"Worldwide Comprehensive Travel Protection"

# UNTOURS TRAVEL PROTECTION

- Emergency Evacuation up to $100,000
- Trip Cancellation & Interruption
- Emergency Assistance Services
- Medical & Baggage Protection

Untours wishes you a very pleasant journey and we trust you'll enjoy your trip. We know you've made an investment in your vacation, and also realize that unforeseen circumstances may force you to cancel your travel plans. Because your vacation package includes cancellation penalties, we are pleased to offer you our all-inclusive Protection Plan.

### WHY PURCHASE UNTOURS "TRAVEL PROTECTION"

- You, your travel companions, or even someone at home becomes sick or injured and prevents you from traveling.
- You arrive at your destination and your luggage is lost or damaged.
- Due to an accident or a sudden illness, you or a family member may require emergency medical evacuation.
- Most major health plans in the U.S., Medicare and Medicare supplements offer little or no medical protection outside the U.S.

Take the worry out of traveling and protect yourself with Untours Travel Protection!

## UNTOURS
## PROTECTION PLAN
## T-2724 (6.10)

**Master Contract Number: 11TVL4502300**
**Underwritten by Arch Insurance Company**
**INDIVIDUAL SHORT TERM TRAVEL POLICY**
**INSURANCE FOR NEW HAMPSHIRE RESIDENTS**

**NOTICE TO BUYER**
**Notice to Buyer: This is a limited benefit health certificate. This certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.**

**THIS PROGRAM IS ISSUED FOR A STATED TERM AS SHOWN ON YOUR ACCOMPANYING CONFIRMATION OF BENEFITS**

## SCHEDULE OF COVERAGE & SERVICES

| Listing of Benefits | Maximum Principal Sum |
|---|---|
| **Part A – Travel Protection** | |
| Trip Cancellation | Up to Trip Cost* |
| Trip Interruption | 150% of Trip Cost* |
| Trip Delay (6 hrs) | $500 ($150/day) |
| **Part B – Medical Protection** | |
| Emergency Accident & Sickness Medical Expense | $50,000 |
| Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Remains | $100,000 |
| **Part C – Baggage Protection** | |
| Baggage and Personal Effects<br>Limit Per Article<br>Combined Limit – Valuables | $1,000<br>$250<br>$500 |
| Baggage Delay- (24 hours) | $200 |
| Lost or Stolen Rail Pass | $350 |
| **Part D- Collision Damage Waiver** | |
| Collision Damage Waiver | $25,000** |
| **Part E – Travel Accident Protection** | |
| Accidental Death & Dismemberment | $10,000 |
| **Worldwide Emergency Assistance Services: Non-Insurance Services** | |
| 24 hr Worldwide Emergency Assistance Services | Included |
| ID Theft Resolution Services | Included |

*Up to the trip cost protected up to a maximum of $7,000
**CDW coverage not available to residents of Texas and Washington

## PART A - TRAVEL PROTECTION

**TRIP CANCELLATION:**
The Company will pay a benefit, up to the maximum shown on Your accompanying Confirmation of Benefits, if You are prevented from taking Your Covered Trip or continuing on Your Covered Trip due to the following Unforeseen events:

a) Sickness, Accidental Injury or death of You, Your Traveling Companion, or Family Member or Business Partner; which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.
b) You and/or Your Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, required to appear as a witness in a legal action, provided You or Your Traveling Companion are not a party to the legal action or appearing as a law enforcement officer, the victim of felonious assault within 10 days of departure; or having Your principal place of residence made uninhabitable by fire, flood or other natural disaster; or burglary of Your principal place of residence within 10 days of departure.
c) You or Your Traveling Companion being directly involved in a traffic accident substantiated by a police report, while en route to departure.
d) If within 30 days of Your departure, a politically motivated Terrorist Attack occurs within the territorial limits of a City listed on Your itinerary. The Terrorist Attack must occur after the Effective Date of Your Trip Cancellation coverage.
e) You or Your Traveling Companion or Family Member who are military personnel, and are called to emergency duty for a Natural Disaster. Military duty if within 30 days of departure, You have Your leave revoked or You are reassigned.
f) Strike that causes complete cessation of services for at least 24 consecutive hours.
g) Weather which causes complete cessation of services of Your Common Carrier for at least 24 consecutive hours.
h) Bankruptcy or Default of Your Travel Supplier, other than Bankruptcy or Default of Untours, which occurs more than 14 days following Your Effective Date. Coverage is not provided for the Bankruptcy or Default of Untours that solicited Your policy and from whom You purchased Your Land/Sea Arrangements. 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.
i) You or Your Traveling companion are terminated, or laid off from employment subject to three years of continuous employment at the place of employment where terminated.

**TRIP CANCELLATION:**

The Company will reimburse You for the following:

a) Non-refundable cancellation charges imposed by Travel Suppliers;
b) Airfare cancellation charges for flights joining or departing Your Land/Sea Arrangements;

In no event shall the amount reimbursed exceed the lesser of the maximum benefit shown on Your accompanying Confirmation of Benefits.

**TRIP INTERRUPTION:**
The Company will pay a benefit, up to the maximum shown on Your Confirmation of Benefits, if You are unable to continue Your Trip due to the Unforeseen events listed under **TRIP CANCELLATION.**

The Company will pay for the following:

a) Unused, non-refundable travel arrangements prepaid to the Travel Suppliers;
b) Up to the maximum shown in the accompanying Confirmation of Benefits for the airfare paid, less the value of applied credit from an unused return travel ticket to reach the original destination if You are delayed and leave after the Scheduled Departure Date, return You to the return destination of the Trip as specified in the original travel documents from the point where You interrupted the Trip or rejoin the Trip from the point where You interrupted the Trip. (Airfare limited to the cost of one-way airfare using the same class of fare as the original travel ticket).

In no event shall the amount reimbursed exceed the lesser of the maximum benefit shown on the accompanying Confirmation of Benefits.

**TRIP DELAY:**
The Company will reimburse You for Covered Expenses on a one-time basis, up to the maximum shown in the accompanying Confirmation of Benefits, if You are delayed en route to or from the Covered Trip for six (6) or more hours due to a Hazard:

Covered Expenses Include:

a) An Economy Fare from the point where You ended Your Covered Trip to a destination where You can catch up to the Covered Trip; or a one-way Economy Fare to return You to Your originally scheduled return destination;
b) Meals and accommodations limited to $150 per day.
c) Reasonable additional transportation expenses.

## PART B - MEDICAL PROTECTION

**EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE:**
The Company will pay benefits up to the maximum shown on Your accompanying Confirmation of Benefits for Covered Medical Expenses , which are incurred while on Your Trip, as a result of Emergency Treatment of an Accidental Injury which occurs while on Your Trip or Sickness which first manifests itself during the Covered Trip.

**Emergency Treatment** means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Sickness or Injury.

Covered Medical Expenses are necessary services and supplies which are recommended by the attending Physician. They include but are not limited to:

a) The services of a Physician;
b) Charges for Hospital confinement and use of operating rooms;
c) Charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
d) Ambulance service; and
e) Drugs, medicines, prosthetic and therapeutic services and supplies.

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

The Company will pay benefits, up to $750.00, for emergency dental treatment for Accidental Injury to sound natural teeth.

The Company will advance payment to a Hospital, up to the maximum shown on the accompanying Confirmation of Benefits, if needed to secure Your admission to a Hospital because of Sickness.

If you are hospitalized due to an Accidental Injury or Sickness which first occurred during the course of the Scheduled Trip, beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under the policy have been paid.

**EMERGENCY EVACUATION BENEFIT:**
**Emergency Evacuation:** The Insurer will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if You suffer an Injury or Emergency Sickness that warrants Your Emergency Evacuation while You are on a Trip. Benefits payable are subject to the maximum amount per person shown on the Confirmation of Benefits for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes. A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of Your Injury or Emergency Sickness warrants Your Emergency Evacuation to the closest adequate medical facility. In the sole discretion of the Assistance Company, it must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities. The certification and approval for Emergency

Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including reasonable and customary medical services and supplies incurred in connection with Your Emergency Evacuation. Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting You and (c) reviewed and pre-approved by the Assistance Company;

The Insurer will also pay reasonable and customary charges for escort expenses required by You, if You are disabled during a Trip and an escort is recommended in writing, by Your attending Physician and must be pre-approved by the Assistance Company.

If You are hospitalized for more than 7 days following a Covered Emergency Evacuation Expense, the Insurer will pay subject to the limitations set out herein, for expenses:

1) To return to where they reside, with an attendant if necessary, any of Your Dependent Children who were accompanying You when the Injury or Emergency Sickness occurred, but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.
2) To bring one person chosen by You to and from the Hospital or other medical facility where You are confined if You are traveling alone, but not to exceed the cost of one round-trip economy airfare ticket.

**MEDICALLY NECESSARY REPATRIATION:**
Following a covered Emergency Evacuation expense or a covered medical expense, the Insurer will pay to return You from the location to which You were evacuated or became sick or injured to Your return destination or via Common Carrier within one year from Your original Trip completion date.

Commercial airfare costs will be in the same class of service, as Your original airline tickets, or in business or first class as in compliance with Your medical necessities and requirements upon Your discharge, less refunds from Your unused transportation tickets.

In addition to the above covered expenses, if the Insurer has previously evacuated You to a medical facility, the Insurer will pay Your airfare costs from that facility to Your primary residence, within one year from Your original Scheduled Return Date, less refunds from Your unused transportation tickets .Airfare costs will be economy, or first class if Your original tickets are first class. This benefit is available only if it is not provided under another coverage in the Policy.

**Emergency Evacuation** means 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. Transportation means any land, sea or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.

Emergency sickness shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in any of the following:

1. Serious jeopardy to the patient's health.
2. Serious impairment to bodily functions.
3. Serious dysfunction of any bodily organ or part.

**REPATRIATION OF REMAINS:**
The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Covered Trip. This will not exceed the maximum shown on the Confirmation of Benefits.

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

**All Covered Expenses must be approved in advance by the Assistance Company.**

## PART C - BAGGAGE PROTECTION

**BAGGAGE/PERSONAL EFFECTS:**
The Company will reimburse You, up to the maximum shown on the Confirmation of Benefits, 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 accompany You during the Covered Trip. Original receipts must be provided for reimbursement.

There will be a per article limit shown on the Confirmation of Benefits.

There will be a combined maximum limit shown on the Confirmation of Benefits 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; sporting equipment, Ski Equipment, personal computers, radios, cameras, camcorders and their accessories and related equipment and other electronic items.

The Company will also reimburse You for charges and interest incurred due to unauthorized use of Your credit cards if such use occurs during Your Trip and if You have complied with all credit card conditions imposed by the credit card companies.

The Company will reimburse You for fees associated with the replacement of Your passport during Your trip. Receipts are required for reimbursement.

The Company will pay the lesser of the following:

(a) Actual Cash Value at time of Loss, theft or damage to Baggage and personal effects, less depreciation as determined by the Company;
(b) The cost of repair or replacement.

**BAGGAGE DELAY (Outward Journey Only):**
The Company will reimburse You for the expense of necessary personal effects up to the maximum shown on the accompanying Confirmation of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty four (24) hours, while on a Covered Trip, except for travel to final destination or place of residence.

You must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

**Lost or Stolen Rail Pass:** You are eligible for benefits up to the benefit amount shown for penalties charged by a rail company for a reissued ticket, if Your rail pass is lost or stolen while on Your Trip. Loss caused by or resulting from any penalties charged for changes in travel itineraries or changes in ticket grades (upgrades, etc.) are not covered.

## PART D - COLLISION DAMAGE WAIVER

**COLLISION DAMAGE WAIVER:**
If You rent a car while on the Trip, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not within Your control while in Your possession, the Company will pay the lesser of:

(a) The cost of repairs and rental charges imposed by the rental company while the car is being repaired; or
(b) The Actual Cash Value of the car, meaning purchase price less depreciation; or
(c) The amount shown on Your Confirmation of Benefits.

Coverage is provided to You and Your Traveling Companions, provided You and Traveling Companions are licensed drivers, and are listed on the rental agreement.

## PART E - TRAVEL ACCIDENT PROTECTION

**ACCIDENTAL DEATH AND DISMEMBERMENT:**
The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a Loss shown in the Table below. The Loss must occur within 365 days after the date of the

Accident causing the Loss. The Principal Sum is shown on the Confirmation of Benefits.

**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% |
| Thumb and index finger of same hand | 25% |

"Loss" with regard to:

1. Hand or foot, means actual complete severance through and above the wrist or ankle joints; and
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:**
The Company will pay benefits for covered Losses which result from You being unavoidably exposed to the elements due to an Accident. The Loss must occur within 365 days after the event which caused the exposure.

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

## WORLDWIDE ASSISTANCE SERVICES:

### Non-Insurance Services

The Travel Assistance feature provides a variety of travel related services. Services offered include:
• Medical evacuation • Medically necessary repatriation
• Repatriation of remains • Medical or legal referral
• Inoculation information • Hospital admission guarantee
• Translation service • Lost Baggage retrieval
• Passport/visa information • Emergency cash advance
• Bail bond • Prescription drug/eyeglass replacement
•ID Theft Resolution Services

*Payment reimbursement to the Assistance Company is Your responsibility.

**For Worldwide Assistance Only**
**CALL TOLL FREE:**
**(Within the United States and Canada)**
**888-268-2824**
**OR CALL COLLECT:**
**603-328-1725**
**(From all other locations**)

Travel assistance services are provided by an independent organization and not by Arch Insurance Company or Travel Insured International. There may be times when circumstances beyond the Assistance Company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help you resolve your emergency situation.

**IDENTITY THEFT RESOLUTION SERVICES**
In the event of an Identity Theft event while on Your Trip, Travel Insured's designated provider will research and investigate potential damage to Your identity and make best effort to restore Your identity to pre-event status. Assistance includes online secure email to report the event; notify the three major credit bureaus, affected creditors, financial institutions, and utility providers; provide fraud alerts; create and maintain a case file and ultimately to receive documentation that the fraudulent transaction has been expunged.

## DEFINITIONS

1) **"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.
2) **"Accidental Injury"** means Bodily Injury caused by an accident (of external origin) being the direct and independent cause in the Loss.
3) **"Actual Cash Value"** means purchase price less depreciation.
4) **"Assistance Company"** means the service provider with which the Company has contracted to coordinate and deliver emergency travel assistance, medical evacuation, and repatriation.
5) **"Baggage"** means luggage and personal possessions, whether owned, borrowed, or rented, taken by You on the trip.
6) **"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 U.S.C. Subsection 101 et seq.
7) **"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, is the direct cause of death or dismemberment of You within twelve months from the date of the Accident.
8) **"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.
9) **"Checked Baggage"** means a piece of Baggage for which a claim check has been issued to You by a Common Carrier.
10) **"City"** means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.
11) **"Common Carrier"** means any regularly scheduled land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.
12) **"Company"** means Arch Insurance Company.
13) **"Complication of Pregnancy"** means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.
14) **"Covered Expenses"** shall mean expenses incurred by You which are for medically necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under the Policy; and which do not exceed the maximum limits shown in the accompanying Confirmation of Benefits, under each stated benefit.
15) **"Covered Trip"** means any class of scheduled trips, tours or cruises shown in the application for which You request coverage and remits the required premium.
16) **"Cruise"** means any prepaid sea arrangements.
17) **"Default"** means a material failure or inability to provide contracted services due to financial insolvency.
18) **"Dependent Child(ren)"** means Your children, including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 26 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.
19) **"Domestic Partner"** means a person, at least 18 years of age, with whom You have been living in a spousal relationship prior to the Effective Date of coverage or partners to a civil union.
20) **"Economy Fare"** means the lowest published rate for a one-way ticket.
21) **"Effective Date"** means the date and time Your coverage begins, as outlined in the General Provisions section of the Policy.
22) **"Exotic Vehicles"** includes, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, Bradley, Bricklin, Corvette, Cosworth, Clenet, De Lorean, Excalibre, Ferrari, Hummer, Iso, Jaguar, Jensen, Jensen Healy, Lamborghini, Lotus, Maserati, MG, Morgan, Pantera, Panther, Pininfarina, Porsche, Rolls Royce, Rover, Stutz, Sterling, Triumph, TVR. Antique cars meaning cars that are over 20 years old or have not been manufactured for 10 or more years, any vehicle with an original manufacturer's suggested retail price greater than $25,000 and Yugo.
23) **"Family Member"** means You or Your Traveling Companion's legal or common law spouse, Domestic Partner, legal guardian, step-parent, grandparent, parents-in-law, 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 or nephew.

24) **"Hazard"** means:
a) Any delay of a Common Carrier (including Inclement Weather).
b) Any delay by a traffic accident en route to a departure, in which You or Your Traveling Companion is directly or not directly involved.
c) Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, Natural Disaster.
25) **"Hospital"** means a facility that:
a) Holds a valid license if it is required by the law;
b) Operates primarily for the care and treatment of sick or injured persons as in-patients;
c) Has a staff of one or more Physicians available at all times;
d) Provides 24 hour nursing service and has at least one registered professional nurse on duty or call;
e) Has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
f) Is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.
26) **"Inclement Weather"** means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.
27) **"Injury"** means Bodily Injury caused by an Accident occurring while the Policy is in force, and resulting directly and independently of all other causes of Loss covered by the Policy. The Injury must be verified by a Physician and require emergency care.
28) **"Insured"** means a person while covered under the Policy and for whom the required premium is paid. Insured also means "You" or" Your".
29) **"Land/Sea Arrangements"** means land and or sea arrangements made by the Travel Supplier.
30) **"Loss"** means Injury or damage sustained by You as a result of one or more of the occurrences against which the Company has undertaken to indemnify You.
31) **"Medically Necessary"** means that a treatment, service, or supply is: (1) is essential for diagnosis, treatment or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.
32) **"Natural Disaster"** means flood, fire, hurricane, tornado or earthquake that is due to natural causes.
34) **"Partner to a Civil Union"** means a civil union between one unmarried man and another unmarried man both of whom are at least 18 years of age or one unmarried woman and another unmarried woman both of whom are at least 18 years of age, provided that they are not in another civil union.
No man shall enter into a civil union with his father, his grandfather, his father's brother, his mother's brother, his son, his brother, his son's son, his daughter's son, his brother's son, his sister's son, his father's brother's son, his mother's brother's son, his father's sister's son, or his mother's sister's son.
No woman shall enter into a civil union with her mother, her grandmother, her father's sister, her mother's sister, her daughter, her sister, her son's daughter, her daughter's daughter, her brother's daughter, her sister's daughter, her father's brother's daughter, her mother's brother's daughter, her father's sister's daughter, or her mother's sister's daughter.
35) **"Physician"** means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license and shall include Christian Science Practitioners. The treating Physician may not be You, Your Traveling Companion or a Family Member.
36) **"Policy"** shall mean, this individual Policy document, the Confirmation of Benefits, and any endorsements, riders or amendments that will attach during the period of coverage.
37) **"Pre-Existing Condition"** means any Injury, Sickness or condition of You, a Traveling Companion or Your Traveling Companion's Family Member for which medical advice, diagnosis, care or treatment was recommended or received within the 60 day period ending on the Effective Date. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription. The Pre-Existing Conditions exclusion is waived if You enroll in the Policy within 14 days of the initial deposit and You purchase the Policy for the full cost of Your Trip.
38) **"Scheduled Departure Date"** means the date on which You are originally scheduled to leave on the Trip.
39) **"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.
40) **"Sickness"** means an illness or disease which is diagnosed or treated by a Physician after the effective date of insurance and while You are covered under the Policy.
41) **"Ski Equipment"** means skis, ski poles, ski bindings, ski boots, snowboards, snowboard bindings, snowboard boots, snowblades and any other recognized snow sports equipment
42) **"Strike"** means a stoppage of work (a) announced, organized and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strikes are work slowdowns and sickouts. Coverage is only valid if Your Trip cancellation coverage is effective prior to when the Strike is foreseeable. A Strike is foreseeable on the date labor union members vote to approve a Strike.
43) **"Terrorist Attack"** means an incident deemed an act of terrorism by the U.S. Government.
44) **"Traveling Companion"** means a person who is sharing travel arrangements with You (to a maximum or four (4) persons including You).
45) **"Travel Supplier"** means tour operator, cruise line, hotel etc. who has made the land and/or sea arrangements.
46) **"Trip"** means prepaid Land/Sea Arrangements and shall include flight connections to join or depart such Land/Sea Arrangements provided such flights are scheduled to commence within one week of the Land/Sea Arrangements.
47) **"Unforeseen"** means not anticipated or expected and occurring after the effective date of the Policy.
48) **"Used"** means to avail oneself of, to employ, to expend or consume, or to convert to one's service.

## LIMITATIONS & EXCLUSIONS

**Excess Insurance Limitation**
Benefits provided in Parts A, B, C and D shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Insurer shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

The following exclusions apply to Loss caused by or resulting from:

1) Pre-Existing Conditions, (except Emergency Evacuation and Repatriation of Remains) as defined in the Definitions section unless the Policy is purchased within 14 days of the initial Trip deposit. The booking for the Covered Trip must be the first and only booking for this travel period and destination, You are not disabled from travel at the time they pay the premium;
2) Suicide, attempted suicide or any intentionally self-inflicted Injury;
3) War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
4) Participation in any military maneuver or training exercise;
5) Piloting or learning to pilot or acting as a member of the crew of any aircraft;
6) Mental or emotional disorders, unless hospitalized;
7) Participation as a professional in athletics;
8) Being declared legally intoxicated or having taken illegal drugs or narcotics, unless prescribed by a legally qualified Physician or surgeon.
9) Conviction of a criminal charge by You, Your Traveling Companion, or Family Member, whether insured or not. Coverage will not be denied to You, Your Traveling Companion or Family Member who had no knowledge or participation in any criminal act;
10) Participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering where ropes or guides are normally used; any race; racing by horse, motor vehicle, or motorcycle; bungee cord jumping; and speed contests; scuba diving; spelunking or caving; heliskiing; rock climbing;
11) Dental treatment, except as a result of an Injury to sound natural teeth limited to $750;
12) Pregnancy and childbirth (except for Complications of Pregnancy);
13) Traveling for the purpose of securing medical treatment;
14) Injury or Sickness when traveling against the advice of a Physician;
15) Expenses not approved by the Assistance Company in advance.

**The following limitation applies to Trip Cancellation:** All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72-hour period, the Company will not pay for additional charges which would not have

been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented Your from reporting the cancellation within the specified period.

**The following exclusions apply to Baggage/Personal Effects and Baggage Delay:**

The Company will not provide benefits for any Loss or damage to: animals; automobiles and automobile equipment; boats or other vehicles or conveyances; trailers; motors; motorcycles; aircraft; bicycles (except when checked as Baggage with a Common Carrier); household effects and furnishings; antiques and collectors items; eye glasses, sunglasses or contact lenses; artificial teeth and dental bridges; hearing aids; prosthetic limbs; prescribed medications; keys, money, stamps, securities and documents; tickets; credit cards; professional or occupational equipment or property, whether or not electronic business equipment; personal computers; sporting equipment if Loss or damage result from the use thereof.

Any Loss caused by or resulting from the following is excluded: breakage of brittle or fragile articles; wear and tear or gradual deterioration; insects or vermin; inherent vice or damage while the article is actually being worked upon or processed; confiscation or expropriation by order of any government; radioactive contamination; war or any act of war whether declared or not; theft or pilferage while left unattended in any vehicle; mysterious disappearance; property illegally acquired,

**The following exclusions apply to Collision Damage Waiver:**

1) Any obligation You assume under any agreement (except insurance collision deductible);
2) Rentals of , off-road campers, off-road trailers, off-road vehicles, four-wheel drive vehicles, motor bikes, or off-road recreational vehicles ;
3) Loss incurred if You are not a listed driver on the rental agreement;
4) Loss incurred if You are driving the vehicle in an area where precluded by law or in violation of the territory terms of the rental agreement;
5) Failure to report the Loss to the proper local authorities and the rental company;
6) Damage to any other vehicle, structure or person as a result of a covered Loss.

**The following duties in the event of Loss apply to Collision Damage Waiver:**

You must take all reasonable, necessary steps to protect the vehicle and prevent further damage to it;

1) You must report the Loss to the appropriate local authorities and the rental company as soon as possible;
2) You must take all reasonable steps to obtain all information on any other party involved in an Accident, such as name, address, insurance information and driver's license number.

## GENERAL PROVISIONS

The following provisions apply to all coverage:

**LEGAL ACTIONS.** No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of Loss.

**CONTROLLING LAW.** Any part of the Policy that conflicts with the laws of the state of New Hampshire is changed to meet the minimum requirements of that law.

**MISREPRESENTATION AND FRAUD.** Coverage under this Policy shall be void for You whether before or after a Loss, You have intentionally concealed or misrepresented any material fact or circumstance; engaged in fraudulent conduct; or made false statements relating to this insurance.

**SUBROGATION.** To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

**ASSIGNMENT.** The Policy is not assignable, whether by operation of law or otherwise, but benefits may be assigned.

**WHEN AN INSURED'S COVERAGE BEGINS.** All coverage except Trip Cancellation will take effect at 12:01 A.M. local time, at Your location, on the Scheduled Departure Date provided:

a) Coverage has been elected; and
b) The required premium has been paid.

Trip Cancellation coverage will take effect at 12:01 A.M. local time at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

**WHEN AN INSURED'S COVERAGE ENDS.** Your coverage will end at 12:01 a.m. local time on the date which 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) If You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date;
d) The date You Cancel Your trip.

**EXTENDED COVERAGE.** All coverage under the Policy will be extended, if: (a) Your entire Trip is covered by the Policy; and (b) Your return is delayed by covered reasons specified under Trip Cancellation and Interruption or Travel Delay. If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date You reaches Your Return Destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

**MODE OF PREMIUM.** The required premium must be paid to the Participating Organization or its authorized representative prior to the Scheduled Departure Date of the Covered Trip.

**CLAIMS PROCEDURES AND PAYMENT**

**PAYMENT OF CLAIMS.** The Company, or its designated representative, will pay a claim after receipt of acceptable proof of Loss. Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

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

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangements to pay claims to Your legal guardian, committee or other qualified representative.

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

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

**NOTICE OF CLAIM.** Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins or as soon as reasonably possible. Notice should

include Your name, the Participating Organization's name and the Policy number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of the Policy, or to the Company's designated representative.

**PROOF OF LOSS.** You must furnish the Company, or its designated representative, with proof of Loss. This must be a detailed statement. It must be filed with the Company or its designated representative within ninety (90) days from the date of Loss. Failure to comply with these conditions shall not invalidate nor reduce any claims under this Policy if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. In any case, the proof required must be given no later than one year from the time specified except in the absence of legal capacity.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverage:

**NOTICE OF LOSS.** If Your property covered under the Policy is lost, stolen or damaged, You must:

(a) Notify the Company, or its authorized representative as soon as possible;
(b) Take immediate steps to protect, save and/or recover the covered property;
(c) Give immediate notice to the carrier or bailee who is or may be liable for the Loss or damage;
(d) Notify the police or other authority in the case of robbery or theft within twenty-four (24) hours or as soon as reasonably possible.

**PROOF OF LOSS.** You must furnish the Company, or its designated representative, with proof of Loss. This must be a detailed statement. It must be filed with the Company or its designated representative within ninety (90) days from the date of Loss. Failure to comply with these conditions shall not invalidate nor reduce any claims under this Policy if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. In any case, the proof required must be given no later than one year from the time specified except in the absence of legal capacity.

**SETTLEMENT OF LOSS.** Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid within 5 working days from the date of agreement with You or claimant if the property has not been recovered. You must present acceptable proof of Loss and the value involved to the Company.

**VALUATION.** The Company 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 with proper deduction for depreciation as determined by the Company. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

**DISAGREEMENT OVER SIZE OF LOSS:** If there is a disagreement about the amount of the Loss either You or the Company can make a written demand for an appraisal. After the demand, You and the Company will each select their 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 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process.

**BENEFIT TO BAILEE.** This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

Arch Insurance Company
a member of Arch Insurance Group

## CLAIMS PROCEDURE

*Please contact Untours to report cancellation of travel plans first, prior to calling Travel Insured International to report your claim.*

To facilitate prompt claims settlement:
**TRIP CANCELLATION CLAIMS:** IMMEDIATELY Call Untours and Travel Insured International to report Your cancellation and avoid non-Covered Expenses due to late reporting. Travel Insured International will then advise You on how to obtain the appropriate form to be completed by You and the attending Physician.
**INTERRUPTION**: Obtain medical statements from the doctors in attendance in the country where Sickness or Accident occurred. These statements should give complete diagnosis, stating that the Sickness or Accident prevented traveling on dates contracted. Provide all unused transportation tickets, official receipts, etc.
**TRIP DELAY:** Obtain any specific dated documentation, which provides proof of the reason for delay (airline or Cruise line forms, medical statements, etc). Submit this documentation along with Your Trip itinerary and all receipts from additional expenses incurred
**MEDICAL EXPENSES**: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment; submit these first to other medical plans. Provide a copy of their final disposition of Your claim.
**BAGGAGE**: Obtain a statement from the Common Carrier that Your Baggage was delayed or a police report showing Your Baggage was stolen along with copies of receipts for Your purchases.

For questions regarding Your plan or to receive a claim form, contact TII, or send Your name, address, travel dates, booking number and details of Your Loss within 30 days to:

Travel Insured International, Inc.
P.O. Box 280568
East Hartford, CT 06128-0568
866-684-0218
(Weekdays 7:45am – 5:30pm EST)

**IMPORTANT NOTICE:** *Protection plan fees are non-refundable.*

**BENEFICIARY**
Your estate, unless written notice of a designated beneficiary is provided to Travel Insured International.

# Benefits

| Benefits | Limits per person |
|---|---|
| **Part A – Travel Protection** | |
| Trip Cancellation | Up to Trip Cost* |
| Trip Interruption | 150% of Trip Cost* |
| Trip Delay (6 hrs) | $500 ($150/day) |
| **Part B – Medical Protection** | |
| Emergency Accident & Sickness Medical Expense | $50,000 |
| Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Remains | $100,000 |
| **Part C – Baggage Protection** | |
| Baggage and Personal Effects<br><br>Limit Per Article<br>Combined Limit – Valuables | $1,000<br><br>$250<br>$500 |
| Baggage Delay | $200 |
| Lost or Stolen Rail Pass | $350 |
| **Part D- Collision Damage Waiver** | |
| Collision Damage Waiver | $25,000** |
| **Part E – Travel Accident Protection** | $10,000 |
| Accidental Death & Dismemberment | $10,000 |
| **Worldwide Emergency Assistance Services: Non-Insurance Services** | |
| 24 hr Worldwide Emergency Assistance Services. | Included |
| ID Theft Resolution Services | Included |

*Up to the trip cost protected up to a maximum of $7,000
**CDW coverage not available to residents of Texas and Washington

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# Rates

| TOUR COST PER PERSON | PLAN COST PER PERSON |
|---|---|
| **$0-$1,000** | **$66.00** |
| **$1,001-$2,000** | **$149.00** |
| **$2,001-$3,000** | **$208.00** |
| **$3,001-$4,000** | **$297.00** |
| **$4,001-$5,000** | **$412.00** |
| **$5,001-$6,000** | **$494.00** |
| **$6,001-$7,000** | **$554.00** |

**Remember to save your brochure and take it with you on your trip. Your brochure contains the complete description of your benefits and important information should you need assistance during your trip or need to file a claim.**

**You can apply online at www.untours.com or by mailing in your completed application and payment to Travel Insured at:**

**Travel Insured International, Inc.®**
**52-S Oakland Avenue**
**P.O. Box 280568**
**East Hartford, CT 06128-0568**