

## Plan Documents for

# ALG Vacations Corp.

**BOOK.PROTECT.ENJOY.**  
A Safer Way to Travel



## Travel Protection Plus

**Please Note:** This Plan may not be purchased after You have made final payment for Your Trip.



## IMPORTANT CONTACT INFORMATION

### Plan Number: GR480

Please review these Plan Documents as they provide complete details. Have questions? You can call us toll-free at the number listed below. You can also view many Frequently Asked Questions at [www.tripmate.com](http://www.tripmate.com).

#### Customer Service

1-866-389-5378

#### To Report A Claim Under Part A

To make a change to your existing booking or to cancel your vacation prior to departure, contact your travel agent who will notify your Travel Supplier.

#### To Report A Claim Under Part B

Present all claims to the Program Administrator:

Online at: <https://tm-us.eclaims.csaclaims.com>

### Plan Number: GR480

Generali Global Assistance & Insurance Services

P.O. Box 527  
Hazelwood, MO 63042

**NOTICE:** This Policy does not apply to the extent prohibited by any applicable law or regulation, including any United States, United Nations or European Union economic or trade sanctions, prohibit us from providing insurance, and related services, including, but not limited to, the payment of any claims. Any expenses incurred or claims made involving travel or travel related services that are in violation of such sanctions, laws or regulations will not be covered under this Policy. Any coverage provided under this Policy in violation of any United States, United Nations or European Union economic or trade sanctions, or other laws or regulations, shall be null and void.

This Policy expressly excludes any insurance coverage, related services, or loss: (i) occurring in any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba) or their territorial waters; (ii) incurred by persons or entities located or resident in any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba); or (iii) resulting in, or involving activities that directly or indirectly involve or benefit the government, entities or residents of any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba) except where (a) expressly permitted by applicable law or regulation and (b) we have confirmed coverage for the risk in writing.

## Part A

The Pre-Departure Penalty Waiver and other Non-Insurance Services are provided by your Travel Supplier.

### PART A - PRE-DEPARTURE PENALTY WAIVER PROGRAM DETAILS

#### Cancellation for Any Reason Waiver:

You may cancel your vacation for ANY reason prior to departure and receive a full refund for your vacation, including non-refundable airfares booked through your Travel Supplier. Non-refundable hotel rates are not included. Your refund is made in the original form of payment unless at the time of purchase you elected to receive a portion or all of your refund in the form of Travel Supplier travel credits.

The protection provided by Part A is not transferable or refundable.

#### Price Guarantee (provided by your Travel Supplier):

Guarantees the lowest price on the vacation booking! If the price of the hotel on your vacation drops after booking the reservation, just let us know and we'll adjust the reservation to the lower price.

- Scheduled Air<sup>2</sup> and Hotel-Only Vacations: Price Guarantee applies on the hotel portion of the vacation.
- Exclusive Nonstop Vacation Flight Vacations: <sup>1</sup>Price Guarantee applies on the air and hotel portion of the vacation.
- Price Guarantee not available on groups booked through our group department.
- The price guarantee applies to Mexico, Caribbean, Hawaii and Central America vacations. The price adjustment must be made to the reservation while the lower Travel Supplier rate is available in the system.
- If the price does decrease on your Travel Supplier vacation, please contact your travel advisor or your Travel Supplier.

#### No Change Fees (provided by your Travel Supplier):

Need to make a change? Any Travel Supplier fees for the FIRST instance are automatically waived with no charge or reactivation.

- If you need to revise any portion of your vacation prior to departure date that has supplier-imposed fees such as airline and hotel revision penalties, reactivation is required for continued coverage on the booking.
- Any additional fees incurred from changes made to your vacation after the FIRST revision are not waived.

**IMPORTANT NOTE:** If the traveler chooses to decline repurchasing the Travel Protection Plus after a supplier-imposed fee is waived, the travelers will be subject to any subsequent fees for any further revisions or cancellations and will lose all of the benefits available with the Travel Protection Plus. To repurchase Travel Protection Plus at the reduced rate, contact your travel advisor or travel supplier.

#### Hurricane Guarantee (provided by your Travel Supplier):

The Hurricane Guarantee applies for vacations departing June through November. If your trip is disrupted, you will receive a refund in the original form of payment for your Missed Vacation Nights plus a "Fresh Start" certificate for a future vacation. A qualifying disruption occurs when customers are displaced from their hotel room for 24 hours or more due to the result of a Category One or greater hurricane and does not apply to hurricane warnings or tropical storms.

- Missed Vacation Nights shall mean the nights you are displaced from your hotel or if you are displaced from your hotel and a comparable hotel or equal or greater hotel rating is not provided.

- "Fresh Start" Certificates will be in the amount of \$100 per adult, \$50 per child for Exclusive Nonstop Vacation Flight Vacations<sup>1</sup> and \$25 per person for Scheduled Air Vacations<sup>2</sup>. "Fresh Start" certificates are non-transferable and are not redeemable for cash and can be used with your Travel Supplier for travel any time (excluding holidays) for one year from the original departure date.

<sup>1</sup> The following may be considered Exclusive Nonstop Vacation Flight air: Allegiant Air, Frontier Airlines, Icelandair, TUI Airlines Belgium N.V., Sun Country Airlines, Swift Air, Viva Aerobus, Volaris in the designated classes of service of F, S, L, C, Z or Y.

<sup>2</sup> Scheduled Air Vacations: include all published and bulk airfares in classes of services not listed under Exclusive Nonstop Vacation Flight Vacations (flights are designated as published air or bulk air in the electronic booking tool).

Clients who believe they are eligible for the Hurricane Guarantee as stated above will need to send a written request with their name, hotel and a

### Refund Procedure – Part A

Please contact your travel advisor if you need assistance with your existing booking, help with a price guarantee or to cancel your reservation.

- Refunds for cancellation will come from your Travel Supplier.
- Your Travel Supplier must be notified of the cancellation prior to departure in order to be eligible for a refund. Contact your travel advisor.

The following items are not covered under the Pre-Departure Penalty Waiver:

- "No Show" situations where the traveler does not check in.
- Non-refundable hotel rates.
- Where the traveler is denied boarding under any situation.
- Air not purchased from your Travel Supplier.
- If the number of individuals occupying a room decreases, the remaining travelers will be responsible for additional costs incurred as a result of a change in the per person occupancy rate.
- Non-refundable travel agent fees may be included in your package price. Please consult your travel advisor.

Once the cancellation is made prior to travel, a written request must be submitted to:

(Name of your Travel Supplier)  
Attention: Refunds  
8969 N Port Washington Rd  
Milwaukee, WI 53201-1460

**-PART A ENDS ON THIS PAGE-**



**The following pages will describe your Travel Insurance Benefits which are separate from PART A of this document.**

**-YOU ARE ABOUT TO ENTER PART B-**

**Part B**

The Travel Insurance Benefits of Part B are provided by Generali Global Assistance & Insurance Services and Underwritten by Generali – U.S. Branch.

## Plan Documents for

# ALG Vacations Corp.

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## Travel Protection Plus

**Please Note:** This Plan may not be purchased after You have made final payment for Your Trip.



## IMPORTANT CONTACT INFORMATION

### Plan Number: GR480

Please review these Plan Documents as they provide complete details. Have questions? You can call us toll-free at the number listed below. You can also view many Frequently Asked Questions at [www.tripmate.com](http://www.tripmate.com).

**Customer Service**  
1-866-389-5378

Present all claims to the Program Administrator:  
Online at: <https://tm-us.eclaims.csaclaims.com>

### Plan Number: GR480

**Generali Global Assistance & Insurance Services**  
P.O. Box 527  
Hazelwood, MO 63042

### Generali Global Assistance

To assist You while traveling, Generali Global Assistance multi-lingual professionals are available 24 hours a day/365 days a year providing medical, legal and travel assistance services. A complete list of these services is included with this Plan.

#### To Contact Generali Global Assistance During Your Trip:

Toll-Free in the US and Canada

1-833-421-0334

Collect Outside the US

1-954-334-8160

[ops@gga-usa.com](mailto:ops@gga-usa.com)

Plan Number: GR480

The 24-Hour Assistance Services are provided by:  
Generali Global Assistance

**NOTICE:** This Policy does not apply to the extent prohibited by any applicable law or regulation, including any United States, United Nations or European Union economic or trade sanctions, prohibit us from providing insurance, and related services, including, but not limited to, the payment of any claims. Any expenses incurred or claims made involving travel or travel related services that are in violation of such sanctions, laws or regulations will not be covered under this Policy. Any coverage provided under this Policy in violation of any United States, United Nations or European Union economic or trade sanctions, or other laws or regulations, shall be null and void.

This Policy expressly excludes any insurance coverage, related services, or loss: (i) occurring in any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba) or their territorial waters; (ii) incurred by persons or entities located or resident in any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba); or (iii) resulting in, or involving activities that directly or indirectly involve or benefit the government, entities or residents of any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba) except where (a) expressly permitted by applicable law or regulation and (b) we have confirmed coverage for the risk in writing.



**TRAVEL INSURANCE POLICY DECLARATIONS**

**This Policy is an important legal document. Please read your Policy carefully.**

<b>Policy Number:</b>	<b>Product Name:</b>	<b>Product Code:</b>
Sample	AMResorts	GR480

This Policy provides travel insurance benefits for you as described within this Declarations and endorsements forming this Policy. The benefits described in this Policy are subject to all terms, conditions and exclusions of the Policy. This document serves as proof of insurance coverage.

Any changes to your travel dates, trip costs, or coverages must be accepted by us. The effective date of the change will be the day following our acceptance of the change and receipt of any additional premium required.

<b>This Policy is Underwritten By*:</b>	<b>General Agent &amp; Program Administrator:</b>
<b>Generali – U.S. Branch</b> 28 Liberty Street, Ste 3040 New York, NY 10005	Generali Global Assistance & Insurance Services Lic. No. 07947 9797 Aero Drive, Ste 300 San Diego, CA 92123

<b>Named Insured &amp; Mailing Address:</b>	<b>Assistance Company:</b>
Sample	Generali Global Assistance's designated provider

**POLICY TERM & TRIP DESTINATION(S)**

Policy Purchase Date: NA	
Please refer to the coverage endorsements for when coverage begins and ends.	
Trip Departure Date: NA	Trip Return Date: NA
<b>Trip Destination(s):</b> NA	

**COVERED TRAVELERS INSURED**

<b>Name</b>
Sample Sample
<b>Total Trip Cost:</b> NA

**BENEFICIARY**

<b>Name</b>	<b>Relationship</b>
NA	NA

**SCHEDULE OF BENEFITS**

Coverage	Benefits Limit	
	Per Person	Per Plan
Travel Delay	\$1,000.00	\$1,000.00
Trip Interruption	100% of Trip Cost	100% of Trip Cost
Missed Connection	\$1,000.00	\$1,000.00
Emergency Assistance and Transportation	\$75,000.00	\$75,000.00



Coverage	Benefits Limit	
	Per Person	Per Plan
Emergency Companion Hospitality Expenses	\$10,000.00	\$10,000.00
Medical and Dental	\$50,000.00	\$50,000.00
Accidental Death and Dismemberment - Travel Accident	\$10,000.00	\$10,000.00
Baggage	\$1,000.00	\$1,000.00
First Item	\$500.00	\$500.00
Aggregate on Certain Items Listed	\$750.00	\$750.00
Baggage Delay	\$300.00	\$300.00

### FORMS AND ENDORSEMENTS

The coverages provided to you under this Policy are subject to the terms and conditions described in the following policy forms and endorsements.

Form Number and Edition Date	Title
GEN TIDP01.01US 01.2019	TRAVEL INSURANCE POLICY DECLARATIONS
GEN TIPE01.01US 01.2019	TRAVEL INSURANCE POLICY EXECUTION
GEN TIPO02.01IL 07.2022	TRAVEL INSURANCE POLICY
GEN TICE13.02US 07.2022	TRAVEL DELAY COVERAGE PART ENDORSEMENT
GEN TICE17.03US 07.2022	TRIP INTERRUPTION COVERAGE PART ENDORSEMENT
GEN TICE08.02US 07.2022	MISSED CONNECTION COVERAGE PART ENDORSEMENT
GEN TICE03.01US 01.2019	BAGGAGE COVERAGE PART ENDORSEMENT
GEN TICE04.02US 07.2022	BAGGAGE DELAY COVERAGE PART ENDORSEMENT
GEN TIPO02.02IL 07.2022	TRAVEL INSURANCE POLICY
GEN TICE05.02US 10.2020	EMERGENCY ASSISTANCE AND TRANSPORTATION COVERAGE PART ENDORSEMENT
GEN TICE07.02IL 10.2020	MEDICAL AND DENTAL COVERAGE PART ENDORSEMENT
GEN TICE02.01US 01.2019	ACCIDENTAL DEATH AND DISMEMBERMENT – TRAVEL ACCIDENT COVERAGE PART ENDORSEMENT



**INSURANCE PREMIUM**

This Policy is issued to you in consideration of payment of the premium as provided by its terms and conditions. We agree to pay benefits in accordance with all the provisions of this Policy. Premiums are payable to us or our agent in the amounts as set forth by us.

**Total Premium: NA**

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This Policy is governed by the laws of the state in which it is delivered.

\* This Policy is underwritten by: Generali - U.S. Branch, New York, NY; NAIC # 11231. Generali - U.S. Branch operates under the following names: Generali Assicurazioni Generali S.P.A. (U.S. Branch) in California, Assicurazioni Generali - U.S. Branch in Colorado, Generali - U.S. Branch DBA The General Insurance Company of Trieste & Venice in Oregon, and The General Insurance Company of Trieste and Venice - U.S. Branch in Virginia.

Signed for GENERALI - U.S. BRANCH at New York, New York, by:

**Vice President, Insurance and Underwriting**

**President**



**GENERALI - U. S. BRANCH**

28 Liberty Street, Ste 3040  
New York, NY 10005

This Policy is governed by the laws of the state in which it is delivered.

Signed for GENERALI - U.S. BRANCH at New York, New York, by:

Mark Taber  
Vice President, Insurance and Underwriting

Chris Carnicelli  
President





**Generali – U.S. Branch**

28 Liberty Street, Ste 3040

New York, NY 10005

**TRAVEL INSURANCE POLICY**

AMResorts

GR480

FOR COVERAGE INQUIRIES OR CUSTOMER SERVICE, CALL

1-866-389-5378

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FOR EMERGENCY ASSISTANCE 24 HOURS A DAY DURING YOUR TRIP, CALL:  
IN THE U.S.

1-833-421-0334

COLLECT WORLDWIDE

1-954-334-8160

This Policy is issued to you in consideration of any premium due. The insurance benefits vary from program to program; please refer to your Schedule of Benefits for specific information about the program you purchased. Please contact us immediately if you believe the Schedule of Benefits is incorrect. We agree to pay benefits in accordance with all the provisions of this Policy.

**15-DAY RIGHT TO EXAMINE YOUR POLICY**

If you are not satisfied for any reason, you may cancel coverage under the Policy within 15 days after receipt. If you have not filed a claim and you cancel your Policy before your Scheduled Departure Date, your premium will be refunded. After this 15-day period, the premium is nonrefundable.



## ELIGIBILITY

### Who is Eligible

Coverage will be provided for all travelers if the required premium has been received by us or our authorized agent, and provided the traveler is a resident of the United States of America.

### Extension of Coverage

If your entire Trip is covered by the Policy and your return is delayed by unavoidable circumstances, all coverages in effect at the time of the delay will be extended. Extended coverage will end on the earlier of the date you reach your Return Destination or 7 days after the Scheduled Return Date. If you cannot return home before this extension ends, we may extend coverage for an additional 30 days, or until you are able to travel to your Return Destination, whichever is earlier.

## GENERAL EXCLUSIONS

This Policy does not pay for any loss caused by or resulting from:

1. you or your Traveling Companion's suicide, attempted suicide, or intentionally self-inflicted injury;
2. Mental or Psychological Disorders;
3. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
4. Intoxication above the legal limit at your location at the time of loss;
5. pregnancy or childbirth, elective abortion or fertility treatment (not including Unforeseen Complications of Pregnancy);
6. any Trip taken against the advice of a Physician;
7. participation as a professional in athletics;
8. riding or driving in any motor competition;
9. participation in Extreme Activities or Hazardous Activities, except as a spectator;
10. operating or learning to operate any aircraft, as pilot or crew;
11. Elective or Experimental Treatment or Procedures;
12. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
13. declared or undeclared war, or any act of war;
14. participation in a Riot, Civil Disorder, or insurrection;
15. any unlawful acts, committed by you or your Traveling Companion;
16. any amount paid or payable under any worker's compensation, no fault or personal injury protection coverage, disability benefit or similar law;
17. detention by Customs and Border Protection or any governmental authority, regulation or prohibition;
18. travel restrictions imposed for a certain area by governmental authority;
19. Financial Insolvency of your Travel Supplier or Common Carrier or Proprietor;
20. an illness, disease, or other condition, event or circumstance which occurs at a time when coverage is not in effect;
21. any issue or event that could have been reasonably foreseen or expected when you purchased the coverage;
22. a Natural Disaster that occurs on or before the purchase date of this Policy;
23. a tropical storm or hurricane that is named on or before the purchase date of this Policy;
24. any amount paid for this Policy or any other insurance.
25. disruption of travel caused by an Electromagnetic Event which is the result of a man-made weapon or war;
26. disruption of travel caused by an Impact Event.

This Policy does not apply to the extent any applicable law or regulation, including any US, UN or EU economic or trade sanctions, prohibit us from providing insurance, and related services, including, but not limited to, the payment of any claims. Any expenses incurred or claims made involving travel or travel related services that are in violation of such sanctions, laws or regulations will not be covered under this Policy. Any coverage provided under this Policy in violation of any US, UN or EU economic or trade sanctions, or other laws or regulations, shall be null and void.

This Policy expressly excludes any insurance coverage, related services, or loss: (i) occurring in Iran, Syria, North Korea, Crimea, or Cuba or their territorial waters; (ii) incurred by persons or entities located or resident in Iran, Syria, North Korea, Crimea, or Cuba; or (iii) resulting from, or involving activities that directly or indirectly involve or benefit the government, entities or residents of Iran, Syria, North Korea, Crimea, or Cuba except where (a) expressly permitted by applicable law or regulation and (b) we have confirmed coverage for the risk in writing.



## CLAIMS PROVISIONS

### NOTICE OF CLAIM

We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and sufficient information to identify him or her.

### PROOF OF LOSS

Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, you must give us written proof of loss within 12 months after the date the loss occurs unless you are medically or legally incapacitated. No agent or any person or entity, other than us, has authority to accept proof of loss.

### YOUR DUTY TO COOPERATE

You must provide us with receipts, proof of payment, medical authorizations, or other records and documents we may reasonably require concerning your claim. Failure or refusal to cooperate may delay, impede, or result in the denial of your claim.

### PHYSICAL EXAMINATION AND AUTOPSY

At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

### PAYMENT OF CLAIMS

Any benefits payable due to your loss of life will be paid immediately upon receipt of due written proof of loss in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If a beneficiary is not designated by you at the time of purchase or if no such provision is then effective, benefits for loss of life will be paid to your estate.

Any accrued benefits unpaid at your death will be paid to your beneficiary or, if no beneficiary is designated, to 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, we may make arrangement to pay claims not to exceed \$1,000 to your legal guardian or other qualified representatives. All claims will be paid immediately upon receipt of due written proof of loss.

The portion of a claim for damage and/or destruction that has been determined and is not in dispute shall be paid within 30 days after the amount of loss is agreed to by you and us, and we have received all required materials from you. Property will be considered lost if it has not been recovered within 30 days of the event. You must present acceptable proof of loss and the value involved to us.

### CHANGE OF BENEFICIARY

Unless you make an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to you and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to any change of beneficiary or beneficiaries, or to any other changes in this Policy.

### CLAIM FORMS

Upon receipt of a notice of claim, we will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant will be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

### WHERE TO PRESENT A CLAIM

All claims should be presented to the Program Administrator:  
Generali Global Assistance & Insurance Services  
P. O. Box 527  
Hazelwood, MO 63042  
(866) 389-5378 (Toll-Free)

<https://tm-us.eclaims.csaclaims.com>

### APPRAISAL

If there is a disagreement about the amount of the loss, either you or we can make a written demand for an appraisal. After the demand, you and we will each select a competent appraiser. 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 a majority of these three parties will be binding. The appraiser selected by you is paid by you. We will pay the appraiser we choose. You will share equally with us the cost for the arbitrator and the appraisal process.

#### **NO BENEFIT TO BAILEE**

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

### **GENERAL PROVISIONS**

The following provisions apply to all coverages:

#### **LEGAL ACTIONS**

No legal action may be brought to recover on the Policy within 60 days after written proof of loss has been given. No such action will be brought after 3 years from the time written proof of loss is required to be given. If a time limit of the Policy is less than allowed by the laws of the state where you live, the limit is extended to meet the minimum time allowed by such law. The period of time for filing legal action is extended by the number of days between the date the proof of loss was filed and the date the claim was denied in whole or in part.

#### **CONTROLLING LAW**

Any part of this Policy that conflicts with the state law where you reside is changed to meet the minimum requirements of that law.

#### **CONCEALMENT OR FRAUD**

We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to this Policy.

#### **MISSTATEMENT OF INFORMATION**

If you have provided inaccurate details about you or your Trip when purchasing this Policy, and those inaccurate details affect the plan cost owed by you, any benefits paid will be reduced by the amount you underpaid for your premium.

#### **TIME LIMIT ON CERTAIN DEFENSES**

After 2 years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such Policy shall be used to void the Policy or to deny a claim for loss incurred or disability (as defined in the Policy) commencing after the expiration of such 2 year period.

#### **CANCELLATION BY US**

This Policy is a single pay, single term, non-renewable insurance Policy. We have no unilateral right to cancel this coverage after the effective date.

#### **DUPLICATION OF COVERAGE**

You may be covered under only one travel Policy with us for each Trip. If you are covered under more than one such Policy, the Policy with the higher coverage limit will remain in effect. The maximum benefit limit as stated in the Schedule of Benefits of such Policy will be the maximum benefit payable in the event a claim occurs. In the event claim payment has been made under the duplicate Policy, premiums paid less claims paid will be refunded for the duplicate coverage that does not remain in effect.

If the duplication is discovered prior to payment of a claim, the duplicate coverage with the lower coverage limit will be rescinded and all premiums refunded.

#### **TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY**

Your rights and duties under this Policy are not transferable without our express written consent.

#### **ENTIRE CONTRACT: CHANGES**

This Policy and any attachments are the entire contract of insurance. Only our President, Vice President or Secretary may change or waive the provisions of the Policy. No agent or other person may change the Policy or waive any of its terms. The change will be endorsed on the Policy.

#### **ACTS OF AGENTS**

No agent or any person or entity has authority to alter, modify, or waive any of the provisions of this Policy.



## RECOVERY

To the extent we pay for a loss suffered by you, you agree that we will be assigned the rights and remedies you had relating to the loss. You must help us preserve our rights against those responsible for the loss. This may involve signing any papers and taking any other steps we may reasonably require.

## INSURANCE UNDER TWO OR MORE COVERAGES

If two or more of this Policy's coverages apply to the same loss or damage, we will only pay once, and under the coverage with the higher benefit.

## DEFINITIONS

The Insured is referred to as "you", "your" or "yours". The company providing this coverage is referred to as "we", "us" or "our". In addition, certain words and phrases are defined as follows:

**ACCIDENT** means a sudden, unexpected, AND unintended event independent of disease or bodily infirmity.

**ACCOMMODATION** means any establishment used for temporary overnight lodging for which a fee is paid, such as a hotel, motel, resort, apartment, condominium, or other vacation residential unit. The establishment may require reservations, and pre-determined check-in and check-out dates and times.

**ACTUAL CASH VALUE** means the original purchase price less depreciation.

**BAGGAGE** means luggage, personal possessions and travel documents taken by you on your Trip.

**CIVIL DISORDER** means a group of people acting in revolt, coup, rebellion or resistance against an established government or civil authority.

**CIVIL UNION** means a legal relationship between two persons of either the same or opposite sex; established pursuant to the Illinois Religious Freedom Protection and Civil Union Act under which such relationships have been recognized and under which both persons are entitled to receive the benefits and protections, and be subject to the responsibilities, of spouses.

**CIVIL UNION PARTNER** means a person who has entered into a Civil Union.

**COMMON CARRIER** means any land, water or air conveyance, with scheduled and published departure and arrival times, operated under a license for the transportation of passengers for hire, not including taxis or rented, leased or privately owned motor vehicles.

**COMPLICATIONS OF PREGNANCY** means conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include, but are not limited to, hyperemesis gravidarum, preeclampsia, eclampsia, gestational diabetes, gestational hypertension, acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy, and spontaneous miscarriage.

Complications of pregnancy do not include Physician-prescribed rest during the period of pregnancy (except due to the conditions noted above), false labor, occasional spotting, morning sickness, elective abortion, and similar conditions associated with the management of a pregnancy, not constituting a categorically distinct complication of pregnancy.

**DESTINATION** means any place you expect to travel to on your Trip, as shown on an itinerary or other travel document.

**ELECTIVE OR EXPERIMENTAL TREATMENT OR PROCEDURE** means any medical treatment or surgical procedure that is not Medically Necessary or is not considered by the medical community as a whole to be safe and effective for the condition for which the medical treatment or surgical procedure are being used. This includes any treatments, procedures, facilities, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

**ELECTROMAGNETIC EVENT** means a large-scale disruption of electronic devices, electrical grids, or electricity transmission, caused by an electromagnetic pulse. This includes man-made events such as nuclear electromagnetic pulses, electromagnetic interference devices, etc.

**EPIDEMIC** means an outbreak of a contagious illness or disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention or The World Health Organization.



EXTREME ACTIVITIES means:

1. cross country skiing outside marked trails;
2. fly-by-wire;
3. heli-skiing or heli-snowboarding;
4. parkour
5. scuba diving below 40 meters or without a dive master;
6. telemark skiing, skiing, or snowboarding outside marked trails;
7. any activities materially similar to the above.

FAMILY MEMBER means:

Insured's or Traveling Companion's Spouse;

Insured's, Traveling Companion's, or Spouse's:

1. child;
2. parent;
3. sibling;
4. grandparent, great-grandparent or grandchild or great-grandchild;
5. son-in-law or daughter-in-law;
6. brother-in-law or sister-in-law;
7. parent-in-law;
8. step-parent, step-child or step-sibling;
9. aunt or uncle;
10. niece or nephew;
11. legal guardian;
12. foster child or legal ward.
13. step-grandparent or step-grandchild;
14. step-aunt or step-uncle.

FINAL TRIP PAYMENT means the date, prior to the Scheduled Departure Date, on which all additional payments for Trip arrangements are paid to the Travel Supplier, or the date that such payments are contractually due to be paid, whichever is earlier.

FINANCIAL INSOLVENCY means the total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services which is duly licensed in the jurisdiction of operation.

HAZARDOUS ACTIVITIES means:

1. base jumping;
2. bobsledding;
3. boxing;
4. bull riding;
5. cliff diving;
6. free diving;
7. full contact martial arts;
8. hang gliding;
9. ice diving
10. luge sledding
11. mountaineering;
12. parachuting;
13. rock climbing;
14. running of the bulls;
15. scuba diving below 50 meters or without a dive master;
16. skeleton sledding;
17. skydiving;
18. wing suit flying;
19. any activities materially similar to the above.



**HIJACKED** means the illegal commandeering and redirection of an aircraft, ship, train, bus or other conveyance.

**HOME** means your primary or secondary residence.

**HOSPITAL** means an institution that meets all of the following requirements:

1. it must be operated according to law;
2. it must give 24-hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis;
3. it must provide diagnostic and surgical facilities supervised by Physicians;
4. registered nurses must be on 24-hour call or duty; and
5. the care must be given either on the hospital's premises or in facilities available to the hospital on a prearranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

**HOST** means a person with whom you are sharing pre-arranged overnight lodging at their place of residence.

**IMPACT EVENT** means extraterrestrial meteors, meteorites, asteroids, or man-made space debris that enter the earth's atmosphere.

**INITIAL TRIP PAYMENT** means the first payment made towards the cost of your Trip, regardless of whether this payment is refundable. A "good faith deposit" or a "holding payment" is not considered the Initial Trip Payment until the payment is applied to confirmed dates of travel.

**INJURY** means bodily harm caused by an Accident which requires the in-person examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of disease or bodily infirmity.

**INSURED** means the person named on the Policy, for whom the required premium payment is received by us or our authorized agent and a Trip is scheduled.

**INTOXICATION** means intoxicated as defined and determined by the laws of the state or jurisdiction where the loss or cause of loss was incurred.

**MENTAL OR PSYCHOLOGICAL DISORDER** means a mental health condition including, but not limited to: anxiety; depression; neurosis; phobia; psychosis; or any related physical manifestation thereof. Autism, and its related symptoms, are not considered a Mental or Psychological disorder. Neurodegenerative diseases (e.g., Parkinson's or Huntington's diseases) are not considered Mental or Psychological Disorders, even if their symptoms meet this definition. Mental or Psychological Disorder does not mean Accident, Injury or Sickness, as defined.

**NATURAL DISASTER** means a flood due to natural causes, tsunami, hurricane, tornado, earthquake, mudslide, avalanche, landslide, volcanic eruption, sandstorm, sinkhole, wildfire or blizzard.

**PANDEMIC** means an Epidemic over a wide geographic area that affects a large portion of the population.

**PAYMENT(S)** means the cash, check, credit card amounts paid for your Trip.

**PHYSICIAN** means a person licensed as a medical doctor or chiropractor by the jurisdiction in which he or she is resident to practice medical, surgical, therapeutic or dental services. He or she must be practicing within the scope of their license for the service or treatment given. He or she may not be you, your Traveling Companion, or your Family Member.

**PRE-EXISTING CONDITION** means a Sickness or Injury of you or your Traveling Companion during the 60-day period immediately prior to your effective date to which any of the following applied: (1) first diagnosis or treatment by a Physician, or; (2) produced symptoms which would have cause an ordinarily prudent person to seek medical diagnosis or treatment; or (3) required a change in prescribed medication.

Change in prescribed medication means the dosage or frequency of a medication has been reduced, increased, stopped and/or new medications have been prescribed, unless between a brand name and a generic medication with comparable dosage.

**PROGRAM ADMINISTRATOR** means Generali Global Assistance & Insurance Services.

**QUARANTINE** means the enforced isolation to prevent of you or your Traveling Companion, for the purpose of preventing the spread of illness, disease or pests.



RETURN DESTINATION means your primary residence or a different final destination as shown in the travel documents.

RIOT means a group or crowd of people violently disturbing the peace and causing danger, damage, or injury to others or to property.

SCHEDULE means the Schedule of Benefits provided with this Policy.

SCHEDULED DEPARTURE DATE means the date on which you are originally scheduled to leave on your Trip.

SCHEDULED RETURN DATE means the date on which you are originally scheduled to return to your Return Destination.

SERVICE ANIMAL means a dog that is individually trained to work or perform tasks for a person with a disability. The work or task a dog has been trained to provide must be directly related to the person's disability. Examples of such work or tasks include guiding persons with impaired vision, alerting persons with impaired hearing to intruders or sounds, alerting and protecting a person who is having a seizure, pulling a wheelchair, or fetching dropped items. Dogs whose sole function is to provide comfort or emotional support do not qualify as Service Animals.

SICKNESS means an illness or disease of the body that requires in-person examination and treatment by a Physician. Sickness also means Complications of Pregnancy as defined. Sickness does not mean Mental or Psychological Disorder as defined.

SPOUSE means your legally wed husband or wife, or Civil Union Partner as defined by this Policy.

STRIKE means a stoppage of work, work slowdown, or sickout which is announced, organized and sanctioned by a labor union or other organized association of workers, in a trade or profession, formed to protect and further their rights and interests.

TERRORIST ACT means an act of violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), committed for political, religious, or ideological purposes including the intention to influence any government and/or to put the public in fear for such purposes. This does not include Civil Disorder, Riot, or an act of war (declared or undeclared).

TRAVELING COMPANION means a person who, during the Trip, with whom you have made travel arrangements, and will accompany you induring the same Trip. A group or tour leader is not a Traveling Companion unless you are sharing Accommodations with them. Other travelers incidentally taking the same trip as you (for example other cruise ship passengers, tour group participants, etc.) are not Traveling Companions.

TRAVEL SUPPLIER means the company or Common Carrier that provides travel arrangements for your Trip.

TRIP means a period of travel at least 100 miles away from Home to your Destination. The purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind. For round-trip travel you must have a defined Scheduled Departure Date and a Scheduled Return Date specified with the Travel Supplier through whom the insurance was purchased. For one-way travel you must have a defined Scheduled Departure Date, an arrival date, departure city, and arrival city specified at the time of purchase. The Trip may not exceed 180 days in length.

UNFORESEEN means not known, anticipated or reasonably expected, and occurring after the effective date of the benefit under which the claim is being made.

UNINHABITABLE means (i) the building itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; or (iii) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines.





## **TRAVEL DELAY COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### **Coverage Effective Dates**

#### **When Coverage Begins**

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

#### **When Coverage Ends**

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date;
2. your arrival at the Return Destination on a round-trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

### **Coverage**

We will reimburse you, up to the amount shown in the Schedule, for reasonable additional expenses incurred by you for Accommodations, meals, telephone calls, local transportation, vehicle parking charges, and pet kennel fees if you are delayed on your Trip for 6 consecutive hours or more. We will not pay benefits for expenses incurred after travel becomes possible. The delay must be due to one of the Unforeseen events listed below, which prevents you from reaching your intended Destination:

1. you are directly involved in a traffic accident, which is substantiated by a police report;
2. your or your Traveling Companion's lost or stolen passports, or travel documents;
3. you or your Traveling Companion are Quarantined;
4. Natural Disaster;
5. Sickness or Injury of you or your Traveling Companion;
6. Civil Disorder;
7. the Common Carrier or other conveyance that you or your Traveling Companion are traveling on is Hijacked during the Trip;
8. delay of a Common Carrier you or your Traveling Companion are scheduled to travel on;
9. Strike.

### **Exclusions**

This coverage is subject to the general exclusions.

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



## **TRIP INTERRUPTION COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### **Coverage Effective Dates**

**When Coverage Begins**

This coverage will take effect on the Scheduled Departure Date of your Trip.

**When Coverage Ends**

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date;
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

### **Coverage**

We will reimburse you, up to the amount shown in the Schedule, for Trip Interruption Covered Expenses if, due to one of the Unforeseen Covered Events listed below:

- a. your departure on your Trip is delayed beyond your Scheduled Departure Date, or
- b. you are unable to continue your Trip.

The Covered Event must occur while your coverage is in effect under this Policy.

### **Trip Interruption Covered Expenses**

1. forfeited, prepaid, non-refundable, and non-refunded published Payments that you paid for your unused land or water arrangements;
2. additional transportation expenses incurred by you, for travel by the most direct route to:
  - a. your scheduled Destination if your departure is delayed and you leave after the Scheduled Departure Date and time;
  - b. rejoin your Trip in progress from the point where you interrupted your Trip;
  - c. the Return Destination of your Trip.

Benefits payable for additional transportation expenses will not exceed the cost of airfare (the same class airfare on which you were originally booked) less any refunds paid or payable.

### **Covered Events**

**Medical**

1. Sickness or Injury of you, your Traveling Companion, or your Family Member provided the following conditions are met:
  - a. the Sickness or Injury of you or your Traveling Companion, must commence while your coverage is in effect under this Policy, requires the in-person treatment by a Physician at the time of the interruption and must be so disabling in the written opinion of a Physician so as to delay you from departing on or prevent you from continuing on your Trip;
  - b. the Sickness or Injury of a Family Member must commence while your coverage is in effect under this Policy, requires the in-person treatment by a Physician at the time of the interruption and must be so disabling in the written opinion of a Physician so as to delay you from departing on, or prevent you from continuing on your Trip because your Family Member requires your care;
2. Sickness or Injury of your or your Traveling Companion's Business Partner provided the following conditions are met:
  - a. the Sickness or Injury of your or your Traveling Companion's Business Partner must commence while your coverage is in effect under this Policy, requires the in-person treatment by a Physician at the time of the interruption and must be so disabling as to reasonably cause You to interrupt your Trip because you or your Traveling Companion have to assume daily management of the business;
3. Death of:
  - you, your Traveling Companion, or your Family Member; or
  - your or your Traveling Companion's Business Partner;
4. you or your Traveling Companion are Quarantined;



#### Weather

5. your or your Traveling Companion's Home is under Mandatory Evacuation or is made Uninhabitable by a Natural Disaster. We will only pay the benefits for losses occurring within 15 days after the Mandatory Evacuation is issued or the Natural Disaster makes the Home Uninhabitable;
6. your Accommodations at the Destination made Uninhabitable by a Natural Disaster. We will only pay benefits for losses occurring within 15 calendar days after the Natural Disaster renders your Accommodations Uninhabitable;

#### Failure of Services

7. your or your Traveling Companion's Common Carrier is delayed or cancelled resulting from adverse weather;
8. your or your Traveling Companion's Common Carrier is delayed or cancelled resulting from mechanical breakdown of the aircraft, ship, boat or motor coach that you were scheduled to travel on;
9. your or your Traveling Companion's public transportation or Common Carrier is delayed or cancelled resulting from a Strike. The Strike must be announced at least 5 days after the purchase of this Policy;
10. complete or partial closure of the air traffic control tower or the airport from which you or your Traveling Companion are scheduled to depart. Closure must be caused by a power outage or electronic or systems failure, or a Natural Disaster

#### Legal / Victim of an Accident or Crime

11. you or a Traveling Companion are serving on a jury, or are required by a court order to appear as a witness in a legal action provided you or, a Family Member or a Traveling Companion is not a party to the legal action or appearing as a law enforcement officer. Your service on the jury or appearance in court must fall within the scheduled Trip dates;
12. the Common Carrier or other conveyance that you or your Traveling Companion are traveling on is Hijacked during your Trip;
13. you or your Traveling Companion are the victim of a Felonious Assault. The assault must be substantiated by a police report;
14. you or your Traveling Companion are directly involved in a documented traffic accident while en route to departure on your Trip or the Destination. The traffic accident must be substantiated by a police report;

#### Work or School

15. you, or your Traveling Companion are called into active military service to provide aid or relief in the event of a Natural Disaster;
16. your or your Traveling Companion's previously granted military leave is revoked. The leave must be approved prior to your coverage becoming effective, and official written revocation notice from a superior will be required;

#### Travel Safety Risk

17. a Terrorist Act which occurs on your Trip, in your Trip departure city or Destination, provided the city has not experienced a Terrorist Act in the past 30 days prior to the effective date of your coverage.

#### Exclusions

In addition to the General Exclusions, the following exclusions apply to this coverage. No benefits will be paid for any loss for, caused by, or resulting from:

1. costs for your Trip paid using loyalty rewards points, frequent travel miles, or other non-monetary redeemable points or rewards through similar programs;
2. maintenance, exchange, membership, or association fees;
3. failure of a tour operator or other Travel Supplier, person or agency to provide the bargained-for travel arrangements for reasons other than Financial Insolvency; or
4. Pre-Existing Conditions  
this Exclusion does not apply provided you meet the following requirements:
  - a. coverage is purchased prior to or within 15 days of your Initial Trip Payment; and
  - b. you and your Traveling Companions are medically able to travel at the time you purchase this Policy.

#### Definitions

For purposes of this coverage, the following definitions are included:

**BUSINESS PARTNER** means a natural person who: (1) is involved with you or your Traveling Companion in a legal partnership; and (2) is actively involved in the daily management of the business;

**FELONIOUS ASSAULT** means an act of violence, as defined as a felony by the jurisdiction where the act occurred, against you;

**MANDATORY EVACUATION** means government officials order all persons in designated evacuation areas to relocate to safer locations

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



## **MISSED CONNECTION COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

#### **Coverage Effective Dates**

When Coverage Begins

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date;
2. your arrival at the Return Destination on a round-trip, or the final Destination on a one-way trip; or
3. the date of cancellation of the Trip covered by the Policy.

#### **Coverage**

We will reimburse you, up to the amount in the Schedule, for Missed Connection Covered Expenses, if you miss a connection or Departure while on your Trip due to one of these Unforeseen events:

1. a delay of your Common Carrier.

#### **Missed Connection Covered Expenses:**

1. Additional transportation expenses incurred by you, for travel by the most direct route to join the departed Trip;
2. Forfeited, prepaid, non-refundable, and non-refunded published Payments that you paid for the unused travel arrangements;
3. Reasonable expenses for Accommodations and meals incurred, which were not paid or provided for by any other source, up to the per day amount shown in the Schedule.

#### **Exclusions**

In addition to the General Exclusions, the following exclusions apply to this coverage: No benefits will be paid for any loss for, caused by, or resulting from:

1. failure of any tour operator, or other Travel Supplier, person or agency to provide the bargained-for travel arrangements.

No benefits will be paid for any loss if:

1. your domestic travel arrangements allow less than 1 hour between connections; or
2. your international travel arrangements allow less than 2 hours between connections.

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



## **BAGGAGE**

### **COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:

#### **Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

#### **Coverage Effective Dates**

When Coverage Begins

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date; or
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

#### **Coverage**

We will reimburse you, up to the amount shown in the Schedule, less any amounts payable under your homeowner's or renter's insurance, for the following that occur during your trip:

1. loss, theft, damage or destruction of your Baggage, provided you have taken reasonable steps to protect your Baggage against loss, theft, damage and destruction;

#### **Special Limitations**

We will reimburse you up to:

1. \$500 per item;
2. \$750 aggregate on all losses to:
  - a) jewelry, watches, and furs;
  - b) electronic devices not otherwise excluded.

#### **Valuation and Reimbursement of Loss**

Reimbursement of loss for Baggage will be calculated based upon an Actual Cash Value basis. For items without receipts, reimbursement of loss will be calculated based upon 75% of the Actual Cash Value of items of like kind and quality at the time of loss. At our option, we may elect to reimburse you for either the repair or replacement of your Baggage.

We may take all or part of the damaged Baggage as a condition for reimbursement of loss. In the event of a loss to a pair or set of items, we will:

1. repair or replace any part to restore the pair or set to its value before the loss; or
2. pay the difference between the value of the property before and after the loss.

#### **Exclusions**

In addition to the General Exclusions, the following exclusions apply to this coverage.

We will not pay for damage to or loss of:

1. animals; or
2. bicycles (except when checked with a Common Carrier);
3. Business Equipment, Sporting Equipment, household furniture, musical instruments, brittle or fragile articles; or
4. boats, motors, motorcycles, motor vehicles, aircraft, drones, and other conveyances or equipment, or parts for such conveyances; or
5. artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses; or



6. documents or tickets (except for administrative fees required to reissue tickets, as noted above); or
7. money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps or credit cards, except as noted above; or
8. property shipped as freight or shipped prior to the Scheduled Departure Date; or
9. telephones, tablets, laptops, computer hardware or software; or
10. consumables, perfumes, cosmetics, perishables, and medicines, except as noted above; or
11. items seized by any government, government official or customs official; or
12. illegal drugs and contraband.

We will not pay for loss arising from:

1. damage caused by any process of repair; or
2. defective materials or craftsmanship; or
3. normal wear and tear, gradual deterioration, inherent vice, latent or patent defect; or
4. rodents, animals, insects or vermin; or
5. mysterious disappearance; or
6. electrical current, including electric arcing that damages or destroys electrical devices or appliances.

#### **Your Duties in the Event of a Loss**

1. take reasonable steps to protect your Baggage from further damage, and make necessary, reasonable and temporary repairs. We will reimburse you for those expenses but will not pay for further damage if you fail to protect your Baggage; and
2. immediately report the 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; and
3. in case of theft, a police report is required. Original receipts and a list of stolen or lost items must be provided along with proof of loss providing the amount of loss, date, time, and cause of loss.

#### **Definitions**

For purposes of this coverage, the following definitions are included:

**BUSINESS EQUIPMENT** means physical property owned by you or your employer used in trade, business, or for the production of income, taken by you for use on your Trip, excluding software or data.

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



## **BAGGAGE DELAY COVERAGE PART ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

#### **Coverage Effective Dates**

When Coverage Begins

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date; or
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

#### **Coverage**

If your Baggage is delayed by a Common Carrier for 6 hours or more from the time you were originally scheduled to receive your Baggage during your Trip, we will reimburse you, up to the amount shown in the Schedule, for the:

1. cost of necessary clothing and toiletry items purchased by you;
2. the cost to launder your clothing while your Baggage is delayed during a Trip; and
3. expenses incurred during your Trip to locate and/or track your delayed Baggage, and to have your delayed Baggage delivered to you.

#### **Exclusions**

In addition to the General Exclusions, the following exclusions apply to this coverage. No benefits will be paid for:

1. the cost of jewelry, perfume, alcohol or tobacco; or
2. expenses incurred after your Baggage is returned to you, or after your arrival at your Return Destination.

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



**Generali – U.S. Branch**

28 Liberty Street, Ste 3040

New York, NY 10005

**TRAVEL INSURANCE POLICY**

AMResorts

GR480

FOR COVERAGE INQUIRIES OR CUSTOMER SERVICE, CALL

1-866-389-5378

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FOR EMERGENCY ASSISTANCE 24 HOURS A DAY DURING YOUR TRIP, CALL:  
IN THE U.S.

1-833-421-0334

COLLECT WORLDWIDE

1-954-334-8160

This Policy is issued to you in consideration of any premium due. The insurance benefits vary from program to program; please refer to your Schedule of Benefits for specific information about the program you purchased. Please contact us immediately if you believe the Schedule of Benefits is incorrect. We agree to pay benefits in accordance with all the provisions of this Policy.

**15-DAY RIGHT TO EXAMINE YOUR POLICY**

If you are not satisfied for any reason, you may cancel coverage under the Policy within 15 days after receipt. If you have not filed a claim and you cancel your Policy before your Scheduled Departure Date, your premium will be refunded. After this 15-day period, the premium is nonrefundable.





## ELIGIBILITY

### Who is Eligible

Coverage will be provided for all travelers if the required premium has been received by us or our authorized agent, and provided the traveler is a resident of the United States of America.

### Extension of Coverage

If your entire Trip is covered by the Policy and your return is delayed by unavoidable circumstances, all coverages in effect at the time of the delay will be extended. Extended coverage will end on the earlier of the date you reach your Return Destination or 7 days after the Scheduled Return Date. If you cannot return home before this extension ends, we may extend coverage for an additional 30 days, or until you are able to travel to your Return Destination, whichever is earlier.

## GENERAL EXCLUSIONS

This Policy does not pay for any loss caused by or resulting from:

1. you or your Traveling Companion's suicide, attempted suicide, or intentionally self-inflicted injury;
2. Mental or Psychological Disorders;
3. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
4. Intoxication above the legal limit at your location at the time of loss;
5. pregnancy or childbirth, elective abortion or fertility treatment (not including Unforeseen Complications of Pregnancy);
6. any Trip taken against the advice of a Physician;
7. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
8. declared or undeclared war, or any act of war;
9. participation in a Riot, Civil Disorder, or insurrection;
10. any unlawful acts, committed by you or your Traveling Companion; operating or learning to operate any aircraft, as pilot or crew;
11. any amount paid or payable under any worker's compensation, no fault or personal injury protection coverage, disability benefit or similar law;
12. detention by Customs and Border Protection or any governmental authority, regulation or prohibition;
13. an illness, disease, or other condition, event or circumstance which occurs at a time when coverage is not in effect;
14. any issue or event that could have been reasonably foreseen or expected when you purchased the coverage;
15. a Natural Disaster that occurs on or before the purchase date of this Policy;
16. a tropical storm or hurricane that is named on or before the purchase date of this Policy;
17. any amount paid for this Policy or any other insurance.
18. disruption of travel caused by an Electromagnetic Event; or
19. disruption of travel caused by an Impact Event.

This Policy does not apply to the extent any applicable law or regulation, including any US, UN or EU economic or trade sanctions, prohibit us from providing insurance, and related services, including, but not limited to, the payment of any claims. Any expenses incurred or claims made involving travel or travel related services that are in violation of such sanctions, laws or regulations will not be covered under this Policy. Any coverage provided under this Policy in violation of any US, UN or EU economic or trade sanctions, or other laws or regulations, shall be null and void.

This Policy expressly excludes any insurance coverage, related services, or loss: (i) occurring in Iran, Syria, North Korea, Crimea, or Cuba or their territorial waters; (ii) incurred by persons or entities located or resident in Iran, Syria, North Korea, Crimea, or Cuba; or (iii) resulting from, or involving activities that directly or indirectly involve or benefit the government, entities or residents of Iran, Syria, North Korea, Crimea, or Cuba except where (a) expressly permitted by applicable law or regulation and (b) we have confirmed coverage for the risk in writing.

## CLAIMS PROVISIONS

### NOTICE OF CLAIM

We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and sufficient information to identify him or her.

### PROOF OF LOSS

Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, you must give us written proof of loss within 12 months after the date the loss occurs unless you are medically or legally incapacitated. No agent or any person or entity, other than us, has authority to accept proof of loss.



### **YOUR DUTY TO COOPERATE**

You must provide us with receipts, proof of payment, medical authorizations, or other records and documents we may reasonably require concerning your claim. Failure or refusal to cooperate may delay, impede, or result in the denial of your claim.

### **PHYSICAL EXAMINATION AND AUTOPSY**

At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

### **PAYMENT OF CLAIMS**

Any benefits payable due to your loss of life will be paid immediately upon receipt of due written proof of loss in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If a beneficiary is not designated by you at the time of purchase or if no such provision is then effective, benefits for loss of life will be paid to the your estate.

Any accrued benefits unpaid at your death may, at our option, be paid either to such beneficiary or to such 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, we may make arrangement to pay claims not to exceed \$1,000 to your legal guardian or other qualified representative. All claims will be paid immediately upon receipt of due written proof of loss.

The portion of a claim for damage and/or destruction that has been determined and is not in dispute shall be paid within 30 days after the amount of loss is agreed to by you and us, and we have received all required materials from you. Property will be considered lost if it has not been recovered within 30 days of the event. You must present acceptable proof of loss and the value involved to us.

### **CHANGE OF BENEFICIARY**

Unless you make an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to you and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to any change of beneficiary or beneficiaries, or to any other changes in this Policy.

### **CLAIM FORMS**

Upon receipt of a notice of claim, we will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant will be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

### **WHERE TO PRESENT A CLAIM**

All claims should be presented to the Program Administrator:

Generali Global Assistance & Insurance Services

P. O. Box 527

Hazelwood, MO 63042

(866) 389-5378 (Toll-Free)

<https://tm-us.eclaims.csaclaims.com>

### **APPRAISAL**

If there is a disagreement about the amount of the loss, either you or we can make a written demand for an appraisal. After the demand, you and we will each select a competent appraiser. 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 a majority of these three parties will be binding. The appraiser selected by you is paid by you. We will pay the appraiser we choose. You will share equally with us the cost for the arbitrator and the appraisal process.

### **NO BENEFIT TO BAILEE**

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



## GENERAL PROVISIONS

The following provisions apply to all coverages:

### LEGAL ACTIONS

No legal action may be brought to recover on the Policy within 60 days after written proof of loss has been given. No such action will be brought after 3 years from the time written proof of loss is required to be given. If a time limit of the Policy is less than allowed by the laws of the state where you live, the limit is extended to meet the minimum time allowed by such law. The period of time for filing legal action is extended by the number of days between the date the proof of loss was filed and the date the claim was denied in whole or in part.

### CONTROLLING LAW

Any part of this Policy that conflicts with the state law where you reside is changed to meet the minimum requirements of that law.

### CONCEALMENT OR FRAUD

We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to this Policy.

### MISSTATEMENT OF INFORMATION

If you have provided inaccurate details about you or your Trip when purchasing this Policy, and those inaccurate details affect the plan cost owed by you, any benefits paid will be reduced by the amount you underpaid for your premium.

### TIME LIMIT ON CERTAIN DEFENSES

After 2 years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such Policy shall be used to void the Policy or to deny a claim for loss incurred or disability (as defined in the Policy) commencing after the expiration of such 2 year period.

### CANCELLATION BY US

This Policy is a single pay, single term, non-renewable insurance Policy. We have no unilateral right to cancel this coverage after the effective date.

### DUPLICATION OF COVERAGE

You may be covered under only one travel Policy with us for each Trip. If you are covered under more than one such Policy, the Policy with the higher coverage limit will remain in effect. The maximum benefit limit as stated in the Schedule of Benefits of such Policy will be the maximum benefit payable in the event a claim occurs. In the event claim payment has been made under the duplicate Policy, premiums paid less claims paid will be refunded for the duplicate coverage that does not remain in effect.

If the duplication is discovered prior to payment of a claim, the duplicate coverage with the lower coverage limit will be rescinded and all premiums refunded.

### TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this Policy are not transferable without our express written consent.

### ENTIRE CONTRACT: CHANGES

This Policy and any attachments are the entire contract of insurance. Only our President, Vice President or Secretary may change or waive the provisions of the Policy. No agent or other person may change the Policy or waive any of its terms. The change will be endorsed on the Policy.

### ACTS OF AGENTS

No agent or any person or entity has authority to alter, modify, or waive any of the provisions of this Policy.

### RECOVERY

To the extent we pay for a loss suffered by you, you agree that we will be assigned the rights and remedies you had relating to the loss. You must help us preserve our rights against those responsible for the loss. This may involve signing any papers and taking any other steps we may reasonably require.

### INSURANCE UNDER TWO OR MORE COVERAGES

If two or more of this Policy's coverages apply to the same loss or damage, we will only pay once, and under the coverage with the higher benefit.



## DEFINITIONS

The Insured is referred to as “you”, “your” or “yours”. The company providing this coverage is referred to as “we”, “us” or “our”. In addition, certain words and phrases are defined as follows:

**ACCIDENT** means a sudden, unexpected, and unintended event independent of disease or bodily infirmity.

**CIVIL DISORDER** means a group of people acting in revolt, coup, rebellion or resistance against an established government or civil authority.

**COMMON CARRIER** means any land, water or air conveyance, with scheduled and published departure and arrival times, operated under a license for the transportation of passengers for hire, not including taxis or rented, leased or privately owned motor vehicles.

**COMPLICATIONS OF PREGNANCY** means conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include, but are not limited to, hyperemesis gravidarum, preeclampsia, eclampsia, gestational diabetes, gestational hypertension, acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy, and spontaneous miscarriage.

Complications of pregnancy do not include Physician-prescribed rest during the period of pregnancy (except due to the conditions noted above), false labor, occasional spotting, morning sickness, elective abortion, and similar conditions associated with the management of a pregnancy, not constituting a categorically distinct complication of pregnancy.

**DESTINATION** means any place you expect to travel to on your Trip, as shown on an itinerary or other travel document.

**ELECTIVE OR EXPERIMENTAL TREATMENT OR PROCEDURE** means any medical treatment or surgical procedure that is not Medically Necessary or is not considered by the medical community as a whole to be safe and effective for the condition for which the medical treatment or surgical procedure are being used. This includes any treatments, procedures, facilities, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

**ELECTROMAGNETIC EVENT** means a large-scale disruption of electronic devices, electrical grids, or electricity transmission, caused by an electromagnetic pulse. This includes both naturally occurring events (for example geomagnetic storms, Impact Events, solar flares, etc.) and man-made events (for example nuclear electromagnetic pulses, electromagnetic interference devices, etc.).

**FAMILY MEMBER** means:

Insured's or Traveling Companion's Spouse;

Insured's, Traveling Companion's, or Spouse's:

1. child;
2. parent;
3. sibling;
4. grandparent, great-grandparent or grandchild or great-grandchild;
5. son-in-law or daughter-in-law;
6. brother-in-law or sister-in-law;
7. parent-in-law;
8. step-parent, step-child or step-sibling;
9. aunt or uncle;
10. niece or nephew;
11. legal guardian;
12. foster child or legal ward.
13. step-grandparent or step-grandchild;
14. step-aunt or step-uncle;

**FINAL TRIP PAYMENT** means the date, prior to the Scheduled Departure Date, on which all additional payments for Trip arrangements are paid to the Travel Supplier, or the date that such payments are contractually due to be paid, whichever is earlier.

**HOME** means your primary or secondary residence.



HOSPITAL means an institution that meets all of the following requirements:

1. it must be operated according to law;
2. it must give 24-hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis;
3. it must provide diagnostic and surgical facilities supervised by Physicians;
4. registered nurses must be on 24-hour call or duty; and
5. the care must be given either on the hospital's premises or in facilities available to the hospital on a prearranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

IMPACT EVENT means extraterrestrial meteors, meteorites, asteroids, or man-made space debris that enter the earth's atmosphere.

INITIAL TRIP PAYMENT means the first payment made towards the cost of your Trip, regardless of whether this payment is refundable. A "good faith deposit" or a "holding payment" is not considered the Initial Trip Payment until the payment is applied to confirmed dates of travel.

INJURY means bodily harm caused by an Accident which requires the in-person examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of disease or bodily infirmity.

INSURED means the person named on the Policy, for whom the required premium payment is received by us or our authorized agent and a Trip is scheduled.e

INTOXICATION means intoxicated as defined and determined by the laws of the state or jurisdiction where the loss or cause of loss was incurred.

MENTAL OR PSYCHOLOGICAL DISORDER means a mental health condition including, but not limited to: anxiety; depression; neurosis; phobia; psychosis; or any related physical manifestation thereof. Autism, and its related symptoms, are not considered a Mental or Psychological disorder. Neurodegenerative diseases (e.g., Parkinson's or Huntington's diseases) are not considered Mental or Psychological Disorders, even if their symptoms meet this definition. Mental or Psychological Disorder does not mean Accident, Injury or Sickness, as defined.

NATURAL DISASTER means a flood due to natural causes, tsunami, hurricane, tornado, earthquake, mudslide, avalanche, landslide, volcanic eruption, sandstorm, sinkhole, wildfire or blizzard.

PAYMENT(S) means the cash, check, credit card amounts paid for your Trip.

PHYSICIAN means a person licensed as a medical doctor or chiropractor by the jurisdiction in which he or she is resident to practice medical, surgical, therapeutic or dental services. He or she must be practicing within the scope of their license for the service or treatment given. He or she may not be you, your Traveling Companion, or your Family Member.

PRE-EXISTING CONDITION means a Sickness or Injury of you or your Traveling Companion during the 60-day period immediately prior to your effective date to which any of the following applied: (1) first diagnosis or treatment by a Physician, or; (2) produced symptoms which would cause an ordinarily prudent person to seek medical diagnosis or treatment; or (3) required a change in prescribed medication.

Change in prescribed medication means the dosage or frequency of a medication has been reduced, increased, stopped and/or new medications have been prescribed, unless between a brand name and a generic medication with comparable dosage.

PROGRAM ADMINISTRATOR means Generali Global Assistance & Insurance Services.

RETURN DESTINATION means your primary residence or a different final destination as shown in the travel documents.

RIOT means a group or crowd of people violently disturbing the peace and causing danger, damage, or injury to others or to property.

SCHEDULE means the Schedule of Benefits provided with this Policy.

SCHEDULED DEPARTURE DATE means the date on which you are originally scheduled to leave on your Trip.

SCHEDULED RETURN DATE means the date on which you are originally scheduled to return to your Return Destination.



**SICKNESS** means an illness or disease of the body that requires in-person examination and treatment by a Physician. Sickness also means Complications of Pregnancy as defined. Sickness does not mean Mental or Psychological Disorder as defined.

**SPOUSE** means your legally wed husband or wife, civil union partner, or Domestic Partner as defined by this Policy.

**TRAVELING COMPANION** means a person who, during the Trip, with whom you have made travel arrangements, and will accompany you during the same Trip, and will share Accommodations with you. A group or tour leader is not a Traveling Companion unless you are sharing Accommodations with them. Other travelers incidentally taking the same trip as you (for example other cruise ship passengers, tour group participants, etc.) are not Traveling Companions.

**TRIP** means a period of travel at least 100 miles away from Home to your Destination. The purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind. For round-trip travel you must have a defined Scheduled Departure Date and a Scheduled Return Date associated with the purchase of this Policy. For one-way travel you must have a defined Scheduled Departure Date, an arrival date, departure city, and arrival city specified at the time of purchase. The Trip may not exceed 180 days in length.

**UNFORESEEN** means not known, anticipated or reasonably expected, and occurring after the effective date of the benefit under which the claim is being made.



## EMERGENCY ASSISTANCE AND TRANSPORTATION COVERAGE PART ENDORSEMENT

This endorsement modifies insurance provided under the following:

Travel Insurance Policy

All requirements of this Policy must be met to qualify for this coverage.

### Coverage Effective Dates

When Coverage Begins

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date; or
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of the Trip covered by this Policy.

### Coverage

We will pay, up to the amount shown in the Schedule, for Emergency Assistance and Transportation Covered Expenses subject to the following:

1. Covered Expenses will only be payable at the usual and customary level of payment;
2. Benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip;
3. All expenses and arrangements must be authorized in advance by our Assistance Company. In the event we or our Assistance Company could not be contacted to arrange for services, benefits are limited to the amount we would have paid had we or our Assistance Company been contacted; and
4. Expenses paid may be recovered from any Other Valid and Collectible Health Insurance you may have.

### Emergency Assistance and Transportation Covered Expenses

1. Expenses incurred by you for Physician-ordered emergency medical evacuation, including Medically Appropriate Transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available;
2. Expenses incurred for non-emergency repatriation, including Medically Appropriate Transportation and medical care en route, to a Hospital of your choice within the United States or to your Home, when deemed Medically Necessary. In lieu of returning to your Home, you may opt to be returned to a different city if proper care for your condition is not available;
3. Expenses for a Medical Escort's or Attendant's services, and the Medical Escort's or Attendant's transportation and Accommodations, if an attending Physician deems that a Medical Escort or Attendant is Medically Necessary;
4. Expenses for transportation (not to exceed the cost of one round-trip economy-class air fare, to the place of hospitalization), and expenses for reasonable Accommodations, meals, telephone calls and local transportation for one person chosen by you if you are traveling alone, provided that you are hospitalized for more than 7 days;
5. Expenses for transportation, not to exceed the cost of a one-way economy-class airfare, to your Home in the United States, including escort expenses, if you are 17 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s);
6. Expenses for one-way economy-class air fare (or first class, if your original tickets were first class) to your Home in the United States, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets;
7. Expenses for:
  - a) repatriation for air transportation of your remains to your Home or a funeral home in the United States, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the United States.
  - b) embalming or cremation;
  - c) associated temporary storage costs for up to 15 days, or until local authorities will permit further transportation of the body, whichever is later;
  - d) the most economical coffins or receptacles adequate for transportation of human remains;
  - e) the cost for creation and transmission of necessary documentation to transport the body, such as a death certificate, autopsy or police report. This is limited to five (5) copies per document.



### **Exclusions**

In addition to the General Exclusions, the following exclusions apply to this coverage. No benefits will be paid for any loss for, caused by, or resulting from:

1. service in the armed forces of any country;
2. transportation taken against the advice of our Assistance Company;
3. you or your Traveling Companion traveling for the purpose of securing medical treatment.

### **Definitions**

For purposes of this coverage, the following definitions are included:

**ASSISTANCE COMPANY** means the service provider with whom we have contracted to coordinate and deliver emergency travel assistance, medical evacuation, repatriation of remains, and other services.

**ATTENDANT** means a Traveling Companion, Family Member, close friend, or a person contracted by us if there is no one else available who, on the advice of a Physician, accompanies you while being transported.

**MEDICAL ESCORT** means a medical professional approved by us or our Assistance Company that is contracted to accompany and provide medical care to you for a Sickness or Injury while being transported.

**MEDICALLY APPROPRIATE TRANSPORTATION** means an adequate and acceptable course of Transportation that is approved by our Assistance Company.

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

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;
3. is ordered by a Physician and performed under his or her care, supervision, or order; and
4. is not primarily for the convenience of you, the Physician, other providers, or any other person.

**OTHER VALID AND COLLECTIBLE HEALTH INSURANCE** means any policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes, but is not limited to, group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a covered expense.

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

### **Travel Assistance Services**

Assistance services are provided by the Assistance Company and are not insurance benefits: The Assistance Company will coordinate your medical care at your location, arrange your medical evacuation to another Hospital or to your Home, and make other necessary medical and travel arrangements.





## MEDICAL AND DENTAL COVERAGE PART ENDORSEMENT

This endorsement modifies insurance provided under the following:  
**Travel Insurance Policy**

All requirements of this Policy must be met to qualify for this coverage.

### Coverage Effective Dates

When Coverage Begins

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date; or
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

### Coverage

We will reimburse you, up to the amount on the Schedule, for the following covered expenses incurred by you, subject to the following:

1. Covered expenses will only be payable at the usual and customary level of payment;
2. Benefits will be payable only for covered expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip; and
3. Benefits payable as a result of incurred covered expenses will be paid proportionally with Other Valid and Collectible Health Insurance in effect for you.

### Medical Covered Expenses

We will pay this benefit for the medically necessary expenses incurred while on your Trip for:

1. services of a Physician or registered nurse (R.N.) and related tests or treatment ordered by a Physician;
2. Hospital charges;
3. prescription medication to treat the Injury or Sickness;
4. local ambulance services;
5. physical therapy or occupational therapy up to 10 visits.

### Dental Covered Expenses

If you suffer an Injury or a Sickness that requires emergency dental treatment by a Dentist, we will reimburse you, up to the amount shown in the Schedule, for the following emergency dental expenses:

1. services and supplies for the relief of dental pain; and
2. the repair or replacement of teeth or dental implants.

Coverage for emergency dental treatment does not apply if treatment or expenses are incurred after you have reached your Return Destination, regardless of the reason.

### Your duties in the event of a Loss:

1. you must provide us with all bills and reports for medical and/or dental expenses claimed;
2. you must provide any requested information related to the claimed expense(s), including but not limited to, an explanation of benefits from any other applicable insurance;
3. you must sign a patient authorization to release any information required by us, to investigate your claim.



## Exclusions

In addition to the General Exclusions, the following exclusions apply to this Coverage. No benefits will be paid for any loss for, caused by, or resulting from:

1. service in the armed forces of any country;
2. routine physical examinations or routine dental care;
3. any treatment or medication which, prior to or at the time of departure, is required to be continued during this Trip;
4. repair or replacement of hearing aids, any type of eye glasses, contact lenses, sunglasses, orthodontic equipment, artificial teeth and prosthetics;
5. any service provided by you, a Family Member, or Traveling Companion;
6. alcohol or substance abuse or treatment for the same;
7. care or treatment which is not medically necessary, except for related reconstructive surgery resulting from trauma, infection or disease;
8. Mental or Psychological Disorders;
9. Pre-Existing Conditions

This Exclusion does not apply provided you meet the following requirements:

- a. coverage is purchased prior to or within 15 days of your Initial Trip Payment; and
- b. you and your Traveling Companions are medically able to travel at the time you purchase this Policy.

## Definitions

For purposes of this coverage, the following Definitions are included:

ASSISTANCE COMPANY means the service provider with whom we have contracted to coordinate and deliver emergency travel assistance, medical evacuation, repatriation of remains, and other services.

DENTIST means a person licensed as a dental medical doctor by the jurisdiction in which he or she is resident to practice dental services. He or she must be practicing within the scope of their license for the service or treatment given. He or she may not be you, a Traveling Companion, or your Family Member.

OTHER VALID AND COLLECTIBLE HEALTH INSURANCE means any policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes, but is not limited to, group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a covered expense.

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

## Travel Assistance Services

This assistance service is provided by the Assistance Company and is not an insurance benefit:

### Medical Referral

The Assistance Company will provide you with the name and location of locally qualified doctors who speak your language. If additional medical services are required, the Assistance Company will consult with the attending physician and provide such assistance, as they believe to be in your best interest.



## ACCIDENTAL DEATH AND DISMEMBERMENT – TRAVEL ACCIDENT COVERAGE PART ENDORSEMENT

This endorsement modifies insurance provided under the following:

### Travel Insurance Policy

All requirements of this Policy must be met to qualify for this coverage.

#### Coverage Effective Dates

When Coverage Begins

This coverage will take effect on the later of:

1. the time you depart on your Trip; or
2. the departure date listed on this Policy.

When Coverage Ends

This coverage automatically ends on the earlier of:

1. the Scheduled Return Date;
2. your arrival at the Return Destination on a round trip, or the final Destination on a one-way trip; or
3. the date of cancellation of your Trip covered by this Policy.

#### Coverage

We will pay this benefit, up to the amount on the Schedule, if you are injured in an Accident, which occurs while you are on a Trip, and covered under this Policy. You must suffer one of the losses listed below within 365 days of the Accident.

Loss	Percentage of Maximum Benefit
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%

If you suffer more than one loss as a result of the same Accident, we will pay only for the loss with the larger benefit. We will not pay more than the amount shown on the schedule for all losses due to the same Accident.

Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

#### Exposure and Disappearance

If, due to an Accident covered by this Policy, you are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which benefits would otherwise be payable; such loss shall be covered hereunder. If you are involved in an Accident which results in the sinking or wrecking of a conveyance in which you were riding and your body is not located within one year of such Accident, it will be presumed that you suffered loss of life resulting from Injury caused by the Accident.

#### Exclusions

In addition to the General Exclusions, the following exclusions apply to this coverage. No benefits will be paid for any loss for, caused by, or resulting from:

1. Sickness; or
2. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm; or
3. service in the armed forces of any country.

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

**This page separates your Travel Insurance Policy from your Travel Services Program Description.**

## Travel Services Program Description

(Non-insurance services provided by Generali Global Assistance's designated provider)

With travel services from Generali Global Assistance, help is only a phone call away. When you are traveling, you have access to these Travel Support and Assistance Services.

**During your trip, assistance is available 24 hours a day by contacting our designated provider:**

**Toll free from within the United States:**

**(833) 421-0334**

**Collect from anywhere in the world:**

**(954) 334-8160**

When you call us, please be sure to have your policy number, plan code, location, telephone number and details of your situation available so we can help you.

### Medical Referral Service

Please refer to your travel insurance Policy for coverage details.

### Travel Informational Services

We offer a wide range of travel guidance and services before you leave home and during your trip, including:

- Visa, Passport, Inoculation, and Immunization Requirements
- Cultural Information
- Weather Information
- Embassy & Consulate Referrals
- Currency Exchange Rates
- Travel Advisories

### Travel Support Services

- Emergency Cash Transfer
- Legal Referral
- Locating Lost or Stolen Items
- Embassy & Consular Services
- Replacement of Medication & Eyeglasses
- Interpretation & Translation
- Emergency Message Relay
- Vehicle Return

### Concierge Services

- City Profiles
- Epicurean Needs
- Event Ticketing
- Flowers & Gift Baskets
- Golf Outings & Tee Times
- Hotel Accommodations
- Meet & Greet Services
- Personalized Retail Shopping Assistance
- Pre-Trip Assistance
- Procurement of Hard to Find Items
- Restaurant Reviews & Reservations
- Rental Car Reservations
- Airline Reservations
- Pet Services Locator

## Description of Services

### Travel Support Services

These services become available when you start your trip and end when you reach the final destination of your trip. These support services are not financial or insurance benefits. You are responsible for any costs associated with these services:

**Emergency Cash Transfer** - If your cash or traveler's checks are lost or stolen, or unanticipated emergency expenses are incurred, we will help arrange for an emergency cash transfer in currency, traveler's checks, or other forms as deemed acceptable by the provider. The assistance provider will advance up to \$500 after satisfactory guarantee of reimbursement from you.

**Legal Referral** - We will provide you with referrals to a local lawyer. All costs associated with this service are your responsibility. In case of your incarceration, We will notify the proper embassy or consulate, arrange the receipt of funds from third party sources and locate an attorney and bail bondsman, where permitted by law, with satisfactory guarantee of reimbursement from you, a family member or friend. You are responsible for associated fees.

Locating Lost or Stolen Items – We will assist you in locating lost luggage, and help you coordinate the replacement of transportation tickets, travel documents or credit cards.

Replacement of Medication and Eyeglasses – We will arrange to fill a prescription that has been lost, forgotten, or requires a refill, subject to local law, whenever possible. We will also arrange for shipment of replacement eyeglasses, corrective lenses or medical devices. You are responsible for payments of all costs related to these services.

Embassy and Consular Services – We will provide you with referrals to United States Embassies and Consulates.

Worldwide Medical Information – We can provide you with necessary inoculation and vaccination information, and detailed general health and medical descriptions of destinations around the world.

Interpretation/Translation – We will assist with telephone interpretation in all major languages or will refer you to an interpretation or translation service for written documents.

Emergency Message Relay – We will assist you with relaying emergency messages to and from friends, relatives, personal physicians and employers.

Pet Return – We will arrange for the return of your pet to your home if your pet is traveling with you and you are unable to take care of your pet due to a medical emergency.

Vehicle Return – We will make arrangements to have a designated person or provider return your vehicle to your home (or your rental vehicle to the closest rental agency) if you experience a medical emergency or mechanical problems, which prevent you from driving the vehicle.

### Concierge Services

These services become available when you purchase your travel protection plan and end when you reach the final destination of your trip. These concierge services are not financial or insurance benefits. You are responsible for any costs associated with these services:

- City Profiles
- Specialized Food & Beverage Delivery
- Event Ticketing
- Flowers & Gift Baskets
- Golf Outings & Tee Times
- Hotel Accommodations
- Arrange Meet & Greet Services
- Personalized Retail Shopping Assistance
- Pre-Trip Assistance
- Procurement of Hard to Find Items
- Restaurant Reviews & Reservations
- Rental Car Reservations
- Airline Reservations
- Pet Services Locator

Concierge services are available daily and during the weekends from 7:00 AM to 7:00 PM Eastern time. Concierge services are not available during holidays.

Our provider for concierge services does not handle travel assistance and insurance claims that involve flight delays, trip interruptions, medical emergencies or other unforeseen events that are covered by your insurance policy.

### FootprintID®

FootprintID® provides a secure solution for you to take control of your medical records and enables immediate access to them wherever you are in the world.

- Medical and Health Information is always at your fingertips anywhere your travels takes you.
- Documents are easily shared with physicians, emergency responders, health care providers, pharmacies and family.
- Unlimited storage of test results, imaging files and documents, such as health care proxies and advanced directives provides access to critical information.
- Your information safely resides in one place. This includes emergency contacts, prescriptions, allergies, conditions, immunizations, physicians, surgeries and family history.
- No worries about forgetting important information during a crisis---EVER!
- Web, mobile and telephone access with reliable 24/7 support.
- FootprintID® works anywhere in the world.

To take advantage of this service, register at [tripmate.footprintid.com](http://tripmate.footprintid.com).

### Terms and Conditions

There may be times when circumstances beyond our control hinder our endeavors to provide assistance; however, we will make all reasonable efforts to provide services and help resolve your situation.

The assistance provider cannot be held responsible for failure to provide, or for delay in providing services when such failure or delay is caused by conditions beyond its control, including but not limited to flight delays, labor dispute and strike, rebellion, riot, civil commotion, war or uprising, nuclear accidents, natural disasters, acts of God or where rendering service is prohibited by local law or regulations.

The assistance provider's staff will do their best to refer you to the appropriate providers. However, the assistance provider and Generali Global Assistance cannot be held responsible for the quality or results of any services provided by these independent practitioners.



## **ASSISTANCE SERVICES PRICING**

The total price for your travel protection plan includes a price of insurance reflecting a filed and approved rate for Generali U.S. Branch and a price of non-insurance assistance services provided by Generali's designated provider. The filed and approved insurance rate is a function of state requirements, the nature of the travel, the age of the traveler and when the insurance is purchased relative to both the purchase of travel and the departure date. The price on non-insurance assistance services is \$1.91.

If you have questions regarding pricing please call us at 1-866-389-5378.



## What does Generali US Branch (“GUSB”) do with your personal information?

### Why?

Financial companies choose how they share your personal information. Federal and state laws give consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

### What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Personal information and identifiers: name, date of birth
- Demographics: age, disability status, citizenship, gender
- Product information: policy/account number, policy/account values
- Audiovisual information: video & audio recordings

### How?

All financial companies need to share customer personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer information; the reasons GUSB chooses to share; and whether you can limit this sharing.

Reasons We Can Share Your Personal Info	Does GUSB share	Can you limit this sharing?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes—</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	No
<b>For our affiliates’ everyday business purposes—</b> information about your transactions and experiences	Yes	No
<b>For our affiliates’ everyday business purposes –</b> information about your creditworthiness	No	Yes
<b>For our affiliates to market to you</b>	No	Yes
<b>For nonaffiliates to market to you</b>	No	No

### Questions?

Call us at: 866-757-0010

Email us at: [consumerprivacy@us.generaliglobalassistance.com](mailto:consumerprivacy@us.generaliglobalassistance.com)

## Who We Are

### Who is providing this notice?

This privacy notice is provided by Generali US Branch (“GUSB”).





## What We Do

### How does GUSB protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state law. These measures include computer safeguards, access limitations, and secured files and buildings.

### How does GUSB collect my personal information?

We collect your personal information, for example, when you:

- apply for a product or make a claim.
- give us your contact information.
- communicate and transact with us.
- pay insurance premiums.

We also may collect your personal information from others, such as affiliates or other companies.

### Why can I not limit all sharing?

Federal law gives you the right to limit only:

- sharing for affiliates' everyday business purposes – information about your creditworthiness.
- affiliates from using your information to market to you.
- sharing for nonaffiliates to market to you.

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

### What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account.

## Definitions

### Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include the member companies of (i) Europ Assistance North America, Inc.; (ii) Europ Assistance Holding S.A.S and (iii) Assicurazioni Generali S.p.A.

### Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies. For example, we use service providers to perform business functions for us.

### Joint Marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you. **GUSB does not jointly market.**

## Other Important Information

**For residents of Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Montana, New Jersey, Nevada, North Carolina, Ohio, Oregon, and Virginia.** These states require insurers and agents to describe their information practices in addition to providing a Privacy Notice. The two notices are very similar, but in general our information practices include the following: GUSB may obtain information about you and any other persons applying for insurance. Some of this information will come from you and some may come from other sources. That information and any other information collected by GUSB may in some circumstances be disclosed to third parties, such as agents, affiliates, service providers and others without your specific consent. In some cases, we may need your direct authorization before sharing that information. Residents have the right to access, to correct and, in some states, to delete (if incorrect) the information collected about them, except information that relates to a claim or to a civil or criminal proceeding. If you are refused coverage or if your application is postponed, you may also have the right to receive the specific reason in writing. To exercise your rights or if you wish to have a more detailed explanation of our information practices required by your state, please submit a written request by email to: [consumerprivacy@us.generaliglobalassistance.com](mailto:consumerprivacy@us.generaliglobalassistance.com).



**State Specific Requirements.** Customer personal information will be collected, used, and stored as required by applicable federal privacy laws. If the customer's state laws provide more protection of the customer's personal information than federal privacy laws, GUSB will protect the customer's personal information as required by such state law.

**For residents of Arizona, California, Maine, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, and Virginia.** We will not share your personal information with non-affiliated third parties (or, in some circumstances, our affiliates) other than our agents or service providers unless you authorize us to share it, or the law otherwise permits us to share it. You have the right to authorize or not authorize this sharing of personal information.

**For Vermont Residents only.** We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.

**For Nevada Residents Only.** We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: [aginfo@ag.nv.gov](mailto:aginfo@ag.nv.gov). You may contact the applicable customer service department using the contact information above or by writing to us at 28 Liberty Street, Ste 3040, New York, NY 10005.

**For California Residents only.** The California Consumer Privacy Act (CCPA) gives California residents certain privacy rights with respect to the limited nonpublic personal information we collect. These rights are:

- the right to notice of the personal information we collect;
- the right to know the categories, sources and specific pieces of personal information we have collected about you in the past 12 months, including our purpose for collecting the information and the categories of third parties with whom we share that personal information, subject to certain exceptions;
- the right to delete some or all of the personal information we collect, subject to certain exceptions; and
- the right to opt-out of our sale of your personal information, if we sell your personal information.

CCPA rights are limited and do not apply to any of the personal information that we have collected from you and about you in connection with providing you an insurance or financial product or service. The personal information we collect that is subject to the CCPA includes some of your internet and network activity. We may share this information with our service providers for a business purpose. We do not sell personal information about current or former customers to any third parties. We may allow third-party advertising cookies to be placed on your browser or mobile device when you visit our website. You may opt-out.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at: 28 Liberty Street, Ste 3040, New York, NY 10005.



## **Portable Personal Health Record Provided By FootprintID®**

Travelers can face greater health risks simply because they lack immediate and easy access to their health and medical information. Experiencing a health event away from home, be it in a different time zone or country, not only adds stress to an emergent situation, but also can ruin a trip.

Whether it is a minor health event, the need for a prescription or medical test, or an acute emergency, being prepared with one's medical records creates better health outcomes and potentially can save lives.

FootprintID® provides a secure solution for individuals to take control of their medical records and enables immediate access wherever they are in the world.

- Medical and Health Information is always at your fingertips anywhere your travel takes you
- Documents are easily shared with physicians, emergency responders, health care providers, pharmacies and family
- Unlimited storage of test results, imaging files and documents, such as health care proxies and advanced directives provides access to critical information
- Your information safely resides in one place. This includes emergency contacts, prescriptions, allergies, conditions, immunizations, physicians, surgeries and family history
- No worries about forgetting important information during a crisis---EVER!
- Web, mobile and telephone access with reliable 24/7 support
- FootprintID® works anywhere in the world

**Register at [tripmate.footprintid.com](http://tripmate.footprintid.com)**