

illness, disease, or pests.

“Reasonable Living Expenses” means reasonable expenses as determined by us that are incurred as the result of travel as described under Natural Disaster Evacuation and Security Evacuation. Examples may include meals, local transportation, essential telephone calls, internet services, and laundry services.

“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.

“Service Animal” means any guide dog, signal dog, or other animal individually trained to work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding persons with impaired vision, alerting persons with impaired hearing to intruders or sounds, pulling a wheelchair, or fetching dropped items. Service Animal will also include animals used for psychiatric or emotional support (i.e., “comfort animals”) if a Physician certifies that such an animal is required for You to travel.

“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.

“Transportation Expense(s)” means the cost of Medically Necessary conveyance, personnel, and services or supplies.

“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.

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

“Verified Physical Attack” means Your deliberate physical harm as confirmed by documentation or physical evidence.

“Verified Threat of Physical Assault” means any threat made either directly or indirectly to kill, injure or abduct You, as confirmed by documentation or physical evidence.

“Virtual Visit” means a phone or video consultation with a Physician to discuss symptoms, recommend treatment options, diagnose and prescribe medication when appropriate.

“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. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion;
9. dental treatment (except as coverage is otherwise specifically provided herein);
10. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits;
11. a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition limitation does not apply to the Emergency Medical Evacuation, Medical Repatriation or Return of Remains coverage;
12. preventive and Elective Treatment and Procedures;
13. traveling for the purpose or intent of securing Medical Treatment or advice;
14. 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;
15. any Trip taken against the advice of a Physician and any losses incurred during such Trip;
16. regularly scheduled treatment, rehabilitation or therapy sessions;
17. suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane. This exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains coverage;
18. expenses incurred by any child born or adopted during Your Trip;
19. participation in a civil disorder or riot;
20. the actual or threatened use, or exposure, to any hazardous biological, chemical, nuclear radioactive matter or contamination;
21. 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;
22. Accident & medical expense when Your Trip destination is to a country that has issued a country-specific entry ban, when this policy was effective after the ban was issued and Your Trip departure timing occurred after the ban was issued. This includes bans related to named Epidemics or Pandemics;
23. damages resulting from tropical storms, hurricanes or typhoons that are named on or before the date You purchased Your Policy;

SECTION V. PAYMENT OF CLAIMS

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

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

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

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

Claim Procedures: Claim Forms: When notice of claim is received by Us or Our designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by You sending Us a written

statement of what happened. This statement must be received within the time given for filing proof of loss.

Claim Procedures: Proof of Loss: Proof of loss must be provided within 91 days after We request proof of loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

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

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

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

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

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

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

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

Subrogation: If the Company has made a payment for a loss under this Policy, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

SECTION VI. GENERAL PROVISIONS

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

Entire Contract: Changes: This Policy, Schedule of Benefits, and any attachments are the entire contract of Insurance. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this Policy or its attachments.

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

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

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

Physician Examination and Autopsy: The Company, at the expense of the Company, may have You examined when and as often as
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is reasonable while the claim is pending. The Company may have an autopsy done, at the expense of the Company, where it is not forbidden by law.

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

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

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

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

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

Other Insurance with the Company: You may be covered under only one travel Policy with the Company for each Trip. If You are covered under more than one such Policy, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

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

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

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

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

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

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

Have a complaint or need help?

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

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

Centurion Casualty Company

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

Call: Centurion Casualty Company

at 1-800-732-5309 toll-free

Email: safetrip_info@uhcglobal.com

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

The Texas Department of Insurance

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

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

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

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