Berkley
Accident and Health
a Berkley Company

# BUSINESS TRAVEL ACCIDENT INSURANCE

**DESCRIPTION OF COVERAGE**

The Fuller Center for Housing | Policy Number: BTA L019200012406

**VISIT OUR WEBSITES:**
Company Website: www.BerkleyAH.com • Corporate Website: www.Berkley.com

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## ELIGIBILITY

**CLASS 1:** All Volunteers and Staff Members of the Policyholder.

## HAZARDS INSURED AGAINST

**SPECIFIED TRIP COVERAGE:** We will pay the benefits described in the Policy for an Accident which occurs while a Covered Person is: traveling or making a short stay while; on business for the Policyholder; and in the course of the Policyholder's business; and traveling outside of the United States or his/her Home Country on the program of the Policyholder. Coverage includes Personal Deviations by the Covered Person.

**WAR RISK COVERAGE:** The Company hereby waives the exclusion in the section entitled 'Exclusions' with regard to declared or undeclared War provided a Covered Person suffers a loss covered under the Policy, due to or contributed by declared or undeclared War occurring worldwide except if:

1. the Covered Person is a resident of and traveling in his/her country of origin or citizenship; or
2. the Covered Person is traveling within the geographical limits, territorial waters or the airspace above the following designated Hazardous War Risk Countries: Afghanistan, Belarus, Iran, Iraq, Israel, Libya, Moldova, Myanmar, Russia, Somalia, Sudan, Syria, Ukraine, Venezuela and Yemen.

As a condition to cover travel as defined in this Hazard occurring in a designated Hazardous War Risk Country, the Policyholder must:

1. submit to the Company the following information on behalf of each Covered Person traveling to a Hazardous War Risk Country, prior to such travel:
    a. The name of the Covered Person;
    b. The specific itinerary and destination(s) within the Hazardous War Risk Country;
    c. The beginning and end dates of the Covered Person's travel to the Hazardous War Risk Country(ies);
    d. The Covered Person's Principal Sum; and
2. pay any additional required premium due for such travel.

## ACCIDENT BENEFITS

### ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

*Principal Sum: $25,000*
*Time Period for Loss: 365 days*

If Injury to the Covered Person results in any of the Covered Losses shown below, within the Time Period for Loss shown above, the Company will pay the percentage of the Principal Sum shown below for that loss. If multiple losses occur, only one Benefit, the largest, will be paid for all Covered Losses due to the same Covered Accident.

| **SCHEDULE OF COVERED LOSSES**<br>**LOSS** | *% of Principal Sum*<br>**BENEFIT** |
|---|---|
| Life | 100% |
| Quadriplegia | 100% |
| Two or More Members | 100% |
| One Member | 50% |
| Hemiplegia | 75% |
| Paraplegia | 75% |
| Uniplegia | 25% |
| Thumb and Index Finger of the Same Hand | 25% |
| Four Fingers of the Same Hand | 25% |

"Member" means Loss of Hand or Foot, Loss of Arm or Leg, Loss of Sight, Loss of Speech and Loss of Hearing. "Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of Arm or Leg" means complete Severance through or above the elbow or knee joint. "Loss of sight" means total and permanent loss of sight of both eyes that is irrecoverable, including by surgical and artificial means. "Loss of speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of hearing" means permanent total deafness in both ears such that it cannot be corrected by any aid or device. "Loss of thumb and index finger of the same hand" means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

"Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Quadriplegia" means total Paralysis of both upper and lower limbs. "Uniplegia" means total Paralysis of one lower limb or one upper limb.

"Loss of Four fingers of the Same Hand" means complete severance of each through or above the metacarpophalangeal joint of all four digits of the same hand.

"Paralysis" means total loss of use. A Physician must determine the loss of use to be complete and not reversible at the time the claim is submitted.

The final determination as to whether a "loss of use" is permanent and irrecoverable will be made through use of the most current edition of the "Guides to the Evaluation of Permanent Impairment" published by the American Medical Association. (In the event the referenced guide ceases to be published, the Company will select another appropriate measurement of impairment values.) The determination must be made by a Physician. The Company has a right, at its own expense, to have the determination verified by a Physician of the Company's choice.

**AGGREGATE LIMIT OF LIABILITY**

*Benefit Maximum Per Covered Accident: $250,000*
*Applies to Accidental Death and Dismemberment and Permanent Total Disability Benefits*

The maximum amount the Company will pay for all Covered Losses resulting from the same Accident will not exceed the Aggregate Limit of Liability shown above.

If the total amount payable for all Covered Losses in any one Accident exceeds the Aggregate Limit of Liability, each Covered Person's Covered Loss will be paid at the same ratio that the Aggregate Limit of Liability has to the total amount of all Covered Losses. The Company shall not be liable for amounts in excess of the Aggregate Limit of Liability.

**EMERGENCY MEDICAL EVACUATION BENEFIT**

*Maximum Benefit Amount: Up to 100% of Usual and Customary Charges*

We will pay Emergency Medical Evacuation Benefits for Covered Expenses incurred for the medical evacuation of a Covered Person subject to all applicable policy conditions and exclusions. Benefits are payable up to the Benefit Maximum shown above if the Covered Person:

1. suffers a Medical Emergency or Covered Accident;
2. requires emergency medical evacuation; and
3. is traveling 100 miles or more from the Covered Person's place of residence or outside of his or her Home Country or Country of Permanent Assignment.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a Hospital, treatment facility and/or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Physician designated by Our assistance provider in consultation with the local attending Physician.
2. Dispatch of a Physician: the Physician's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a Physician is dispatched by Our service provider to the Covered Person's location to make the assessment.
3. Return of dependent Child(ren): expenses to return each dependent Child who is under age 26 to his or her principal residence if a) the Covered Person is the only person traveling with the minor dependent Child(ren); and b) the Covered Person suffers a Medical Emergency or Covered Accident and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

Benefits for these Covered Expenses will not be payable unless:

1. the Physician ordering the emergency medical evacuation certifies the severity of the Covered Person's Medical Emergency requires an emergency medical evacuation;
2. all transportation arrangements made for the emergency medical evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the Usual and Customary Charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

**EMERGENCY MEDICAL EVACUATION BENEFIT DEFINITIONS**

"Country of Permanent Assignment" as used in this benefit means a country, other than the Covered Person's Home Country, in which the Policyholder requires the Covered Person to work for a period of time that exceeds 365 continuous days.

"Home Country" as used in this benefit means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one Country; his or her Home Country will be the country that he or she has declared to Us in writing as his or her Home Country.

"Medical Emergency" as used in this benefit means a condition that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. The Medical Emergency must first manifest itself suddenly and unexpectedly while the Covered Person is covered under the policy.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are authorized by Our assistance provider. In the event the Covered Person refuses to be medically evacuated, We will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

**HOME ALTERATION & VEHICLE MODIFICATION BENEFIT**

*Benefit Amount: 20% of the Principal Sum subject to a maximum of $5,000.00*

We will pay this benefit when the Covered Person suffers a Covered Loss, other than loss of life, resulting directly and independently of all other causes from a Covered Accident.

This benefit will be payable if all of the following conditions are met.

1. prior to the date of the Covered Accident causing such a Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle; and
2. as a direct result of such Covered Loss the Covered Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle; and
3. The Covered Person requires home alteration or vehicle modification within one year of the date of the Covered Accident.

**PERMANENT & TOTAL DISABILITY BENEFIT**

*Benefit Amount: Up to $250,000.00 of the Covered Person's Principal Sum less any Accidental Death and Dismemberment Benefits or other benefits payable under the Policy for any other losses incurred as a result of the same Accident*

If a Covered Person suffers an Injury caused by an Accident which results in the Covered Person being Permanently and Totally Disabled within 90 days from the date of the Accident, the Company will pay a benefit at the end of 12 consecutive months of Permanent and Total Disability as shown above.

The Covered Person must provide the Company proof that he or she is Permanently and Totally Disabled. The Company reserves the right, at the end of the 12 consecutive months of Permanent and Total Disability to determine, on the basis of all the facts and circumstances, that the Covered Person is Permanently and Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the Company's expense.

Benefit payments will end on the first of the following dates:

1. the date the Covered Person is no longer Permanently Totally Disabled;
2. the date the Covered Person dies;
3. the date the Covered Person fails to submit satisfactory proof of continuing Permanent Totally Disability;
4. the date the total amount of all benefits payable under this Policy, including Permanent and Total Disability Benefits paid for all Injuries caused by the same Covered Accident equals 100% of the Principal Sum in the Schedule of Benefits.

**REHABILITATION EXPENSE BENEFIT**

*Maximum Benefit Amount: 20% of Principal Sum subject to Maximum of $10,000.00*

If a Covered Person suffers a Covered Loss the Company will reimburse the Covered Person, up to the Maximum Benefit Amount shown above, for expenses incurred within two years after the date of the Covered Accident causing such loss, per Accident, which are charged for:

1. physical, occupational, speech or hearing therapy, or other rehabilitation training for which measurable improvement is expected within a reasonable time; and
2. Medically Necessary services or supplies related to rehabilitation therapy.

The therapy, training, services or supplies must:

1. meet generally accepted standards of medical practice; and
2. be provided by or under the supervision of a Physician.

Only one Rehabilitation Expense Benefit will be paid regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

The Company will not reimburse expenses:

1. for which no charge would have been made if no insurance existed;
2. in excess of the Usual and Customary Charges for similar services in the locality where the services are received (for hospital room and board charges, does not exceed the most common charge for semi-private room and board in the Hospital where the expense is incurred); or
3. as the result of an Injury caused by an Accident for which the Covered Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

**REPATRIATION BENEFIT**

*Benefit Amount Up to 100% of Usual and Customary Charges*

We will pay Eligible Expenses incurred for the return of the Covered Person's remains to His or Her place of residence in His or Her home country and state if the Covered Person's death results directly and independently of all other causes from a medical emergency or Covered Accident outside of his/her home state or more than 100 miles from the Covered Person's place of residence.

Eligible Expenses means costs, pre-approved by Us and incurred for embalming, cremation, coffin or urn, transportation of the body or remains, necessary travel expenses of an escort. Necessary travel expenses are limited to food, hotel room and economy class transportation charges.

**POLICY EXCLUSIONS**

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an accidental bodily injury, unless otherwise covered under the policy by Additional Benefits:

1. Suicide, self–destruction, attempted self–destruction or intentional self–inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
4. Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
   i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
   ii. While being used for any test or experimental purpose; or
   iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
   iv. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder or any subsidiary or affiliate of the Policyholder, or by the Covered Person.

   Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non–scheduled, private aircraft used for business or pleasure purposes.

**POLICY DEFINITIONS**

**ACCIDENT** means a sudden, unexpected event that results in Injury to the Covered Person.

**BENEFIT PERIOD** means the period of time, as stated on the Schedule of Benefits, between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

**CHILD** means the Covered Person's natural child, adopted child (or child placed in the Covered Person's home for purposes of adoption), foster child, stepchild, or other child for whom the Covered Person has legal guardianship (proof will be required). A child must reside with the Covered Person in a parent-child relationship and be eligible to be claimed as an exemption on the Covered Person's federal income tax return. NOTE: In the event the Covered Person shares physical custody of the child with another parent, the requirement that the child reside with the Covered Person will be waived.

**COVERED ACCIDENT** means an Accident that occurs while coverage is in force for a Covered Person.

**COVERED LOSS or COVERED LOSSES** means an accidental death, dismemberment, Permanent Total Disability or other Injury covered under the Policy and indicated on the Schedule of Covered Losses.

**COVERED PERSON** means an eligible person who is within the covered class(es) listed in the Policy, and for whom the required premium is paid when due.

**HOSPITAL** means an institution that:

1. operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
2. provides 24-hour nursing service by registered nurses on duty or call;
3. has a staff of one or more licensed Physicians available at all times;
4. provides organized facilities for diagnosis, treatment and surgery, either
    a. on its premises; or
    b. in facilities available to it, on a pre-arranged basis;
5. is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
6. is not a place for drug addicts, alcoholics or the aged.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

1. the Joint Commission of Accreditation of Hospitals; or
2. the American Osteopathic Association; or
3. the Commission on the Accreditation of Rehabilitative Facilities.

**HOSPITAL STAY/HOSPITAL CONFINED** means a confinement of 24 or more consecutive hours as a registered resident bed-patient in a Hospital.

**IMMEDIATE FAMILY** means the Covered Person's parent, grandparent, spouse, child(ren) (includes legally adopted or step child(ren), brother, sister, step-child(ren), grandchild(ren), or in-laws.

**INJURY** means bodily injury caused by the direct result of an accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results, directly and independently of all other causes, in a loss.

**MEDICALLY NECESSARY** means a treatment, service or supply that is:

1. required to treat an Injury;
2. prescribed or ordered by a Physician or furnished by a Hospital;
3. performed in the least costly setting required by the condition;
4. consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

**PERMANENT AND TOTAL DISABILITY or PERMANENTLY AND TOTALLY DISABLED** means the Covered Person is Totally Disabled and is expected to remain so disabled, as certified by a Physician, for the rest of his or her life. Permanent Total Disability must be the result of the same Covered Accident that caused the Total Disability.

**PHYSICIAN** means a person who is a qualified practitioner of the healing arts, including a chiropractor and a dental practitioner. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's spouse, son, daughter, father, mother, brother or sister or other relative.

**TOTAL DISABILITY or TOTALLY DISABLED** means the Covered Person is unable to perform the material and substantial duties of his regular occupation due to a Covered Accident. After the first 12 months, it means the Covered Person is unable to perform the material and substantial duties of any occupation for which he or she is, or may become, qualified by reason of education, experience or training, which would provide them with substantially the same earning capacity as his or her prior earning capacity prior to the start of disability. If not employed, it means the Covered Person is unable to perform the normal and customary activities of a healthy person of like age and sex due to a Covered Accident.

**USUAL AND CUSTOMARY CHARGES** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

**WE, OUR, US** means Berkley Life and Health Insurance Company underwriting this insurance.

**YOU, YOUR, YOURS, HE or SHE** means the Covered Person who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.

## EMERGENCY FAMILY TRAVEL BENEFIT

### EMERGENCY REUNION BENEFIT

*Overall Reunion Benefit Maximum Amount: $10,000 per Covered Accident*
*Lodging & Meal Benefit Daily Maximum Amount: Up to $500 per day*
*Maximum Number of Days: 10 days*

We will pay an Emergency Reunion Benefit if during the course of the Covered Person's Trip, the Covered Person:

1. is confined in a Hospital or is going to be confined to a Hospital for at least 3 days due to a covered Injury or sickness, where the attending Physician believes it would be beneficial for the Covered Person to have a Family Member at his or her side.
2. is the victim of a Felonious Assault and the Covered Person filed a police or incident report with the appropriate authorities or with the Policyholder within 48 hours of the Felonious Assault.

This Benefit is payable for covered travel and lodging expenses incurred to bring one of the Covered Person's Family Members to stay with the Covered Person, subject to the Overall Reunion Benefit Maximum shown above.

Covered expenses include a round-trip economy airline ticket and related lodging and meal expenses not to exceed the Daily Benefit Maximum and the Maximum Number of Days shown above. All travel arrangements must be made by the Designated Assistance Provider and approved in advance by Us in order for Emergency Reunion Benefits to be payable.

### EMERGENCY FAMILY TRAVEL BENEFIT DEFINITIONS

**DESIGNATED ASSISTANCE PROVIDER** means the assistance company under contract with the Company which is authorized to approve and make arrangements for necessary assistance. A Designated Assistance Provider includes security consultants who are: (1) either employees of a security firm under contract to the Designated Assistance Provider; or (2) an employee of the Designated Assistance Provider who are experienced in security procedures and measures necessary to ensure the safety of the Covered Persons in their care.

**FAMILY MEMBER** means a Covered Person's: parent; sister; brother; husband; wife; or children.

**FELONIOUS ASSAULT** means a violent act or assault directed at the Covered Person, including but not limited to: actual or attempted robbery or holdup; actual or attempted kidnapping; or any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the location where the assault occurred.

**HOME COUNTRY** means the country of citizenship from which the Covered Person holds a passport. If a Covered Person holds passports from more than one country, his or her Home Country will be the country that he or she has declared to Us, in writing, as his or her Home Country.

**TRIP** means Policyholder sponsored, required or arranged travel as specifically described in the Hazard/Covered Activity section of the Schedule of Benefits.

## SECURITY EVACUATION BENEFIT

*Maximum Amount: $100,000 per person per occurrence*
*Aggregate Limit of Liability: $1,000,000 per occurrence*

If, as a result of an Occurrence that takes place during a Covered Person's Period of Coverage and while the Covered Person is traveling outside his or her Home Country or outside his or her country of permanent residence, a Covered Person requires a Security Evacuation, we will pay benefits, subject to the conditions and limitations set out herein, to Transport the Covered Person to the Nearest Place of Safety. The determination that a Covered Person requires a Security Evacuation and all arrangements made for the Security Evacuation must be pre-approved and made by the Company's Designated Assistance Provider.

Benefits will be payable for eligible expenses up to the Benefit Maximums shown above. Benefits will not be payable for Security Evacuation from or to an Excluded Country. Eligible expenses are for Transportation and Related Costs to the Nearest Place of Safety necessary to ensure the Covered Person's safety and well-being as determined by the Designated Assistance Provider. Security Evacuation benefits are payable only once per Occurrence.

Benefits will also be payable for Transportation and Related Costs within 7 days of the Security Evacuation to one of the following locations as chosen by the Covered Person:

1. back to the Host Country if return is safe and permitted; or
2. to the Covered Person's Home Country or country of permanent residence; or
3. other destination as mutually agreed upon by the Covered Person and the Designated Assistance Provider.

This benefit is subject to the overall Benefit Maximum stated above.

The Designated Assistance Provider must make all arrangements and must authorize all expenses in advance of any Benefits being payable. The Designated Assistance Provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, the Designated Assistance Provider will endeavor to maintain contact with the Covered Person until a Security Evacuation becomes viable.

**TERMS OF COVERAGE**

*Excess Provision* – Security Evacuation Benefits payable under the Policy are in excess of benefits payable for security evacuation expenses payable due to the same Occurrence under any other valid and collectible insurance.

*Aggregate Limit of Liability* – The maximum amount the Company will pay for all Security Evacuations resulting from the same Occurrence will not exceed the Security Evacuation Aggregate Limit of Liability as shown above.

If the total amount payable for all Security Evacuations in any one Occurrence exceeds the Security Evacuation Aggregate Limit of Liability as shown above, each Covered Person's Security Evacuation expenses will be paid at the same ratio that the Aggregate Limit of Liability has to the total amount of all Security Evacuation expenses for all Covered Persons. The Company shall not be liable for amounts in excess of the Security Evacuation Aggregate Limit of Liability.

**SECURITY EVACUATION EXCLUSIONS**

In addition to the Policy Exclusions, the Company will not pay Security Evacuation Expense Benefits under this Endorsement for expenses and fees:

1. payable under any other provision of the Policy .
2. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
3. arising from or attributable to the Covered Person's alleged: (a) violation of the laws of the Host Country or Country of Permanent Assignment; or (b) violation of the laws of the Covered Person's Home County or country of permanent residence.
4. due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas.
5. for repatriation of remains expenses.
6. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
7. for medical services.
8. arising from or attributable, in whole or in part, to: (a) a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; (b) non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
9. due to military or political issues, if the Covered Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.
10. For Emergency Evacuation Benefits and Repatriation Benefits that are payable under any other Benefits under the Policy.

**SECURITY EVACUATION DEFINITIONS**

**ADVISORY** means a formal recommendation by the Appropriate Authorities that the Covered Person or citizens of his or her Home Country or country of permanent residence or citizens of the Host Country or citizens of the Country of Permanent Assignment leave the Host Country or Country of Permanent Assignment.

**APPROPRIATE AUTHORITIES** means the government authorities in the Covered Person's Home Country or country of permanent residence or the government authorities of the Host Country or Country of Permanent Assignment.

**COUNTRY OF PERMANENT ASSIGNMENT** means a country, other than the Covered Person's Home Country or country of permanent residence, where the Covered Person is participating in covered Hazard and/or Policyholder-sponsored Covered Activity as described in the Schedule of Benefits.

**DESIGNATED ASSISTANCE PROVIDER** means the assistance company under contract with the Company which is authorized to approve and make arrangements for necessary assistance services provided under this Endorsement. A Designated Assistance Provider includes security consultants who are either employees of a security firm under contract to the Designated Assistance Provider or an employee of the Designated Assistance Provider who are experienced in security procedures and measures necessary to ensure the safety of the Covered Persons in their care.

**EXCLUDED COUNTRIES** means the following countries from which Security Evacuations are not available under this coverage: any country subject to the administration and enforcement of U.S. economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC). This list may be changed at any time with 30 days advance notice to the Policyholder of the Company's change in its risk exposure for the Security Evacuation Coverage.

**HOME COUNTRY** means the country of citizenship of the Covered Person. If the Covered Person has dual citizenship, his or her Home Country is the country of the passport he or she used to enter the Host Country.

**HOST COUNTRY** means any country, other than an Excluded Country, in which a Covered Person is traveling while covered under the Policy. Host Country does not include a Covered Person's Home Country or country of permanent residence.

**IMMINENT PHYSICAL DANGER** means the Covered Person is subject to possible physical injury or sickness that could result in grave physical harm or death.

**NATURAL DISASTER** means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that:

1. Is due to natural causes; and
2. Results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country or Country of Permanent Assignment and the area is deemed to be uninhabitable or dangerous.

**NEAREST PLACE OF SAFETY** means a location determined by the Designated Assistance Provider where:

1. The Covered Person can be presumed safe from the Occurrence that precipitated the Covered Person's Security Evacuation.
2. The Covered Person has access to transportation.
3. The Covered Person has the availability of temporary lodging, if needed.

**OCCURRENCE** means any of the following situations in which a Covered Person finds himself or herself while covered under the Policy:

1. expulsion from a Host Country or Country of Permanent Assignment or being declared persona non-grata on the written authority of the recognized government of a Host Country or Country of Permanent Assignment.
2. political or military events involving a Host Country or Country of Permanent Assignment, if the Appropriate Authorities issue an Advisory stating that citizens of the Covered Person's Home Country or country of permanent residence or citizens of the Host Country or Country of Permanent Assignment should leave the Host Country or Country of Permanent Assignment.
3. Natural Disaster within 7 days of an event.
4. Verified Physical Attack or a Verified Threat of Physical Attack from a third party.

**PERIOD OF COVERAGE** means the period of time during which the Policy is in force with respect to the Covered Person.

**RELATED COSTS** means food, lodging and, if necessary, physical protection for the Covered Person during the Transport to the Nearest Place of Safety.

**SECURITY EVACUATION** means the extrication of a Covered Person from the Host Country or Country of Permanent Assignment due to an Occurrence which results in the Covered Person being placed in Imminent Physical Danger.

**TRANSPORT/TRANSPORTATION** means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized. If the Covered Person has a prepaid, unused common carrier ticket from the Host Country or Country of Permanent Assignment such ticket may be used to reduce the covered Security Evacuation expenses.

**VERIFIED PHYSICAL ATTACK** means deliberate physical harm of the Covered Person confirmed by documentation or physical evidence.

**VERIFIED THREAT OF PHYSICAL ATTACK** means a threat against the Covered Person's health and safety as confirmed by documentation and/or physical evidence.

## SUPPLEMENTAL OUT OF COUNTRY MEDICAL EXPENSE BENEFIT

### SUPPLEMENTAL OUT OF COUNTRY MEDICAL EXPENSE BENEFIT

*Overall Medical Expense Benefit Maximum Amount: $250,000 per person per Accident/Sickness*
*Deductible (Corridor): $250 per person per Accident/Sickness*
*Coinsurance: 100% of Usual and Customary Charges*
*Loss Period (first covered medical expense must be incurred within): 90 days*
*Maximum Benefit Period (maximum period that benefits are payable): 52 weeks*
*Maximum Period of Coverage: 364 days*
*Mental or Nervous Disorders/Psychotherapy: $10,000 per Accident/Sickness*

If, while traveling on a Trip out of the country, under the conditions of coverage as specified in the Hazard/Covered Activity described on page 2 of this document, a Covered Person suffers an Injury or contracts a Sickness that requires him or her to be treated by a Physician within the Loss Period shown above, We will pay a Supplemental Out of Country Medical Expense Benefit. This Benefit is payable for the Usual and Customary Charges incurred for Medically Necessary Covered Medical Services received due to that Injury or Sickness up to the Overall Medical Expense Benefit Maximum Amount shown above. The Loss Period is the period of time after the date of the accident causing the Injury or the date of the onset of the Sickness during which the Covered Person must incur the first charge for Covered Medical Services. The benefit is payable only for such charges incurred after the Deductible has been met. This benefit is payable for such covered charges incurred outside the Covered Person's Home Country or country of permanent residence and within the Maximum Benefit Period (commencing after the date of the accident causing the Injury or the date of the onset of the Sickness) shown above.

**COVERED MEDICAL SERVICES,** as used in this Benefit, means any of the following services if the service is Medically Necessary:

1. Hospital room and board expenses: the daily room rate when a Covered Person is Hospital confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2. Ancillary Hospital expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital confined.
3. Daily Intensive Care Unit/Cardiac Care Unit Expenses: means the daily room rate when a Covered Person is Hospital confined in a bed in the intensive care unit/cardiac care unit and nursing services other than private duty nursing services.
4. Registered Nurse Services expenses for private duty nursing while a Covered Person is Hospital confined, when services are ordered by a Physician.
5. Medical Emergency Care (room and supplies) expenses incurred within 24 hours of the covered accident causing the Injury or the onset of the Sickness and including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies.
6. Outpatient surgery expenses, including Ambulatory Surgical Center.
7. Outpatient surgical room and supply expenses for use of the surgical facility.
8. Outpatient diagnostic x-rays, laboratory procedures and test expenses.
9. Physician non-surgical treatment/examination expenses (excluding medicines) including the Physician's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Physician.
10. Second surgical opinion expenses.
11. Physician surgical expenses. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of covered medical expenses for the additional surgeries.
12. Assistant surgeon expenses.
13. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
14. Outpatient laboratory test expenses.
15. Physiotherapy (physical medicine) expenses on an inpatient or outpatient basis limited to one visit per day; expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including: diathermy; ultrasonic; whirlpool; heat treatments; chiropractic; adjustments; manipulation; massage; or any form of physical therapy.

16. Post-surgical physical medicine expenses and office visits connected with such treatment when prescribed by a Physician.
17. X-ray expenses (including reading charges) not including dental x-rays.
18. Diagnostic imaging expenses including magnetic resonance imaging (MRI) and CAT scans.
19. Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Medical Emergency; and emergency alleviation of dental pain.
20. Outpatient registered nurse services if ordered by a Physician.
21. Ambulance expenses for transportation to the Hospital due to a Medical Emergency.
22. Rehabilitative braces or appliances expenses prescribed by a Physician. It must be durable medical equipment that is primarily and customarily used to serve a medical purpose and can withstand repeated use and generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
23. Prescription drug expenses prescribed by a Physician and administered on an outpatient basis.
24. Durable Medical Equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for the Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs.
25. Medical services and supplies for blood and blood transfusions; oxygen and its administration.
26. Eyeglasses, contact lenses and hearing aids when damage occurs due to an accident or Sickness that requires medical treatment.
27. Artificial limbs, eyes and larynx for initial acquisition and fitting. We will not pay for repair or replacement of artificial limbs, eyes or larynx.
28. Rehabilitation facility expenses for physical and occupational rehabilitation. Treatment must be provided in a duly licensed Rehabilitation Facility and be under the direction of a Physician. "Rehabilitation Facility" means a Hospital or special unit of a Hospital designated as a Rehabilitation Facility or a free standing facility which provides physical therapy, occupational therapy or speech therapy pursuant to the law of the jurisdiction in which treatment is received.
29. Mental or nervous disorders/psychotherapy expenses for assessment purposes "Mental and nervous disorders" means neurosis, psychoneurosis, psychopathic, psychosis, or mental or emotional disease or disorder of any kind.
30. Home Health Care expenses.
31. Extended Care Facility expenses for confinement if the date of admission to the Extended Care Facility is within 5 days immediately following the date the Covered Person is discharged from the Hospital. We will pay for treatment if a Physician visits the Covered Person at least once every 30 days and certifies the confinement is Medically Necessary.
32. Expenses due to an aggravation or re-injury of a prior Injury resulting from a covered accident.
33. Emergency medical treatment of pregnancy.
34. Heart and circulatory conditions: expenses for treatment of heat exhaustion, heart attack, stroke, burst aneurysm.

**HOME COUNTRY EXTENSION BENEFIT***

*Benefit Maximum Amount: $10,000 for all extensions*
*Maximum Period of Coverage: 30 days*
**Subject to the Supplemental Out of Country Medical Expense Benefit Maximum stated above*

If during the course of the Trip the Covered Person returns to his or her Home Country or country of permanent residence for a duration not to exceed the Home Country Extension Maximum Period of Coverage shown above, the Supplemental Out of Country Medical Expense Benefits are hereby extended to Covered Medical Services incurred by the Covered Person during any incidental visit per Trip to the Covered Person's Home Country or country of permanent residence. The Extension of Benefits for Covered Medical Services is limited to:

1. Charges incurred within the Covered Person's Home Country or country of permanent residence as a result of an Injury or onset of a Sickness that occurs within the Maximum Period of Coverage shown on page 9 of this document as determined from the date the Covered Person arrives in the Covered Person's Home Country or country of permanent residence after leaving the Trip.
2. For a continuation of benefits for treatment that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit. No benefits will be provided under this Home Country Extension Benefit if it is determined that the primary reason for the Covered Person's return to the Home Country or country of permanent residence is to obtain medical treatment for an Injury or Sickness that occurred while traveling on the Trip .

The Home Country Extension Benefit begins when the Covered Person arrives in the Home Country or country of permanent residence. This Benefit ends when the Covered Person leaves his or her Home Country or country of permanent residence to resume his or her Out of Country Trip. Home Country Extension Benefit payments are subject to any applicable Supplemental Out of Country Medical Expense Benefit Maximums including the Overall Medical Expense Benefit Maximum and Deductible and Coinsurance Rate shown above.

**MEDICAL EXPENSE GUARANTEE CHARGE EXPENSE BENEFIT***

*Benefit Maximum Amount: $10,000 per Accident/Sickness*
**Subject to the Supplemental Out of Country Medical Expense Benefit Maximum stated above*

If, during the course of a Trip, a Covered Person suffers a Medical Emergency for which Supplemental Out of Country Medical Expense Benefits become payable under this Benefit and a Hospital Admission Guarantee Charge and/or a Medical Expense Guarantee Charge is requested, We will pay, subject to the terms and conditions applicable to this Benefit, the actual expenses incurred for guarantee of the payment to the Hospital and/or to the medical provider up to the Medical Emergency Guarantee Charge Benefit Maximum Amount shown above.

This Benefit is payable subject to the following conditions:

1. The Covered Person must notify the Company or their designated administrator prior to admission to the Hospital or medical facility.
2. The Company must receive the balance of the Medical Emergency Guarantee Charge upon discharge from the facility.
3. The Company has the right to recover from the Covered Person any amount deducted from the Medical Emergency Guarantee Charge for expenses not covered under this benefit.
4. The Company reserves the right to post other forms of collateral in lieu of the Medical Emergency Guarantee Charge.

*Hospital Admission Guarantee Charge* means any charge or expense made by a Hospital prior to and as a condition of a Covered Person's admission to that Hospital.

*Medical Expense Guarantee Charge* means any charge or expense made by a medical provider other than a Hospital prior to and as a condition of a Covered Person's being provided with the medical service or treatment by that provider.

Any maximum payable under the Supplemental Out of Country Medical Expense Benefit will be reduced by any amounts paid or payable under this Medical Emergency Guarantee Charge Expense Benefit.

**TERMS OF COVERAGE**

*Primary*: If a Covered Person incurs covered medical expenses, We will pay the applicable benefit, subject to any applicable Deductible, Coinsurance Factor, and Benefit Period shown above for Supplemental Out of Country Medical Expense benefit regardless of any other similar coverage the Covered person may have. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable and sub-limits under the Policy are shown above.

**SUPPLEMENTAL OUT OF COUNTRY MEDICAL EXPENSE BENEFIT EXCLUSIONS**

In addition to the Policy Exclusions, Supplemental Out of Country Medical Expense Benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment in the underlying bodily condition.
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of the Injury or Sickness.
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless the Injury or Sickness has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of sight.
4. new hearing aids or hearing examinations unless the Injury or Sickness has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of hearing.
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for

similar equipment in the locality where the expense is incurred.

6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
7. Injury sustained while participating in the following sports: club; intramural; intercollegiate; interscholastic; professional; semi-professional.
8. specific named hazards : off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; professional or amateur automobile racing; automobile speed contests; bungee jumping; spelunking; parasailing; and piloting any aircraft including hang gliding.
9. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.
10. Expenses payable by any automobile insurance policy without regard to fault.
11. Injury caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.
12. any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
13. treatment relating to birth defects and congenital conditions, or complications arising from those conditions.
14. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
15. expenses incurred for birth control including surgical procedures and devices.
16. expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
17. treatment of Injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
18. aggravation, during a Covered Activity, of an injury the Covered Person suffered before participating in that Covered Activity, unless We receive a written medical release from the Covered Person's Physician prior to engaging in the Covered Activity.
19. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
20. any condition for which the Covered Person is entitled to benefits under any Worker's Compensation Act or similar law
21. Participation in sports, except any sports activity sponsored by the Policyholder.
22. mountaineering; winter sports; sky-diving; bungee cord jumping; riding or driving in any kind of race; flying except while flying as a passenger in a fully-licensed multi-engine passenger aircraft.
23. Prevention or maintenance expenses related to an existing condition.
24. pregnancy related expenses that are considered preventative or routine or incidental to a pregnancy, including but not limited to expenses for: sonograms; lab tests; pre-natal vitamins; etc.

In addition to applicable Policy Exclusions, We will not pay benefits for any loss, treatment or services resulting from or contributed to by:

1. Routine physical exams and related medical services.
2. Routine dental care and treatment.
3. Cosmetic surgery, except for reconstructive surgery needed as the result of a Medical Emergency.
4. Mental and nervous disorders, except as specifically provided for in the Policy.
5. Pregnancy or childbirth, except as specifically provided for in the Policy.
6. Routine nursery care.
7. Treatment or service provided by a private duty nurse.
8. Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved and certified as Medically Necessary and reasonable by a Physician, or expenses which are non-medical in nature.
9. Treatment by any Immediate Family member or member of the Covered Person's household.
10. Expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder-sponsored Covered Activity, unless Personal Deviations are specifically covered.

The sickness exclusion in the Policy is waived with respect to a Covered Person to whom this Benefit applies, but only with

respect to the Hazard and/or Covered Activity as described on page 2 of this document.

**OTHER PROVISIONS**

Any amount paid under this coverage will be reduced by any amount paid for the same losses under any other benefits or provision of the Policy.

**SUPPLEMENTAL OUT OF COUNTRY MEDICAL EXPENSE BENEFIT DEFINITIONS**

**AMBULATORY MEDICAL CENTER** means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

**DEDUCTIBLE** means the amount of Usual and Customary Charges for Medically Necessary Covered Medical Services that must be incurred by the Covered Person due to the Injury or Sickness before a Supplemental Out of Country Medical Expense Benefit becomes payable under the Policy. Benefits are not payable for charges applied to the Deductible.

**DURABLE MEDICAL EQUIPMENT** refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

**EXTENDED CARE FACILITY** means an institution operating pursuant to applicable laws, that is engaged in providing, for a fee, inpatient skilled nursing care and related services under the supervision of a Physician and registered nurses. It must have facilities for 10 or more inpatients and maintain medical records of all its patients.

**HOME HEALTH CARE** means nursing care, treatment and Daily Living Services provided in the Covered

Person's home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved by the attending Physician, including certification that confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care.
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency and nursing service.
3. Daily Living Services must be provided by the attending Physician or by the provider of the nursing care service.

"Daily Living Services" are cooking, feeding, bathing, dressing and personal hygiene services that are necessary to a person's care and health.

**HOME COUNTRY** means the country of citizenship from which the Covered Person holds a passport. If a Covered Person holds passports from more than one country, his or her Home Country will be the country that he or she has declared to Us, in writing, as his or her Home Country.

**MEDICAL EMERGENCY** means a condition caused by an Injury or Sickness which meets all of the following criteria:

1. there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Covered Person's condition or place his or her life in jeopardy.
2. the severe or acute symptom occurs suddenly and unexpectedly.
3. the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in Hazard/Covered Activity.

**MEDICALLY NECESSARY** refers to a Covered Medical Service that: (1) is essential for diagnosis, treatment or care of the condition 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.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Medical Expense.

**PERSONAL DEVIATION** means an activity that is not reasonably related to the Covered Person's Trip and is not incidental to the Policyholder-sponsored Covered Activity and occurs prior to the end of the Trip. A Personal Deviation is limited to 30 days. A Personal Deviation does not include

extension of a business trip authorized in advance by the Policyholder as necessary to reduce transportation costs. A Personal Deviation does not include travel to the Covered Person's Home Country or country of permanent residence.

**SICKNESS** means any disease, illness, or infection of a Covered Person that begins while coverage under this benefit is in force as to the Covered Person during the Hazard and/or Covered Activity/description of Trip as shown in the Schedule of Benefits.

**TRIP** as used in this Benefit, means Policyholder sponsored, required or arranged travel, from the Covered Person's Home Country or country of permanent residence and as specifically described in the Hazard/Covered Activity section on page 2 of this document. Trips are limited to durations not to exceed 365 days. A Trip does include Personal Deviations.

**USUAL AND CUSTOMARY CHARGE(S)** means a charge that: (1) is made for a Covered Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge that, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board) or is a negotiated fee; and (3) does not include charges that would not have been made if no insurance existed.

## TRAVEL BENEFITS

### BAGGAGE DELAY BENEFIT

*Maximum Benefit Amount: $700 per trip*
*Daily Benefit Amount: $100 per day*
*Maximum Number of Days: 7 days*
*Checked Baggage Delivery Charge Benefit Maximum: $0 per trip*

If, during the course of a Trip, a Covered Person's Checked Baggage is delayed or misdirected by a Common Carrier for more than 24 hours from the time the Covered Person arrives at the destination stated on the Covered Person's ticket (except for a return destination) until the time it arrives, the Company will reimburse the Covered Person for the expense of necessary personal effects up to the amount stated above.

The Covered Person 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. Receipts for the necessary personal effects must be submitted with the claim.

The Baggage Delay Benefit is payable in excess of any reimbursements received by the Covered Person from Common Carrier for the same or similar expenses incurred as a result of the Checked Baggage delay.

### BAGGAGE & PERSONAL EFFECTS BENEFIT

*Maximum Benefit Amount: $1,500 per trip*
*Deductible: $50 per trip*
*Per Item/Per Set of Items Benefit Maximum: $1,000*
*Combined Limit (for all designated items):$1,500*

The Company will reimburse the Covered Person, up to the Benefit Amount shown above, if, during the course of a Trip, a Covered Person's Baggage and Personal Effects are lost, stolen or damaged. The Benefit Amount payable is subject to the Deductible amount, if any, and the per item limitation shown above.

The Benefit Amount for all of the following items is limited to the Combined Limit shown above: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; cameras and their accessories and related equipment; digital or electronic devices, including but not limited to lap top computers, tablets, cell phones, electronic readers, etc.

"Baggage and Personal Effects" for purposes of this Benefit, must be owned by and accompany the Covered Person during the course of his/her Trip and include but is not limited to, luggage, passports, and travel documents.

The Company will reimburse the Covered Person, up to a maximum as stated above, for an amount equal to the least of the following:

(a) cash value (original cash value, less depreciation as determined by the Company of the baggage and its contents);
(b) the cost of repair; or
(c) the cost of replacement.

In order for a benefit to be payable, the Covered Person must:

1. immediately report the situation incident to the hotel manager, tour guide or representative, transportation official, local police or other local authorities and obtain their written report of your loss;
2. take reasonable steps to protect your Baggage and Personal Effects from further damage, and make necessary, reasonable and temporary repairs.
3. produce records needed to verify the claim and its amount and permit copies to be made:

4. send proof of loss as soon as reasonably possible after date of loss, providing date, time, and cause of loss, and a complete list of damaged/lost items : and
5. allow the Company to examine Baggage or Personal Effects, if requested.

Baggage and Personal Effects does not include:

1. animals;
2. automobiles and automobile equipment;
3. boats other vehicles conveyances;
4. trailers;
5. motors;
6. aircraft
7. bicycles;
8. household effects and furnishings;
9. antiques and collectors items;
10. eyeglasses, sunglasses, contact lenses, artificial teeth, dentures, dental bridges, retainers, orthodontic devices, hearing aids;
11. artificial limbs other prosthetic devices;
12. prescribed medications;
13. keys, money, stamps and credit cards (except as otherwise specifically covered herein);
14. securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
15. professional occupational equipment property, whether not electronic business equipment;
16. sporting equipment if the loss results from the use thereof.

In addition to applicable Policy Exclusions, We will not pay benefits for:

1. Loss or damage due to or caused by:
    a. Moth, vermin, insects or other animals, wear and tear; atmospheric or climatic conditions or gradual deterioration or defective materials or craftsmanship;
    b. Mechanical or electrical failure;
    c. Any process of cleaning, restoring, repairing or alteration;
2. More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair;
3. Devaluation of currency or shortages due to errors or omissions during monetary transactions;
4. Any loss not reported to either the police or transport carrier within 24 hours of discovery;
5. Any loss due to confiscation or detention by customs or any other authority;
6. Any loss of documents or valuable papers, money, securities, tickets, checks, travelers checks, jewelry, watches or furs (except as otherwise specifically covered herein).

Benefits under the Baggage and Personal Effects Benefit will be in excess of any amount paid or payable by a Common Carrier or other third party determined to be responsible for the loss.

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

**TRIP CANCELLATION BENEFIT**

*Benefit Maximum: $1,000 per Covered Trip*

We will reimburse the Covered Person for the unused, non-refundable, prepaid Trip payments/deposits paid by the Covered Person for his or her Trip up to the Benefit Maximum shown above, if the Covered Person is prevented from leaving on his or her Trip due to a Covered Reason. The Trip cancellation date must be a date prior to the Trip departure date.

Covered Reasons (for Trip Cancellation) means:

1. An Injury or Medical Emergency of the Covered Person, the Traveling Companion with whom the Covered Person planned to travel or an Immediate Family member if a Physician certifies that after performing a medical examination prior to the Trip departure date, the severity of the Injury or Medical Emergency warrants cancellation of the Covered Person's Trip. The Covered Person, the Traveling Companion or the Immediate Family member must be under the direct care and attendance of a Physician.
2. Death of the Covered Person, the Traveling Companion with whom the Covered Person planned to travel or an Immediate Family member where the date of death is prior to the Trip departure date. Proof of death must be submitted with the claim.
3. The Covered Person, the Traveling Companion with whom the Covered Person planned to travel or an Immediate Family member being a victim of a violent or criminal act reported to the local authorities which was directed at the Covered Person during the course of, or an attempt of, a physical assault prior to the Trip departure date. Such act may include, but is not limited to, any of the following acts: robbery; theft; hijacking; assault; battery; sniping; murder; manslaughter; civil disturbance; rape or kidnapping.
4. State Department or CDC advisory alerts warning against travel to the Trip location prior to the Trip departure date.

5. Substantial destruction of the Covered Person's, the Traveling Companion's with whom the Covered Person planned to travel or an Immediate Family member's primary residence by fire or weather related activity prior to the Trip departure date.
6. The Covered Person, the Traveling Companion with whom the Covered Person planned to travel or an Immediate Family member being subject to compulsory quarantine prior to the Trip departure date.
7. Kidnap or hijack of the Covered Person, the Traveling Companion with whom the Covered Person planned to travel or an Immediate Family member prior to the Trip departure date.
8. Transportation Strikes prior to the Trip's scheduled end date.

**TRIP INTERRUPTION BENEFIT**

*Benefit Maximum: $5,000 per Covered Trip*
*Maximum Benefit Period: 10 days*

We will reimburse the Covered Person the cost of a one way economy air and/or ground transportation ticket less any credit for the unused portion of the Trip's return travel ticket, up to the Benefit Maximum shown above, if the Covered Person is unable to continue a Trip due to a Covered Reason that occurs after the Trip departure date and prior to the Trip's scheduled end date. We will return the Covered Person to his or her original departure point of the Trip or to the Covered Person's permanent residence.

Covered Reasons (for Trip Interruption) means:

1. An Injury or Medical Emergency of the Covered Person, the Traveling Companion with whom the Covered Person planned to travel or an Immediate Family member if a Physician certifies that after performing a medical examination during the Trip, the severity of the Injury or Medical Emergency warrants interruption of the Covered Person's Trip. The Covered Person, the Traveling Companion or the Immediate Family member must be under the direct care and attendance of a Physician.
2. Death of the Covered Person, the Traveling Companion with whom the Covered Person planned to travel or an Immediate Family member where the date of death is during the Trip. Proof of death must be submitted with the claim.
3. The Covered Person, the Traveling Companion with whom the Covered Person planned to travel or an Immediate Family member being a victim of a violent or criminal act reported to the local authorities which was directed at the Covered Person during the course of, or an attempt of, a physical assault during the Trip. Such act may include, but is not limited to, any of the following acts: robbery; theft; hijacking; assault; battery; sniping; murder; manslaughter; civil disturbance; rape or kidnapping.
4. State Department or CDC advisory alerts warning against continued travel in the Trip location. No Trip Interruption Benefit is payable if the State Department or CDC advisory alerts were in place prior to the Covered Person's Trip departure date and the Covered Person failed to head the travel warnings.
5. Substantial destruction of the Covered Person's, the Traveling Companion's with whom the Covered Person planned to travel or an Immediate Family member's primary residence by fire or weather related activity prior to the Trip's scheduled end date.
6. The Covered Person, the Traveling Companion with whom the Covered Person planned to travel or an Immediate Family member being subject to compulsory quarantine prior to the Trip's scheduled end date.
7. Kidnap or hijack of the Covered Person, the Traveling Companion with whom the Covered Person planned to travel or an Immediate Family member prior to the Trip's scheduled end date.
8. Transportation Strikes prior to the Trip's scheduled end date.

If the Trip is interrupted after the Covered Person has departed, We will reimburse the cost according to the following schedule of percentages:

1. 100% reimbursement for a Trip interrupted during the first one-third of the Trip;
2. 66% reimbursement for a Trip interrupted during the second-third of the Trip; and
3. 33% reimbursement for a Trip interrupted during the final third of the Trip.

**TERM OF COVERAGE**

**COVERAGE EFFECTIVE DATE** – Trip Cancellation Coverage begins on the date that the final payment is made for the full cost of the Covered Person's Trip. Coverage under all other Travel Benefits begin when the Covered Person leaves his or her residence or place of work for the Policyholder or other place for purposes of leaving for the Trip.

**COVERAGE TERMINATION DATE** – All coverage under the Travel Benefits end when the Covered Person arrives at his or her residence or place of work for the Policyholder. The Covered Person must take the most direct route from the destination point of the Common Carrier to the Covered Person's residence or place of work for the Policyholder.

### TRAVEL BENEFIT DEFINITIONS

**CHECKED BAGGAGE** means suitcases or other containers specifically designated for carrying personal property for which a claim check has been issued to the Covered Person by a Common Carrier.

**COMMON CARRIER** means any certified and regularly scheduled land, water or air conveyance licensed for the transportation of passengers for hire and for which a ticket has been purchased. It does not include any aircraft or conveyance operated for sport, recreation, and/or sightseeing activities or for travel in any aircraft device for aerial navigation except as expressly provided herein.

**IMMEDIATE FAMILY** means the Covered Person's and Traveling Companion's parent, grandparent, spouse, Child(ren) (includes legally adopted or step child(ren)), brother, sister, grandchild(ren), or in-laws.

**MEDICAL EMERGENCY** means a condition caused by an Injury or sickness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. The Medical Emergency must first manifest itself suddenly and unexpectedly while the Covered Person is participating in a Covered Activity or covered Hazard.

**TRIP** means Policyholder sponsored, required or arranged travel as specifically described in the Hazard/Covered Activity section page 2 of this document.

## CLAIMS PROCEDURES

Written notice of death or injury must be given to the Company within 30 days after a covered loss begins or as soon as reasonably possible. Notice can be given to the Company at:

**CAMBRIDGE ADMINISTRATORS**
5832 South 142nd St, Suite A
Omaha, NE 68137
Toll Free: (855) 868-7554
Fax: (402) 504-6447
Email: info@CambridgeAdministrators.com

Notice should include the Covered Person's name and address as well as the Policy Number. Always keep a copy of all documents submitted for claims.

## IMPORTANT INFORMATION

This brochure provides a brief description of the accident only coverage provided under policy form series AH52051, and AH-52200, AH-52202, AH-52204, AH-52205 and AH-52206, Berkley Life and Health Insurance Company (domiciled in Iowa - California Certificate of Authority #08527) 100 American Metro Blvd, 2nd Floor, Hamilton, NJ 08619 and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for complete details. Coverage terms, conditions, limitations and exclusions may vary or may not be available in all states. For complete details, please contact us at SpecialRiskSolutions@BerkleyAH.com. Coverage does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance.

The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential coverage as set forth under the Patient Protection and Affordable Care Act.

The coverage provided is Accident Only.