trip”** means a scheduled Trip of 364 days or less for which coverage is requested and the premium is paid. Accident & Sickness Medical Expense benefits end 180 days after Your Scheduled Departure Date.

**VII. SECTION III. DEFINITIONS**, the definition of **Domestic Partner** is deleted.

**VIII. SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS**, Exclusion 18. is replaced by the following:

18. the actual or threatened use, or exposure, to any hazardous biological matter or contamination;

**IX. SECTION V. PAYMENT OF CLAIMS**, **Payment of Claims: When Paid** and **Payment of Claims: To Whom Paid** are replaced by the following:

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim within 30 days of receipt of acceptable proof of loss for that portion of the claim that is not in dispute.

**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 civil union 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 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.

**X. SECTION VI. GENERAL PROVISIONS**, **Physical Examination and Autopsy**, **Legal Actions**, **Concealment and Misrepresentation**, and **Other Insurance with the Company** are replaced by the following:

**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 and where performing an autopsy on You would not violate Your sincere religious beliefs.

**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 by Us after three years from the time written proof of loss is required to be furnished. The period of time for filing legal action is extended by the number of days between the date Proof of Loss was filed and the date the claim was denied in whole or in part.

**Concealment and Misrepresentation:** Coverage may be denied, if before, during, or after a loss, any material

fact or circumstance relating to this Policy or claim has been intentionally concealed or misrepresented.

**Other Insurance with the Company:** You may be covered under only one travel Policy with the Company for each trip.

**XI. The following is added to SECTION VI. GENERAL PROVISIONS:**

Should any complaints arise, You may contact Us at the following address:

Centurion Casualty Company  
9800 Health Care Lane MN006-W500  
Minnetonka, MN 55343

You may also contact the Illinois Department of Insurance at the following addresses:

Illinois Department of Insurance  
Consumer Division  
122 S. Michigan Ave, 19th Floor  
Chicago, Illinois 60603  
312-814-2420 Phone

or

Illinois Department of Insurance  
320 West Washington Street  
Springfield, Illinois 62767  
866-445-5364 Toll-Free  
866-323-5321 TDD  
217-557-6954 Phone  
217-558-2083 Fax

<https://mc.insurance.illinois.gov/messagecenter.nsf> (online form)

<https://www2.illinois.gov/sites/Insurance/Consumers/Documents/PropertyCasualtyComplaintForm.pdf>

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

Signed for **Centurion Casualty Company** by:

A handwritten signature in blue ink, appearing to read "J. C. M. On".

Chairman and CEO

A handwritten signature in blue ink, appearing to read "James Robert".

Chief Financial Officer

Centurion Casualty Company  
2717 North 118<sup>th</sup> Street, Suite 300  
Omaha, NE 68164

**ILLINOIS AMENDATORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**Individual Travel Policy**

The provisions of this Amendatory Endorsement are effective on the Effective Date and will expire concurrently with the Policy, unless otherwise terminated.

**I. Policy Cover Page**, the following is added:

The Policy is excess of all other valid and collective insurance or indemnity.

**II. Policy Cover Page**, the **30 Day Free Look** period is replaced by the following:

**FREE LOOK:** If You are not satisfied for any reason, You may cancel Insurance under this Policy by giving the Company or the agent written notice within 30 days after the date of delivery of the Policy's fulfillment materials by United States mail, or 30 days after the date of delivery of the Policy's fulfillment materials by means other than United States mail. If You do this, Your premium will be refunded, provided You have not already departed on the Trip or filed a claim. If premium is returned, all coverages under this Policy are invalid from date of initial purchase.

**III. SECTION II. COVERAGES, Accident & Sickness Medical Expense** is replaced by the following:

**ACCIDENT & SICKNESS MEDICAL EXPENSE**

Benefits will be paid for the Covered Expenses incurred, after satisfaction of any applicable Deductible shown on the Schedule of Benefits, as a result of a covered Injury or Sickness, which first occurs during Your Trip. Only Covered Expenses incurred during Your Trip will be reimbursed. Expenses incurred after Your Trip are not covered.

Benefits will be paid for emergency dental and Palliative Dental Treatment for expenses incurred during Your Trip. Only expenses to sound natural teeth will be reimbursed. Expenses incurred after Your Trip are not covered.

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

For the purpose of this benefit:

"Covered Expense" means expense incurred only for the following:

1. the medical services, prescription drugs, therapeutic services and supplies ordered or prescribed by a Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services (including expenses for a Cruise ship cabin or hotel room, not already included in the cost of the Your Trip, if recommended as a substitute for a Hospital room for recovery from a Covered Accidental Injury or covered Sickness);
3. Virtual Visit for Accidental Injury or covered Sickness that include the diagnosis and treatment of less serious medical conditions through live audio with video technology or audio only. Virtual Visit provides communication of medical information in real-time between the patient and a distant Physician or health specialist, through use of live audio with video technology or audio only outside of a medical facility (for example, while on vacation);
4. transportation furnished by a professional ambulance company to and/or from a Hospital;
5. mental health and substance use disorder services include those received on an inpatient or outpatient basis in a Hospital, an alternate facility or in a provider's office. All services must be provided by or under the direction of a properly qualified behavioral health provider;
6. dental treatment for Accidental Injury to sound natural teeth. Both the Accidental Injury and the dental

treatment must occur during the Trip;

7. kennel for Service Animal if You are traveling alone and need to be hospitalized.

These benefits will not duplicate any benefits payable under the Policy or any coverage(s) attached to the Policy. Covered Expenses due to a Sickness are limited to a total of 180 days of treatment during Your Trip.

**IV. SECTION II. COVERAGES, EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION, EMERGENCY REUNION, RETURN OF MINOR CHILDREN, TRANSPORTATION OF SERVICE ANIMAL, RETURN OF REMAINS** are replaced by the following:

**EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION, EMERGENCY REUNION, RETURN OF MINOR CHILDREN, TRANSPORTATION OF SERVICE ANIMAL, RETURN OF REMAINS**

Transportation Expenses for the emergency medical evacuation, medical repatriation, emergency reunion, return of minor children, transportation of Service Animal, and return of remains may be arranged in advance by Us. If You elect to make Your own arrangements, Our responsibility will be limited to the amount We would have paid had We made the arrangements.

Should You choose to have Us arrange for emergency medical evacuation, medical repatriation, transportation of Service Animal and repatriation of remains and You do not contact Us prior to using such services, benefits will be limited to the amount We would have paid had We been contacted and related services pre-approved.

**1. Emergency Medical Evacuation:** We will provide emergency evacuation (under medical supervision if necessary) to the nearest facility capable of providing adequate care by whatever means is necessary if You suffer a Sickness or Injury and adequate medical facilities, in the opinion of Our medical director, the medical director of Our affiliate or authorized vendor under Our direction, are not available locally. Covered Expenses include arranging and providing for transportation and related medical services (including medical escort if necessary) and medical supplies necessarily incurred in connection with the emergency evacuation.

**Baggage and Personal Effects Return:** We will reimburse You or Your Travel Supplier, for any cost associated with transporting Your Baggage and Personal Effects if You are evacuated, as covered under this Policy, and Your Baggage and Personal Effects do not accompany You during Your evacuation. Your Baggage and Personal Effects will be returned to:

- (a) the location You were evacuated to; or
- (b) Your return Destination or scheduled Destination in case of a one-way Trip.

This benefit is provided as a supplement to the Baggage Delay benefit and the total benefits paid may not exceed the Baggage Delay limits as per the Schedule of Benefits.

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

**2. Medical Repatriation:** After You receive initial treatment and stabilization for a Sickness or Injury, if the attending Physician determines that it is Medically Necessary, We will transport You back to Your permanent place of residence for further Medical Treatment or to recover. Covered Expenses include arranging and providing for transportation and related medical services (including medical escort if necessary) and medical supplies necessarily incurred in connection with the repatriation.

Benefits are available for medical repatriation, provided both of the following apply:

- The treatment required is a Covered Expenses.
- The treatment is recommended by Your Physician.

You must provide Us with any information or proof that We may reasonably request.

Physicians from Our appointed representatives will discuss all relevant factors with Your own Physician before authorizing payment for repatriation.

Includes:

- a. one-way fare comparable to Your original fare or class required for Your condition recommended by the local attending Physician; or
- b. other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance. Transportation must be via the most direct and economical route.

Medical Repatriation expenses will only be payable at the Usual and Customary level or payment for necessary transportation, related medical services and medical supplies.

**3. Emergency Reunion:** We will pay to transport one person, chosen by You, by fare comparable to Your original fare, for a single visit to and from Your bedside if You are traveling alone and will be hospitalized for more than three consecutive days and Emergency Evacuation is not imminent.

**4. Return of Minor Children:** We will pay for the evacuation of children (under the age of 18) either to Your location or to a location where the children can be placed under the care of another guardian or relative, provided they are left unattended as a result of Your hospitalization or Medical Evacuation.

**5. Service Animal Return:** We will reimburse You, if traveling alone, for the reasonable expense for:

- transporting the Service Animal to Your location of Medical Evacuation and hospitalization, if Service Animal is required immediately upon Your discharge; or
- if Service Animal is not immediately required at discharge, transporting the Service Animal to Your Home in the *United States*;
- in the event of Your death transporting the animal to the place of Your Home in the *United States*.

Arrangements may be made in advance by Us. If You elect to make Your own arrangements, Our responsibility will be limited to the amount We would have paid had We made the arrangements.

Benefit amounts are payable on an aggregate limit for all Service Animal(s) accompanying You on Your Trip and are not provided per individual Service Animal.

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

**6. Return of Remains:** In the event of Your death, We or Our affiliate or authorized vendor will render assistance and provide for the return of mortal remains. Services include:

- location of a sending funeral home;
- transportation of the body from the site of death to the sending funeral home;
- preparation of the remains for either burial or cremation;
- transportation of the remains from the funeral home to the airport;
- minimally necessary casket or air tray for transport;
- coordination of consular services (in the case of death overseas);
- procuring death certificates required to release the remains and gain entry back to the Home Country or permanent place of residence;
- transport of the remains from the airport to the receiving funeral home.

Other services that may be performed in conjunction with those listed above include making Travel Arrangements for any Traveling Companions and identification and/or notification of next-of-kin.

**All repatriation expenses may be authorized and arranged in advance by Us. If Your representative**



**elects to make their own arrangements, Our responsibility will be limited to the amount We would have paid had We made the arrangements. Once Your remains are claimed by the receiving funeral home or morgue, or in the event of local cremation, coverage under this benefit ends.**

- V. **SECTION III. DEFINITIONS**, the definitions of **Complications of Pregnancy**, **Injury** and **Trip** are replaced by the following:

**“Complications of Pregnancy”** means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, hyperemesis gravidarum, preeclampsia, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy, which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning Sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct Complication of Pregnancy.

**“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 disease or bodily infirmity and must not be caused by, or result from, Sickness.

**“Trip”** means a scheduled Trip of 364 days or less for which coverage is requested and the premium is paid. Accident & Sickness Medical Expense benefits end 180 days after Your Scheduled Departure Date.

- VI. **SECTION III. DEFINITIONS**, the definitions of **Extreme Sports Activities**, **Designated Virtual Network Provider**, **Domestic Partner** and **Economy Transportation** are deleted.
- VII. **SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS**, Exclusions 3., 4., 18., 19. and 21. Are deleted.
- VIII. **SECTION V. PAYMENT OF CLAIMS**, **Payment of Claims: When Paid** and **Payment of Claims: To Whom Paid** are replaced by the following:

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim within 30 days of receipt of acceptable proof of loss for that portion of the claim that is not in dispute. Failure to pay within such period shall entitle You to interest at the rate of 9 percent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid.

**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 civil union 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 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.

**IX. SECTION VI. GENERAL PROVISIONS, Physical Examination and Autopsy, Legal Actions, Concealment and Misrepresentation, and Other Insurance with the Company** are replaced by the following:

**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 and where performing an autopsy on You would not violate Your sincere religious beliefs.

**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 by Us after three years from the time written proof of loss is required to be furnished. The period of time for filing legal action is extended by the number of days between the date Proof of Loss was filed and the date the claim was denied in whole or in part.

**Concealment and Misrepresentation:** Coverage may be denied, if before, during, or after a loss, any material fact or circumstance relating to this Policy or claim has been intentionally concealed or misrepresented.

**Other Insurance with the Company:** You may be covered under only one travel Policy with the Company for each trip.

**X. The following is added to SECTION VI. GENERAL PROVISIONS:**

Should any complaints arise, You may contact Us at the following address:

Centurion Casualty Company  
9800 Health Care Lane MN006-W500  
Minnetonka, MN 55343

You may also contact the Illinois Department of Insurance at the following addresses:

Illinois Department of Insurance  
Consumer Division  
122 S. Michigan Ave, 19th Floor  
Chicago, Illinois 60603  
312-814-2420 Phone

or

Illinois Department of Insurance  
320 West Washington Street  
Springfield, Illinois 62767  
866-445-5364 Toll-Free  
866-323-5321 TDD  
217-557-6954 Phone  
217-558-2083 Fax

<https://mc.insurance.illinois.gov/messagecenter.nsf> (online form)

<https://www2.illinois.gov/sites/Insurance/Consumers/Documents/PropertyCasualtyComplaintForm.pdf>

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

Signed for **Centurion Casualty Company** by:

A handwritten signature in blue ink, appearing to read "Z. C. M. On".A handwritten signature in blue ink, appearing to read "Jane Robert".

Chairman and CEO

Secretary

SAMPLE