

SCHEDULE OF BENEFITS
Plan: Voyager Gold Plan

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

BENEFITS	LIMITS
Trip Interruption	100% of the Trip Cost Limit
Single Occupancy Supplement	Included
Baggage Delay	Minimum of 12 hours delay \$100 per day, Maximum \$750
Baggage / Personal Effects	\$2,500 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)	\$250,000 Deductible: \$0 \$750 Dental Expense Only Advance Payment to Hospital: \$1,000
Emergency Medical Evacuation and Medically Necessary Repatriation (Emergency Evacuation and Repatriation)	\$250,000 7 Days Hospitalized
Repatriation of Remains	\$150,000
Endorsements	
Accidental Death and Dismemberment - Air Only	\$100,000
Airline Ticket Change Fee	\$200

TERRITORY: This Policy applies to an insured event anywhere in the world unless specifically limited by Us through endorsement or where the Insured or any beneficiary under this Policy is a citizen or instrumentality of the government or any country(ies) against which any laws and/or regulations governing this Policy and/or Us have established any embargo or other form of economic sanction which has the effect of prohibiting Us from providing insurance coverage, transacting business with or otherwise offering economic benefits to the Insured or any other beneficiary under this Policy. No benefits or payments will be made to any beneficiary(ies) who is/are declared unable to receive economic benefits under the laws and/or regulations governing this Policy and/or Us.





Starr Indemnity & Liability Company

Dallas, Texas

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

Voyager Gold Plan Evidence of Coverage

TABLE OF CONTENTS

	Page Number
A. DEFINITIONS	2-4
B. TERM OF COVERAGE	4-5
C. BENEFIT	5-9
ACCIDENTAL DEATH AND DISMEMBERMENT	5
ACCIDENT MEDICAL EXPENSE – EMERGENCY ONLY	6
BAGGAGE DELAY (Outward Journey Only)	6
BAGGAGE/PERSONAL EFFECTS	6-7
EMERGENCY EVACUATION	7
REPATRIATION OF MORTAL REMAINS	7-8
SICKNESS MEDICAL EXPENSE – EMERGENCY ONLY	8
TRIP INTERRUPTION	8-9
D. EXCLUSIONS	9-12
E. HOW TO FILE A CLAIM	12
F. GENERAL PROVISIONS	12-13

ENDORSEMENTS:

AD&D – AIR ONLY
AIR TICKET PROTECTOR

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.

Bankruptcy means the filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 L.S.C. Subsection 101 et seq.

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**.

City means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.

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.

Default means a material failure or inability to provide contracted services due to financial insolvency.

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.

Inclement Weather means any severe weather condition which delays the scheduled arrival or departure of a **Common Carrier**.

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**.

Terrorist Attack means an incident deemed an act of terrorism by the U.S. Government.

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.

Travel Supplier means tour operator, cruise line or scheduled airline which has made the **Travel Arrangements**.

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.

TRIP INTERRUPTION

We will reimburse **You**, up to the maximum shown on the **EOC Schedule**, if **Your Trip** is interrupted due to one of the following events that take place after the **Effective Date** and while on **Your Trip**:

Covered Reasons are:

- (a) **Sickness, Accidental Injury** or death of **You, Your Traveling Companion** or **Your Family Member** which results in medically imposed restrictions as certified by a **Physician** at the time of loss preventing **Your** continued participation in the **Covered Trip**. A **Physician** must advise cancellation of the **Covered Trip** on or before the **Scheduled Departure Date**.
- (b) **You** or **Your Traveling Companion** being directly involved in or delayed due to a traffic **Accident** substantiated by a police report, while en route to departure.
- (c) A **Terrorist Attack** occurs within a 50 mile radius of the **City** limits of the **City** shown on **Your** itinerary for which **You** have registered;
- (d) **Bankruptcy** and/or **Default** of **Your Travel Supplier** which occurs more than 14 business days after **Your Effective Date**. **Your Scheduled Departure Date** must be no more than 12 months beyond **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. This coverage only applies if the **Policy** was purchased within 14 calendar days of initial **Trip** payment.
- (e) **Natural Disasters** or **Terrorist Attacks** resulting in the complete cessation of travel services. This benefit does not apply if the **Natural Disaster** is a storm that has been named prior to the purchase of this coverage.
- (f) Mandatory evacuation ordered by local authorities at **Your** final destination due to hurricane or other **Natural Disaster**. **You** must have 50% of **Your** total **Covered Trip** length or less remaining on the **Covered Trip**, at the time the mandatory evacuation ends, in order to cancel the **Covered Trip**.
- (g) Documented mechanical breakdown of the **Common Carrier** on which the Covered Person is scheduled to travel resulting in a cancellation or suspension of travel by that **Common Carrier** for **Your Covered Trip**.
- (h) **Natural Disaster** at the site of **Your** destination which renders **Your** destination accommodations uninhabitable for the remainder of **Your Covered Trip**.
- (i) Weather which causes complete cessation of services of the **Common Carrier** for at least forty-eight (48) consecutive hours. This benefit will not apply if the potential natural disaster has been forecasted or once a storm has been named prior to purchase of this coverage.
- (j) **Your** principal place of residence made uninhabitable by fire, flood or other **Natural Disaster**.

We will reimburse **You** for the following:

1. Any unused non-refundable prepaid expenses for **Travel Arrangements**.
2. One-way **Economy Transportation** to return to **Your** original destination or rejoin **Your Trip** (less the value of the original unused return travel ticket).

3. Additional Transportation expenses incurred by You.

In no event shall the amount reimbursed exceed the maximum benefit shown on the **EOC Schedule**.

SPECIAL CONDITIONS:

You must be medically capable of travel on the day **You** purchase the coverage. The event which necessitates **Your Trip** Interruption must first occur after **You** pay for the coverage and while **You** are on **Your Trip**.

You must advise the **Travel Supplier** and **Us** as soon as possible in the event of a claim. **We** will not pay benefits for any additional charges incurred that would not have been charged had **You** notified the **Travel Supplier** as soon as reasonably possible.

SINGLE OCCUPANCY COVERAGE:

We will reimburse You, up to the maximum shown on the **EOC Schedule**, for additional cost incurred during **Your Trip** as a result of a change in the per person occupancy rate for prepaid **Travel Arrangements** if a person booked to share accommodations with **You** has **Your Trip** interrupted for a covered reason and **You** do not interrupt Your **Trip**.

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, Trip Interruption, Airline Ticket Change Fee, 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**.

Starr Indemnity & Liability Company

Dallas, Texas

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

AIRLINE TICKET CHANGE FEE 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**:

Airline Ticket Change Fee
Maximum Limit: \$200

BENEFITS

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

AIRLINE TICKET CHANGE FEE

We will reimburse **You**, up to the Maximum Limit shown on the **EOC Schedule**, if **You** have to change the dates of Your airline ticket for the following reasons and the airline charges **You** a penalty or change fee:

- (a) Any Covered Reason as shown in the Trip Interruption Benefit that occurs on or after the Effective Date of **Your** coverage;
- (b) **You** or **Your Traveling Companion** are delayed by **Inclement Weather** while en route to a departure; or
- (c) **Your** medical emergency or that of a **Traveling Companion** or a **Family Member**. The medical emergency requires a documented examination by a **Physician**.

Starr Indemnity & Liability Company

Dallas, Texas

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BUSINESS PARTNER 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:

DEFINITIONS

Certain words used in this Rider have specific meanings. The words defined below and in bold within the text of this Rider have the meanings set forth below. If a term in bold within the text of this rider is not set forth below, it may be defined in the Policy to which this Rider is attached. If a term contained in this Rider is defined in both the Policy and this Rider, for purposes of this Rider, the definition in this Rider shall govern.

"Business Partner" means an individual who: (a) is involved in a legal partnership; and (b) is actively involved in the day to day management of the business

BENEFITS

The Benefits Section of the Policy shall be modified as follows:

1. The Trip Interruption Benefit shall be modified to add the following as a "Covered Reason:"
 - (a) **Sickness, Accidental Injury** or death of **Your Business Partner;**

Starr Indemnity & Liability Company

Dallas, Texas

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

TRIP INTERRUPTION & DEFINITION MODIFICATION RIDER

This Rider is attached to and made a part of Policy Number GTAI 273143 issued to **USI Affinity Travel Insurance Services** (the Policyholder).

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

Definitions

The following are added to the definitions section of the **Policy**:

Land/Sea Arrangements mean **Your** land and/or sea arrangements booked through the **Travel Supplier** for **Your Trip**.

Natural Disaster means flood, fire, hurricane, tornado, earthquake, tsunami, volcanic eruption, blizzard or avalanche that is due to natural causes.

Travel Arrangements mean any arrangements or reservations made by or through the **Travel Supplier** for **Your Trip**.

Trip Interruption Benefit

The Trip Interruption Benefit is modified as follows:

1. The Covered Reason which provides coverage for:

Documented mechanical breakdown of the **Common Carrier** which the Covered Person is scheduled to travel resulting in a cancellation or suspension of travel by that **Common Carrier** for **Your** covered **Trip**.

is deleted in its entirety and replaced with:

Documented mechanical breakdown of the **Common Carrier** which the Covered Person is scheduled to travel that results in a cancellation or suspension of travel by that **Common Carrier** for **Your** covered **Trip**. This benefit shall not apply if the **Common Carrier** provides alternative transportation within 48 hours of Your originally scheduled departure.

Political & Natural Disaster Evacuation Services provided by Europ Assistance

Outline of Benefits:

Political Evacuation:	\$100,000 USD per Member
Natural Disaster:	\$100,000 USD per Member
Return of Deceased Remains:	\$10,000 USD per Member

Covered Services

Where a Triggering Event occurs in a Host Country, the supplier will at all times and subject to the terms of this Agreement, use best endeavors and subject to the terms and conditions of this Agreement, arrange the Evacuation and repatriation, including the accommodation, transportation and food of each Entitled Person affected by the Triggering Event who is on a Visit at the time of the Triggering Event as follows:

Political or Military Situation Evacuation

The supplier will use best endeavors, subject to the terms and conditions of this Agreement, to arrange for Evacuation of Entitled Person(s) where a Political or Military Situation Triggering Event occurs in any Entitled Person's Host Country. The supplier shall arrange, at its cost, for the Entitled Person's transportation to the nearest safe location, then to the Entitled Person's Home Country.

Natural Disaster Evacuation

The supplier will use best endeavors to arrange for Evacuation of Entitled Person(s) where a Natural Disaster Triggering Event occurs in any Entitled Person's Host Country. The supplier will arrange for the Entitled Person's Evacuation from a safe departure point to the nearest safe location, then to the Entitled Person's Home Country. The Entitled Person or Client must contact the supplier within ten (10) days from the date the Entitled Person's Host Country and/or an Appropriate Authority issues the official disaster declaration.

Return of Deceased Remains

Subject to an event as per clauses above, resulting from a Triggering Event, the supplier will use all reasonable endeavors to arrange for the Return of Deceased Remains to the Entitled Persons(s) Home Country if the Entitled Person(s) dies during a Triggering Event.

For the avoidance of doubt, the Services shall apply only for circumstances that arise from a Triggering Event(s) that takes place in a Host Country:

- (a) If an Entitled Person requires Evacuation following a Triggering Event, the supplier shall provide up to ten (10) days' lodging in reasonable accommodation and food where an Entitled Person is delayed at a safe departure point pending Evacuation. The supplier shall also provide air travel of a reasonable standard to return the Entitled Person to his/her Home Country following a Natural Disaster or Political/Military Evacuation. In this context, 'reasonable expenses' means having regard to both the needs of the Entitled Person and the supplier's requirement to manage its costs of providing the Services. For the avoidance of doubt, it shall always be reasonable for the supplier to determine that accommodation and air travel cost is not reasonable where the combined cost of both arranged for the

same Entitled Person exceeds USD \$15,000. Any such determination of the supplier shall be final and binding on the parties (this shall also include Reasonable Expenses).

(b) If the Entitled Person(s) is able to leave their Host Country by normal means, the supplier will assist at its cost the Entitled Person in rebooking flights or other transportation. Arranging non-emergency transportation is the Entitled Person's responsibility.

Exclusions

The supplier shall not be obliged to provide the Services where:

1. the Triggering Event results from a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause (whether affecting the Client or Entitled Person);
2. the Entitled Person is located in their Home Country or Country of Permanent Residence. However, notwithstanding this Services' limitation and Entitled Person shall be offered evacuation Services to their Home Country as defined herein and at their option and cost;
3. they relate to a Visit where the relevant Triggering Event has taken place or is reasonably likely to take place prior to the Start Date of that Visit, unless the Evacuation Advisory has been withdrawn and any Triggering Event in the Host Country has ceased for a period of 14 days or more so that the situation under which the Entitled Person would be in danger of imminent serious Bodily Harm has ceased, or the location in the Host Country is no longer Uninhabitable;
4. that Triggering Event preceded the Entitled Person's arrival in the Host Country by more than eighteen (18) hours. For clarity, this subsection is pertinent to an individual who is already in route to a Host Country;
5. the Client or the relevant Entitled Person(s) has not complied with the obligations described in Obligations of the Entitled Person and Conditions;
6. an Entitled Person's Home Country intervenes and provides for Evacuation of that Entitled Person;
7. the Triggering Event results from an actual or alleged violation of the laws of the Host Country by the Entitled Person, unless the supplier determines that such allegations were intentionally false, fraudulent and malicious and made solely and directly to achieve a political, propaganda or coercive effect upon or at the expense of the Entitled Person;
8. supplier is inhibited in its ability to provide the Services due to the Political or Military Situation, nuclear accident, interference by authorities or for any other reason without placing its employees or agents in a circumstance that may result in serious Bodily Harm or in the supplier breaching any law or regulation.

Obligations of the Client and Entitled Person

1. the Client and Entitled Person must provide the supplier with all assistance and information requested in a timely manner;
2. the Client and Entitled Person must follow the supplier's professional advice at all times. Any losses incurred or increased value of costs incurred by the Entitled Person by failing to follow the advice of the supplier may not be recoverable;

3. where an Entitled Person is entitled to any refund on unused tickets or returnable deposits or advanced payments (a "Refund"), the Client must pay that Refund to the supplier or ensure that the Entitled Person must pay that Refund to the supplier;
4. Entitled Person must follow the supplier's instructions and shall not make or attempt to make any material arrangements regarding Evacuation or otherwise without the supplier's agreement;
5. Entitled Person must not take part in any political activity or operations of any security or armed forces unless notified to and agreed to in writing by the supplier;
6. the Entitled Person must maintain and possess duly authorized and issued required immigration, work, residence or similar visas or permits or other relevant documentation for each country where the Entitled Person is on a Visit;
7. Entitled Persons travelling to Cuba, that are subject to U.S. jurisdiction, must fall within the general licenses within the 12 categories of authorized travel for the travel-related transactions, to, from or within Cuba, that have been issued by OFAC. This restriction will automatically become null and void when travel between the US and Cuba becomes unrestricted affecting business travel; and
8. For the avoidance of doubt, if the Client or Entitled Person rejects the offer of Evacuation at the time that the supplier offers the Evacuation, or as reasonable thereafter as defined above, then they waive their rights to be Evacuated under the terms of this Agreement as a covered event but may subsequently arrange to be Evacuated as a Discretionary Service if the supplier is able to assist.

Conditions

If the Client or an Entitled Person behaves fraudulently or makes any misrepresentation to, or fails to disclose a material fact to the supplier, the supplier shall not be obliged to perform the Services.

Definitions and Interpretation

"Appropriate Authorities" means officials or the embassy of an Entitled Person's Home Country, and/or an appropriate Authority of the Entitled Person's Host Country (and "Appropriate Authority" shall be construed accordingly).

"Bodily Harm" means physical injury to an Entitled Person caused solely and directly by violent means.

"Business Day" means a day other than a Saturday or Sunday or a bank or other public holiday in England or the United States.

"Business Traveler" means any individual who is traveling for a professional or leisure purpose and is employed by a company or academic institution.

"Client" means any company, organization, association or other entity, and its members or participants' Entitled Persons, which have been or could be issued Political & Natural Disaster Evacuation cover pursuant to the terms and conditions of this Agreement.

"Entitled Persons" mean Client members that are covered by the service for which the Fees have been paid.

"Evacuation" means the transportation of any Entitled Person from the Host Country to the nearest place of safety, and then to the Entitled Person's Home Country as soon as reasonably practicable

An **Evacuation** in which one or a group of more than one (1) Entitled Person(s) is evacuated shall be considered a single **Evacuation**.

The method of transportation will be as deemed most appropriate to ensure the Entitled Person's safety. If Evacuation becomes impractical due to hostile or dangerous conditions, the supplier will maintain contact with and advise the Entitled Person(s) and Client until Evacuation becomes viable or the political or social upheaval has resolved.

"Home Country" For the purposes of defining an Evacuation return destination, Home Country shall be defined as:

- (a) The Entitled Person's home country or country of permanent residence; or
- (b) Where the Program Sponsor that sponsored the Entitled Person's travel is located; or
- (c) Back to the country in which the Entitled Person is traveling during the Program Sponsor sponsored travel, from the place of safety or in transit, if the supplier deems appropriate; or
- (d) To another program location of the Program Sponsor.

For all other purposes under this agreement, Home Country shall be defined as:

- (a) The Entitled Person's country of citizenship or country of permanent residence.

"Host Country" the Country in which the Entitled Person is visiting. The following US Territories and Possessions may be considered a Host Country: American Samoa, Guam, Marshall Islands, Micronesia, Northern Mariana Islands, Palau, Puerto Rico, US Virgin Islands, Wake Island, Baker, Howland, Jarvis, and Midway Islands, Johnston (and Palmyra Atolls) and Kingman Reef, Navassa Island, and Swains Islands.

"Natural Disaster" means an event of natural occurrence including but not limited to; earthquake, volcanic eruption, tsunami, snow, rain, hail, lightning, flood, wind, windborne dust or sand, wildfire, that results in widespread and severe physical damage to property such that the government of the Host Country issues an official disaster declaration and determines the affected area to be Uninhabitable.

In no event shall a Natural Disaster be deemed to apply to a marine vessel, ship or watercraft of any kind.

"Political or Military Situation" means war, civil war, civil unrest, rebellion, riot, military uprising or labor disturbances or strike leading to civil unrest strike, or a nuclear, biological, or chemical occurrence caused by terrorism.

"Return of Deceased Remains" means the return of an Entitled Person to his or her Home Country in the event of their death as a result of Bodily Harm occurring as a result of Political or Military Events and/or a Natural Disaster.

"Safe Haven" means a location where an Entitled Person is taken during an Evacuation, as an interim step to being transported to their Home Country, where he or she is protected from immediate harm or danger, and from where there is a reasonable expectation that commercial air transportation or other appropriate transportation will be available within ten (10) days of arrival to fully evacuate that Person to his or her Home Country or Country of Residence.

"Services" mean the Services described in Schedule 1 that will be offered to the Client and Entitled Persons for a period up to but not exceeding sixty (60) consecutive days from the date a Triggering Event occurs. All Entitled Persons herein described shall have automatic access to the Services whenever they are travelling, subject to the terms of this Agreement.

"Triggering Event" means, in relation to any Host Country, Evacuation being necessitated by:

- (a) formal recommendation issued by an Appropriate Authority that categories of persons including Entitled Person(s) should leave the Host Country due to the Political or Military Situation;
- (b) an Entitled Person being expelled or declared *persona non grata* on the written authority of the recognized government of the Host Country;

(c) a Natural Disaster occurring within an Entitled Person's Host Country (as determined by the supplier in accordance with the Entitled Person's Host Country and/or Home Country Appropriate Authorities) to the extent that the Entitled Person must be Evacuated from the Host Country; or

(d) the Political or Military Situation in the relevant Host Country is creating a situation in which an Entitled Person is in danger of imminent Bodily Harm (as determined by the supplier in accordance with the Entitled Person's Host Country and/or Home Country Appropriate Authorities) to the extent that the Entitled Person must be Evacuated from the Host Country.

"Uninhabitable" means the relevant Host Country is deemed unfit for residence, as determined by the supplier in accordance with and based upon the authorities of an Entitled Person's Home Country or Host Country, due to a lack of habitable shelter, food, heat and/or drinking water and no suitable accessible alternative housing being available within ten (10) miles of the Entitled Person's location.

"Visit" means a Visit undertaken by an Entitled Person not exceeding twelve (12) months in duration (unless otherwise agreed by the supplier) to a Host Country outside their Home Country (and "Visiting" shall be construed accordingly).

FOR 24/7 SECURITY AND POLITICAL ASSISTANCE PLEASE CALL EUROP ASSISTANCE AT:

888-286-3768 (calls inside U.S.A & Canada)

240-330-1517 (direct &/or collect calls outside the U.S.A & Canada)