



## 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.

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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 Travel 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 please visit [www.uhcsafetrip.com](http://www.uhcsafetrip.com).

**NOTE:** Coverage is Secondary to any other benefits payable under any other medical or travel Policy, or compensation provided by a Common Carrier or Travel Supplier.

### 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
AD&D 24-hour Full Coverage	Principal Sum \$25,000
AD&D Common Carrier	Principal Sum \$50,000
Flight Only	Included in Common Carrier

**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.

**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 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.

#### **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.

<b>Table of Losses</b>	
<b>Type of Loss</b>	<b>Benefit Amount</b>
Loss of life	100% of Principal Sum
Loss of both hands	100% of Principal Sum
Loss of both feet	100% of Principal Sum
Loss of both eyes	100% of Principal Sum
Loss of one hand and one foot	100% of Principal Sum
Loss of one hand and one eye	100% of Principal Sum
Loss of one foot and one eye	100% of Principal Sum
Loss of one hand	50% of Principal Sum
Loss of one foot	50% of Principal Sum
Loss of one eye	50% of Principal Sum
Loss of thumb and index finger of the same hand	25% of Principal Sum

**Loss of hand, hands, foot, or feet**, means severance at or above the wrist joint. Or ankle joint, respectively.

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one Accident.

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

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

The Principal Sum is shown in the Schedule of Benefits.

#### **Exposure and Disappearance**

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

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

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

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

#### **RENTAL CAR DAMAGE**

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

We will pay the lesser of:

- the cost of repairs and rental charges imposed by the rental company while the car is being repaired;
- the Actual Cash Value of the car; or
- 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:

- any obligation of You, a Traveling Companion or family member traveling with You assumed under any agreement (except Insurance collision deductible);
- 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;
- any loss which occurs if You or anyone traveling with You are in violation of the rental agreement;
- failure to report the loss to the proper local authorities and the rental car company;
- 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.

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

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

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

**"Company"** means Centurion Casualty Company.

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

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

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

**"Destination"** means the place where You are going.

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

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

**"Effective Date"** means the day the contract begins.

**"Epidemic"** means an outbreak of an illness or disease that spreads rapidly, widely, and affects a large number of people. Epidemics

are identified by *Center for Disease Control and Prevention (CDC)* or *World Health Organization (WHO)*.

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

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

**“Injury”, “Injuries”** means bodily harm caused by an Accident which: 1) occurs while Your coverage is in effect under the Policy; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

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

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

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

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

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

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

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

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

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

**“Physician(s)”** means a Physician: (a) other than You, a Traveling Companion, or a family member; (b) practicing within the scope of his or her license; and (c) recognized as a Physician in the place where the services are rendered.

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

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

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

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

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

**“Scheduled Departure Date”** means the date on which You are originally scheduled to leave on Your Trip.

**“Scheduled Return Date”** means the date on which You are originally scheduled to return to the point of origin or the original, final Destination of Your Trip.

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

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

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

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

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

scheduled Trip dates.

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

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

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

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

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

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

#### SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS

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

1. an act of declared or undeclared war;
2. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the *United States*, including the *National Guard*;
3. participating as a professional in a stunt, athletic or sporting event or competition;
4. Your participation in Extreme Sports Activities, riding or driving in any races, or participation in speed or endurance competition or events, except as a spectator;
6. piloting or learning to pilot or acting as a member of the crew of any aircraft;
7. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Physician;
8. the commission of or attempt to commit a felony or being engaged in an illegal occupation or act;
9. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits;
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:** 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 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



## STATE SPECIFIC COVERAGE DETAILS

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.

## ALABAMA AMENDATORY ENDORSEMENT

**SECTION VI. GENERAL PROVISIONS, Legal Actions** is replaced by the following:

**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 six years from the time written proof of loss is required to be furnished.

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

INDTRV.AL.I.PC.0421

## ALASKA AMENDATORY ENDORSEMENT

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

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

**II. SECTION II. COVERAGES, EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION, EMERGENCY REUNION, RETURN OF MINOR CHILDREN, TRANSPORTATION OF SERVICE ANIMAL, RETURN OF REMAINS and NATURAL DISASTER AND SECURITY EVACUATION** paragraph 5. and 6. are replaced by the following:

**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.**

**III. SECTION II. COVERAGES, POLITICAL OR SECURITY AND NATURAL DISASTER EVACUATION COVERAGE CONDITIONS AND EXCLUSIONS, item 3.d. is replaced by the following:**

- d. the actual or threatened use or release of any nuclear, chemical, or biological weapon or device, or exposure to nuclear reaction or radiation.

**IV. SECTION II. COVERAGES, POLITICAL OR SECURITY AND NATURAL DISASTER EVACUATION COVERAGE CONDITIONS AND EXCLUSIONS, item 1. is deleted.**

**V. SECTION III. DEFINITIONS, the definitions of **Elective Treatment and Procedures** are replaced by the following:**

**“Elective Treatment and Procedures”** means any Medical Treatment or surgical procedure that is not Medically Necessary, including any service, treatment, or supplies that are deemed by the federal, state, or local government authority, or the treating Physician to be research or experimental or that is not recognized as a generally accepted medical practice.

**“Medically Necessary”** means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice. Medical Necessity is determined by the treating Physician.

**VI. SECTION V. PAYMENT OF CLAIMS, Claim Procedures: Notice of Claim, Claim Procedures: Claim Forms, and Claim Procedures: Proof of Loss are replaced by the following:**

**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. Failure to submit notice of claim within the specified time limit will not invalidate a claim unless such failure operates to prejudice Our rights.

**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 10 working 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. Failure to submit proof of loss within the specified time limit will not invalidate a claim unless such failure operates to prejudice Our rights.

**VII. The following is added to SECTION V. PAYMENT OF CLAIMS:**

**DISAGREEMENT OVER AMOUNT OF LOSS:** If there is a disagreement about the amount of the loss either You or We can make a written demand for an appraisal. After the demand, You and We will each select a competent appraiser. Within 10 days after the written demand, each party must notify the other party of the competent appraiser each has selected. Each of the appraisers must select a competent and impartial umpire. Not later than 15 days after the umpire has been chosen, unless the umpire extends the time period, each appraiser will separately state in writing the amount of the loss. If the appraisers submit a written report of agreement on the amount of the loss, the agreed amount will be binding upon You and Us. If the appraisers fail to agree, the appraisers will promptly submit their differences to the umpire. A decision agreed to by one of the appraisers and the umpire will be binding upon You and Us. All expenses and fees, not including counsel or adjuster fees, incurred because of the appraisal will be paid as determined by the umpire.

**VIII. SECTION VI. GENERAL PROVISIONS, Concealment and Misrepresentation, Excess Insurance and Controlling Law** are replaced by the following:

**Concealment and Misrepresentation:** Your misrepresentations, omissions, concealment of facts, and incorrect statements may not prevent a recovery under the policy or contract unless either (1) fraudulent; (2) material either to the acceptance of the risk, or to the hazard assumed by Us; or (3) We in good faith would either not have issued the policy or contract, or would not have issued a policy or contract in as large an amount, or at the same premium or rate, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to Us as required either by the application for the Policy or contract or otherwise. You must fully cooperate in the event We determine that an investigation of any claim is warranted.

**Excess Insurance:** Insurance provided by this Policy shall be in excess of all other primary 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.

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

**IX. SECTION VI. GENERAL PROVISIONS, Other Insurance with the Company** is deleted.

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

INDTRV.AK.I.PC.0421

**ARKANSAS AMENDATORY ENDORSEMENT**

**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 V. PAYMENT OF CLAIMS, Claim Procedures: Proof of Loss and Subrogation** are replaced by the following:

**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. Failure to furnish proof within the provided period will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

**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. We are entitled to recovery only after You have been fully compensated from the loss sustained.

**IV. SECTION VI. GENERAL PROVISIONS, Legal Actions** is replaced by the following:

**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 five years from the time written proof of loss is required to be furnished.

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

INDTRV.AR.I.PC.0421

**ARIZONA AMENDATORY ENDORSEMENT**

**I. The 30 Day FREE LOOK** provision 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.

**II. SECTION V. PAYMENT OF CLAIMS, Payment of Claims: When Paid** is replaced by the following:

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim within 30 days after receipt of acceptable proof of loss.

**III. SECTION VI. GENERAL PROVISIONS, Concealment and Misrepresentation** is replaced by the following:

**Concealment and Misrepresentation:** Coverage may be denied if You knowingly concealed, misrepresented or omitted any fact and:

- a. the misrepresentation was fraudulent;
- b. the misrepresentation was material either to the acceptance of the risk or to the hazard assumed by Us; and
- c. We in good faith would either have not issued the Policy in as large an amount or would not have provided coverage with respect to the hazard resulting in the loss if the true facts had been made known to us as required either by the application for the Policy or otherwise.

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

INDTRV.AZ.I.PC.0421

## CONNECTICUT AMENDATORY ENDORSEMENT

### I. SECTION V. PAYMENT OF CLAIMS, **Subrogation** is replaced by the following:

**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 to the extent permitted by law. 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.

### II. SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS, exclusion 18. is replace by the following:

18. Your suicide, attempted suicide, or any intentionally self-inflicted Injury. This exclusion does not apply to the suicide by Your spouse, child, dependent relative who resides in Your household or Your Traveling Companion. This exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains coverage;

### III. SECTION VI. GENERAL PROVISIONS, **Concealment and Misrepresentation** is replaced by the following:

**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 willfully concealed or misrepresented.

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

INDTRV.CT.I.PC.0421

## DISTRICT OF COLUMBIA AMENDATORY ENDORSEMENT

**SECTION III. DEFINITIONS**, the definitions of **Domestic Partner** and **Medically Necessary** are replaced by the following:

**"Domestic Partner"** means an unmarried opposite or same sex partner who resides with You and has registered in a state or local domestic partner registry with You.

**"Medically Necessary"** means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary.

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

INDTRV.DC.I.PC.0421

## GEORGIA AMENDATORY ENDORSEMENT

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

The Policy is primary.

### 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 I. EFFECTIVE DATE AND TERMINATION DATE**, the following is added to **When Coverage For Your Trip Ends – Coverage Termination Date**:

You may terminate coverage under this Policy at any time.

**IV. The following is added to SECTION V. PAYMENT OF CLAIMS, Subrogation:**

Subrogation is not applicable to Accidental Death and Dismemberment and Accident & Sickness Medical Expense.

**V. SECTION II. COVERAGES**, exclusion 5. under **TRIP CANCELLATION** is deleted.

**VI. SECTION VI. GENERAL PROVISIONS, Concealment and Misrepresentation** is replaced by the following:

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

**VII. SECTION VI. GENERAL PROVISIONS, Other Insurance with the Company** is replaced by the following:

**Other Insurance with the Company:**

1. 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 will be refunded for the duplicate coverage that does not remain in effect.
2. The following will apply if there is a valid claim or claims under multiple Policies with the Company for each Trip. If any claim(s) has been paid under any Policy that will not remain in effect because of the selection described in paragraph 1. of this provision, You will refund to the Company any amount paid to You under each Policy that will not remain in effect that exceeds the premium paid for that Policy. If the amount of the claim paid to You under each such Policy does not exceed the premium paid, then the Company will refund to You an amount that is the difference between the premium paid to the Company and the claim paid to You for each Policy that will not remain in effect. This will cause You to receive an amount from the Company that is equal to the premium that You paid for each Policy that will not remain in effect. You will then be paid under the Policy that remains in effect.

**VIII. SECTION VI. GENERAL PROVISIONS**, the following is added:

**Conflicting Excess Insurance Provisions:** The following applies only if You are covered for the same loss under multiple policies of insurance or indemnity, including the Policy. If the Policy contains a provision indicating that it provides benefits for Your loss in excess of all other valid and collectible policies of insurance or indemnity, and You are also covered by one or more other valid and collectible policies of insurance or indemnity for the same loss, and these other policies contain clauses that are irreconcilable to this, then in accordance with Georgia law, all of these clauses shall cancel each other out, and the liability for the loss will be divided equally between the Company and the other insurer(s).

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

INDTRV.GA.I.PC.0421

## HAWAII AMENDATORY ENDORSEMENT

### **I. 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 after receipt of acceptable proof of loss. Claims will be paid within 30 days after affirmation of liability if the amount of the claim has been determined and 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, civil union partner 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.

### **II. SECTION VI. GENERAL PROVISIONS, Concealment and Misrepresentation** is replaced by the following:

**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. A misrepresentation shall not prevent a recovery on the Policy unless made with actual intent to deceive or unless it materially affects either the acceptance of the risk or the hazard assumed by Us.

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

INDTRV.HI.I.PC.0421

## IDAHO AMENDATORY ENDORSEMENT

### **I. The following is hereby added to the Policy:**

#### **Contact Information for the Idaho Department of Insurance:**

Idaho Department of Insurance  
Consumer Affairs  
700 W. State Street, 3rd Floor  
PO Box 83720  
Boise, ID 83720-0043  
1-800-721-3272 or 208-334-4250 or [www.DOI.Idaho.gov](http://www.DOI.Idaho.gov)

### **II. On the Cover Page of the Policy, the 30 Day Free Look provision is replaced by the following:**

**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 within 30 days of the date We receive Your notice to cancel, 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 III. DEFINITIONS, Complications of Pregnancy** is replaced by the following:

**“Complications of Pregnancy”** means conditions requiring Hospital confinement (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, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also includes cesarean section, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia, toxemia, and similar medical and surgical conditions of comparable severity.

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

**IV. SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS, exclusion 4.** is replaced by the following:

4. Your participation as a professional 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;

**V. SECTION V. PAYMENT OF CLAIMS, Payment of Claims: When Paid** is replaced by the following:

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim within 30 days after receipt of acceptable proof of loss.

**VI. SECTION VI. GENERAL PROVISIONS, Legal Actions** is replaced by the following:

**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 five years from the time written proof of loss is required to be furnished.

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

INDTRV.ID.I.PC.0421

**LOUISIANA AMENDATORY ENDORSEMENT**

**I. SECTION I. EFFECTIVE DATE AND TERMINATION DATE, the Trip Cancellation and All Other Coverages** provisions under **When Coverage For Your Trip Ends – Coverage Termination Date** are replaced by the following:

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

**Trip Cancellation:** Your coverage automatically ends at 12:01 a.m. local time on the day following the earlier of: 1) the date You depart on Your Trip; or 2) the date You cancel Your Trip.

**All Other Coverages:** Your coverage will automatically end at 12:01 a.m. local time on the day following the earliest of: 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.



**II. SECTION III. DEFINITIONS,** “Domestic Partner” is deleted.

**III. SECTION V. PAYMENT OF CLAIMS, Claim Procedures: Notice of Claim, Payment of Claims: When Paid, Payment of Claims: To Whom Paid and Subrogation** are replaced by the following:

**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.

For losses that arose due to a catastrophic event for which a state of disaster or emergency was declared pursuant to law by civil officials, for those areas within the declaration, no damages to covered property shall be automatically denied by Your inability to provide sufficient proof of loss within the time limits and requirements of this Policy. The time limit for submission of proof of loss will be not less than 180 days. The time limit will not commence as long as a declaration of emergency is in existence and civil authorities are denying You access to the property.

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim within 30 days 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;
- 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, provided You have been made whole. 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, provided You have already been made whole for that loss. The amount of Our recovery will be reduced by a proper share of Your legal fees and Your expenses needed to obtain the refund.

**IV. SECTION VI. GENERAL PROVISIONS, Concealment and Misrepresentation** is replaced by the following:

**Concealment and Misrepresentation:** The entire coverage will be cancelled if You have concealed or misrepresented any material fact or circumstance concerning the Policy with the intent to deceive when applying for coverage. If You or someone acting on Your behalf, has made fraudulent statements or misrepresentations with the intent to deceive after this Policy is issued, coverage will be denied. However, if

coverage is denied for this reason, we will continue to provide coverage for legitimate claims until the cancellation is effective.

**V. SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS**, exclusion 7. is replaced by the following:

7. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Physician. This exclusion will not apply to deny payment to an innocent coinsured who is not convicted of the criminal act that resulted in the loss;

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

INDTRV.LA.I.PC.0421

**MARYLAND AMENDATORY ENDORSEMENT**

The **30 Day FREE LOOK** provision on page 1 is replaced with the following:

**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 30 days from the later of: (a) the date Your policy is purchased; or (b) the delivery by physical or electronic mail of Your Policy's fulfillment materials. 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.

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

INDTRV.MD.I.PC.0421

**MAINE AMENDATORY ENDORSEMENT**

**I. Individual Travel Policy**, any and all references to **Usual and Customary Charge(s)** within the Policy are hereby deleted and shall have no effect.

**II. SECTION I. EFFECTIVE DATE AND TERMINATION DATE**, the following **Policy Cancellation** provision is added:

**Policy Cancellation:** In Maine, We may cancel for the following reasons:

- a. Nonpayment of premium;
- b. Fraud or material misrepresentation made by or with Your knowledge in obtaining the Policy, continuing the Policy or in presenting a claim under the Policy;
- c. Substantial change in the risk which increases the risk of loss after insurance coverage has been issued or renewed, including, but not limited to, an increase in exposure due to rules, legislation or court decision;
- d. Failure to comply with reasonable loss control recommendations; or
- e. Substantial breach of contractual duties, conditions or warranties;

However, it is agreed that We will only cancel for non-payment of premiums.

**III. SECTION I. EFFECTIVE DATE AND TERMINATION DATE**, the **Trip Cancellation** and **All Other Coverages** provisions under **When Coverage For Your Trip Ends – Coverage Termination Date** are replaced by the following:

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

**Trip Cancellation:** Your coverage automatically ends at 12:01 a.m. local time on the day following the earlier of: 1) the date You depart on Your Trip; or 2) the date You cancel Your Trip.

**All Other Coverages:** Your coverage will automatically end at 12:01 a.m. local time on the day following the earliest of: 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.

**IV. SECTION II. COVERAGES,** the following is added to **Common Carrier Accidental Death and Dismemberment:**

The minimum benefit for a single dismemberment will not be less than \$1,000. The minimum benefit for a double dismemberment will not be less than \$2,000.

**V. SECTION III. DEFINITIONS, Actual Cash Value, Hospital, Injury, Medically Necessary and Sickness** are replaced by the following:

**“Actual Cash Value”** means replacement cost of an insured item of property at the time of loss, less the value of physical depreciation as to the item damaged. For the purpose of this definition, physical depreciation means a value as determined according to standard business practice.

**“Hospital”** means a facility that:

- (a) is licensed to operate as a Hospital pursuant to the laws of the jurisdiction in which it operates;
- (b) is primarily and continuously engaged in providing or operating (either on its premises or in facilities available to the Hospital on a prearranged basis and under the supervision of a staff of licensed Physicians) medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made;
- (c) provides 24 hour nursing service by or under the supervision of a registered nurse.

A Hospital does not include:

- a. Convalescent homes or convalescent, rest, or nursing facilities;
- b. Facilities affording primarily custodial, educational, or rehabilitative care;
- c. Facilities for the aged, drug addicts or alcoholics; or
- d. Any military or veteran’s hospital, a soldiers’ home, or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability for the patient exists for charges made to the individual for the services.

**“Injury”, “Injuries”** means accidental bodily harm sustained by You that is the direct cause of the condition for which benefits are provided by this Policy and that occurs while on a Trip.

**“Medically Necessary”** means that a treatment, service, or supply is ordered by a Physician and performed under his or her care, supervision or order.

**“Sickness”** means an illness or disease of an Insured.

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

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim within 30 days after receipt of acceptable proof of loss.

**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. We will pay a pro-rata share of Your attorney's fees incurred in obtaining recovery from another source.

**VII. SECTION VI. GENERAL PROVISIONS, Concealment and Misrepresentation** is replaced by the following:

**Concealment and Misrepresentation:** The entire coverage will be denied or the Policy cancelled if before, during, or after a loss, any material fact or circumstance relating to this Policy or claim has been concealed or misrepresented.

**VIII. SECTION VI. GENERAL PROVISIONS,** the following provision is added:

**Post Judgment Interest:** Any post judgment interest for a claim brought against Us will be paid outside the Policy limits and in accordance with Maine law.

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

INDTRV.ME.IPC.0421

**MICHIGAN AMENDATORY ENDORSEMENT**

**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, 24-HOUR ACCIDENTAL DEATH AND DISMEMBERMENT – OTHER THAN COMMON CARRIER and COMMON CARRIER ACCIDENTAL DEATH AND DISMEMBERMENT** are replaced by the following:

**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 365 days after the date of the Injury causing the loss. The Principal Sum is the Maximum Benefit Amount shown in the below 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 365 days after the date of the Injury causing the loss. The Principal Sum is the Maximum Benefit Amount shown in the Schedule of Benefits.

<b>Table of Losses</b>	
<b>Type of Loss</b>	<b>Benefit Amount</b>
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.

#### **IV. The following is added to SECTION III. DEFINITIONS:**

**“Willful Criminal Activity”** includes, but is not limited to, operating a vehicle while intoxicated in violation of section 625 of the Michigan vehicle code, 1949 PA 309, MCL 257.625, or similar law in a jurisdiction outside of Michigan. Willful Criminal Activity does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony.

#### **V. SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS, Exclusions 7, 8, and 20 are replaced by the following:**

7. ingestion or use of any controlled substance, during the commission of or attempted commission of a felony, or while engaged in an illegal occupation or other Willful Criminal Activity, that resulted in a conviction by a court or other adjudicatory body. This exclusion will not apply to deny payment to other person(s) listed as Insureds on this Policy, who are not convicted of the criminal act that resulted in loss;
8. the commission of or attempt to commit a felony or being engaged in an illegal occupation or act or other Willful Criminal Activity;

20. participation in a civil disorder or riot if the participant is found to be engaged in Willful Criminal Activity;

**VI. SECTION V. PAYMENT OF CLAIMS, Claim Procedures: Notice of Claim and Claim Procedures: Proof of Loss** are replaced by the following:

**Claim Procedures: Notice of Claim:** Notice of claim must be reported within [20-180] 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. Failure to give notice of claim within the provided period will not invalidate any claim if it shall be shown not to have been reasonably possible to furnish such notice during that time and such notice was provided as soon as reasonably possible.

**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. Failure to furnish proof within the provided period will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time and such proof was provided as soon as reasonably possible.

**VII. SECTION VI. GENERAL PROVISIONS, Legal Actions** is replaced by the following:

**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] [Our designated Travel Assistance Services Provider] after six years from the time written proof of loss is required to be furnished.

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

INDTRV.MLI.PC.0421

**NEBRASKA AMENDATORY ENDORSEMENT**

**I. SECTION V. PAYMENT OF CLAIMS, Claim Procedures: Notice of Claim, Payment of Claims: When Paid and Subrogation** are replaced by the following:

**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. We will acknowledge receipt of the notice of claim within 15 days unless such claim is paid within that time period.

**Payment of Claims: When Paid:** Within 15 days after receipt of settlement information or a properly executed Proof of Loss, We will advise You of the acceptance or denial of the claim. If more time is needed, We will notify You within 15 days after receipt of settlement information or properly executed Proof of Loss stating the reason more time is needed. If more time is still needed, We will notify You within 30 days from the initial notification and every 30 days thereafter. We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

**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. We will not retain any payments until You have been made whole and fully compensated with regard to any claim payable under the Policy.

**II. SECTION VI. GENERAL PROVISIONS, Concealment and Misrepresentation** is replaced by the following:

**Concealment and Misrepresentation:** No misrepresentations or warranty made by You or on Your behalf in the negotiation or application of this Policy will defeat or void the Policy or affect Our obligation under the Policy unless such misrepresentation or warranty:

- a. was material;
- b. was made knowingly with the intent to deceive;
- c. was relied and acted upon by Us; and
- d. deceived Us to its injury.

The breach of warranty or condition in this Policy will not void the Policy or allow Us to avoid liability unless such breach exists at the time of loss and contributes to the loss.

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

INDTRV.NE.I.PC.0421

#### NEVADA AMENDATORY ENDORSEMENT

**I. SECTION III. DEFINITIONS, Domestic Partner** is replaced by the following:

**“Domestic Partner”** means a person who has registered a valid domestic partnership and has not terminated that domestic partnership. To be eligible to register a domestic partnership, two persons must furnish proof satisfactory to the Nevada Secretary of State that:

- a. both persons have a common residence;
- b. neither person is married or a member of another domestic partnership;
- c. the two persons are not related by blood in a way that would prevent them from being married to each other in Nevada;
- d. both persons are at least 18 years of age; and
- e. both persons are competent to consent to the domestic partnership.

**II. SECTION V. PAYMENT OF CLAIMS**

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim immediately, but no later than 30 days, after receipt of acceptable proof of loss.

**III. SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS, exclusions 8. and 18. are replaced by the following:**

- 8. the commission of or attempt to commit a felony, for which You are convicted of, committed with the intent to defraud Us in order to achieve a financial gain through illegal means. This exclusion will not apply to deny payment to a victim of domestic violence, or an innocent coinsured who is not convicted of the felony that resulted in loss;
- 18. suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane. This exclusion does not apply to the Emergency Medical Evacuation, Repatriation of Remains coverage, or Accident & Sickness Medical Expense;

**IV. SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS, exclusion 7. and 19. are deleted.**

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

INDTRV.NV.I.PC.0421

## NEW JERSEY AMENDATORY ENDORSEMENT

**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 no later than 30 days 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, civil union partner, 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.

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

INDTRV.NJ.I.PC.0421

## NEW MEXICO AMENDATORY ENDORSEMENT

**I. SECTION III. DEFINITIONS**, the “Physician” definition is replaced by the following:

“**Physician(s)**” means a practitioner of the health arts: (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.

**II. SECTION V. PAYMENT OF CLAIMS, Payment of Claims: When Paid** is replaced by the following:

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim within 45 days after receipt of acceptable proof of loss.

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

INDTRV.NM.I.PC.0421

## NORTH CAROLINA AMENDATORY ENDORSEMENT

**I. SECTION III. DEFINITIONS**, the definition of “Hospital” definition is replaced by the following:

“**Hospital**” means (a) a place which is licensed or recognized as a general Hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and x-ray facility; (c) a place recognized



as a general Hospital by the *Joint Commission on the Accreditation of Hospitals*. Hospital also includes a tax-supported institution, even if the facility does not have an operating room and related equipment for the performance of surgery. Not included is a Hospital or institution licensed or used principally: as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

**II. SECTION V. PAYMENT OF CLAIMS, Claim Procedures: Proof of Loss and Subrogation** are replaced by the following:

**Claim Procedures: Proof of Loss for Accidental Death and Dismemberment, Accident & Sickness Medical Expense, Medical Evacuation and Medical Repatriation:** Proof of loss must be provided within 180 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.

**Claim Procedures: Proof of Loss for all other coverages:** 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.

**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. The right to Subrogation does not apply to Accidental Death and Dismemberment, Accident & Sickness Medical Expense, Medical Evacuation and Medical Repatriation.

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

INDTRV.NC.I.PC.0421

**NORTH DAKOTA AMENDATORY ENDORSEMENT**

**I. SECTION I. EFFECTIVE DATE AND TERMINATION DATE, All Other Coverages** under the **When Coverage For Your Trip Ends – Coverage Termination Date** provision is replaced by the following:

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

**All Other Coverages:** Your coverage will automatically end at 12:01 a.m. local time on the date that is the earliest of the following: 1) the day following the date Your Trip is completed; 2) the day following the Scheduled Return Date; 3) the day following Your arrival at Your return Destination on a round-Trip, or the Destination on a one-way Trip; 4) the day following 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.

**II. SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS, exclusion 8.** is replaced by the following:

8. the commission of or attempt to commit a felony or being engaged in an illegal occupation or act. The only exception to this exclusion is for situations where a family member commits, or attempts to commit, an act of violence against another family member. In such cases, the family member who is the victim, or the intended victim, of the act of violence and all innocent co-insureds are still eligible to have their loss or losses covered under the Policy;

**III. SECTION VI. GENERAL PROVISIONS, Excess Insurance** is replaced by the following:

**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.

This Excess Insurance provision is not applicable to Accidental Death and Dismemberment and Accident & Sickness Medical Expense benefits.

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

INDTRV.ND.I.PC.0421

## **OHIO AMENDATORY ENDORSEMENT**

**SECTION V. PAYMENT OF CLAIMS, Payment of Claims: When Paid** is replaced by the following:

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss. We will pay any portion of a claim that is not in dispute within 10 days after receipt of proof of loss if the amount of the claim is determined, unless the settlement involves a structured settlement, action by a probate court, or other extraordinary circumstances as documented in the claim file.

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

INDTRV.OH.I.PC.0421

## **OKLAHOMA AMENDATORY ENDORSEMENT**

**I. The following is added to the Policy Cover Page:**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

**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 30 days from the later of the date of purchase of the Policy, or the delivery of the fulfillment materials. 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 I. EFFECTIVE DATE AND TERMINATION DATE, All Other Coverages** under the **When Coverage For Your Trip Ends – Coverage Termination Date** provision is replaced by the following:

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

**All Other Coverages:** Your coverage will automatically end at 12:01 a.m. local time on the date that is the earliest of the following: 1) the day following the date Your Trip is completed; 2) the day following the Scheduled Return Date; 3) the day following Your arrival at Your return Destination on a round-Trip, or the Destination on a one-way Trip; 4) the day following 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.

**IV. SECTION VI. GENERAL PROVISIONS, Concealment and Misrepresentation** is replaced by the following:

**Concealment and Misrepresentation:** The entire coverage will be voidable, if before, during, or after a loss, any material fact or circumstance relating to this Policy or claim has been concealed or misrepresented.

**V. SECTION V. PAYMENT OF CLAIMS, Payment of Claims: When Paid** is replaced by the following:

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss. We will advise You within 60 days of the acceptance or denial of the claim or if further investigation is needed. If We deny Your claim, We will notify You, in writing, of the reason for the denial. An additional 20 days will be added if there is a weather-related catastrophe or a major national disaster that is declared by the Governor of Oklahoma.

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

INDTRV.OK.I.PC.0421

## **RHODE ISLAND AMENDATORY ENDORSEMENT**

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

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

**II. Policy Cover Page**, the **30 Day Free Look** provision 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 III. DEFINITIONS**, the **Hospital** and **Pre-Existing Condition** definitions are replaced by the following:

**"Hospital"** means an institution that an institution that:

- a. Is operated pursuant to law and, with respect to insurers permitted to contract with hospitals, be a contracting hospital;
- b. Is primarily and continuously engaged in providing or operating on its premises or in facilities available to the hospital on a pre-arranged basis and under the supervision of a staff of duly licensed Physicians, medical, diagnostic, and major surgical facilities for the care and treatment of sick or injured persons on an in-patient basis for which a charge is made; and
- c. Provides 24-hour nursing service by or under the supervision of registered graduate professional nurses (R.N.'s).

A Hospital does not include:

- a. A convalescent home, convalescent, rest, or nursing facility; or
- b. A facility primarily affording custodial, educational or rehabilitative care; or
- c. A facility for the aged, drug addicts, or alcoholics; or
- d. Any military or veteran's hospital or soldiers' home or any hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability exists for charges made to the individual for such services.

**"Pre-Existing Condition"** means the existence of symptoms of You, Your Traveling Companion, or family member during the 180-day period immediately prior to the date Your coverage is effective which would cause an ordinarily prudent person to seek diagnosis, care, or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician.

**IV. SECTION V. PAYMENT OF CLAIMS, Claim Procedures: Notice of Claim, Claim Procedures: Proof of Loss, Payment of Claims: When Paid**, Item a. under **Payment of Claims: To Whom Paid**, and **Subrogation** are replaced by the following:

**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. Failure to give notice within such time does not invalidate nor reduce any claim if it was not reasonably possible to give notice during that time, and notice was given as soon as reasonably possible.

**Claim Procedures: Proof of Loss:** Proof of loss must be provided within 90 days after the date of the loss. Failure to furnish proof within that time will not invalidate or reduce a claim if it was not reasonably possible to give proof within that time. 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 within 30 days after receipt of acceptable proof of loss.

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

- a. Your spouse, civil union partner or Domestic Partner;

**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. Our right of subrogation applies even if Your entire loss has not been compensated.

If We collect a casualty loss from a third party, We shall, from the funds collected, first pay to You the deductible portion of the casualty loss less the prorated share of the Subrogation expenses and only after this retain any funds in excess of the deductible portion of the recovery.

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

INDTRV.R.I.I.PC.0421

## **SOUTH CAROLINA AMENDATORY ENDORSEMENT**

**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 V. PAYMENT OF CLAIMS, Subrogation** is replaced by the following:

**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. We will pay attorneys' fees and costs from the amounts recovered.

**IV. SECTION VI. GENERAL PROVISIONS**, the following **Contact Information** provision is added:

**Contact Information:** Should You need to contact Us, You can contact us at the address on the first page of this Policy or by calling Us at 1-800-732-5309.

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

INDTRV.SC.I.PC.0421

**SOUTH DAKOTA AMENDATORY ENDORSEMENT**

**I. SECTION III. DEFINITIONS**, the “**Domestic Partner**” and “**Physician**” definitions are replaced by the following:

“**Domestic Partner**” means, where permitted by law, 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.

“**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. If no other Physician is available, the treating Physician may be a family member.

**II. SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS**, exclusion 8. is replaced by the following:

8. the commission of a felony or being engaged in an illegal occupation or act;

**III. SECTION VI. GENERAL PROVISIONS, Legal Actions and Concealment and Misrepresentation** are replaced by the following:

**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 six 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 intentionally concealed or misrepresented.

**IV. SECTION VI. GENERAL PROVISIONS**, the **Excess Insurance** provision is not applicable to the Accident and Sickness Medical expenses.

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

INDTRV.SD.I.PC.0421

**UTAH AMENDATORY ENDORSEMENT**

**I. SECTION III. DEFINITIONS**, the definitions of “**Accident, Accidental**”, “**Complications of Pregnancy**”, “**Hospital**”, “**Medically Necessary**”, “**Pre-Existing Condition**” and “**Verified Threat of Physical Assault**” are replaced by the following:

“**Accident**”, “**Accidental**” means a sudden, unexpected, 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.

**“Complications of Pregnancy”** means diseases or conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are not associated with a normal pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, puerperal infection, eclampsia and pre-eclampsia, toxemia, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also includes ectopic pregnancy which is terminated and spontaneous termination of pregnancy when 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 conditions of comparable severity associated with the management of a difficult pregnancy.

**“Hospital”** means a facility that is licensed and operating within the scope of such license.

**“Medically Necessary”** means:

- a. health care services or products that a prudent health care professional would provide to a patient for the purpose of preventing, diagnosing, or treating a Sickness, Injury, disease, or its symptoms in a manner that is:
  - i. in accordance with generally accepted standards of medical practice in the United States;
  - ii. clinically appropriate in terms of type, frequency, extent, site, and duration;
  - iii. not primarily for the convenience of the patient, Physician, or other health care provider; and
  - iv. covered under the contract;
- b. when a medical question-of-fact exists, medical necessity shall include the most appropriate available supply or level of service for the individual in question, considering potential benefits and harms to the individual, and known to be effective.
  - i. For interventions not yet in widespread use, the effectiveness shall be based on scientific evidence.
  - ii. For established interventions, the effectiveness shall be based on: (1) scientific evidence; (2) professional standards; and (3) expert opinion.

**“Pre-Existing Condition”** means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment within a 180-day period preceding the Effective Date of the coverage or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 180-day period preceding the Effective Date of the coverage.

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

## **II. SECTION II. COVERAGES, 24-Hour Accidental Death And Dismemberment - Other Than Common Carrier and Common Carrier Accidental Death And Dismemberment are replaced by the following:**

### **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 180 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 180 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 after 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.

### **III. SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS**, exclusions 7., 8. and 20. are replaced by the following:

7. being Intoxicated as defined herein, or under the influence of any controlled substance, unless as administered or prescribed by a Physician, if such Intoxication substantially caused or contributed to the loss which is the direct result of an illegal activity for which You have been found guilty;

8. the voluntary commission of or attempt to commit a felony or voluntarily being engaged in an illegal occupation or act;

20. voluntary participation in a civil disorder or riot;

### **V. SECTION V. PAYMENT OF CLAIMS, Claim Procedures: Notice of Claim, Claim Procedures: Proof of Loss, Payment of Claims: When Paid, and Subrogation** are replaced by the following:

**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. Failure to give such notice of claim within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give notice within such time and notice of claim is provided as soon as reasonably possible.

**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. Failure to give notice within 90 days after the date of loss does not bar recovery under the Policy if You give notice as soon as reasonably possible and We fail to show We were prejudiced by the failure.

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim within 30 days after receipt of acceptable proof of loss.

**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. We will not retain any payments until You have been fully compensated and made whole with regard to any claim payable under the Policy.

**VI. SECTION VI. GENERAL PROVISIONS,** the following is added to **Excess Insurance:**

This Excess Insurance provision is not applicable to Accidental Death and Dismemberment and Accident & Sickness Medical Expense benefits.

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

INDTRV.UT.I.PC.0421

**WISCONSIN AMENDATORY ENDORSEMENT**

**SECTION V. PAYMENT OF CLAIMS, Claim Procedures: Notice of Claim, Claim Procedures: Proof of Loss, Payment of Claims: When Paid, and Subrogation** are replaced by the following:

**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. Failure to provide notice of claim within the time required does not invalidate or reduce a claim unless We are prejudiced thereby and it was reasonably possible to meet the time limit.

**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. Failure to furnish proof within the time required does not invalidate or reduce a claim unless We are prejudiced thereby and it was reasonably possible to meet the time limit.

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim within 30 days after receipt of acceptable proof of loss.

**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. We will not retain any payments until You have been made whole and fully compensated with regard to any claim payable under the Policy.

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

INDTRV.WI.I.PC.0421



## WEST VIRGINIA AMENDATORY ENDORSEMENT

**I. SECTION II. COVERAGES**, the paragraph immediately following Other Covered Reasons and the exclusions applicable to **TRIP CANCELLATION** are replaced by the following:

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.

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.
3. Trip cancellation based on an issued country-specific entry ban if this policy was effective after the ban was issued.
4. Trip cancellation based on an issued Quarantine requirement upon entry if this policy was effective after the Quarantine requirement was issued.

**II. SECTION II. COVERAGES**, the paragraph immediately following Other Covered Reasons and the exclusions applicable to **TRIP INTERRUPTION** are replaced by the following:

Coverage will apply in the event of issued Alert/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 and the departure timing of Your Trip occurs 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 a named Epidemics or Pandemics.

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.

1. Trip interruption based on an issued country-specific or a global Alert/Warning when Your Trip departure timing occurred after the Alert/Warning was issued.
2. Trip interruption based on an issued country-specific entry ban when Your Trip departure timing occurred after the ban was issued.
3. Trip interruption based on an issued Quarantine requirement upon entry when Your Trip departure timing occurred after the Quarantine requirement was issued.

**III. SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS**, Exclusion 23. is replaced by the following:

23. 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;

**IV. SECTION V. PAYMENT OF CLAIMS, Payment of Claims: When Paid** is replaced by the following:

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim within 15 working days after You and the Company reach an agreement on the amount of loss.

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

INDTRV.WV.I.PC.0421

## WYOMING AMENDATORY ENDORSEMENT

### I. SECTION V. PAYMENT OF CLAIMS, **Payment of Claims: When Paid** is replaced by the following:

**Payment of Claims: When Paid:** We, or Our designated representative, will pay or deny the claim within 45 days after receipt of acceptable proof of loss. Payment is not contingent upon agreement, appraisal, or judgement.

### II. SECTION VI. GENERAL PROVISIONS, **Legal Actions** is replaced by the following:

**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 four years from the time written proof of loss is required to be furnished.

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

INDTRV.WY.I.PC.0421

Signed for **Centurion Casualty Company** by:



Chairman and CEO



Chief Financial Officer



Secretary

Centurion Casualty Company

IMPORTANT INFORMATION REGARDING YOUR INSURANCE  
Arkansas

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If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent directly to resolve your problem.

**Centurion Casualty Company**  
**9800 Health Care Lane MN006-W500**  
**Minnetonka, MN 55343**  
**1-800-732-5309**

Policyholders have the right to file a complaint with the Arkansas Department of Insurance (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write to the Department at:

Arkansas Insurance Department  
Consumer Services Division  
1 Commerce Way, Suite 102  
Little Rock, Arkansas 72202  
Telephone: 800-852-5494 or 501-371-2640

SAMPLE

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

**WISCONSIN COMPLAINT NOTICE**

**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

**PROBLEMS WITH YOUR INSURANCE?** If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

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

Toll Free: 1-800-732-5309

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can file a complaint electronically with the **OFFICE OF THE COMMISSIONER OF INSURANCE** at its website at <http://oci.wi.gov/>, or by contacting:

Office of the Commissioner of Insurance  
Complaints Department  
P. O. Box 7873  
Madison, WI 53707-7873  
1-800-236-8517  
608-266-0103