

SCHEDULE OF BENEFITS
Plan: Voyager Silver

We will provide the coverage described in this Policy and listed below.

BENEFITS	LIMITS
Baggage Delay	Minimum of 12 hours delay \$100 per day, Maximum \$300
Baggage / Personal Effects	\$1,000 Per Article: \$250, Combined Maximum Limit for Described Property: \$500
Accidental Death and Dismemberment	\$50,000
Emergency Accident and Emergency Sickness Medical Expense (Emergency Medical)	\$50,000 \$750 Dental Expense Only Advance Payment to Hospital: \$1,000
Emergency Medical Evacuation and Medically Necessary Repatriation (Emergency Evacuation and Repatriation)	\$100,000 7 Days Hospitalized
Repatriation of Remains	\$100,000
Pre-Existing Conditions Waiver	Included
Endorsements	
Accidental Death and Dismemberment - Air Only	\$100,000





Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: 399 Park Avenue, 8th Floor, New York, New York 10022

Voyager Silver Plan Evidence of Coverage

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A. DEFINITIONS

Throughout this document, **You** and **Your** refer to the named Covered Person as defined on the **EOC Schedule**. **We**, **Us**, and **Our** refer to Starr Indemnity & Liability Company. In addition, when in **bold** certain words and phrases are defined as follows:

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

Accidental Injury means a **Bodily Injury** caused by an **Accident** (of external origin) being the direct and independent cause in the loss.

Actual Cash Value means purchase price less depreciation.

Bodily Injury means identifiable physical injury which: (a) is caused by an **Accident**, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by, such injury.

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

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

Covered Persons means a customer of the Policyholder who has enrolled for coverage.

Dependent means a Covered Person's lawful spouse or **Domestic Partner**; or a Covered Person's unmarried child, from the moment of birth to age 26. A child, for eligibility purposes, includes a Covered Person's:

1. natural child
2. stepchild
3. adopted child (a child is considered adopted from the moment the Covered Person is party in a suit to adopt the child); and.
4. grandchild who is dependent on the Covered Person for federal income tax purposes at the time application for coverage of the child is made.

Insurance will continue for any child who reaches age 26 who is (1) unable to engage in any substantial gainful activity because of a mental or physical handicap and (2) is chiefly dependent on the **Covered Person** for support and maintenance. The **Covered Person** must send **Us** satisfactory proof of the handicap within 30 days of the child reaching the maximum age for insurance to continue. **We** may in **Our** sole discretion require further proof at any time after that. **We** may not require this more often than annually after two years.

If the Covered Person has elected coverage for a **Dependent** child, any newly born child of the **Covered Person** will be covered from the moment of birth for 30 days. Coverage may be continued beyond this time period if the **Covered Person** notifies **Us** within 31 days of the child's birth and pays any required premium.

Domestic Partner means a person of the same or opposite sex of the Covered Person who:

1. Has resided with the Covered Person for at least 12 months prior to the date of enrollment and is expected to reside with the Covered Person indefinitely;
2. Is 18 years of age or older.

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**, reduced by the value of an unused return travel ticket.

Effective Date means the date and time **Your** coverage begins under this **EOC**. (See B, Term of Coverage.)

Emergency Treatment means necessary medical treatment, including services and supplies that must be performed during **Your Trip** due to **Accidental Injury** or **Sickness** that displays itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention could result in:

1. Placing the health of the Covered Person in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

EOC Schedule means the attached document listing the named Covered Person, **Traveling Companion(s)**, **Trip**, benefit(s), and limits.

Evidence of Coverage (EOC) means this document. It describes the terms, conditions, and exclusions that apply to each benefit. The **EOC** is the entire agreement between **You** and **Us**. Representations or promises made by anyone that are not contained in this document are not a part of **Your** benefits. This **EOC** also includes any endorsements, riders, and amendments that are subsequently issued or attached.

Expiration Date means Policy Expiration Date and the date and time coverage ends under this **EOC**. (See B, Term of Coverage.)

Family Member means **Your** and/or **Traveling Companion's** legal or common law spouse, **Domestic Partner**, parent, legal guardian, step-parent, step-parents-in-law, grandparent, grandchild, natural or adopted child, foster child, ward, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew.

Hospital means a facility that:

1. Holds a valid license if it is required by the law;
2. Operates primarily for the care and treatment of sick or injured persons as in-patients;
3. Has a staff of one or more **Physicians** available at all times.
4. Provides 24-hour nursing service and has at least one registered professional nurse on duty or call;
5. Has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
6. Is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

Medical Expenses means expenses incurred by **You** that are for the necessary services and supplies which are recommended by the attending **Physician** for treatment of **Bodily Injury** or **Sickness**. They include but are not limited to: (a) the services of a **Physician**, surgeon, graduate nurse or osteopath; (b) charges for **Hospital** confinement and use of operating rooms **Hospital** or ambulatory medical-surgical center services (this will also include expenses for a **Cruise** ship cabin or **Hotel** room, not already included in the cost of **Your Trip**, if recommended as a substitute for a **Hospital** room for recovery from an **Accidental Injury** or **Sickness** that occurs during **Your Trip**); (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests; (d) ambulance service; (e) drugs, medicines, prosthetics and therapeutic services and supplies.

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

Pre-Existing Condition means any injury, **Sickness** or condition **You**, **Your Traveling Companion** or **Your Family Member**, booked to travel with **You** for which within the one hundred eighty (180) day period prior to the **Effective Date** under this **EOC** (a) first manifested itself or exhibited symptoms which would have caused a reasonable person to seek diagnosis, care or treatment; or (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment that was recommended by a **Physician**. Taking maintenance medications for a condition that is considered stable shall not be cause for exclusion.

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 to a different final destination.

Sickness means an illness or disease which is diagnosed or treated by a **Physician** after the **Effective Date** of coverage and while **You** are covered under this **EOC**.

Traveling Companion means a person who has coordinated his/her travel or vacation plan with **You** and is further as described in the **EOC Schedule**. Note: a group leader is not considered a **Traveling Companion** unless **You** are sharing room accommodations with the group or tour leader.

Trip means a trip or class of trips as described on the **EOC Schedule**.

B. TERM OF COVERAGE

ALL COVERAGES:

1. Effective Date of Coverage

All coverage's, described in Section C, will take effect at 12:00:01 A.M. local time, at **Your** location, on the later of the following:

- a. The **Scheduled Departure Date** as stated on **Your** issued ticket.

2. Expiration Date of Coverage

All coverage's, described in Section C, will end at 11:59:59 P.M. local time on the date that is the earliest of the following:

- a. The **Scheduled Return Date** as stated on the travel tickets.
- b. The date **You** return to **Your** origination point if prior to the **Scheduled Return Date**.
- c. The date **You** leave or change **Your Trip** (unless due to unforeseen and unavoidable circumstances covered by the **EOC**).
- d. If **You** extend the return date, coverage will terminate local time, at the location of **Your Scheduled Return Date**.
- e. The date **You** are less than 100 miles from **Your** primary residence.
- f. Ninety (90) days after the start of **Your Trip**.

3. Extension of Coverage

Coverage will be extended under the following conditions:

- a. If **You** are a passenger on a scheduled **Common Carrier** which is unavoidably delayed due to a covered reason in reaching **Your** origination point, coverage will be extended for the period of time needed to arrive at **Your** origination point.

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

C. BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay benefits for **Your** loss, described in the below Table of Losses, resulting directly from an **Accidental Injury** that occurs during **Your Trip**. Such loss must occur within one hundred eighty (180) days of the date of the **Accident** causing the loss.

Coverage is limited to the principal sum shown on the **EOC Schedule** multiplied by the appropriate percentage shown in the below Table of Losses.

If more than one loss is sustained as the result of an **Accident**, the amount payable shall be the largest amount payable for all of the sustained losses arising from this one **Accident**.

The aggregate limit of liability for any one **Accident** for all **Covered Persons** named in the **EOC Schedule** is limited to the amount shown on the **EOC Schedule**. If the total of all benefits payable for all **Covered Persons** per **Accident**, in the absence of this provision exceeds the aggregate amount, each benefit amount will be proportionately reduced so that the total will equal the aggregate amount.

TABLE OF LOSSES

Loss of: Percentage of Principal Sum:

Life.....	100%
Both hands or both feet	100%
Sight of both eyes.....	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and one: hand, foot or sight of one eye.....	100%
Speech.....	50%
Hearing in both ears	50%

For purposes of this Benefit: loss, with regard to:

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

EXPOSURE

We will pay benefits for covered losses that result from **You** being unavoidably exposed to the elements due to an **Accident** occurring during **Your Trip**. The loss must occur within three hundred sixty five (365) days after the **Accident** that caused the exposure.

DISAPPEARANCE

We will pay benefits for loss of life if **Your** body cannot be located within three hundred sixty five (365) days after **Your** disappearance due to an **Accident** occurring during **Your Trip**.

ACCIDENT MEDICAL EXPENSE – EMERGENCY ONLY

We will pay **Medical Expenses** and dental expenses incurred up to the maximum shown on the **EOC Schedule**, if **You** incur **Medical Expenses** and dental expenses for **Emergency Treatment** due to an **Accidental Injury** that occurs during **Your Trip**.

We will pay benefits, up to the maximum shown on the **EOC Schedule**, for emergency dental treatment for **Accidental Injury** occurring during **Your Trip** to sound natural teeth.

We will advance payment to a **Hospital**, up to the maximum shown on the **EOC Schedule**, if needed to secure **Your** admission to a **Hospital** because of **Accidental Injury**.

We will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by **Physicians** in the locality in which care is furnished. We will not cover any expenses provided by another party at no cost to **You** or already included within the cost of **Your Trip**.

BAGGAGE DELAY (Outward Journey Only)

We will reimburse **You** for the expense of necessary personal effects, up to the maximum shown on the **EOC Schedule**, if **Your Checked Baggage** is delayed or misdirected by a **Common Carrier** up to twelve (12) hours, while on **Your Trip**.

You must be a ticketed passenger on a **Common Carrier**.

All claims must be verified by the **Common Carrier**.

BAGGAGE/PERSONAL EFFECTS

We will reimburse You, up to the maximum shown on the **EOC Schedule**, for loss, theft or damage to baggage and personal effects, provided **You** have taken all reasonable measures to protect, save and/or recover **Your** property at all times. The baggage and personal effects must be owned by and accompany **You** during **Your Trip**.

There will be a per article limit shown on the **EOC Schedule**.

We will pay the **Actual Cash Value** at time of loss, theft or damage to baggage and personal effects, less depreciation as determined by Us; or the cost of repair or replacement with material of a like kind and quality.

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

The following reimbursements are included: 1) Lost or stolen passport or visa (\$50 maximum); and or 2) Lost or stolen credit cards (i.e. the cost associated with the unauthorized use) (\$50 maximum), subject to verification that **You** have complied with all conditions of the credit card company.

You are required to:

1. Take immediate steps to protect, save and/or recover the covered property;
2. Give immediate notice to the carrier or bailee who is or may be liable for the loss or damage; and
3. Notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

EXTENSION OF COVERAGE

If **You** have checked **Your** baggage and personal effects with a **Common Carrier** and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the **Common Carrier** delivers the baggage and personal effects.

NOTE:

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

EMERGENCY EVACUATION

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

For purposes of this Benefit:

Covered Expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with **Your Emergency Evacuation**. Expenses for medical services and

supplies must be recommended by the attending **Physician**. All transportation arrangements made for evacuating **You** must be by the most direct and economical route possible. Expenses for transportation must be:

1. Recommended by the attending **Physician**;
2. Required by the standard regulations of the conveyance transporting **You**; and
3. Authorized in writing and arranged in advance by **Us** or **Our** designated representative.

Emergency Evacuation means:

1. **Your** medical condition warrants immediate transportation from the place where **You** are injured or sick to the nearest **Hospital** where appropriate medical treatment can be obtained; or
2. After being treated at a local **Hospital**, **Your** medical condition warrants transportation to the United States where the **You** reside, to obtain further medical treatment or to recover; or
3. Both 1. and 2. above.

Transportation means any **Common Carrier**, or other land, water or air conveyance, required for an **Emergency Evacuation** and includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

Transportation of Dependent children: If **You** are in the **Hospital** for more than seven (7) days following a covered **Emergency Evacuation**, **We** will return **Your Dependent** children, who are accompanying **You** on **Your Trip**, to their home with an attendant if necessary, limited to the cost of one-way economy airfare, less the value of applied credit from an unused return travel ticket.

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

All services noted above are provided if authorized in writing in advance by **Us** or **Our** designated representative, and are limited to necessary **Economy Transportation** less the value of applied credit from unused travel tickets, if applicable.

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

REPATRIATION OF MORTAL REMAINS

We will pay the reasonable **Covered Expenses** incurred to return **Your** body to **Your** primary residence if **You** die during **Your** covered **Trip**. This will not exceed the maximum shown on the **EOC Schedule**. Arrangements for transport of the body must be authorized in advance by **Us** or **Our** designated representative.

For purposes of this Benefit:

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

SICKNESS MEDICAL EXPENSE – EMERGENCY ONLY

We will pay benefits, up to the maximum benefit amount shown on the **EOC Schedule**, if **You** incur **Medical Expenses** as a result of **Emergency Treatment** of a **Sickness** that first manifests itself during **Your Trip**.

We will advance payment to a **Hospital**, up to the limit of this coverage, if needed to secure **Your** admission to a **Hospital** because of **Sickness**.

We will not pay benefits in excess of the **Reasonable and Customary Charges**. **We** will not cover any expenses provided by another party at no cost to **You** or already included within the cost of **Your Trip**.

Reasonable and Customary Charges mean charges commonly used by **Physicians** in the locality in which care is furnished.

D. EXCLUSIONS

For all benefits:

This policy will not cover any claim, loss, injury, damage or legal liability suffered or sustained directly or indirectly by **You** if **You** are:

1. Traveling in a country where such travel is prohibited by an Executive Order of the U.S Government administered by the Office of Foreign Asset Control, or
2. Traveling in a country subject to a Travel Warning issued by the U. S. Department of State.

With the prior consent of the Company, coverage shall apply if such travel has been:

1. licensed by the Office of Foreign Asset Control and the application for such license specifically references travel insurance coverage;
2. authorized or sanctioned by the U.S. Department of State, or
3. declared to the Company with all pertinent information prior to the inception of the travel.

No benefits or payments will be made to any beneficiary(ies) who is/are declared unable to receive benefits or payments under the laws and/or regulations governing this Policy and/or the Company.

Under Baggage – Personal Effects and Baggage Delay (Outward Journey Only). We exclude the following losses caused to:

Aircraft;

Animals;

Antiques and collectors' items;

Artificial teeth and dental bridges;

Automobiles and automobile equipment;

Bicycles (except when checked as **Checked Baggage** with a **Common Carrier**);

Boats or other vehicles or conveyances;

Computer hardware or software of any kind;

Eyeglasses, sunglasses or contact lenses;

Hearing aids;

Household effects and furnishings

Keys, money, securities and documents (except as otherwise specified under the benefit description);

Motorcycles;

Motors;

Professional or occupational equipment or property (whether or not electronic business equipment);

Prosthetic limbs;

Stamps;

Telephones of any kind;

Tickets;

Trailers.

In addition, any loss caused by, or resulting from, the following is excluded:

- Breakage of brittle or fragile articles;
- Confiscation or expropriation by order of any government;
- Imprudent action or omission;
- Inherent vice or damage while the article is actually being worked upon or processed;
- Insects or vermin;
- Insurrection or rebellion;
- Mysterious disappearance;
- Property illegally acquired, kept, stored or transported;
- Property shipped as freight or shipped prior to the **Scheduled Departure Date**;
- Radioactive contamination;
- Theft or pilferage while left unattended in any vehicle;
- War or any act of war whether declared or not;
- Wear and tear or gradual deterioration.

Under Accidental Death And Dismemberment, Accidental Death And Dismemberment – Air Only, Accident Medical Expense – Emergency Only, Sickness Medical Expense – Emergency Only, Emergency Evacuation and Repatriation of Remains, We exclude the following losses caused to, by or resulting from:

- Pre-existing Conditions**, as defined in the Definitions section;
- Suicide, attempted suicide, or any intentionally self-inflicted injuries while sane or insane, unless results in the death of a non-traveling **Family Member**;
- War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
- Participation in any military maneuver or training exercise;
- Piloting or learning to pilot or acting as a member of the crew of any aircraft;
- While or as a result of riding in any device for aerial navigation other than as provided for in the **EOC**;
- Mental or nervous disorders, unless hospitalized;
- Participation as a professional in athletics;
- Semi-professional or inter-scholastic team sports;
- Being under the influence of drugs or intoxicants, unless prescribed by a **Physician**, unless results in the death of a non-traveling **Family Member**;

Commission or the attempt to commit a criminal act;

Participating in bodily contact sports; skydiving; hang gliding; parachuting except parasailing; mountaineering; bungee; jumping; speed contest; (speed contest shall not include any of the regatta races); scuba diving; spelunking or caving;

Dental treatment except as a result of an **Accidental Injury** that occurs during **Your Trip** to sound natural teeth;

Any non-**emergency treatment** or surgery, elective surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses;

Pregnancy and childbirth (except for complications of pregnancy), except if hospitalized;

Elective abortion;

Hernia unless resulting from an **Accidental Injury** that occurs during **Your Trip**;

Traveling for the purpose of securing medical treatment;

Services not shown as covered;

Directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;

Care or treatment which is not medically necessary;

Care or treatment that is payable under any insurance policy that may not require deductible and/or coinsurance payments by You;

Accidental Injury or **Sickness** when traveling against the advice of a **Physician**;

Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection for covered benefit or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.

E. HOW TO FILE A CLAIM

To file a claim, **You** must contact the administrator by phone or email within twenty (20) days of the insured event or as soon as reasonably possible.

A claim form will be sent to **You**. The fully completed claim form must be returned to the administrator at with:

1. Written proof of claim.
2. Any other documentation that the administrator may reasonably request.

All these required items, including the claim form, must be postmarked within ninety (90) days or as soon as reasonably possible after the date of loss. Otherwise, the claim may be denied.

F. GENERAL PROVISIONS

Benefit to Bailee: The coverage and provision of this policy will in no way inure directly or indirectly to the benefits of any insurer, person, organization or other bailee.

Clerical Errors: We will not deny or cancel coverage because of clerical error by Us. After an error is found, We will take appropriate action. This may include adjusting, collecting or refunding premium.

Conformity of Statute: If the terms of this EOC are in conflict with the statutes of the State in which it is issued, they are automatically changed to conform to minimum requirements of such statutes.

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

Dispute Resolution – Arbitration: This EOC requires binding arbitration if there is an unresolved dispute between You and Us concerning this EOC. Under this Arbitration provision, You give up Your right to resolve any dispute arising from this EOC by a judge and/or a jury. You also agree not to participate as a class representative or class member in any class action litigation, any class arbitration or any consolidation of individual arbitrations. In arbitration, a group of three arbitrators (each of whom is an independent, neutral third party) will give a decision after hearing Your and Our positions. The decision of a majority of the arbitrators will determine the outcome of the arbitration and the decision of the arbitrators shall be final and binding and cannot be reviewed or changed by, or appealed to, a court of law.

To start arbitration, either You or We must make a written demand to the other party for arbitration. This demand must be made within one (1) year of the earlier of the date the loss occurred or the dispute arose. You and We will each separately select an arbitrator. The two arbitrators will select a third arbitrator called an "umpire." Each party will each pay the expense of the arbitrator selected by that party. The expense of the umpire will be shared equally by You and Us. Unless otherwise agreed to by You and Us, the arbitration will take place in the county and state in which You live. The arbitration shall be governed by the Federal Arbitration Act (9 U.S.C.A. § 1 et. seq.) and not by any state law concerning arbitration. The rules of the American Arbitration Association (www.adr.org) will apply to any arbitration under this EOC. The laws of the state of Illinois (without giving effect to its conflict of law principles) govern all matters arising out of or relating to this EOC and all transactions contemplated by this EOC, including, without limitation, the validity, interpretation, construction, performance and enforcement of this EOC.

Excess Coverage: The benefits in this EOC are secondary to any coverage provided by any other party and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

Legal Actions: No legal action for a claim can be brought against Us until sixty (60) days after We receive proof of loss. No legal action for a claim can be brought against Us more than three (3) years after the time required for giving proof of loss.

No Benefit to Others: This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

Payment of Claims: Benefits payable under this EOC for any loss will be paid upon receipt of due proof of loss and all required information necessary to support the claim. All benefits payable will be payable to You or, in the case of death, to Your estate or beneficiary if provided in writing by You. No person or entity other than You shall have any legal or equitable right, remedy or claim of insurance proceeds and/or damages under or arising out of this coverage.

Time Payment of Claims: Indemnities payable under the EOC for any loss will be paid immediately upon receipt of due written proof of such loss. All claims shall be paid within thirty (30) days following receipt by Us of due proof of loss. Failure to pay within such period shall entitle You to interest at the rate of nine percent (9%) per annum at the expiration of each four (4) weeks during the continuance of the period for which We are liable, provided that interest amounting to less than one dollar need not be paid. Any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Physical Examination and Autopsy: We, or **Our** designated representative, at their own expense, have the right to have **You** examined as often as reasonably necessary while a claim is pending. We, or **Our** designated representative, also has the right to have an autopsy performed unless prohibited by law.

Premium: The Policyholder must pay the premium to the Company within thirty (30) days of the end of each month.

Proof of Loss: The Covered Person or beneficiary must send Us, or **Our** designated representative, written proof of loss within ninety (90) days or as soon as reasonably possible after a covered loss occurs. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Salvage: If salvage is requested, it must be sent to the administrator at **Your** expense. Failure to remit requested salvage may result in denial of the claim.

Subrogation: To the extent **We** pay for a loss suffered by You, **We** will take over the rights and remedies **You** had relating to the loss. This is known as subrogation. **You** must help **Us** preserve **Our** rights against those responsible for the loss and must do everything necessary to secure these rights and must do nothing that would jeopardize them. This may involve signing any papers and taking any other steps **We** may reasonably require. If **We** take over **Your** rights, **You** may have to sign an appropriate subrogation form supplied by **Us**.

Valuation: **We** will not pay more than the **Actual Cash Value** of the property at the time of loss. Damage will be estimated according to **Actual Cash Value**. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

ACCIDENTAL DEATH & DISMEMBERMENT (AIR ONLY) BENEFIT RIDER

This Rider is attached to and made a part of Policy Number GTAI 273143 issued to **USI Affinity Travel Insurance Services** (the Policyholder). All changes made to the Policy shall be incorporated into the Evidence of Coverage.

Effective 8/22/16, the following is added to the Policy:

EOC SCHEDULE OF BENEFITS

The following is added to the **EOC Schedule of Benefits**:

Accidental Death and Dismemberment (Air Only)
Principal Sum: \$100,000

BENEFITS

The Benefits Section of the Policy shall be modified to add:

ACCIDENTAL DEATH AND DISMEMBERMENT - AIR ONLY

We will pay benefits for **Accidental Injury** resulting in a loss as described in the below Table of Losses, that occurs while **You** are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during a **Trip**. The loss must occur within 365 days after the date of the **Accident** causing the loss. The Principal Sum is shown on the **EOC Schedule**.

TABLE OF LOSSES

Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%

Loss with regard to:

- (a) hand or foot means actual complete severance through and above the wrist or ankle joints;
- (b) eye means an entire and irrecoverable loss of sight; and
- (c) speech or hearing means entire and irrecoverable loss of speech or hearing of both ears.

If more than one loss is sustained as the result of an **Accident**, the amount payable shall be the largest percentage shown in the Table of Losses for the losses sustained.

EXPOSURE: We will pay benefits for covered losses that result if **You** are unavoidably exposed to the elements due to an **Accident**. The loss must occur within 365 days after the event that caused the exposure.

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