

Print Date:

Non-Insurance Services

One Call 24-Hour Assistance Services
Global Xpi Medical Records Service

Please Note: This Plan is only effective for You if the required plan payment for the Covered Trip has been paid to Your Travel Supplier. Your plan payment must be received by Your Travel Supplier with or before Your final payment for Your Covered Trip.

To Report A Claim

Thank you for purchasing a Trip Mate Plan. Have questions, want to report a claim? You can call us toll-free at the number listed below.

You can also report and complete your claim(s) online at www.tripmate.com.

Customer Service or to Report A Claim

1-800-888-7292

One Call 24-Hour Assistance Services

One Call Worldwide Travel Services Network, Inc. provides: medical, legal and travel assistance services available 24 hours a day/365 days a year. A complete list of these services is included in Your Plan Documents. To contact One Call:

Within U.S.A. & Canada
1-800-555-9095

Outside U.S.A. & Canada
1-603-894-4710

Purchase Details

Your Travel Supplier Name:

Lindblad Expeditions

Plan Number: F416

Effective Date For Trip Cancellation:

Date Plan Payment Received by Your Travel Supplier

Effective Date For Other Benefits:

Scheduled Departure Date for Your Covered Trip

Part A - The Cancellation Waiver Program* Cancellation Waiver Program Limits

Plan Benefits	Maximum Benefit Amount
Cancellation Penalty Waiver	Cash Refund Up to Trip Cost
Enhanced Cancel For Any Reason Waiver	Trip Cost ‡

‡ Reimbursement under the Enhanced Cancel For Any Reason Penalty Waiver is in the form of Travel Certificate, see Enhanced Cancel For Any Reason Penalty Waiver Details for complete information.

Part B - Travel Insurance Benefits** Schedule of Benefits - TP-401-TX-AH

Plan Benefits	Maximum Benefit Amount
Accidental Death & Dismemberment	
24-Hour Coverage	\$25,000
Accident Medical Expense	\$25,000***
Sickness Medical Expense	\$25,000***

Part B - Travel Insurance Benefits** Schedule of Benefits - TP-401-TX-PC

Plan Benefits	Maximum Benefit Amount
Trip Interruption	150% of Trip Cost
Baggage and Personal Effects	\$1,500
Baggage Delay	\$250
Trip Delay (Up to \$150 Per Day)	\$750
Emergency Medical Evacuation, Medical Repatriation and Return of Remains	\$50,000
Missed Connection	\$750

* **The Cancellation Waiver Program of this Part A is provided by:**
Lindblad Expeditions

** **The Travel Insurance Benefits of this Plan are Underwritten By:**
United States Fire Insurance Company.

*** The total combined maximum limit for Accident Medical Expense and Sickness Medical Expense is \$25,000.

Non-Insurance Services are provided by: One Call 24-Hour Assistance Services and Global Xpi.

Plan Documents for



BOOK.PROTECT.ENJOY.
A Safer Way to Travel



Travel Protection Plus Program

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


TripMate
Your partner in travel

IMPORTANT CONTACT INFORMATION

Please review these Plan Documents as they provide complete details of the Plan Benefits and Services. 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.

Customer Service
1-800-888-7292

To Report A Claim

Present all claims to the Program Administrator:

Online at: www.tripmate.com

or by phone:

Tel: 1-800-888-7292

Plan Number: F416

Trip Mate, Inc.
(In CA & UT, dba Trip Mate Insurance Agency)
9225 Ward Parkway, Suite 200
Kansas City, Missouri 64114

One Call Worldwide Travel Assistance

To assist you while traveling, One Call multi-lingual professionals are available 24 hours a day/365 days a year providing medical, legal and travel assistance services during your trip. A complete list of these services is included with this Plan.

To Contact One Call During Your Trip:

Within U.S.A. & Canada
1-800-555-9095

Outside U.S.A. & Canada
1-603-894-4710

The 24-Hour Assistance Services are provided by:
One Call Worldwide Travel Services Network, Inc.

Part A

The Cancellation Waiver Program of this Part A is provided by Lindblad Expeditions.

CANCELLATION WAIVER PROGRAM LIMITS

Cancellation Penalty Waiver.....Cash Refund Up To Trip Cost
Enhanced Cancel For Any Reason Penalty Waiver .. Trip Cost*

* Reimbursement under the Enhanced Cancel For Any Reason Penalty Waiver is in the form of a Travel Certificate, see Enhanced Cancel For Any Reason Penalty Waiver Details for complete information.

CANCELLATION PENALTY WAIVER DETAILS

CANCELLATION PENALTY WAIVER - For Specified Reasons

Under this Cancellation Penalty Waiver, which when purchased becomes an addendum to our passenger contract terms and conditions, We will waive our published cancellation penalties and refund You in cash for the unused non-refundable cash, check, or credit card amounts You paid for Your Travel Arrangements when You cancel Your trip with Us before Your scheduled departure due to one of the following specified reasons:

1. a covered Sickness, Injury or death of You, Your Family Member, or Your Traveling Companion which occurs before departure on Your trip. The Sickness or Injury must occur before departure on Your trip and must require examination and treatment by a Physician at the time of cancellation. The treating Physician must certify that You are not able to participate on the trip due to medical restrictions;
2. You or Your Traveling Companion are quarantined, required to serve on a jury, or receive a court order to appear as a witness in a third party legal action provided the notice of jury duty or court order is received after You purchase this Plan;
3. Your or Your Traveling Companion's home or trip destination is made uninhabitable by a Natural Disaster and will remain uninhabitable during Your scheduled trip dates;
4. Your or Your Traveling Companion's place of employment is damaged due to a Natural Disaster and You or Your Traveling Companion are required to remain at work as a result;
5. a documented theft of Your passports or visas;
6. a permanent transfer of Your employment of 250 miles or more;
7. Your documented involvement in a traffic accident while en route to join Your trip which causes You to miss Your trip departure with Us;

8. unannounced organized labor strike, inclement weather or mechanical breakdown of the Common Carrier on which You are scheduled to travel that causes complete cessation of services for at least 12 consecutive hours;
9. a government-mandated shutdown of an airport or the air traffic control system;
10. You or Your Traveling Companion is called to emergency military duty following a Natural Disaster;
11. Your job is involuntarily terminated or You are laid off by Your employer for whom You have worked for at least 1 continuous year;
12. a documented revocation of Your previously granted military leave or re-assignment, including war.

Single Supplement - We will also reimburse You for the additional amount You must pay for a change in Your per person occupancy rate when a Traveling Companion cancels his or her trip for a covered specified reason and You do not cancel Your trip.

CANCELLATION PENALTY WAIVER DEFINITIONS

We use certain terms in detailing the Part A Cancellation Waiver Program and whenever used in this Part A, these terms have the following meaning:

"Business Partner" means an individual who (a) is involved in a legal general partnership with You and (b) is actively involved in the day to day management of Your business.

"Common Carrier" means any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

"Domestic Partner" means an opposite or same sex partner who, for at least 6 consecutive months, has resided with You and shared financial assets/obligations with You.

"Family Member" means Your or Your Traveling Companion's spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Business Partner, Domestic Partner, or an adult or child caregiver.

"Injury" or "Injuries" means bodily harm caused by an accident which: (1) occurs while Your coverage is in effect under the Plan; and (2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

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

"Physician" means a physician: (a) other than You, a Traveling Companion or a Family Member; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the place where the services are rendered.

"Pre-Existing Condition" means an illness, disease, or other condition during the 60 day period immediately prior to the date the Cancellation Penalty Waiver begins for which You or Your Traveling Companion scheduled or booked to travel with You: (1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or (2) took or received a prescription for drugs or medicine.

A condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before the Cancellation Penalty Waiver is effective is not considered to be a Pre-Existing Condition.

"Sickness" means an illness or disease of the body which: 1) requires examination and treatment by a Physician; and 2) commences while Your Cancellation Penalty Waiver is in effect.

"Travel Arrangements" means: (a) transportation; (b) accommodations; and (c) other specified services arranged for Your trip by Lindblad Expeditions.

"Traveling Companion" means a person or persons whose names appear with Yours on the same Travel Arrangements and who, during Your trip, will accompany You. A group or tour organizer, sponsor or leader is not considered to be a Traveling Companion, unless he or she is sharing accommodations with You in the same room, cabin, condominium unit, apartment unit or other lodging.

"You or Your" means a person who has purchased this Plan.

"We, Us and Our" means Lindblad Expeditions.

WHEN THE CANCELLATION PENALTY WAIVER BEGINS AND ENDS

The Cancellation Penalty Waiver Begins at 12:01 a.m. on the day after We receive Your payment in full for this Plan.

The Cancellation Penalty Waiver Ends on the earlier of when You depart on Your trip with Us or the date and time You cancel Your trip with Us.

WHAT'S NOT COVERED UNDER THE CANCELLATION PENALTY WAIVER

Under the Cancellation Penalty Waiver, we do not cover any loss due to, arising or resulting from:

1. Your or Your Traveling Companion's suicide, attempted suicide or any intentionally self-inflicted injury;
2. declared or undeclared war;
3. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
4. normal childbirth or pregnancy (except complications of pregnancy) or voluntarily induced abortion;
5. elective treatment and procedures;
6. a mental or nervous condition, unless hospitalized for that condition while the Cancellation Penalty Waiver is in effect for You; or
7. a loss that results from a Sickness, Injury, disease or other condition, event or circumstance which occurs at a time when the Cancellation Penalty Waiver is not in effect for You.

ENHANCED CANCEL FOR ANY REASON PENALTY WAIVER DETAILS

This additional Enhanced Cancel For Any Reason Penalty Waiver allows You to cancel Your expedition arrangements up to 72 hours before Your scheduled departure for any reason. When a cancellation of this type is made during a penalty period, Your cancellation penalty will be refunded in Lindblad Expeditions Travel Certificates.

Any amount payable under this Enhanced Cancel For Any Reason Penalty Waiver will be reduced by the amount of any Trip Cancellation amounts paid or payable under the Cancellation Penalty Waiver of this Plan or under any other travel insurance or travel protection plan providing Trip Cancellation benefits.

Please Note, the Enhanced Cancel For Any Reason Penalty Waiver applies only if the Travel Protection Plan is purchased by or before the final payment due date for Your trip.

The Enhanced Cancel For Any Reason Penalty Waiver does not cover penalties associated with air arrangements not provided by Lindblad Expeditions or cancellations made in the 72-hour period before Your scheduled departure. Lindblad Expeditions Travel Certificates are valid for one year and may not be redeemed for cash.

The Cancellation Waiver Program of this Part A is provided by Lindblad Expeditions and is not an insurance benefit underwritten by United States Fire Insurance Company.

Plan Documents for



BOOK.PROTECT.ENJOY.
A Safer Way to Travel



Travel Protection Plan Plus

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


TripMate
Your partner in travel

IMPORTANT CONTACT INFORMATION

Please review these Plan Documents as they provide complete details of the Plan Benefits and Services. 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.

Customer Service
1-800-888-7292

To Report A Claim

Present all claims to the Program Administrator:

Online at: www.tripmate.com

or by phone:
Tel: 1-800-888-7292

Plan Number: F416

Trip Mate, Inc.
(In CA & UT, dba Trip Mate Insurance Agency)
9225 Ward Parkway, Suite 200
Kansas City, Missouri 64114

One Call Worldwide Travel Assistance

To assist you while traveling, One Call multi-lingual professionals are available 24 hours a day/365 days a year providing medical, legal and travel assistance services during your trip. A complete list of these services is included with this Plan.

To Contact One Call During Your Trip:

Within U.S.A. & Canada
1-800-555-9095

Outside U.S.A. & Canada
1-603-894-4710

The 24-Hour Assistance Services are provided by:
One Call Worldwide Travel Services Network, Inc.

Part B

The Travel Insurance Benefits of this Part B are provided by United States Fire Insurance Company.

United States Fire Insurance Company
Administrative Office: 5 Christopher Way
Eatontown, NJ 07724
(Hereinafter referred to as "the Company")

Lindblad Expeditions
Plan # F416

TRAVEL PROTECTION INSURANCE POLICY

United States Fire Insurance Company, herein referred to as the Company, will pay You the insurance benefits described in this Policy. This Policy and attached Riders, if any, are issued in consideration of the statements in the enrollment form and the payment of the initial premium. This Policy is a legal contract between You and the Company.

RENEWAL CONDITION

Policy Term: This Policy is a short-term trip Policy and is issued for the specific term shown on the attached Confirmation of Benefits. This Policy is not renewable.

This Policy describes all of the travel insurance benefits underwritten by the Company. Please refer to the accompanying Confirmation of Benefits for specific information about the program You purchased. You should contact the Company immediately if You believe that the Confirmation of Benefits is incorrect.

Signed for the Company

Douglas M. Libby
Chairman and CEO

If You are not completely satisfied with the insurance, You must notify Your Travel Supplier within 10 days of purchase and return the Policy. The Company will give You a full refund of premium provided You have not already departed on the Covered Trip or filed a claim.

TABLE OF CONTENTS

- I. DEFINITIONS
- II. COVERAGES
- III. INSURING PROVISIONS
- IV. GENERAL LIMITATIONS AND EXCLUSIONS
- V. GENERAL PROVISIONS

SECTION I. DEFINITIONS

“Business Partner” means an individual who (a) is involved in a legal general partnership with You and or (b) is actively involved in the day to day management of Your business.

“Common Carrier” means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

“Confirmation of Benefits” means the coverage confirmation provided to You following enrollment and payment of the applicable premium.

“Covered Trip” means scheduled trips, tours or cruises for which (a) coverage is requested; and (b) the required premium is submitted prior to the Scheduled Departure Date.

“Domestic Partner” means a person who is responsible with the Named Insured for each other’s welfare. A domestic partnership relationship may be demonstrated by any three of the following types of documentation 1) a joint mortgage or lease; 2) designation of the domestic partner as beneficiary for life insurance; 3) designation of the domestic partner as primary beneficiary in the Named Insured’s will; 4) powers of attorney for property and/or health care; and 5) joint ownership of either a motor vehicle checking account or credit account.

“Family Member” means any of the following who resides in the United States, Canada, or Mexico: Your or Your Traveling Companion’s: legal spouse (or common-law spouse where legal), legal guardian, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner, an employed caregiver who lives with You, or a person for whom You is the primary caregiver with whom You have lived for 12 continuous months prior to the effective date of Your Plan, whether or not they travel with You.

“Hospital” means (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

“Injury” or “Injuries” means accidental bodily injuries: (a) received while insured under the Policy and any attached coverages; (b) resulting in loss independently of sickness and all other causes; and (c) not excluded from coverage.

“Insured” means the individual named on the enrollment form who has purchased a Covered Trip and who has paid the required premium. Insured mean You and Yours.

“Intoxicated” mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.

“Legally Qualified Physician” means a healthcare practitioner practicing within the scope of his or her license.

“Maximum Benefit Amount” means the maximum amount payable for coverage provided to an Insured as shown in the Confirmation of Benefits.

“Maximum Benefit Amount” means the maximum amount payable for coverage provided to an Insured as shown in the Confirmation of Benefits.

“Medical Treatment” means treatment advice or consultation by a Legally Qualified Physician.

“Medically Necessary” means a service or supply which: (a) is recommended by the attending Legally Qualified Physician; (b) is appropriate and consistent with the diagnosis in accordance with accepted standards of community practice; (c) could not have been omitted without adversely affecting Your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

“Mental or Nervous Conditions” means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a Mental Disorder, including but not limited to, neurosis, psychoneurosis, psychopathy, psychosis, bipolar Affective Disorder or Autism.

“Scheduled Return Date” means the date on which You are originally scheduled to return to the point of origin or the original final destination.

“Sickness” means an illness or disease that first manifests itself after the effective date of insurance and while you are covered on a trip.

“Third Party” means a person or entity other than You or the Company.

“Travel Arrangements” means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the covered trip.

“Traveling Companion” means a person or persons with whom You have coordinated Travel Arrangements and intends to travel with during the Covered Trip. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

“Travel Supplier” means any entity or organization that coordinates or supplies travel services for You.

“Usual and Customary Charges” means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

SECTION II. COVERAGES

ACCIDENTAL DEATH AND DISMEMBERMENT

You are eligible for benefits 24 hours a day, up to the Maximum Benefit Amount, when You sustain an Injury during the Trip which results in any of the following losses within 180 days of the date of the Injury causing the Loss.

Benefits will be paid as follows:

Loss:	Percentage of Principal Sum Payable:
Life	100%
Both Hands; Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
One Hand; One Foot or Sight of One Eye	50%

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively. **Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof. Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

The Principal Sum is shown in the Confirmation of Benefits.

ACCIDENT MEDICAL EXPENSE

For purposes of this benefit:

“Covered Expense” means expense incurred for services and supplies: (a) listed below; and (b) ordered or prescribed by a Legally Qualified Physician as Medically Necessary for diagnosis or treatment; which are limited to:

1. the services of a Legally Qualified Physician;
2. Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a hospital room for recovery of an Injury);
3. transportation furnished by a professional ambulance company to and/or from a Hospital; and prescribed drugs, prosthetics and therapeutic services and supplies.

Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount, if an Insured incurs a Covered Expense as a result of an accidental Injury which occurs during the Covered Trip. Only Covered Expenses incurred during the Covered Trip will be reimbursed. Expenses incurred after the Covered Trip are not covered.

Benefits will include expenses for emergency dental treatment due to accidental Injury not to exceed \$750.

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure Your admission to a Hospital, because of a covered accidental Injury. The authorized travel assistance company will coordinate advance payment to the Hospital.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

SICKNESS MEDICAL EXPENSE

For purposes of this benefit:

“Covered Expense” means expense incurred for services and supplies: (a) listed below; and (b) ordered or prescribed by a Legally Qualified Physician as Medically Necessary for diagnosis or treatment; which are limited to:

1. the services of a Legally Qualified Physician;
2. Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a hospital room for recovery of a Sickness;
3. transportation furnished by a professional ambulance company to and/or from a Hospital; and
4. prescribed drugs, prosthetics and therapeutic services and supplies.

Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount, if an Insured incurs a Covered Expense as a result of Sickness. Only Covered Expenses incurred during the Covered Trip will be reimbursed. Expenses incurred after the Covered Trip are not covered.

Benefits will include expenses for emergency dental treatment not to exceed \$750.

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure Your admission to a Hospital, up to the Maximum Benefit Amount, because of a covered Sickness. The authorized travel assistance company will coordinate advance payment to the Hospital.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

SECTION III. INSURING PROVISIONS

Coverage begins at the point and time of departure on the Scheduled Departure Date. Coverage ends at the point and time of return on Your Scheduled Return Date.

In the event the Scheduled Departure Date and/or the Schedule Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which neither the Travel Supplier nor You have control Your term of coverage shall be automatically adjusted accordance with the Travel Supplier's notice to the Company of the delay or change.

SECTION IV. GENERAL LIMITATIONS AND EXCLUSIONS

Benefits are not payable for Sickness, Injuries or losses of You or Your Traveling Companion:

1. resulting from suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
2. resulting from an act of declared or undeclared war;
3. while participating in maneuvers or training exercises of an armed service;
4. while riding, driving or participating in races, or speed or endurance contests;
5. while mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. while participating as a member of a team in an organized sporting competition;
7. while participating in skydiving, hang gliding, bungee cord jumping, scuba diving if the depth exceeds 130 feet or if You are not certified to dive and a dive master is not present during the dive;
8. while piloting or learning to pilot or acting as a member of the crew of any aircraft;
9. received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician;
10. to which a contributory cause was Your commission of or attempt to commit a felony or being engaged in an illegal occupation;

11. due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;
12. for dental treatment (except as coverage is otherwise specifically provided herein);
13. which exceed the Maximum Benefit Amount for each attached coverage as shown in the Confirmation of Benefits; or;

14. due to a mental or nervous condition, unless hospitalized.

SECTION V. GENERAL PROVISIONS

Entire Contract: Changes: This Policy and any attachments are the entire contract of Insurance. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in the Policy or its attachments.

Clerical Error: Clerical Error on the Company's part or that of a Travel Supplier in keeping records or furnishing information will not void coverage if it is otherwise validly in force; nor will it continue coverage if it is otherwise validly terminated under the terms of this Policy.

Conformity with State Statutes: The provisions of this Policy must conform to the laws of the state in which it was issued. If they do not, they are hereby amended to conform.

Notice of Claim: Notice of claim must be reported within 20 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to the Company or designated representative and should include sufficient information to identify the Insured.

The Company shall, not later than the 15th day after receipt of such notice of a claim:

- a) acknowledge receipt of the claim;
- b) commence any investigation of the claim; and
- c) request from the Claimant all items, statements, and forms that the Company reasonably believes, at that time, will be required from the claimant. Additional requests may be made if during the investigation of the claim such additional requests are necessary.

If the acknowledgement of the claim is not made in writing, the Company shall make a record of the date, means, and content of the acknowledgement.

The Company shall notify a claimant in writing of the acceptance or rejection of the claim not later than the 15th business day after the date the Company receives all items, statements, and forms required by the Company, in order to secure final proof of loss. If the company rejects the claim, the Company will inform the Claimant of the reasons for the rejection. If the Company is unable to accept or reject the claim within 15 business days after the date the Company receives all items, statements, and forms required by the Company, the Company shall notify the claimant within such 15 business day period. The notice provided must give the reasons that the Company needs additional time. Not later than the 45th day after the date the Company notifies a Claimant of the need for additional time to investigate a claim, the Company shall accept or reject the claim.

Except as otherwise provided, if the Company delays payment of a claim following its receipt of all items, statements, and forms reasonably requested and required for more than 60 days, the Company shall pay, in addition to the amount of the claim, 18 percent per annum of the amount of such claim as damages, together with reasonable attorney fees. If suit is filed, such attorney fees shall be taxed as part of the costs in the case.

“Business Day” means a day other than a Saturday, Sunday, or holiday recognized by Texas.

Claim Forms: When notice of claim is received by the Company or designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by sending a written statement of what happened. This statement must be received within the time given for filing proof of loss.

Proof of Loss: The Claimant must send the Company, or its designated representative, proof of loss within ninety-one (91) days after a covered loss occurs or as soon as reasonably possible.

Time of Payment of Claims: The Company or its designated representative will pay the claim immediately after receipt of due proof of loss.

Payment of Claims: Benefits for loss of life are payable to the Principal Insured, who is the beneficiary for all other Insureds. If: (a) the Principal Insured predeceases You; and (b) a beneficiary is not otherwise designated by the Principal Insured benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

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

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

Other than for loss of life, if any benefit is payable to: (a) You or the Principal Insured's beneficiary who is minor or otherwise not able to give a valid release; or (b) the Principal Insured's estate: the Company may pay up to \$1,000 to the Principal Insured's beneficiary or any relative to whom the Company finds entitled to the payment. Any payment made in good faith shall fully discharge the Company to the extent of such payment.

If the Company notifies a claimant that the Company will pay a claim or part of a claim, the Company shall pay the claim not later than the fifth business day after the notice has been made. If the claimant conditions payment of the claim or part of the claim on the performance of an act, the Company shall pay the claim not later than the fifth business day after the date the act is performed.

Physician Examination and Autopsy: The Company, at the expense of the Company, may have You examined when and as often as is reasonable while the claim is pending. The Company may have an autopsy done (at the expense of the Company) where it is not forbidden by law.

Legal Actions: No legal action for a claim can be brought against us until 60 days after we receive proof of loss. No legal action for a claim can be brought against us more than 3 years after the time required for giving proof of loss.

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

Other Insurance with the Company: You may be covered under only one travel policy with the Company for each Covered Trip. If You are covered under more than one such policy, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

Subrogation: If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights; and in the event You recover damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

Reductions in the Amount of Insurance: The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this coverage for this Covered Trip.

Plan Documents for



BOOK.PROTECT.ENJOY.
A Safer Way to Travel



Travel Protection Plan Plus

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


TripMate
Your partner in travel

IMPORTANT CONTACT INFORMATION

Please review these Plan Documents as they provide complete details of the Plan Benefits and Services. 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.

Customer Service

1-800-888-7292

To Report A Claim

Present all claims to the Program Administrator:

Online at: www.tripmate.com

or by phone:

Tel: 1-800-888-7292

Plan Number: F416

Trip Mate, Inc.

(In CA & UT, dba Trip Mate Insurance Agency)
9225 Ward Parkway, Suite 200
Kansas City, Missouri 64114

One Call Worldwide Travel Assistance

To assist you while traveling, One Call multi-lingual professionals are available 24 hours a day/365 days a year providing medical, legal and travel assistance services during your trip. A complete list of these services is included with this Plan.

To Contact One Call During Your Trip:

Within U.S.A. & Canada

1-800-555-9095

Outside U.S.A. & Canada

1-603-894-4710

The 24-Hour Assistance Services are provided by:
One Call Worldwide Travel Services Network, Inc.

United States Fire Insurance Company

Administrative Office: 5 Christopher Way
Eatontown, NJ 07724

(Hereinafter referred to as "the Company")

Lindblad Expeditions

Plan # F416

TRAVEL PROTECTION INSURANCE POLICY

Limited Benefit Short-Term Single Premium Policy

United States Fire Insurance Company, herein referred to as the Company, will pay You the insurance benefits described in this Policy. This Policy and attached Riders, if any, are issued in consideration of the statements in the enrollment form and the payment of the initial premium. This Policy is a legal contract between You and the Company.

Coverage will not end solely because a person becomes an elected official in Texas.

This Policy describes all of the travel insurance benefits underwritten by the Company. Please refer to the accompanying Confirmation of Benefits for specific information about the program You purchased. You should contact the Company immediately if You believe that the Confirmation of Benefits is incorrect.

Signed for the Company

Douglas M. Libby
Chairman and CEO

If You are not completely satisfied with the insurance, You must notify Your Travel Supplier within 10 days of purchase and return the Policy. The Company will give You a full refund of premium provided You have not already departed on the Covered Trip or filed a claim.

TABLE OF CONTENTS

- I. COVERAGES
- II. DEFINITIONS
- III. INSURING PROVISIONS
- IV. GENERAL LIMITATIONS AND EXCLUSIONS
- V. GENERAL PROVISIONS

SECTION I. COVERAGES

TRIP INTERRUPTION

Benefits will be paid, up to the Maximum Benefit Amount, for the non-refundable, unused portion of the prepaid expenses for Travel Arrangements and/or the Additional Transportation Cost paid to return home or rejoin the Covered Trip, when You are prevented from completing Your Covered Trip due to:

- a) Sickness, Injury or death involving You or Your Traveling Companion or You or Your Traveling Companion's Business Partner or Your Family Member which results in medically imposed restrictions as certified by a Legally Qualified Physician at the time of loss preventing Your continued participation in the Trip;
- b) Unannounced Strike that causes complete cessation of services of Your Common Carrier for at least 48 consecutive hours;
- c) Weather that causes complete cessation of services of Your Common Carrier for at least 48 consecutive hours;
- d) Employer termination or layoff affecting You or a person(s) sharing the same room with You during Your Covered Trip. Employment must have been with the same employer for at least 3 continuous years;
- e) Your or Your Traveling Companion's principal place of residence being rendered uninhabitable by unforeseen circumstances or fire or flood or burglary of primary residence during Your Covered Trip;
- f) Burglary of Your or Your Traveling Companion's primary residence within 10 days of departure of the Trip;
- g) Felonious Assault of You or Your Traveling Companion within 10 days of departure or during the Trip;
- h) Bankruptcy or Default of an airline or cruise line, or tour operator or travel supplier (other than the tour operator or travel agency from whom You purchased Your travel arrangements) which stops service more than 14 days following Your Effective Date and after Your Covered Trip departure. Your Scheduled Departure Date must be no more than 15 months beyond Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. This benefit only applies if the policy has been purchased within 10 days of Your initial payment for the Covered Trip and for the full cost of the Covered Trip;
- i) Terrorism in a country which is part of the Trip, which causes the United States Department of State to issue a travel warning that You should not travel within that country for a period of time that would include the Trip. Such travel warning must be made after the Effective Date;

- j) Hijack, quarantine, jury duty, or court ordered appearance as a witness in a legal action in which You or Traveling Companion is not a party (except law enforcement officers);
- k) You or Your Traveling Companion is in the Military and called to emergency duty for a national disaster other than war;
- l) Traffic accident, substantiated by a police report, directly involving either You or Traveling Companion while en route to a scheduled point of departure;
- m) If the Travel Supplier cancels Your Trip, You are eligible for the benefit amount shown in the Confirmation of Benefits (\$150) for the reissue fee charged by the airline for each of the Your tickets. You must have protected the entire cost of their Trips, including the airfare;
- n) Natural disaster at the site of Your destination, which renders their destination accommodations uninhabitable;
- o) Felonious Assault of You or Your Traveling Companion during the Covered Trip;

provided such circumstances occurred after Your Effective Date and during Your Covered Trip.

If Your Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation and transportation expenses incurred by You to remain with Your traveling companion up to \$150 per day and limited to 5 days.

If You cannot continue travel due to a covered Injury or Sickness not requiring hospitalization, and You must extend Your Covered Trip with additional hotel nights up to \$150 per day and limited to 5 days due to medically imposed restrictions, as certified by a Legally Qualified Physician.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

If Your Travel Supplier cancels Your Covered Trip, You are covered up to \$50 for the reissue fee charged by the airline for the tickets. You must have covered the entire cost of the Covered Trip including the air.

The combined maximum payable under this benefit is the lesser of: a) total cost of Your Covered Trip; or b) the total amount of coverage You purchased.

BAGGAGE AND PERSONAL EFFECTS AND BAGGAGE DELAY

For the purposes of this Benefit:

"Baggage and Personal Effects" means goods being used by You during a Covered Trip. The term Baggage and Personal Effects does not include:

- a) animals;
- b) automobiles and automobile equipment;
- c) boats or other vehicles or conveyances;
- d) trailers;

- e) motors;
- f) aircraft;
- g) bicycles, except when checked as baggage with a Common Carrier;
- h) household effects and furnishings;
- i) antiques and collectors items;
- j) sunglasses, contact lenses, artificial teeth, dental bridges or hearing aids;
- k) prosthetic limbs;
- l) prescribed medications;
- m) keys, money, credit cards (except as coverage is otherwise specifically provided herein);
- n) securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
- o) professional or occupational equipment or property, whether or not electronic business equipment; or
- p) telephones, computer hardware or software.

For Baggage and Personal Effects: Coverage will be provided to You: (a) against all risks of permanent loss, theft or damage to Your Baggage and Personal Effects; (b) subject to all Exclusions and Limitations in the policy; (c) up to the Maximum Benefit Amount; and (d) occurring while this coverage is in force.

The lesser of the following amounts will be paid: a) the actual cash value (cost less proper deduction for depreciation) at the time of loss, theft or damage; b) the cost to repair or replace the article with material of a like kind and quality; or c) \$300 per article.

A combined maximum of \$600 will be paid for jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, articles trimmed with fur, cameras and their accessories and related equipment.

A maximum of \$50 will be paid for the cost of replacing a passport or visa.

A maximum of \$50 will be paid for the cost associated with the unauthorized use of lost or stolen credit cards, subject to verification that You have complied with all conditions of the credit card company.

For Baggage Delay: If, while on a Covered Trip, Your checked baggage is delayed or misdirected by a Common Carrier for more than 24 hours from Your time of arrival at a destination other than at Your place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount, for the actual expenditure for necessary personal effects. You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier; nor will benefits

be paid for loss or damage to property specifically schedule under any other insurance.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

TRIP DELAY

If You are delayed for 12 hours or more while in route to or from a Covered Trip, due to:

- a. any delay of a Common Carrier. The delay must be certified by the Common Carrier;
- b. a traffic accident in which You or Your Traveling Companion are not directly involved (must be substantiated by a police report);
- c. lost or stolen passports, travel documents or money (must be substantiated by a police report); or
- d. quarantine, hijacking, strike, natural disaster, terrorism or riot;
- e. documented weather condition preventing You from getting to the point of departure;

benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for:

- a. the Additional Transportation Cost from the point where You were delayed to a destination where You can join the Covered Trip;
- b. the Additional Transportation Cost to return You to Your originally scheduled return destination;
- c. reasonable accommodation and meal expenses, up to \$150 per day, necessarily incurred by You for which You have proof of purchase and which were not paid for or provided by any other source; and
- d. the non-refundable, unused portion of the prepaid expenses for the Covered Trip.

Benefits will not be paid for any expenses that have been reimbursed or for any services that have been provided by the Common Carrier.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION AND RETURN OF REMAINS

When You suffer a loss of life for any reason or incur a Sickness or Injury during the course of a Covered Trip, the following benefits are payable, up to the Maximum Benefit Amount.

1. **For Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation

Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

If You are in the Hospital for more than seven consecutive days following a covered Emergency Medical Evacuation, the Company will pay to return by Economy Transportation, Your dependent children who are under 18 years of age and accompanying You on the Covered Trip, to their home, with an attendant, if considered necessary by the travel assistance company.

If You are in a Hospital alone for more than 7 consecutive days and Emergency Evacuation is imminent, upon request of the Insured or next of kin if Insured is incapacitated, the Company will pay to transport one person, chosen by the Insured, by Economy Transportation, for a single visit to and from Your bedside.

2. **For Medical Repatriation:** a) If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your place of permanent residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for Your return to Your permanent residence via: i) one-way Economy Transportation; or ii) commercial upgrade, based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing. Transportation must be via the most direct and economical route. b) If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your place of permanent residence for continued treatment of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for transportation to the Hospital or medical facility closest to Your permanent place of residence capable of providing that treatment.

Transportation must be by the most direct and economical route. Covered land or air transportation includes, but is not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company.

3. **For Return of Remains:** In the event of Your death, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your place of residence or to the place of burial.

If benefits are payable under this Coverage and You have other insurance that may provide benefits for this same loss, the Company reserves the right to recover from such other insurance. You shall:

- a) notify the Company of any other insurance;
- b) help the Company exercise the Company's rights in any reasonable way that the Company may request, including the filing and assignment of other insurance benefits;

- c) not do anything after the loss to prejudice the Company's rights; and
- d) reimburse to the Company, to the extent of any payment the Company has made, for benefits received from such other insurance.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

MISSED CONNECTION

If You miss Your cruise or tour departure because Your arrival at Your Trip destination is delayed for 3 or more hours, due to: a) any delay of a Common Carrier (the delay must be certified by the Common Carrier); b) a documented weather condition preventing You from getting to the point of departure; c) quarantine, hijacking, Strike, natural disaster, terrorism or riot, benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for: a) the Additional Transportation Cost to join the Trip and b) reasonable accommodation and meal expenses necessarily incurred by You for which You have proof of purchase and which were not paid for or provided by any other source.

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

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

SECTION II. DEFINITIONS

"Additional Transportation Cost" means the actual cost incurred for one-way Economy Transportation by Common Carrier reduced by the value of an unused travel ticket.

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

"Business Partner" means an individual who (a) is involved in a legal general partnership with You and or (b) is actively involved in the day to day management of Your business.

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

"Confirmation of Benefits" means the coverage confirmation provided to You following enrollment and payment of the applicable premium.

"Covered Trip" means scheduled trips, tours or cruises for which (a) coverage is requested: and (b) the required premium is submitted prior to the Scheduled Departure Date.

"Default" means the inability to provide contracted services due to a material financial failure.

"Domestic Partner" means a person who is at least eighteen years of age and can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards,

jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of continuous cohabitation throughout the 180 day period prior to Your Effective Date of the Plan; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

“Economy Transportation” means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that You purchased for the Covered Trip, reduced by the value of an unused return travel ticket.

“Family Member” means any of the following who resides in the United States, Canada, or Mexico: Your or Your Traveling Companion’s: legal spouse (or common-law spouse where legal), legal guardian, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner, an employed caregiver who lives with You, or a person for whom You are the primary caregiver with whom You have lived for 12 continuous months prior to the effective date of Your Plan, whether or not they travel with You.

“Hospital” means (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

“Inclement Weather” means any weather condition that delays the scheduled arrival or departure of a Common Carrier.

“Injury” or “Injuries” means accidental bodily injuries: (a) received while insured under the Policy and any attached coverages; (b) resulting in loss independently of sickness and all other causes; and (c) not excluded from coverage.

“Insured” means the individual named on the enrollment form who has purchased a Covered Trip and who has paid the required premium. Insured means You and Yours.

“Intoxicated” mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.

“Legally Qualified Physician” means a physician or a Christian Science Practitioner (a) other than You, a Traveling Companion or a Family Member; (b) practicing within the scope of Your license; and (c) recognized as a physician in the place where the services are rendered.

“Maximum Benefit Amount” means the maximum amount payable for coverage provided to an Insured as shown in the Confirmation of Benefits.

“Medical Treatment” means treatment advice or consultation by a Legally Qualified Physician.

“Medically Necessary” means a service or supply which: (a) is recommended by the attending Legally Qualified Physician; (b) is appropriate and consistent with the diagnosis in accordance with accepted standards of community practice; (c) could not have been omitted without adversely affecting Your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

“Mental or Nervous Conditions” means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a Mental Disorder, including but not limited to, neurosis, psychoneurosis, psychopathy, psychosis, bipolar Affective Disorder or Autism.

“Published Penalties” means any published cancellation penalties issued by Your travel agency or Travel Supplier that apply to all clients of the travel agency or Travel Supplier and can be documented at time of the Covered Trip sale. You must be in the Travel Supplier’s penalty period. The maximum amount reimbursable under the travel agency’s Published Penalties is 10% of the Covered Trip cost (excluding taxes and other non-commissionable items) or 10% of the amount You have paid, whichever is less. Maximum payable under any one claim is the Covered Trip cost, excluding taxes and other non-commissionable items.

“Scheduled Departure Date” means the date on which You are originally scheduled to leave on the Covered Trip.

“Scheduled Return Date” means the date on which You are originally scheduled to return to the point of origin or the original final destination.

“Sickness” means an illness or disease that is diagnosed or treated by a Legally Qualified Physician after the effective date of insurance and while You are covered under the Policy.

“Strike” means any stoppage of work: (a) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased; and (b) which interferes with the normal departure and arrival of a Common Carrier.

“Terrorist Incident” means an incident deemed a terrorist act by the United States Government that causes property damage and loss of life.

“Third Party” means a person or entity other than You or the Company.

“Transportation Expense” means: (a) the cost of conveyance of You and any medical personnel (if Medically Necessary); and (b) Medically Necessary services or supplies.

“Travel Arrangements” means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the covered trip.

“Traveling Companion” means a person or persons with whom You have coordinated Travel Arrangements and intends to travel with during the Covered Trip. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

“Travel Supplier” means any entity or organization that coordinates or supplies travel services for You.

“Usual and Customary Charges” means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

SECTION III. INSURING PROVISIONS

Policy Term: This Policy is a short-term trip Policy and is issued for the specific term shown on the attached Confirmation of Benefits. This Policy is not renewable.

For all other coverages: Coverage begins at the point and time of departure on the Scheduled Departure Date. Coverage ends at the point and time of return on Your Scheduled Return Date.

EXCESS INSURANCE LIMITATION: The insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

In the event the Scheduled Departure Date and/or the Schedule Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which neither the Travel Supplier nor You have control Your term of coverage shall be automatically adjusted accordance with the Travel Supplier’s notice to the Company of the delay or change.

SECTION IV. GENERAL LIMITATIONS AND EXCLUSIONS

Benefits are not payable for Sickness, Injuries or losses of You or Your Traveling Companion:

1. resulting from suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only);
2. resulting from an act of declared or undeclared war;
3. while participating in maneuvers or training exercises of an armed service;
4. while riding, driving or participating in races, or speed or endurance contests;
5. while mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. while participating as a member of a team in an organized sporting competition;

7. while participating in skydiving, hang gliding, bungee cord jumping, scuba diving if the depth exceeds 130 feet or if You are not certified to dive and a dive master is not present during the dive; or deep sea diving;
8. while piloting or learning to pilot or acting as a member of the crew of any aircraft;
9. received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advise of a Legally Qualified Physician;
10. to which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
11. due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;
12. for dental treatment (except as coverage is otherwise specifically provided herein);
13. which exceed the Maximum Benefit Amount for each attached coverage as shown in the Confirmation of Benefits: or;
14. due to a Pre-existing Condition, as defined in the policy. The Pre-existing Condition Limitation does not apply to: (a) Emergency Medical Evacuation, Medical Repatriation and Return of Remains coverage; or (b) to coverage purchased within 24 hours from the time the initial Covered Trip deposit is paid;
15. due to a mental or nervous condition, unless hospitalized;
16. This policy does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto.

The following limitation applies to Trip Cancellation: All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72-hour period, the Company will not pay for additional charges which would not have been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects

Benefits are not payable for any loss caused by or resulting from:

- a) breakage of brittle or fragile articles;
- b) wear and tear or gradual deterioration;
- c) confiscation or appropriation by order of any government or custom's rule;
- d) theft or pilferage while left in any unlocked vehicle;
- e) property illegally acquired, kept, stored or transported;
- f) Your negligent acts or omissions; or
- g) property shipped as freight or shipped prior to the Scheduled Departure Date.

SECTION V. GENERAL PROVISIONS

Entire Contract: Changes: This Policy and any attachments are the entire contract of Insurance. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in the Policy or its attachments.

Clerical Error: Clerical Error on the Company's part or that of a Travel Supplier in keeping records or furnishing information will not void coverage if it is otherwise validly in force; nor will it continue coverage if it is otherwise validly terminated under the terms of this Policy.

Conformity with State Statutes: The provisions of this Policy must conform to the laws of the state in which it was issued. If they do not, they are hereby amended to conform.

Notice of Claim: Notice of claim must be reported within 20 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to the Company or designated representative and should include sufficient information to identify the Insured.

The Company shall, not later than the 15th day after receipt of such notice of a claim:

- a) acknowledge receipt of the claim;
- b) commence any investigation of the claim; and
- c) request from the Claimant all items, statements, and forms that the Company reasonably believes, at that time, will be required from the claimant. Additional requests may be made if during the investigation of the claim such additional requests are necessary.

If the acknowledgement of the claim is not made in writing, the Company shall make a record of the date, means, and content of the acknowledgement.

The Company shall notify a claimant in writing of the acceptance or rejection of the claim not later than the 15th business day after the date the Company receives all items, statements, and forms required by the Company, in order to secure final proof of loss. If the company rejects the claim,

the Company will inform the Claimant of the reasons for the rejection. If the Company is unable to accept or reject the claim within 15 business days after the date the Company receives all items, statements, and forms required by the Company, the Company shall notify the claimant within such 15 business day period. The notice provided must give the reasons that the Company needs additional time. Not later than the 45th day after the date the Company notifies a Claimant of the need for additional time to investigate a claim, the Company shall accept or reject the claim.

Except as otherwise provided, if the Company delays payment of a claim following its receipt of all items, statements, and forms reasonably requested and required for more than 60 days, the Company shall pay, in addition to the amount of the claim, 18 percent per annum of the amount of such claim as damages, together with reasonable attorney fees. If suit is filed, such attorney fees shall be taxed as part of the costs in the case.

"Business Day" means a day other than a Saturday, Sunday, or holiday recognized by Texas.

The provision entitled "Payment of Claim" is amended by the addition of the following paragraph:

If the Company notifies a claimant that the Company will pay a claim or part of a claim, the Company shall pay the claim not later than the fifth business day after the notice has been made. If the claimant conditions payment of the claim or part of the claim on the performance of an act, the Company shall pay the claim not later than the fifth business day after the date the act is performed.

Claim Forms: When notice of claim is received by the Company or designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by sending a written statement of what happened. This statement must be received within the time given for filing proof of loss.

Proof of Loss: The Claimant must send the Company, or its designated representative, proof of loss within ninety-one (91) days after a covered loss occurs or as soon as reasonably possible.

Time of Payment of Claims: The Company or its designated representative, will pay the claim after receipt of acceptable proof of loss.

Payment of Claims: Benefits for loss of life are payable to the Principal Insured, who is the beneficiary for all other Insureds. If: (a) the Principal Insured predeceases You: and (b) a beneficiary is not otherwise designated by the Principal Insured benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) the Principal Insured's spouse;
- b) the Principal Insured's child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;

- d) Your brothers and sisters jointly; or
- e) the Principal Insured's estate.

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

Other than for loss of life, if any benefit is payable to: (a) You or the Principal Insured's beneficiary who is minor or otherwise not able to give a valid release; or (b) the Principal Insured's estate: the Company may pay up to \$1,000 to the Principal Insured's beneficiary or any relative to whom the Company finds entitled to the payment. Any payment made in good faith shall fully discharge the Company to the extent of such payment.

Physician Examination and Autopsy: The Company, at the expense of the Company, may have You examined when and as often as is reasonable while the claim is pending. The Company may have an autopsy done (at the expense of the Company) where it is not forbidden by law.

Legal Actions: No legal action for a claim can be brought against us until 60 days after the Company receives proof of loss. No legal action for a claim can be brought against us more than 3 years after the time required for giving proof of loss. This 3-year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

Other Insurance with the Company: You may be covered under only one travel policy with the Company for each Covered Trip. If You are covered under more than one such policy, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect. **Subrogation:** If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event You recover damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

Additional Claims Provisions Specific to Baggage

Insured's Duties After Loss of or Damage to Property or Delay of Baggage: In case of loss, theft, damage or delay of baggage or personal effects, and Insured must:

- a) take all reasonable steps to protect, save or recover the property:
- b) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss:
- c) produce records needed to verify the claim and its amount, and permit copies to be made:
- d) provide to the Company, within 90 days from the date of loss, a detailed proof of loss signed and sworn to: and
- e) be examined, if requested.

Reductions in the Amount of Insurance: The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this coverage for this Covered Trip.

WHERE TO PRESENT A CLAIM

Present all claims to the Program Administrator:

Trip Mate, Inc.*

9225 Ward Parkway, Suite 200

Kansas City, Missouri 64114

Tel: 1-800-888-7292

Plan Number: F416

Claims may also be reported/completed online at:

www.tripmate.com

*In CA & UT, dba Trip Mate Insurance Agency

**TEXAS
IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call the United States Fire Insurance Company's toll-free telephone number for information or to make a complaint at:

1-800-232-7380

You may also write to the United States Fire Insurance Company at:

The United States Fire Insurance Company
Complaint Department
c/o Fairmont Specialty
5 Christopher Way
Eatontown, NJ 07724

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P. O. Box 149104
Austin, Texas 78714-9104
FAX No. 512-475-1771

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY.

This Notice is for information only and does not become part of condition of the attached document.

**TEXAS
AVISO IMPORTANTE**

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de the United States Fire Insurance Company para informacion o para someter una queja al:

1-800-232-7380

Usted tambien puede escribir a United States Fire Insurance Company:

The United States Fire Insurance Company
Complaint Department
c/o Fairmont Specialty
5 Christopher Way
Eatontown, NJ 07724

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P. O. Box 149104
Austin, Texas 78714-9104
FAX No. 512-475-1771

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concierne a su prima o a un reclamo, primero debe comunicarse con el agente. Si no se resuelve la disputa, puede entonces comunicarse con el Departamento (TDI).

ANADA / ADJUNTE UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS
INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

This insurance provides limited benefits, if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- The benefits stated in the policy and coverage for the same event is provided by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Other approved items and services

BEFORE YOU BUY THIS INSURANCE

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

Non-Insurance Services

One Call 24-Hour Assistance Services
Global Xpi Medical Records Service



One Call

Worldwide Travel Services Network

Medical Assistance - Our multi-lingual professionals are available 24 hours a day to provide help, advice and referrals for medical emergencies. We will help you locate local physicians, dentists, or medical facilities.

Medical Consultation and Monitoring - If you are hospitalized, we will contact you and your treating physician to monitor your condition to assure you are receiving appropriate care and assess the need for further assistance. We will also contact your personal physician and family at home when necessary or requested to keep them informed of your situation.

Medical Evacuation - When medically necessary, we will arrange and pay for appropriate transportation, including an escort, if required, to a suitable hospital, treatment facility or home. Payment for Medical Evacuation is available only for covered claims and up to the amount of coverage provided in the policy. All medical transportation services must be authorized and arranged by One Call. In the event of an unauthorized Medical Evacuation, reimbursement may be limited or coverage may be invalidated.

Emergency Medical Payments - We will assist you in the advancement of funds or guarantee payments (up to the policy limits) to a hospital or other medical provider, if required, to secure your admission, treatment or discharge.

Prescription Assistance - We will assist you with replacing medications that are lost, stolen or spoiled during your Trip, either locally or by special courier.

Repatriation of Remains - In the event of death while on a Trip, we will arrange for the preparation and transportation required to return your remains to your home.

24 Hour Legal Assistance - If while on your Trip you encounter legal problems, we will help you find a local legal advisor. If you are required to post bail or provide immediate payment of legal fees, we will assist you in arranging a funds transfer from family or friends.

Nurse Helpline - Registered nurses are available 24-Hours a day before and during your Trip to provide general health information, clinical assessment, and health counseling to give you assistance in making appropriate healthcare decisions.

While we strive to provide help and advice for problems encountered by travelers wherever or whenever they occur, situations may arise beyond our control when immediate resolution is not possible. We will make every reasonable effort to refer You to appropriate medical and legal providers, but neither the Insurer nor One Call Worldwide Travel Services Network may be held responsible for the availability, quality or results of any medical treatment or Your failure to obtain medical treatment.

One Call Travel Solutions

24-Hour Worldwide Travel Services

Message Services - We will transmit emergency messages to family, friends or business associates and let you know that the message has been received.

Language Interpretation Services - We provide interpretation services in major languages and will refer you to appropriate local services, if needed.

Emergency Cash Transfer - We will help arrange an emergency cash transfer (wire transfer, travelers checks, etc.) of your funds from home or from friends or family in medical or travel emergency situations where additional funds are required.

Pre-Trip Travel Services - We provide 24-Hour information, help and advice for your planned Trip such as: passport and visa information, requirements and replacement; travel health information or advisories; vaccine recommendations and requirements; government agency contact information (i.e. embassies, consulates, and other departments or agencies); weather and currency information.

Travel Document and Ticket Replacement - When important travel documents (such as passports and visas) are lost or stolen, we will help you to secure replacements. We will also help you when airline or other travel tickets are lost or stolen. We will assist you with reporting your loss, reissuing tickets and obtaining the money required for this purpose (you are responsible for providing the funds).

One Call Concierge Services

- Restaurant, shopping, hotel recommendations/reservations
- Local transport (rental car/limousine, etc.) information and reservations
- Sporting, theatre, night life and event information (sports scores, stock quotes, gift suggestions, etc.), recommendations and ticketing
- Golf course information, referrals, recommendations and tee times
- Tracking and assisting with the return of lost or delayed baggage

ACCESS YOUR MEDICAL RECORDS ONLINE

With our exclusive **Free Global Xpi Service**, you can assure that your important medical records are available to you or any Physician chosen by you, at any time, anywhere in the world, quickly, wherever there is internet access available. **Register at www.globalxpi.com or call, toll free:**

1-800-379-9887 Use Program Code F416

These Services are Provided by: Global Xpi, Inc.

Business Services

- emergency correspondence and business communication assistance
- assistance with locating available business services such as: express/overnight delivery sites, internet cafes, print/copy services
- assistance with or arrangements for telephone and web conferencing
- emergency messaging to customers, associates, and others (phone, fax, e-mail, text, etc.)
- real time weather, travel delay and flight status information
- worldwide business directory service for equipment repair/replacement, warranty service, etc.
- emergency travel arrangements

CONTACTING ONE CALL'S 24-HOUR SERVICE CENTER

When outside the USA or Canada, call us collect through a local operator (you will first have to enter the International Access Code of the country you are calling from). Within the USA or Canada, use the toll free number.

Within U.S.A. & Canada Outside U.S.A. & Canada
1-800-555-9095 1-603-894-4710

YOUR PLAN NUMBER: F416

The 24-Hour Assistance Services are provided by:
One Call Worldwide Travel Services Network, Inc.

When used throughout this document “Company”, “Our”, “We”, or “Us” means:

United States Fire Insurance Company

GRIEVANCE PROCEDURES

When you submit a claim and that claim is denied, we will provide a written statement containing the reasons for the Adverse Determination. You have the right to request a review of any Company decision or action pertaining to our contractual relationship and to appeal any adverse claim determination we've made by filing a Grievance. These procedures have been developed to ensure a full investigation of a Grievance through a formal process.

DEFINITIONS

A “**Grievance**” is a written complaint requesting a change to a previous claim decision, claims payment, the handling or reimbursement of health care services, or other matters pertaining to your coverage and our contractual relationship.

An “**Adverse Determination**” is a determination by the Company or its designated utilization review organization that (i) a service, treatment, drug, or device, is experimental, investigational, specifically limited or excluded by your coverage; or (ii) a facility admission, the availability of care, continued stay or other health care services proposed or furnished have been reviewed and, based upon the information provided, does not meet the contractual requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness and therefore, the benefit coverage is denied, reduced or terminated in whole or in part.

INFORMAL GRIEVANCE PROCEDURE

You, your authorized representative, or a provider acting on your behalf may submit an oral complaint to us within 60-days after an event that causes a dispute. Telephoning allows you to discuss your complaint or concerns and gives us the opportunity to immediately resolve the problem.

If we don't have all the information necessary to review your complaint, we will request any additional information within 5 business days of receiving your complaint. After we receive all the necessary information, we will provide you, your authorized representative, or a provider acting on your behalf with our written decision within 30-days after receiving the complaint and all necessary information.

If the problem cannot be resolved in this manner, you still have the right to submit a written request for the complaint to be reviewed through the Formal Grievance Procedure, as outlined below.

FORMAL GRIEVANCE PROCEDURE

A formal Grievance may be submitted by you, your authorized representative, or in the event of an Adverse Determination, by a provider acting on your behalf.

If you file a formal Grievance, you will have the opportunity to submit written comments, documents, records and other information you feel are relevant to the Grievance, regardless of whether those materials were considered in the initial Adverse Determination.

First Level Review

Within 3 working business days after receiving the Grievance, we must acknowledge the Grievance and provide you, your authorized representative or a provider with the name, address, and telephone number of the coordinator handling the Grievance and information on how to submit written material. The person(s) who reviews the Grievance will not be the same person(s) who made the initial Adverse Determination. During the review, all information, documents, and other materials submitted relating to the claim will be considered, regardless of whether they were considered in making the previous claim decision. The Insured will not be allowed to attend, or have a representative attend, a First Level Review. The Insured may, however, submit written material for consideration by the reviewer(s).

Grievance

When the Grievance is based in whole or in part on a medical judgment, the review will be conducted by, or in consultation with, a medical doctor with appropriate training and expertise to evaluate the matter.

Following our review of your Grievance, we must issue a written decision to you and, if applicable, to your representative or provider, within 20-days after receiving the Grievance. The written decision must include:

- (1) The name(s), title(s) and professional qualifications of any person(s) participating in the First Level Review process.
- (2) A statement of the reviewer's understanding of the Grievance.
- (3) The specific reason(s) for the reviewer's decision in clear terms and the contractual basis or medical rationale used as the basis for the decision in sufficient detail for the Insured to respond further to our position.
- (4) A reference to the evidence or documentation used as the basis for the decision.
- (5) If the claim denial is based on medical necessity, experimental treatment or similar exclusion, instructions for requesting an explanation of the scientific or clinical rationale used to make the determination.
- (6) A statement advising you of your right to request a Second Level Review, if applicable, and a description of the procedure and timeframes for requesting a Second Level Review.

Second Level Review

The Second Level Review process is available if you are not satisfied with the outcome of the First level Review for an Adverse Determination. Within ten business days after receiving a request for a Second Level Review, we will advise you of the following:

- (1) the name, address, and telephone number of a person designated to coordinate the Grievance review for the Company;
- (2) a statement of your rights, including the right to:
 - attend the Second Level Review
 - present his/her case to the review panel;
 - submit supporting materials before and at the review meeting;
 - ask questions of any member of the review panel;
 - be assisted or represented by a person of his/her choice, including a provider, family member, employer representative, or attorney.
 - request and receive from us free of charge, copies of all relevant documents, records and other information that is not confidential or privileged that were considered in making the Adverse Determination.

We must convene a review panel and hold a review meeting within 45-days after receiving a request for a Second Level Review. We will notify you in writing of the meeting date at least 15-days prior to the date. The review meeting will be held during regular business hours at a location reasonable accessible to you. In cases where a face-to-face meeting is not practical for geographic reasons, we will offer you the opportunity to communicate with the review panel at our expense by conference call or other appropriate technology. Your right to a full review may not be conditioned on whether or not you appear at the meeting.

If you choose to be represented by an attorney, we may also be represented by an attorney. If we choose to have an attorney present to represent our interests, we will notify you at least 15 working days in advance of the review that an attorney will be present and that you may wish to obtain legal representation of your own.

The panel must be comprised of persons who:

- (1) were not previously involved in any matter giving rise to the Second Level Review;
- (2) are not employees of the Company or Utilization Review Organization; and
- (3) do not have a financial interest in the outcome of the review.

A person previously involved in the Grievance may appear before the panel to present information or answer questions.

All persons reviewing a Second Level Grievance involving a Utilization Review non-certification or a clinical issue will be providers who have appropriate expertise, including at least one clinical peer. If we use a clinical peer on an appeal of a Utilization Review non-certification or on a First Level Review, we may use one of our employees on the Second Level Review panel if the panel is comprised of 3 or more persons.

Grievance

We must issue a written decision to you and, if applicable, to your representative or provider, within 10 business days after completing the review meeting. The decision must include:

- (1) the name(s), title(s) and qualifying credentials of the members of the review panel;
- (2) a statement of the review panel's understanding of the nature of the Grievance and all pertinent facts;
- (3) the review panel's recommendation to the Company and the rationale behind the recommendation;
- (4) a description of, or reference to, the evidence or documentation considered by the review panel in making the recommendation;
- (5) in the review of a Utilization Review non-certification or other clinical matter, a written statement of the clinical rationale, including the clinical review criteria, that was used by the review panel to make the determination;
- (6) the rationale for the Company's decision if it differs from the review panel's recommendation;
- (7) a statement that the decision is the Company's final determination in the matter;
- (8) notice of the availability of the Commissioner's office for assistance, including the telephone number and address of the Commissioner's office.

EXPEDITED REVIEW

You are eligible for an expedited review when the timeframes for an Informal, formal First Level review or Second Level review would reasonably appear to seriously jeopardize your life or health, or your ability to regain maximum function. An expedited review is also available for all Grievances concerning an admission, availability of care, continued stay or health care service for a person who has received emergency services, but who has not been discharged from a facility.

A request for an expedited review may be submitted orally or in writing. An expedited review must be evaluated by an appropriate clinical peer in the same or similar specialty as would typically manage the case being reviewed. If we don't have the information necessary to decide an appeal, we will send you notification of precisely what is required within 24-hours of our receipt of your Grievance. All necessary information, including our decision, will be transmitted by telephone, facsimile, or the most expeditious method available. Provided we have enough information to make a decision, you, your authorized representative, or a provider acting on your behalf will be notified of the determination as expeditiously as the medical condition requires, but in no event more than 72-hours after the review has commenced. Written confirmation of our decision will be provided within 2 working business days of the decision and will contain the same items described in the written decision requirements for First Level reviews.

If the expedited review does not resolve the situation, you, your representative or a provider acting on your behalf may submit a written Grievance.

We will not provide an expedited review for retrospective reviews of Adverse Determinations.

When used throughout this document "The Company", "Our", "We", or "Us" means:

United States Fire Insurance Company

PRIVACY POLICY AND PRACTICES

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal and state privacy laws. Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

Your Privacy is Our Concern

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. There are legal requirements governing the collection, use, and disclosure of such information. The Company maintains physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information, and takes measures to enforce employee privacy responsibilities.

What kind of information do we collect about you and from whom?

We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

What do we do with the information collected about you?

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

To whom do we disclose information about you?

We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators;
- Medical bill review companies; and
- Reinsurance companies.

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.

How to contact Us

You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.

Privacy Policy Coordinator
Fairmont Speciality
5 Christopher Way, 3rd Floor
Eatontown, New Jersey 07724

Disclosure Notice:

This plan provides insurance coverage that only applies during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this policy with your existing life, health, home, and automobile insurance policies. If you have any questions about your current coverage, call your insurer or insurance agent or broker.

Purchasing travel insurance is not required in order to purchase any other products or services offered by the Travel Retailer.

What A Travel Retailer May Do:

Employees of a Travel Retailer may transact Travel Insurance on our behalf and under our direction, including:

1. Offering/disseminating information on our behalf, including brochures, buyer guides, descriptions of coverage, and price;
2. Referring specific coverage/feature/benefit questions to us;
3. Disseminating/processing applications for coverage, coverage selection forms, or other similar forms;
4. Collecting premiums on our behalf;
5. Receiving/recording information to share with us;

What A Travel Retailer May Not Do:

The Travel Retailer's employees:

1. are not qualified or authorized to answer technical questions about the benefits, exclusions or conditions of any of the insurance offered by the Travel Retailer; or
2. to evaluate the adequacy of a prospective insured's existing insurance coverage.

Definitions

"Travel Insurance" means coverage for personal risks incidental to planned travel, including one or more of the following:

Interruption or cancellation of a trip or event;
Loss of baggage or personal effects;
Damage to accommodations or rental vehicles; or
Sickness, accident, disability, or death occurring during travel.

The following are excluded from the definition of Travel Insurance: Major medical plans, which provide comprehensive medical protection for travelers on trips lasting 6 months or longer (e.g. working overseas, deployed military personnel, etc.). In some States, Damage waiver contracts that are part of a rental company's agreement. The phrase "damage waiver" or "collision damage waiver" cannot be used to describe travel insurance coverage, but the travel insurance contract may otherwise refer to "damage waiver" or "collision damage waiver" provided by a rental company.

"We, Us or Our" means Trip Mate, Inc.

DISCLOSURE TO CALIFORNIA RESIDENTS: [1754(a)(7) & (8)]

1. Purchasing travel insurance is not required in order to purchase any other product or service offered by the travel retailer.
2. Your travel retailer may not be licensed to sell insurance, and is therefore not qualified or authorized to:
 - a. Answer technical questions about the benefits, exclusions, and conditions of any of the insurance offered by the travel retailer.
 - b. Evaluate the adequacy of your existing insurance coverage.

This plan provides insurance coverage that only applies during the covered trip. You may have coverage from other sources that provide you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this policy with your existing life, health, home and automobile insurance policies. If you have any questions about your current coverage, call your insurer or insurance agent or broker.

DISCLOSURE TO DELAWARE RESIDENTS: [1772(2)a.7.]

The insurance coverage may duplicate existing coverages you may have. You may wish to compare the terms of this policy with your existing life, health, home and automobile policies, and other sources of protection.

DISCLOSURE TO MARYLAND RESIDENTS: [10-122 (d)(1)(ii)(4)]

This insurance coverage may duplicate certain provisions of insurance coverage already provided by your homeowner's, renter's or similar coverages or insurances, and that the purchase of travel insurance would make travel insurance primary to any other duplicate or similar coverage.