

## Dear Traveler,

Thank you for selecting Travelex as your travel insurance provider. Attached are the following documents which explain the complete details of your travel insurance package.

- **Evidence of Coverage**

This document contains the complete policy language, including full details on policy benefits, definitions and exclusions of your Travelex insurance plan.

Underwritten by Old Republic Insurance Company

- **Addendum to the Evidence of Coverage**

This document denotes where enhancements have been made to your Travel Plus or Travelite policy/certificate. This document either adds to or replaces the corresponding language in your Evidence of Coverage.

Underwritten by Old Republic Insurance Company

- **Multi-State Amendatory Rider**

This document contains language alterations to the Evidence of Coverage based on your state of residence.

- **Travelex JournEase Program Guide**

This guide provides all the details, terms, conditions and exclusions of the exclusive Travelex JournEase Program. This program is a complimentary addition to your Travelex insurance plan.

Event Ticket Secure and Identity Secure are underwritten by Indemnity Insurance Company of North America.

MedicalSummary.com is provided by MedicalSummary.com, a product of Kelly Company, LLC.

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subscription to MedicalSummary.com™!**

**Refer to your Confirmation of Coverage for your  
Program Code and Confirmation Number.**



Insurance Services



## INDIVIDUAL COVERAGE PERIOD

"Effective Date" is:

a) **If Trip Cancellation/Interruption protection is purchased** – 12:01 a.m. following: i) the Postmark of Your enrollment form; ii) the date You phone in the enrollment; iii) the date Your enrollment form is received by facsimile; or iv) the date You submit the enrollment via the internet, provided that in all cases the proper plan cost has been paid.

b) **If no Trip Cancellation/Interruption protection is purchased** – 12:01 a.m. on the Insured's trip Scheduled Departure Date or 12:01 a.m. following: i) the Postmark of Your enrollment form; ii) the date You phone in the enrollment; iii) the date Your enrollment form is received by facsimile or iv) the date You submit the enrollment via the internet, whichever is later, provided that in all cases the proper plan cost has been paid.

**Rental Vehicle Damage Protection coverage** begins on the later of the scheduled pick up date and time of the Rental Vehicle from the commercial car rental agency, as shown on the application, or the date and time the Rental Vehicle is actually picked up. Coverage ends on the earliest of thirty-one (31) days from the date of pick up, the date the Rental Vehicle is returned to the commercial car rental agency, or the Scheduled Return Date of the Rental Vehicle.

**Trip Cancellation** begins on Your Effective Date. Coverage ends at the point and time of departure on Your Scheduled Departure Date.

**Flight Accident Plan** begins on the departure date or the date of each Covered Trip or the Effective Date, whichever is later. The Flight Accident Plan ends when the trip is completed or after 180 days, whichever comes first.

**Trip Delay/Missed Connection** is in force while You are enroute to or from the Covered Trip.

**All Other Coverages (Including Trip Interruption)** begin at 12:01 a.m. on Your Scheduled Departure Date of the Covered Trip or Your Effective Date, whichever is later, and end at the point and time of return, on or before Your Scheduled Return Date of the Covered Trip.

**Maximum trip length** is 180 days. For longer trips, You may apply for an extended period of coverage subject to approval by the Company.

**Extension of Coverage:** If the duration of Your Covered Trip is prolonged and not completed during the coverage period because of the delay (beyond the control of any person insured hereunder) of the means of transport by which You are traveling or were due to travel provided that such transportation was due to arrive at Your destination within the coverage period and provided that the Covered Trip is completed with reasonable dispatch, the protection plan is extended automatically beyond the expiry date without additional premium for a period of 72 hours. Should You be hospitalized, coverage will be automatically extended for the period of the Hospital confinement and, in addition, 5 days after release for both You and one insured Traveling Companion.

## TRIP CANCELLATION/TRIP INTERRUPTION

### TRIP CANCELLATION

You are covered for the amount purchased for Published Penalties and unused non-refundable prepaid expenses for Travel Arrangements, whenever You are prevented from taking a Covered Trip for any of the following reasons that occur after the Effective Date of Your Protection Plan:

- Any serious Injury or any unforeseen serious Sickness:
  - 1) occurring to You, Your Business Partner, a Traveling Companion which is so disabling as to cause a reasonable person to delay, cancel, or interrupt their trip;
  - 2) occurring to Your Family Member that is considered life threatening or requiring hospitalization; or
  - 3) occurring to Your Family Member requiring Your immediate care. The cause of cancellation must be as the result of medically imposed restrictions as certified by a Legally Qualified Physician at the time of loss preventing Your continued participation in the Covered Trip;
- Your death, the death of Your Family Member, Business Partner or Your Traveling Companion;
- Unforeseen Bankruptcy or financial Default of a Travel Supplier (other than the travel agency or organization from whom You purchased the Travel Arrangements) which stops service after Your Covered Trip departure or more than 14 days following Your Protection Plan Effective Date. This coverage applies only if it was purchased within 21 days from the date the initial deposit is paid on the Covered Trip;
- An Organized Labor Strike that causes complete cessation of travel services for at least 48 consecutive hours;
- Unforeseen Inclement Weather which causes complete cessation of services of Your Common Carrier for at least 24 hours;
- Employer termination or layoff, through no fault of Yours, affecting You or a person(s) sharing the same room. Employment must have been with the same employer for at least three (3) consecutive years;
- A Terrorist Incident in Your city of departure or destination occurring after the policy Effective Date, if You are scheduled to arrive in that city within 30 days following the Terrorist Incident;
- You or Your Traveling Companion being hijacked, quarantined, called for jury duty, or called for a court ordered appearance as a witness (except law enforcement officers) in a legal action in which You or Your Traveling Companion is not a party;
- Residence of You or Your Traveling Companion is rendered uninhabitable due to unforeseen circumstances;
- Burglary of Your or Your Traveling Companion's residence within ten (10) days of departure or during Your Covered Trip;
- Felonious assault of You or Your Traveling Companion within ten (10) days of departure or during the Covered Trip;

- You or Your Traveling Companion being called to the emergency service of government in the case of military, reservists, police or fire personnel for a natural disaster other than war;
- A traffic accident directly involving either You or Your Traveling Companion, substantiated by a police report, while enroute to a scheduled departure point.

### REISSUE FEE BENEFIT

If Your Travel Supplier cancels the Covered Trip, You are covered up to \$150 for the reissue fee charged by the airline for Your tickets. You must have covered the entire cost of the Covered Trip including the airfare.

### SINGLE SUPPLEMENT UPGRADE BENEFIT

You are also covered for the single supplement upgrade when Your Traveling Companion cancels or interrupts a Covered Trip for a covered reason and You do not.

**All cancellations must be reported 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, and You must, if requested, provide proof that said event prevented You from reporting the cancellation within the specified period.

### TRIP INTERRUPTION

If You are prevented from completing a Covered Trip for any of the reasons listed under Trip Cancellation that occur after the departure date of the Protection Plan, You are covered up to the amount shown on the Confirmation of Coverage for:

- Any unused non-refundable prepaid expenses for Travel Arrangements;
- One way Economy Transportation to return to the original departure point or rejoin Your Covered Trip less the value of the original unused return travel ticket;
- Accommodations and Transportation Expenses for up to \$150/day for ten (10) additional days when a Traveling Companion must remain hospitalized or a covered Injury or Sickness not requiring hospitalization prevents You from continuing travel and You must extend Your Covered Trip with additional hotel nights due to medically imposed restrictions as certified by a Legally Qualified Physician.

### TRIP DELAY/MISSED CONNECTION

You are covered up to the Maximum Benefit Amount for:

- a) Additional Transportation Cost to join the Covered Trip or return home, including up to \$200 per day for reasonable accommodations and meals, if Your delay requires an unplanned overnight stay; and/or
- b) unused non-refundable portion of the prepaid expenses as long as the expenses are supported by proof of purchase and are not reimbursable by any other source.

Delay must be five (5) hours or more and certified due to the following reasons:

- 1) delay of Common Carrier (which is certified by the Common Carrier);
- 2) a traffic accident while enroute to the point of departure (substantiated by a police report);
- 3) documented weather condition preventing You from getting to the point of departure;
- 4) Organized Labor Strike, natural disaster, Terrorist Incident, riot or You or Your Traveling Companion being hijacked or quarantined;
- 5) lost or stolen passports, travel documents or money (substantiated by a police report).

### ITINERARY CHANGE

You are covered up to the Maximum Benefit Amount for unused non-refundable prepaid expenses if Your Travel Supplier makes a change in the Covered Trip itinerary **after Your Scheduled Departure Date**, which prevents You from participating in a separately booked event/activity not included in the cost of Your cruise/tour. If a comparable event/activity of equivalent cost is substituted then no benefit is paid. Verification by the cruise/tour supplier of the change in the scheduled Covered Trip itinerary will be necessary for claim payment.

### ACCIDENTAL DEATH AND DISMEMBERMENT

#### 24 HOUR

You are covered 24 hours a day, up to the Maximum Benefit Amount, when You sustain covered Injuries resulting in any of the following losses within 180 days from the date of the accident.

Benefits will be paid as follows:

- loss of life, both feet, both hands, both eyes, one hand and one foot, one hand and one eye or one foot and one eye – Maximum Benefit Amount;
- loss of one hand, one foot or one eye – one half of the Maximum Benefit Amount.

Loss of hand or hands, or foot or feet, means complete and permanent 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 the 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.

If, while covered by this benefit, You are unavoidably exposed to the elements because of a covered accident and suffer a loss for which benefits are payable under this benefit, such loss will be covered. If, while covered by this benefit, You are in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are covered by this benefit, and Your body has not been found within 52 weeks from the date of the accident, it will be presumed, unless there is evidence to the contrary, that You suffered loss of life as a result of those Injuries.

### COMMON CARRIER

You are covered for the amount purchased when You sustain covered Injuries: 1) received while a passenger (not as a pilot, operator or member of the crew) riding in, boarding or alighting from a public conveyance provided by a Common Carrier, and 2) resulting in any of the following losses within 180 days from the date of the accident.

Benefits will be paid as follows:

- loss of life, both feet, both hands, both eyes, one hand and one foot, one hand and one eye or one foot and one eye – Maximum Benefit Amount;
- loss of one hand, one foot or one eye - one half of the Maximum Benefit Amount.

Loss of hand or hands, or foot or feet, means complete and permanent 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 the 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. If, while covered by this benefit, You are unavoidably exposed to the elements because of a covered accident and suffer a loss for which benefits are payable under this benefit, such loss will be covered. If, while covered by this benefit, You are in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are covered by this benefit, and Your body has not been found within 52 weeks from the date of the accident, it will be presumed, unless there is evidence to the contrary, that You suffered loss of life as a result of those Injuries.

### BAGGAGE AND PERSONAL EFFECTS/BAGGAGE DELAY BAGGAGE AND PERSONAL EFFECTS

You are covered up to the Maximum Benefit Amount for lost, stolen, or damaged baggage or personal items with a maximum reimbursement of up to \$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.

In addition, the following reimbursements will apply:

- 1) lost or stolen passport or visa (\$50 maximum);
- 2) lost or stolen credit cards (\$50 maximum for the cost associated with unauthorized use subject to verification that You have complied with all conditions of the credit card company).

The lesser of the following amounts will be paid:

- a) the actual cash value (original 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.

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 scheduled under any other insurance.

### BAGGAGE DELAY

If Your checked baggage is delayed or misdirected by a Common Carrier while on Your Covered Trip for more than 24 hours from Your time of arrival at the destination other than Your residence, You are covered for the expense of necessary purchases of personal items up to the \$200/day subject to the Maximum Benefit Amount as long as the expense is substantiated by receipts for purchases. The Common Carrier must certify the delay.

### EMERGENCY MEDICAL BENEFITS

#### MEDICAL EXPENSE BENEFITS

You are covered for this Primary benefit up to the Maximum Benefit Amount for:

- 1) Emergency Medical Expenses incurred while on the Covered Trip as a result of an Injury which occurs or a Sickness which first manifests itself during the Covered Trip.
- 2) Benefits will include expenses for emergency dental treatment for Injury to sound natural teeth not to exceed \$750.
- 3) Advance payment will be made to a Hospital, up to a maximum of \$5,000, if needed to secure Your admission to a Hospital because of a covered Sickness or Injury which first occurs during the course of the Covered Trip.

The authorized travel Assistance Company will coordinate advanced payment to the Hospital. In all cases, benefits will not

be paid in excess of the Usual and Customary Charges. Benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

### **MEDICAL EVACUATION/REPATRIATION BENEFITS**

You are covered for this Primary benefit up to the Maximum Benefit Amount purchased for:

- 1) Medical Evacuation which is determined by a Legally Qualified Physician and the authorized Assistance Company's medical director that an Injury or Sickness is acute or life threatening and adequate treatment is not available at a local Hospital. Transportation will be to the closest Hospital or medical facility capable of providing adequate treatment.
- 2) Medical Repatriation when it is deemed Medically Necessary by a local attending Legally Qualified Physician and the authorized Assistance Company for You to return home or to a Hospital near Your home for continued treatment. Transportation Expenses incurred will be paid for You; a) to return to Your permanent residence or b) to be moved to a Hospital or medical facility closest to Your permanent place of residence capable of providing that treatment; via one-way Economy Transportation; or commercial upgrade, based on Your condition as recommended by the local attending Legally Qualified Physician and the authorized Assistance Company.
- 3) Repatriation of Remains: In the event of Your covered death, occurring during the Covered Trip, the Company will pay either the cost of the actual expense incurred for preparation, standard container and transportation of Your body or ashes to the outbound point of departure or for the reasonable cost for burial or cremation abroad, in either case not to exceed \$5,000.
- 4) Transportation for the return trip home via Economy Transportation for any dependent children under age 18 who are accompanying You if You are confined to a Hospital for more than seven (7) consecutive days. If You are traveling alone and are confined to a Hospital for more than seven (7) consecutive days, this benefit will provide, upon request by You or Your next of kin, one round-trip Economy Transportation for a person of Your choice to visit You in the Hospital.

These benefits provide Economy Transportation which must be by the most direct 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 Assistance Company.

Benefits are paid less the value of an unused return travel ticket. 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.

Where the pre-existing condition exclusion is waived in accordance with section "Pre-Existing Conditions Exclusion," there will be no Maximum Waiver Amount applicable for Medical Evacuation/Repatriation Benefits.

### **CONDITIONS**

If benefits are payable under Medical Evacuation/Repatriation and You have other insurance that may provide benefits for this same loss, the Company reserves the right to recover benefits from such other insurance.

You shall:

- a) notify the Company of any other insurance;
- b) cooperate with the Company to 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.

If You elect not to return home or not to be transferred to another medical facility for required emergency treatment and/or surgery, ongoing expenses will not be covered under this certificate and all benefits will cease.

**The maximum amount payable for Emergency Medical Benefits (Medical Expense Benefits and Medical Evacuation/Repatriation Benefits) will not exceed the Maximum Benefit Amount shown on the Confirmation of Coverage.**

**IMPORTANT: Please refer to "Pre-Existing Conditions Exclusion" for pre-existing condition details.**

### **FLIGHT ACCIDENTAL DEATH & DISMEMBERMENT**

You are covered for the amount purchased for accidental death, dismemberment or loss of sight as the result of an accident while a passenger on:

- a) a regularly scheduled airline flight or regularly scheduled charter operated: (i) in scheduled air transportation pursuant to economic authority issued by the Department of Transport; (ii) by an intrastate scheduled airline of United States registry maintaining regularly published schedules and licensed for the transportation of passengers by a duly constituted authority having jurisdiction over civil aviation in the state in which said airline operates; or (iii) by a scheduled airline of foreign registry maintaining regularly published schedules and licensed for transportation of passengers by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline;
- b) any aircraft, other than a single-engine jet, which at the time is making a flight for the principal purpose of transporting passengers

and not for any other operational, tactical or test purposes, and which is operated by: (i) the Air Mobility Command of the United States; (ii) the Royal Canadian Air Force Air Transport Command; or (iii) the Royal Air Force Air Transport Command of Great Britain; c) any land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this plan; d) a vehicle licensed to carry passengers for hire, but only: (i) when going to an airport to board an aircraft on which You are covered by this plan; or (ii) when leaving an airport after alighting from such an aircraft;

e) received while upon airport premises designated for passenger use immediately before boarding or immediately after alighting from an aircraft on which You are covered by this plan.

When You sustain covered Injuries resulting in any of the following losses within 180 days from the date of the accident, benefits will be paid as follows:

- Loss of life, both feet, both hands, both eyes, one hand and one foot, one hand and one eye or one foot and one eye – Maximum Benefit Amount;
- Loss of one hand, one foot or one eye – one half the Maximum Benefit Amount.

Loss of hand or hands, or foot or feet, means complete and permanent 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 the 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. If, while covered by this benefit, You are unavoidably exposed to the elements because of a covered accident and suffer a loss for which benefits are payable under this benefit, such loss will be covered. If, while covered by this benefit, You are in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are covered by this benefit, and Your body has not been found within 52 weeks from the date of the accident, it will be presumed, unless there is evidence to the contrary, that You suffered loss of life as a result of those Injuries. Flight Accident Plan also includes a medical expense feature that pays You up to \$50 for each \$1,000 of Your chosen benefit amount. If medical expense occurs within 30 days of a covered accident, You will be paid for: treatment by a local attending Legally Qualified Physician or surgeon; care or service from a Hospital; services and supplies provided by an ambulatory medical-surgical facility; home health care from a licensed home health agency, but only if continued Hospital care would otherwise have been required; attendance of a registered graduate nurse; x-ray examination; or, use of an ambulance. Loss must occur within 30 days of the accident. To receive benefits, the loss must be independent of Sickness and all other causes.

## RENTAL VEHICLE DAMAGE PROTECTION

### BENEFITS

Rental Vehicle Damage Protection provides benefits for physical loss or damage, for which You are liable, to a Rental Vehicle rented through the Travel Supplier with whom You booked Your trip and for which You declined a collision damage waiver. Rental Vehicle Damage Protection provides coverage for up to thirty-one (31) consecutive days to You, and anyone else permitted to operate the Rental Vehicle by virtue of the rental agreement, for liability as a result of physical damage to the Rental Vehicle.

Coverage is provided for any liability for loss or physical damage to the Rental Vehicle anywhere in the world. Coverage includes payment of towing costs, fire department charges, damage repairs, salvage, and civil action defense costs on account of such loss or damage.

### EXCLUSIONS

The protection under Rental Vehicle Damage Protection does not cover any Loss caused or resulting from:

- a) physical damage or loss as the result of or attributed to driving the Rental Vehicle: while under the influence of alcohol or any illegal substance or the abuse of a legal substance; while using any medication which recommends abstinence from driving; in a speed competition; for compensation or hire; for illegal trade purposes, or transporting contraband; in violation of the terms and conditions of the rental agreement;
- b) physical damage or loss attributed to: mechanical failure or breakdown of the Rental Vehicle; wear and tear, gradual deterioration, corrosion, rust or freezing; any neglect or abuse of the Rental Vehicle; any dishonest act or conversion; any consequence of war (declared or otherwise); contamination by radioactive material;
- c) waiver or assumption of expenses by the commercial car rental agency; expenses covered under any other policy of insurance; any contents of the Rental Vehicle.

### LIMITATIONS

- a) Coverage is limited to any physical damage or loss to the Rental Vehicle caused by fire, theft, explosion, earthquake, windstorm, hail, rising water, malicious mischief, riot, civil commotion or collision with another object or by upset not to exceed the Maximum Benefit Amount stated on the Confirmation of Coverage. Not more than one Rental Vehicle can be in Your care and custody at one time.
- b) It is Your responsibility to examine the Rental Vehicle, prior to acceptance, for any existing damages and to retain a copy of the written record of any pre-existing damages for submission to the Company in the event of a claim.

## 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.

**"Baggage and Personal Effects"** means goods being used by You during a Covered Trip. (See "Exclusions For Baggage & Baggage Delay Only").

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

**"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 public land, air or water conveyance operating under a valid license providing for the transportation of passengers for hire.

**"Company"** means Old Republic Insurance Company.

**"Confirmation of Coverage"** means the coverage confirmation provided to You following enrollment and payment of the applicable plan cost.

**"Covered Trip"** means scheduled trips, tours or cruises for which: a) coverage is requested; and b) the required plan cost is paid prior to the Scheduled Departure Date provided that the trip exceeds 150 miles from Your permanent residence.

**"Default"** means the inability to provide contracted services due to Financial Insolvency.

**"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.

**"Eligible Person"** means a resident of the United States.

**"Emergency Medical Expenses"** means expense incurred for emergency 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: the services of a Legally Qualified Physician; 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 or Sickness); transportation furnished by a professional ambulance company to and/or from a Hospital; and prescribed drugs, prosthetics and therapeutic services and supplies.

**"Family Member"** means Your: legal spouse or common-law spouse (where legal), legal guardian, legal 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), great-grandparent, grandchild, great-grandchild, aunt, uncle,

niece, nephew or Key Person, provided the Family Member resides in the United States, Canada or Mexico.

**"Financial Insolvency"** means the total cessation or complete suspension of operations due to insolvency, with or without the filing of a Bankruptcy petition, or the total cessation or complete suspension of operations following the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services which is duly licensed in the state(s) of operation other than the certificate holder or the person, organization, agency or firm from whom You directly purchased or paid for Your Covered Trip provided the Financial Insolvency occurs more than fourteen (14) days following Your effective date for the Trip Cancellation Benefits. There is no coverage for the total cessation or complete suspension of operations for losses caused by fraud or negligent misrepresentation by the supplier of travel services.

**"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 an 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 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 which delays the scheduled arrival or departure of a Common Carrier.

**"Injury"** or **"Injuries"** mean accidental bodily Injuries received while protected under this coverage and resulting in loss independently of Sickness and all other causes and certified by a Legally Qualified Physician.

**"Insured"** means the Eligible Person(s) named on the enrollment form.

**"Intoxicated"** means a blood alcohol level which 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.

**"Key Person"** means a) an employed caregiver of a legal dependant of You or b) a person to whom You are not married and with whom You have cohabited for 12 continuous months.

**"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 his or her license; and c) recognized as a physician in the place where the services are rendered.

**"Maximum Benefit Amount"** means the maximum amount payable for each coverage as shown on the Confirmation of Coverage.

**"Medical Treatment"** means treatment, advice or consultation by a Legally Qualified Physician.

**"Medically Fit"** implies assessment by a physician who advises that there is no medical condition/illness that would likely interfere with upcoming covered travel plans.

**"Medically Necessary"** means an emergency service or supply which: a) is recommended by the local 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 service or supplies is required by law.

**"Organized Labor Strike"** means any stoppage of work: a) as a result of a combined effect of workers which was unannounced and unpublished at the time this certificate was purchased; and b) which interferes with the normal departure and arrival of a Common Carrier. It does not include a general strike whereby all or most of the workers of a country, state, province, city or town cease work.

**"Postmark"** means the U.S. Postal Service mark that records the date and place of mailing to the addressee on the Protection Plan enrollment form.

**"Primary"** means that the Company will pay first, but reserves the right to recover from any other insurance carrier with which You may be enrolled.

**"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. The maximum amount reimbursable under the travel agencies 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. The maximum payable under any one claim is the Covered Trip cost, excluding taxes and other non-commissionable items.

**"Rental Vehicle"** is any Vehicle rented from a commercial car rental agency licensed under the laws of the jurisdiction of operation for Your personal use under a rental agreement. This excludes trucks, vans, buses, motorcycles, mopeds, motorbikes, recreational, all-terrain, campers, trailers, limousines, Vehicles twenty (20) years of age or older, any Vehicles specifically for off-road use and any exotic Vehicles such as Aston Martin, Bentley, Bricklin, Daimler, De Lorean, Excalibur, Ferrari, Jensen, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce, or any other such Vehicle.

**"Scheduled Departure Date"** means the date on which You are originally scheduled to leave on Your Covered Trip.

**"Scheduled Return Date"** means the date You are originally scheduled to return to the point of origin or the original final destination.

**"Sickness"** means an illness or disease which is diagnosed or treated by a Legally Qualified Physician after the Effective Date of Your plan and while You are covered under this plan.

**"Terrorist Incident"** means the unsanctioned and illegal use of violence which caused destruction of property, Injury, or death by an individual or group for the express or implied purpose of achieving a political, ethnic, or religious goal or result. A Terrorist Incident does not include general civil disturbance, rioting, an act of war (declared or undeclared) or the intentional release of a biological material. The Terrorist Incident must be documented in a travel warning issued by the United States Department of State advising that one should not travel to Your country of destination, or for United States cities, reported by the major news media.

**"Transportation Expense"** means: a) the cost of the conveyance of You and any medical personnel (if Medically Necessary); and b) Medically Necessary services and 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 intend to travel with during the Covered Trip (to a maximum of four persons including You). 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.

**"Trip Cost"** means all prepaid Covered Trip costs that are subject to cancellation penalties or restrictions including the cost of any subsequent arrangements added to Your Covered Trip.

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

**"You"** or **"Your"** means the Eligible Person(s) named on the enrollment form.

## FILING A CLAIM IS SIMPLE

### CLAIMS PROCEDURE PROVISIONS

To receive a claim form: Contact us within 30 days of Your loss at 1-888-322-6776, or send Your name, address, travel dates, confirmation number (provided on Your Confirmation of Coverage), and details of Your loss to:

**Old Republic Insurance Company  
Travel Claims Department  
4600 Witmer Industrial Estates, Suite 6  
Niagara Falls, NY 14305**

**IMPORTANT:** To facilitate prompt claims settlement, You will be asked to provide proof of Your loss within 90 days after the date of loss or as soon as is reasonably possible. Proof must, however be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity. Therefore, be sure to obtain as applicable:

**for trip cancellation/interruption claims:** Your travel invoice, the cancellation or interruption date, original unused tickets/vouchers, the travel organizer's cancellation clause with regard to non-refundable losses. You will also be asked to provide proof of payment and related detailed medical documentation;

**for trip delay claims:** statement from party causing delay and receipts for covered expenses;

**for medical claims:** detailed medical statements from treating physicians where and when the accident or Sickness occurred; receipts for medical services and supplies;

**for baggage and baggage delay claims:** reports from parties responsible (i.e. airline, cruiseliner, etc.) for loss, theft, damage or delay. If applicable, a police report will be required. Please obtain receipts for lost or damaged items;

**for rental vehicle damage claim:** provide verification of rental booking via travel agent (Your travel invoice/itinerary), a copy of the written record of any pre-existing damages to the Rental Vehicle prior to rental, proof of physical damage or loss to the Rental Vehicle, copy of police report documenting any accident, burglary, theft, or malicious act to the vehicle. The Company will investigate and negotiate any claim on Your behalf.

Benefits under any coverage will not be paid for expenses reimbursed or services provided by any other source. Benefits cannot be duplicated under this Protection Plan.

## GENERAL EXCLUSIONS AND LIMITATIONS

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

- a) resulting from suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane;
- b) resulting from hostilities or an act of declared or undeclared war;
- c) while participating in maneuvers or training exercises of an armed service;
- d) while riding, driving or participating in races, or speed or endurance contests;
- e) while mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes or other special equipment);
- f) while participating as a member of a team in an organized sporting competition;
- g) while participating in skydiving, hang gliding, bungee cord jumping, deep sea diving, or scuba diving (unless You hold an open water diving certificate or You are accompanied by a dive master and not diving deeper than 130 feet);
- h) while piloting or learning to pilot or acting as a member of the crew of any aircraft;
- i) received as a result or consequence of being Intoxicated or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician;
- j) to which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
- k) resulting from a governmental regulation or prohibition;
- l) unless You and Your Traveling Companion are Medically Fit to travel at the time of purchase of coverage;
- m) relating to a diagnosed Sickness from which no recovery is expected and for which only palliative treatment is provided and which carries a prognosis of death within 12 months of the policy Effective Date;
- n) resulting from non-physical Sickness such as mental, nervous, emotional or personality disorders in any form whatsoever unless the affected person is hospitalized for 3 consecutive days or more after the certificate Effective Date;
- o) due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;
- p) for dental treatment (except as coverage is otherwise specifically provided herein);
- q) where coverage has been purchased for travel to or through a city or country of destination under a travel warning issued by the United States Department of State at the time this insurance is purchased and the Sickness, Injury, death, loss or delay was a direct result of the incidents surrounding the travel warning;
- r) resulting from the intentional release of a biological material;
- s) where the purpose of travel is for You or Your Traveling Companion to receive medical care, medication or treatment.

**Maximum Limit of Liability:** All limits are applied per trip. The Company's maximum limit of liability resulting from the same occurrence will be \$10,000,000. If the loss for all insureds from such an occurrence exceeds \$10,000,000 the Company will pay each Insured that proportion of the benefits stated which \$10,000,000 bears to the total loss of all persons insured under all travel and flight insurance in force under all of the Company's programs. The Company will pay no more than \$1,000,000 per occurrence to or on account of any person insured.

### PRE-EXISTING CONDITIONS EXCLUSION

This exclusion applies to Trip Cancellation/Interruption and Emergency Medical Benefits.

The program does not cover losses or expenses if they result from:

1. Any injury to You or Your Traveling Companion, Your Business Partner or Your Family Member occurring prior to and including the Effective Date;
2. Any sickness of You or Your Traveling Companion, Your Business Partner or Your Family Member occurring during the 90 days prior to and including the Effective Date for which treatment by a Legally Qualified Physician has been sought or advised or for which symptoms exist which would cause a prudent person to seek diagnosis, care or treatment.

If You have purchased a program where pre-existing conditions are waived, the Company covers these pre-existing conditions provided:

1. The protection plan was purchased within twenty-one (21) calendar days of the initial Covered Trip payment;
2. On the date of purchase of the protection plan, You were Medically Fit;
3. You had not filed a claim for Trip Cancellation/Interruption due to a sickness or injury within 90 days prior to the purchase of the protection plan;
4. You do not have a sickness excluded by General Exclusions "m)" and "n)";
5. The pre-existing conditions exclusion applies to all amounts over the Maximum Waiver Amount shown on the Confirmation of Coverage except for Medical Evacuation/Repatriation benefits which are not subject to the Maximum Waiver Amount.

If You do not meet the above criteria, You will still be covered for Trip Cancellation/Interruption and Emergency Medical Benefits caused by reasons other than those related to the pre-existing condition.

## EXCLUSIONS FOR BAGGAGE & BAGGAGE DELAY ONLY

Benefits are not payable for:

- a) animals;
- b) automobile and automobile equipment, boats or other vehicles or conveyances, trailers, motors,
- c) aircraft, bicycles (except when checked as baggage with a Common Carrier);
- d) household effects and furnishings, antiques and collector's items;
- e) sunglasses (prescription or non-prescription), contact lenses;
- f) artificial teeth, dental bridges;
- g) hearing aids;
- h) prosthetic limbs;
- i) prescribed medications;
- j) keys;
- k) money, credit cards, tickets and documents (except as coverage is otherwise specifically provided herein), securities;
- l) stamps;
- m) professional or occupational equipment or property including, but not limited to, electronic business equipment, telephones, computer hardware or software.
- n) perishables and consumables;
- o) tobacco products.

## GENERAL POLICY PROVISIONS

**Plan costs and fees:** All protection plan costs and fees are non-refundable after the 10 day review period. In the event the plan cost paid for coverage is less than the required plan cost for coverage, benefits will be paid in direct proportion of the actual amount paid to the required plan cost due.

**Medical Records:** In the event of a claim, the Company reserves the right to review any and all of Your medical records relating to Your claim(s).

**Duplicate Coverage:** If You have two or more Protection Plans underwritten by the Company that duplicate benefits, You will be paid up to the highest benefit amount under only one plan for each Covered Trip. Maximum Flight Accident is \$1,000,000 for any one person at any one time under this coverage.

**Subrogation:** The Company, upon making any payment or assuming liability thereon under this policy, shall be subrogated to all rights of Your recovery against any person or corporation and may bring action in Your name to enforce such rights.

**Errors or Mis-payments:** If any benefit is paid in error or payment is made in excess of the amount allowed under the provisions of this policy, the Company reserves the right to recover the excess or ineligible payment from You, Your estate, any institution, insurer or person to whom the payment was made.

**Currency:** All monies described in this certificate are expressed in United States of America currency.

**Limitations of Time for Bringing Suit:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this certificate, nor shall such action be brought at all unless brought within three years from the expiration of the time within which proof of loss is required by the certificate.

**Limitations Controlled by Statute:** If any time limitation of this policy with respect to giving notice of claim or furnishing proof of loss is less than permitted by the laws of the jurisdiction of the United States in which the Insured resides at the time this policy is issued, such limitation is extended to agree with the minimum period permitted by such law.

## CLAIMS PROCEDURE PROVISIONS

### General Claims Provisions

**Notice of Claim:** Notice of claim must be reported within 30 days after a loss occurs or as soon as reasonably possible. You or someone on Your behalf may give the notice. The notice must be given to the Company or its designated representative and must include sufficient information to identify You.

**Claim Forms:** When notice of claim is received by the Company or its 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:** Proof of loss must be provided within 90 days after the date of loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

**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 an Insured 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:

- 1) the principal Insured's spouse;
- 2) the principal Insured's child or children jointly;
- 3) an Insured's parents jointly, if both are living, or the surviving parent if only one lives;
- 4) an Insured's brothers and sisters jointly; or
- 5) the principal Insured's estate.

All or a portion of all other benefits provided by this 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 benefits are payable to:

- (a) an Insured or the principal Insured's beneficiary who is a 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.

**Physical Examination and Autopsy:** The Company, at the expense of the Company, may have an Insured 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 the Company until sixty (60) days after we receive proof of loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of loss. This three (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 protection plan has been concealed or misrepresented.

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

### Additional Claims Provisions Specific to Baggage Insured's Duties After Loss or Damage to Property or Delay of Baggage:

In case of loss, theft, damage or delay of baggage or personal effects, You must:

- 1) take all reasonable steps to protect, save or recover the property; 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 an Insured's property at the time of loss;
- 2) produce records needed to verify the claim and its amount and to permit copies to be made;
- 3) provide to the Company, within ninety (90) days from the date of loss, a detailed proof of loss signed and sworn to; and
- 4) be examined, if requested.

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

**No Benefit to Bailee:** This Protection Plan shall not benefit any Common Carrier or bailee.

### Additional Claims Provisions Specific to Rental Vehicle Damage Protection.

**Notice of Claim:** All claims must be reported to the Company's authorized Assistance Company and the vehicle rental agency **immediately**, providing full details of physical damage or loss during the rental period. An immediate report must be given to police of any accident, burglary, theft or malicious act, and You must obtain a copy of the police report for the Company and the commercial car rental agency. A written report of the loss, along with a copy of the police report, must be submitted to the Company within 30 days of the date of the loss or damage.

**The Company will investigate and negotiate any claim on Your behalf.**

**Proof of Loss:** Written proof of Loss must be given to the Company within ninety (90) days after the date of Loss with respect to a claim for any Loss covered under this section of the policy. Failure to furnish proof of Loss within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof within the required time, provided proof of Loss is furnished as soon afterwards as is reasonably possible. All necessary forms for filing proof of Loss will be furnished by the Company after it receives notice of claim. However, if the Company fails to furnish the forms within fifteen (15) days after the notice is given, the time requirements for proof of Loss will be satisfied if written proof describing the occurrence, the character and the extent of the Loss is furnished to the Company within the required time.

**Physical Examination:** The Company may require Your Rental Vehicle to be examined by an insurance adjuster of its choice when and as often as is reasonable during the pendency of a claim under this policy. The cost of such an examination shall be paid by the Company.

**Underwritten by:**  
Old Republic Insurance Company, 133 Oakland Ave, PO Box 789, Greensburg, PA 15601 (called "the Company")

**Administered by:**  
Old Republic Insurance Company, 4600 Witmer Industrial Estates - Suite 6, Niagara Falls, NY 14305

**Limited Benefit Short Term Travel Policy**  
This is a legal contract between Old Republic Insurance Company and You. This Certificate is issued in consideration of the Enrollment Form, Confirmation of Coverage, Evidence of Coverage and the payment of the appropriate premium.

## CERTIFICATE NUMBER

Your certificate number is the number found on Your Confirmation of Coverage. Use this number to identify Yourself and coverage in all correspondence with the Company.

Signed for the Company



President



Secretary

Travelite  
Travel Plus  
Evidence of Coverage

Questions? Call  
**1-888-322-6776**



# Addendum to the Evidence of Coverage for Travel Plus & TraveLite

## IMPORTANT:

The **bolded and underlined** language contained within this document denotes where enhancements have been made to your Travel Plus or TraveLite policy/certificate. This language either adds to or replaces the corresponding language in your Evidence of Coverage.

The location of the language these enhancements add to or replace within your Evidence of Coverage will depend upon your state of residence.

For questions, call  
**1-888-322-6776**

WRP 11/06



02/04, 03/04, 08/04 Insurance Services

Underwritten by Old Republic Insurance Company  
133 Oakland Ave, PO Box 789, Greensburg, PA 15601

## TRIP CANCELLATION/TRIP INTERRUPTION

### TRIP CANCELLATION

You are covered for the amount purchased for Published Penalties and unused non-refundable prepaid expenses for Travel Arrangements, whenever You are prevented from taking a Covered Trip for any of the following reasons that occur after the Effective Date of Your Protection Plan:

- Any serious Injury or any unforeseen serious Sickness:
    - 1) occurring to You, Your Business Partner or a Traveling Companion which is so disabling as to cause a reasonable person to delay, cancel, or interrupt their trip; 2) occurring to Your Family Member **or Traveling Companion's Family Member** that is considered life threatening or requiring hospitalization; or
    - 3) occurring to Your Family Member requiring Your immediate care **or Traveling Companion's Family Member requiring their immediate care**. The cause of cancellation must be as the result of medically imposed restrictions as certified by a Legally Qualified Physician at the time of loss preventing Your continued participation in the Covered Trip;
  - Your death, the death of Your Family Member, Business Partner or Your Traveling Companion **or a Family Member of Your Traveling Companion**;
  - Unforeseen Bankruptcy or financial Default of a Travel Supplier (other than the travel agency or organization from whom You purchased the Travel Arrangements) which stops service after Your Covered Trip departure or more than 14 days following Your Protection Plan Effective Date. This coverage applies only if it was purchased within 21 days from the date the initial deposit is paid on the Covered Trip;
  - An Organized Labor Strike that causes complete cessation of travel services for at least 48 consecutive hours;
  - Unforeseen Inclement Weather which causes complete cessation of services of Your Common Carrier for at least 24 hours;
  - Employer termination or layoff, through no fault of Yours, affecting You or a person(s) sharing the same room. Employment must have been with the same employer for at least three (3) consecutive years;
  - A Terrorist Incident in Your city of departure or destination occurring after the policy Effective Date, if You are scheduled to arrive in that city within 30 days following the Terrorist Incident;
  - You or Your Traveling Companion being hijacked, quarantined, called for jury duty, or called for a court ordered appearance as a witness (except law enforcement officers) in a legal action in which You or Your Traveling Companion is not a party;
  - Residence of You or Your Traveling Companion, **including Your Covered Trip destination accommodations**, is rendered uninhabitable due to unforeseen circumstances;
- (continued as printed in your Evidence of Coverage)

## DEFINITIONS

**"Terrorist Incident" means the unsanctioned and illegal use of violence which caused destruction of property, injury, or death by an individual or group for the express or implied purpose of achieving a political, ethnic, or religious goal or result. A Terrorist Incident does not include general civil disturbance, rioting, an act of war (declared or undeclared) or the intentional release of a biological material.**

# Travel Plus/Travelite

## Old Republic Insurance Company

Multi-State Amendatory Rider for the following states:  
GA, ID, LA, MD, MN, MT, NH, NM, NC, OR, PA, SD,  
TN, TX, UT, VA, WA, WI

### INDIVIDUAL TRAVEL POLICY

THIS DOCUMENT IS THE INDIVIDUAL TRAVEL POLICY AND AMENDMENT RIDERS TO EVIDENCE OF COVERAGE (G00).

THE TERM POLICY IS USED IN SUBSTITUTION OF THE TERM CERTIFICATE USED IN EVIDENCE OF COVERAGE (G00). PLEASE READ THIS DOCUMENT CAREFULLY FOR STATE AMENDMENTS BASED ON YOUR STATE OF RESIDENCE.

#### IMPORTANT:

TAKE THIS DOCUMENT, YOUR CONFIRMATION OF COVERAGE AND EVIDENCE OF COVERAGE (G00) ON YOUR TRIP.



Insurance Services

02/06

Underwritten by Old Republic Insurance Company  
133 Oakland Ave, PO Box 789, Greensburg, PA 15601

The following Individual Travel Policy provisions are in addition to all benefits, limits, and general policy provisions of Evidence of Coverage (G00).

**Ten day review period:** If You are not completely satisfied with this certificate/policy You may cancel it within 10 days of purchasing the certificate/policy and receive a refund of Your plan cost, provided that You have not already departed on Your trip or You intend to file a claim.

**Entire Contract Changes in Policy:** This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance. No statements made by the applicant for insurance, not included herein, shall avoid the policy or be used in any legal proceeding hereunder. No agent has authority to change this policy or to waive any of its provisions. No change in this policy shall be valid unless approved by an executive officer of the Company.

**Misstatement of Age:** In the event that the age of a covered person has been misstated and the premium paid for insurance is less than the required premium for coverage at the correct age, benefits will be paid in direct proportion of the actual premium paid to the required premium due.

**Time of Payment of Claims:** The Company, or its designated representative, will notify the claimant of its decision on the claim within 30 days of receipt of acceptable proof of loss.

#### TABLE OF CONTENTS

Georgia	Page 2
Idaho	Page 2-4
Louisiana	Page 4
Maryland	Page 5-8
Minnesota	Page 8-10
Montana	Page 10-12
New Hampshire	Page 12-14
New Mexico	Page 14
North Carolina	Page 15
Oregon	Page 15-16
Pennsylvania	Page 16-17
South Dakota	Page 17-18
Tennessee	Page 18-19
Texas	Page 20
Utah	Page 20
Virginia	Page 21-22
Washington	Page 22-24
Wisconsin	Page 24-25

#### RL-B0111 (04/05) GEORGIA AMENDMENT RIDER

The **CLAIMS PROCEDURE PROVISIONS, Concealment and Misrepresentation** is hereby deleted in its entirety and the following inserted in its place:

**Concealment and Misrepresentation:** All statements and descriptions in any application for insurance shall be deemed representations and not warranties. Coverage will be denied and this policy cancelled if it was found that any misrepresentation, omission, concealment of facts or any incorrect statement was fraudulently made, was material to issuance of this policy and had such fact, omission, incorrect statement or misrepresentation been known, the Company would not have issued this policy.

#### RL-B0113 (05/04) IDAHO AMENDMENT RIDER

The **GENERAL EXCLUSIONS and LIMITATIONS: l), m) and s)** are hereby deleted in their entirety.

The **GENERAL EXCLUSION and LIMITATION: d)** is hereby deleted in its entirety and the following inserted in its place:  
**d)** while riding, driving or participating as a professional in races, or speed or endurance contests;

The **GENERAL EXCLUSION and LIMITATION: e)** is hereby deleted in its entirety and the following inserted in its place:  
**e)** while mountaineering as a professional (engaging in the sport of scaling mountains generally requiring the use of picks, ropes or other special equipment);

The **GENERAL EXCLUSION and LIMITATION: f)** is hereby deleted in its entirety and the following inserted in its place:  
**f)** while participating as a member of a team in an organized interscholastic or professional sporting competition;

The **GENERAL EXCLUSION and LIMITATION: g)** is hereby deleted in its entirety and the following inserted in its place:  
**g)** while participating as a professional in skydiving, hang gliding, bungee cord jumping, deep sea diving, or scuba diving;

The **GENERAL EXCLUSION and LIMITATION: i)** is hereby deleted in its entirety and the following inserted in its place:  
**i)** received as a result or consequence of alcoholism or drug addiction;

The **GENERAL EXCLUSION and LIMITATION: j)** is hereby deleted in its entirety and the following inserted in its place:  
**j)** to which a contributory cause was the commission of or attempt to commit a felony;

The **GENERAL EXCLUSION and LIMITATION: k)** is hereby deleted in its entirety and the following inserted in its place: **k)** resulting from a governmental regulation or prohibition (applies to Trip Cancellation/Interruption benefits only);

The **GENERAL EXCLUSION and LIMITATION: r)** is hereby deleted in its entirety and the following inserted in its place: **r)** resulting from the intentional release of a biological material (applies to Trip Cancellation/Interruption benefits only);

The **GENERAL POLICY PROVISION, Ten day review period:** is hereby deleted in its entirety and the following inserted in its place: **Ten day review period:** If You are not completely satisfied with this policy You may cancel it within 10 days from delivery of the policy and receive a refund of Your plan cost, provided that You have not already departed on Your trip or You intend to file a claim.

The **GENERAL EXCLUSION AND LIMITATION: o)** is hereby deleted in its entirety and the following inserted in its place: **o)** due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion. For the purpose of this exclusion "complications of pregnancy" shall include but is not limited to: a. Conditions, requiring hospital confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephritis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, but shall not include false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and b. Cesarean section delivery, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia and toxemia.;

The paragraph of the **PRE-EXISTING CONDITIONS EXCLUSION** provision which begins "The program does not cover losses or expenses if they result from:" is hereby deleted and replaced with the following:

The program does not cover losses or expenses to You or Your Traveling Companion, Your Business Partner or Your Family Member if they result from a condition occurring during the 90 days immediately prior to the Effective Date for which treatment

by a Legally Qualified Physician has been sought or advised or for which symptoms exist which would have caused an ordinarily prudent person to seek diagnosis, care or treatment.

Item 4. of the paragraph of the **PRE-EXISTING CONDITIONS EXCLUSION** provision which begins "If you have purchased a program where pre-existing conditions are waived" is deleted and replaced with the following:  
You do not have a Sickness excluded by General Exclusions "m".

#### **RL-B0119 (08/04) LOUISIANA AMENDMENT RIDER**

The **Amendment Rider B0119 (02/04)** in the **Evidence of Coverage Form G00 02/04** is hereby deleted in its entirety and replaced by the following.

The **GENERAL POLICY PROVISION: Subrogation** is hereby deleted in its entirety and the following inserted in its place: **Subrogation:** If the Company makes any payment under this policy and the person to or for whom payment is made has a right to recover damages from another, the Company shall be subrogated to that right. However, the Company's right to recover is subordinate to Your right to be fully compensated.

The **Time of Payment of Claims** provision is hereby deleted in its entirety and the following inserted in its place:

**Time of Payment of Claims:** The Company, or its designated representative, will pay the amount of any claim due any insured within 30 days after receipt of satisfactory proofs of loss from the insured or any party in interest. Full compliance, agreement or an appraisal award may not be a prerequisite to payment of loss. In the event of a dispute, the insurer must unconditionally tender to the insured the undisputed portion of the claim. The fact that the insurer and the insured have not reached an agreement regarding the amount of the total loss does not entitle the insurer to delay payment beyond 30 days subsequent to receipt of proof of loss.

The **CLAIMS PROCEDURE PROVISION, Concealment and Misrepresentation** is hereby deleted in its entirety and the following inserted in its place:

**Concealment and Misrepresentation:** The entire coverage will be void if, when applying for coverage, any representation or warranty relating to this protection plan was: 1) false, 2) made with the intent to deceive and 3) material to the risk.

#### **RL-B0121 (05/04) MARYLAND AMENDMENT RIDER**

The **INDIVIDUAL COVERAGE PERIOD** section is hereby amended by adding the following:  
**Time refers to the time at the place that You reside.**

In **EMERGENCY MEDICAL BENEFITS, MEDICAL EXPENSE BENEFITS 1)** is hereby deleted and the following inserted in its place: **1)** Covered Expenses incurred as a result of an Injury or a Sickness which occurs during the Covered Trip.

The section **EMERGENCY MEDICAL BENEFITS, CONDITIONS** is hereby deleted in its entirety and replaced with: **CONDITIONS**

If You elect not to return home or not to be transferred to another medical facility for required emergency treatment and/or surgery, ongoing expenses will not be covered under this policy and all benefits will cease.

**The maximum amount payable for Emergency Medical Benefits (Medical Expense Benefits and Medical Evacuation/Repatriation Benefits) will not exceed the Maximum Benefit Amount shown on the Confirmation of Coverage.**

**IMPORTANT: Please refer to "Pre-Existing Conditions Exclusion" for pre-existing condition details.**

In **FLIGHT ACCIDENTAL DEATH & DISMEMBERMENT** in the last paragraph the sentence "Flight Accident Plan also includes a medical expense feature that pays You up to \$50 for each \$1,000 of Your chosen benefit amount." is hereby deleted and replaced by the following:

Flight Accident Plan also includes a medical expense feature that pays You up to \$50 for each \$1,000 of Your chosen benefit amount as shown on Your Confirmation of Coverage.

In **FLIGHT ACCIDENTAL DEATH & DISMEMBERMENT** in the last paragraph of the sentence "You will be paid for: treatment by a local attending Legally Qualified Physician or surgeon; care or service from a Hospital; services and supplies provided by an ambulatory medical surgical facility; home health care from a licensed home health agency, but only if continued Hospital care would otherwise have been required; attendance of a registered graduate nurse; x ray examination; or, use of an ambulance." Is hereby deleted and replaced by the following:

You will be paid for: treatment by a local attending Legally Qualified Physician or surgeon; care or service from a Hospital; services and supplies provided by an ambulatory medical surgical facility; home health care from a licensed home health agency, but only if continued

institutionalization would otherwise have been required; attendance of a registered graduate nurse; x ray examination; or use of an ambulance.

The **DEFINITION** for "**Confirmation of Coverage**" is hereby deleted and the following inserted in its place:

"**Confirmation of Coverage**" means the coverage confirmation provided to You following enrollment and payment of the applicable plan cost as calculated on the enrollment form.

The following **DEFINITION** is hereby added:

"**Experimental**" means the scientific investigation of medical problems by clinical research.

The **DEFINITION** for "**Family Member**" is hereby deleted and the following inserted in its place:

"**Family Member**" means the Insured or his/her legal spouse or common-law spouse (where legal), legal guardian, legal 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 provided the Family Member resides in the United States, Canada or Mexico.

The **DEFINITION** for "**Key Person**" is hereby deleted in its entirety.

In **FILING A CLAIM IS SIMPLE, CLAIMS PROCEDURE PROVISIONS**, the last paragraph is hereby deleted in its entirety.

The first sentence under **GENERAL EXCLUSIONS AND LIMITATIONS** is hereby deleted and replaced with:  
Benefits are not payable for Sickness, Injuries or losses of You:

The **GENERAL EXCLUSION and LIMITATION i)** does not apply to Medical Expense or Medical Evacuation/Repatriation benefits.

The **GENERAL EXCLUSION and LIMITATION j)** does not apply to Medical Expense or Medical Evacuation/Repatriation benefits.

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION s)** is hereby deleted in its entirety.

Under **GENERAL EXCLUSIONS and LIMITATIONS**, the provision titled **Maximum Limit of Liability** is hereby deleted and the following inserted in its place:

**Maximum Limit of Liability:** All limits are applied per trip. The Company will pay no more than \$1,000,000 per occurrence to or on account of any person insured.

The **GENERAL POLICY PROVISION: Plan costs and fees** is hereby amended by adding the following sentence:  
Insurance effective at any one time on the insured under a like policy or policies with the Company is limited to the one such policy elected by the insured, his beneficiary or his estate, as the case may be, and the Company will return all premiums paid for all other such policies.

The **GENERAL POLICY PROVISION: Duplicate Coverage** the following sentence is added: The excess insurance shall be void and all premiums paid for such excess shall be returned to the insured or to his estate.

The **GENERAL POLICY PROVISION: Subrogation** is hereby deleted in its entirety.

The **GENERAL POLICY PROVISION: Entire Contract-Changes in Policy** is hereby deleted and the following inserted in its place:

**Entire Contract-Changes in Policy:** This policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the insurer and unless such approval be endorsed hereon or attached hereto. No insurance producer has authority to change this policy or to waive any of its provisions.

The **GENERAL POLICY PROVISION: Time of Payment of Claims** is hereby deleted and the following inserted in its place:

**Time of Payment of Claims:** Indemnities payable under this policy for any loss will be paid immediately upon receipt of due written proof of such loss.

The **GENERAL POLICY PROVISION: Payment of Claims** is hereby deleted and the following inserted in its place:

**Payment of Claims:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured. Any other accrued indemnities unpaid at the Insured's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured. If any indemnity of this policy shall be payable to the estate of the Insured, or to an Insured or beneficiary who is under eighteen years of age or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of the Insured or beneficiary who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the insurer to the extent of such payment.

The **CLAIMS PROCEDURE PROVISION: Insurance With Other Insurers** is hereby added:

**Insurance With Other Insurers:** If there be other valid coverage, not with this insurer, providing benefits for the same loss on a provision of service basis or on an expense incurred basis and of which this insurer has not been given written notice prior to the occurrence or commencement of loss, the only liability under any expense incurred coverage of this policy shall be for such proportion of the loss as the amount which would otherwise have been payable hereunder plus the total of the like amounts under all such other valid coverages for the same loss of which this insurer had notice bears to the total like amounts under all valid coverages for such loss, and for the return of such portion of the premiums paid as shall exceed the pro rata portion for the amount so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the 'like amount' of such other coverage shall be taken as the amount which the services rendered would have cost in the absence of such coverage.

#### **RL-B0124 (08/05) MINNESOTA AMENDMENT RIDER**

The **Amendment Rider B0124 (02/04)** in the **Evidence of Coverage Form G00** is hereby deleted in its entirety and replaced by the following.

The **GENERAL EXCLUSION and LIMITATION a)** is hereby deleted in its entirety and replaced with the following:  
**a)** resulting from suicide or attempted suicide while sane or insane;

The **GENERAL EXCLUSION and LIMITATION b)** is hereby deleted in its entirety

The **GENERAL EXCLUSION and LIMITATION d)** is hereby deleted in its entirety and replaced with the following:  
**d)** while riding, driving or participating in organized automobile, motorcycle or boat races;

The **GENERAL EXCLUSION and LIMITATION i)** is hereby deleted in its entirety and replaced with the following:

**i)** Bodily Injuries received while You were operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit;

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

The following **GENERAL POLICY PROVISION: Time of Payment of Claims** is added:

**Time of Payment of Claims:** The Company will pay any loss immediately upon receipt of due written proof of such loss.

The **GENERAL POLICY PROVISION: Change of Beneficiary** is added:

**Change of Beneficiary:** The right to change of beneficiary is reserved to the insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

The **CLAIMS PROCEDURE PROVISION, General Claims**

**Provisions: Notice of Claim** is hereby deleted in its entirety and the following inserted in its place:

**Notice of Claim:** Written notice of claim must be given to the Company within 20 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to Old Republic Insurance Company, 4600 Witmer Industrial Estates – Suite 6, Niagara Falls, NY 14305, or to any authorized agent of the Company, with information sufficient to identify the insured, shall be deemed notice to the Company.

The **CLAIMS PROCEDURE PROVISION, General Claims**

**Provisions: Proof of Loss** is hereby deleted in its entirety and the following inserted in its place:

**Proof of Loss:** Proof of loss must be provided within 90 days after the date of loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

The **CLAIMS PROCEDURE PROVISION, General Claim**

**Provision: Insurance With Other Insurers** is hereby added:

**Insurance With Other Insurers:** If there be other valid coverage, not with this insurer, providing benefits for the same loss on a provision of service basis or on an expense incurred basis and of which this insurer has not been given written notice prior to the occurrence or commencement of loss, the only liability under any expense incurred coverage of this policy shall be for such proportion of the loss as the amount which would otherwise have been payable hereunder plus the total of the like amounts under all such other valid coverages for the same loss of which this insurer had notice bears to the total like amounts under all valid coverages for such loss, and for the return of such portion of the premiums paid as shall exceed the pro rata portion for the amount so determined.

For the purpose of applying this provision when other coverage is on a provision of service basis, the 'like amount' of such other coverage shall be taken as the amount which the services rendered would have cost in the absence of such coverage.

**RL-B0127 (02/05)  
MONTANA AMENDMENT RIDER**

**NOTICE:** Underwritten by Old Republic Insurance Company  
133 Oakland Avenue, P.O. Box 789  
Greensburg, PA 15601  
Telephone: 1-888-322-6776.

The **Amendment Rider B0127 (02/04)** in the **Evidence of Coverage Form G00 02/04** is hereby deleted in its entirety and replaced by the following.

Under **EMERGENCY MEDICAL BENEFITS, MEDICAL EXPENSE BENEFITS, 1)** is hereby deleted and the following inserted in its place:

**1)** Covered Expenses incurred as a result of an Injury or a Sickness which occurs during the Covered Trip.

In **EMERGENCY MEDICAL BENEFITS, MEDICAL EXPENSE BENEFITS**, the following sentence is hereby deleted in its entirety: In all cases, benefits will not be paid in excess of the Usual and Customary Charges.

In **EMERGENCY MEDICAL BENEFITS, MEDICAL EVACUATION/REPATRIATION BENEFITS**, the second to last paragraph is hereby deleted in its entirety and replaced with: These benefits provide Economy Transportation which must be by the most direct route. Covered land or air transportation includes, but is not limited to, commercial stretcher, medical escort or air ambulance, provided such transportation has been pre-approved and arranged by the authorized Assistance Company.

The **RENTAL VEHICLE DAMAGE PROTECTION, EXCLUSION a)** is hereby deleted in its entirety and the following inserted in its place:

**a)** physical damage or loss as the result of or attributed to driving the Rental Vehicle: while under the voluntary influence of alcohol or any illegal substance or the abuse of a legal substance; while using any medication which recommends abstinence from driving; in a speed competition; for compensation or hire; for illegal trade purposes, or transporting contraband; in violation of the terms and conditions of the rental agreement;

The **DEFINITION - "Emergency Medical Expenses"** is hereby deleted in its entirety and replaced by the following:

**"Emergency Medical Expenses"** means expense incurred for emergency services and supplies: a) listed below; and b) ordered or prescribed by a Legally Qualified Physician for diagnosis or treatment; which are limited to: the services of a Legally Qualified Physician; 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 or Sickness); transportation furnished by a professional ambulance company to and/or from a Hospital; and prescribed drugs, prosthetics and therapeutic services and supplies.

The **DEFINITION - "Medically Necessary"** is hereby deleted in its entirety and replaced by the following:

**"Medically Necessary"** means an emergency service or supply which is recommended by the local attending Legally Qualified Physician.

The **DEFINITION - "Usual and Customary Charges"** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION b)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION n)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION o)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION i)** is hereby deleted in its entirety and replaced by the following: **i)** received as a result or consequence of being voluntarily intoxicated or under the influence of any controlled substance while in the commission of a felony, unless administered on the advice of a Legally Qualified Physician;

The **GENERAL EXCLUSION and LIMITATION – PRE-EXISTING CONDITIONS EXCLUSION**, the first section **2.** is hereby deleted in its entirety and the following inserted in its place: **2.** Any sickness of You or Your Traveling Companion, Your Business Partner or Your Family Member for which medical advice, diagnosis, care or treatment was recommended or received during the 90 days immediately preceding the Effective Date.

The **GENERAL POLICY PROVISION: Subrogation** is hereby deleted in its entirety and the following inserted in its place:  
**Subrogation:** If the Company makes any payment under this policy and the person to or for whom payment is made has a right to recover damages from another, the Company shall be subrogated to that right. If You intend to institute an action for damages against a third party, You shall give the Company reasonable notice of your intention to institute such action. Cost of collection, including attorney fees, shall be proportionately shared between the Insured and the Company. The Company may elect not to participate in the cost of the action. If such an election is made, the Company will waive 50% of any subrogation rights. The Company's right of Subrogation may not be enforced until You have been fully compensated for Your Injuries under the terms of the certificate.

The **GENERAL POLICY PROVISION: Conformity with Montana Statutes** is added:  
**Conformity with Montana Statutes:** The provisions of this Certificate conform to the minimum requirements of Montana law. If they do not, they are hereby amended to conform.

**RL-B0128 AH (05/04)  
NEW HAMPSHIRE AMENDMENT RIDER**

The **DEFINITION of Hospital** is hereby deleted in its entirety and replaced with the following:  
**Hospital** means a place which a) is operated pursuant to law; b) is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the hospital on a prearranged basis and under the supervision of a staff of duly licensed physicians, medical, diagnostic and major surgical facilities, except a legally operated institution for the treatment of chronic diseases, for the medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made; c) provides 24 hour nursing service by or under the supervision of a registered nurse, R.N. and d) maintains permanent medical history records. Excluded are rest homes, convalescent centers, even if part of the hospital itself, homes for the aged or insane or institutions for the care and treatment of chronic alcoholism or drug addiction.

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

The **GENERAL POLICY PROVISION: Duplicate Coverage** the following sentence is added: The excess insurance shall be void and all premiums paid for such excess shall be returned to the insured or to his estate.

The **CLAIMS PROCEDURE PROVISIONS, General Claim Provision: Proof of Loss** is hereby deleted in its entirety and replaced with the following:  
**Proof of Loss:** Proof of loss must be provided within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**RL-B0128 PC (10/05)  
NEW HAMPSHIRE AMENDMENT RIDER**

Under the provisions titled **FILING A CLAIM IS SIMPLE, CLAIMS PROCEDURE PROVISIONS**, the second sentence appearing in the paragraph titled **IMPORTANT** is amended to read as follows: Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

The **GENERAL EXCLUSION and LIMITATION: r)** is hereby deleted in its entirety.

The **GENERAL POLICY PROVISION: Duplicate Coverage** the following sentence is added:  
The excess insurance shall be void and all premiums paid for such excess shall be returned to the insured or his estate.

The **CLAIMS PROCEDURE PROVISIONS, General Claim Provision: Proof of Loss** is hereby deleted in its entirety and replaced with the following:  
**Proof of Loss:** Proof of loss must be provided within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

The **CLAIMS PROCEDURE PROVISIONS, General Claim Provision: Concealment and Misrepresentation** is hereby deleted in its entirety and replaced with the following:  
**Concealment, Misrepresentation or Fraud:** Coverage is not provided to one or more Insureds who, at any time:  
1. intentionally concealed or misrepresented a material fact;  
2. engaged in fraudulent conduct; or  
3. made a false statement; relating to this insurance.

The **CLAIMS PROCEDURE PROVISIONS, General Claim Provision: Time of Payment of Claims** is hereby deleted in its entirety and replaced with the following:  
**Time of Payment of Claims:** The Company, or its designated representative, will notify the claimant of its decision on the claim within 5 days of receipt of acceptable proof of loss.

The **CLAIMS PROCEDURE PROVISIONS, General Claims Provisions: Additional Claims Provisions Specific to Rental Vehicle Damage Protection: Notice of Claim** is hereby deleted in its entirety and replaced by the following:

**Additional Claims Provisions Specific to Rental Vehicle Damage Protection**

**Notice of Claim:** All claims must be reported to the Company's authorized Assistance Company and the vehicle rental agency **immediately**, providing full details of physical damage or loss during the rental period. An immediate report must be given to police of any accident, burglary, theft or malicious act, and You must obtain a copy of the police report for the Company and the commercial car rental agency. A written report of the loss, along with a copy of the police report, must be submitted to the Company within 30 days of the date of the loss or damage or as soon as reasonably possible. Any charges for the required police report paid by the Insured will be reimbursed by the Company upon presentation of receipts for the expenses.

**The Company will investigate and negotiate any claim on Your behalf.**

**RL-B0132 (02/04)  
NEW MEXICO AMENDMENT RIDER**

The **RENTAL VEHICLE DAMAGE PROTECTION, EXCLUSION b)** is hereby deleted in its entirety and the following inserted in its place:  
**b)** physical damage or loss attributed to: mechanical failure or breakdown of the Rental Vehicle; wear and tear, gradual deterioration, corrosion, rust or freezing; any neglect or abuse of the Rental Vehicle; any dishonest act or conversion; any consequence of war (declared or otherwise);

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

**RL-B0134 (02/04)  
NORTH CAROLINA AMENDMENT RIDER**

On the **FILING A CLAIM IS SIMPLE** page, the sentence immediately following **IMPORTANT** is hereby deleted and the following sentence inserted in its place:

To facilitate prompt claims settlement, You will be asked to provide proof of Your loss within 180 days after the date of loss or as soon as is reasonably possible.

The **GENERAL POLICY PROVISION: Subrogation** is hereby deleted in its entirety.

**RL-B0138 (05/05)  
OREGON AMENDMENT RIDER**

In **ACCIDENTAL DEATH & DISMEMBERMENT, 24 HOUR** the first sentence is hereby deleted and the following inserted in its place:

You are covered 24 hours a day, up to the Maximum Benefit Amount, when You sustain covered Injuries resulting in any of the following losses within 181 days from the date of the accident.

In **ACCIDENTAL DEATH & DISMEMBERMENT, COMMON CARRIER** the first sentence is hereby deleted and the following inserted in its place:

You are covered for the amount purchased when You sustain covered Injuries: 1) received while a passenger (not as a pilot, operator or member of the crew) riding in, boarding or alighting from a public conveyance provided by a Common Carrier, and 2) resulting in any of the following losses within 181 days from the date of the accident.

In **FLIGHT ACCIDENTAL DEATH & DISMEMBERMENT**, the first sentence of the second paragraph is hereby deleted and the following inserted in its place:

When You sustain covered Injuries resulting in any of the following losses within 181 days from the date of the accident, benefits will be paid as follows:

**RENTAL VEHICLE DAMAGE PROTECTION** is hereby amended by the addition of the following **LIMITATION:**  
c) Rental Vehicle Damage Protection is not available in Oregon.

The **DEFINITION** for **Terrorist Incident** is hereby deleted in its entirety and replaced with the following:  
**Terrorist Incident** means the unsanctioned and illegal use of violence which caused destruction of property, Injury, or death by an individual or group for the express or implied purpose of

achieving a political, ethnic, or religious goal or result. A Terrorist Incident does not include general civil disturbance, rioting, an act of war (declared or undeclared) or the intentional release of a biological material. The Terrorist Incident must be documented in a travel warning issued by the United States Department of State advising that one should not travel to Your country of destination.

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

The **GENERAL POLICY PROVISION: Clerical Error** is added:  
**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 certificate.

The **GENERAL POLICY PROVISION: Conformity with State Statutes** is added:  
**Conformity with State Statutes:** The provisions of this Certificate must conform to the laws of the state in which it was issued. If they do not, they are hereby amended to conform.

**RL B0136 (07/04)  
PENNSYLVANIA AMENDMENT RIDER**

The **GENERAL EXCLUSION and LIMITATION: k)** is hereby deleted in its entirety and the following inserted in its place:  
**k)** resulting from a governmental regulation or prohibition (applies to Trip Cancellation/Interruption benefits only);

The **GENERAL EXCLUSION and LIMITATION: r)** is hereby deleted in its entirety and the following inserted in its place:  
**r)** resulting from the intentional release of a biological material (applies to Trip Cancellation/Interruption benefits only);

The **GENERAL POLICY PROVISION: Coordination of Benefits** is added:  
**Coordination of Benefits:** If an Insured is entitled to similar benefits through any other insurer the benefits payable under this insurance shall be coordinated so that total benefits from all insurers shall not exceed the actual loss insured.

The **GENERAL POLICY PROVISION: Conformity with State Statutes** is added:  
**Conformity with State Statutes:** The provisions of this Certificate must conform to the laws of the state in which it was issued. If they do not, they are hereby amended to conform.

The **GENERAL POLICY PROVISION: Change of Beneficiary** is added:

**Change of Beneficiary:** The right to change of beneficiary is reserved to the insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

The **GENERAL POLICY PROVISION: Clerical Error** is added:  
**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 certificate.

The **CLAIMS PROCEDURE PROVISIONS, General Claim Provision: Notice of claim** is hereby deleted in its entirety and replaced with the following:  
**Notice of claim:** Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to the Company at Old Republic Insurance Company, 4600 Witmer Industrial Estates - Suite 6, Niagara Falls, NY 14305, or to the Company's agent. Notice should include the name of the Insured, and Claimant if other than the Insured, and the policy number.

The **CLAIMS PROCEDURE PROVISION: Time of Payment of Claims** is hereby deleted in its entirety and replaced with the following:  
**Time of Payment of Claims:** The Company, or its designated representative, will pay the claim immediately after receipt of acceptable proof of such loss.

**RL-B0140 (10/04)  
SOUTH DAKOTA AMENDMENT RIDER**

The **Amendment Rider B0140 (02/04)** in the **Evidence of Coverage Form G00 03/04** is hereby deleted in its entirety and replaced by the following.

In **EMERGENCY MEDICAL BENEFITS, MEDICAL EXPENSE BENEFITS, 2)** is hereby deleted and the following inserted in its place:  
**2)** Benefits will include expenses for emergency dental treatment for Injury to sound teeth not to exceed \$750.

The **RENTAL VEHICLE DAMAGE PROTECTION EXCLUSION a)** is deleted in its entirety and replaced by the following:  
**a)** physical damage or loss as the result of or attributed to driving the Rental Vehicle: while using any medication which recommends

abstinence from driving; in a speed competition; for compensation or hire; for illegal trade purposes, or transporting contraband; in violation of the terms and conditions of the rental agreement;

The **GENERAL EXCLUSION and LIMITATION i)** is deleted in its entirety and replaced by the following:  
**i)** received as a result or consequence of being intoxicated or under the influence of any controlled substance while in the commission of a felony, unless administered on the advice of a Legally Qualified Physician;

The **CLAIMS PROCEDURE PROVISION: Legal Actions** is hereby deleted in its entirety and the following inserted in its place:  
**Legal Actions:** No legal action for a claim can be brought against the Company until sixty (60) days after we receive proof of loss. No legal action for a claim can be brought against the Company more than six (6) years after the time required for giving proof of loss. This six (6) 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.

#### **RL-B0141 (04/05) TENNESSEE AMENDMENT RIDER**

The **Amendment Rider RL-B0141 (08/04)** in the **Individual Travel Policy, Multi-State Amendatory Rider Form RL-D0030 (08/04)** is hereby deleted in its entirety and replaced by the following.

The **GENERAL EXCLUSION and LIMITATION b)** is hereby deleted in its entirety and the following inserted in its place:  
**b)** resulting from provoked hostilities, or an act of declared or undeclared war;

Under **GENERAL EXCLUSION and LIMITATIONS**, the provision titled Maximum Limit of Liability is hereby deleted in its entirety and the following inserted in its place:  
**Maximum Limit of Liability:** All limits are applied per trip. The Company will pay no more than \$1,000,000 per occurrence to or on account of any person insured.

The **GENERAL POLICY PROVISION Errors or Mis-payments:** is hereby deleted in its entirety and replaced with:  
**Errors or Mis-payments:** If any benefit is paid in error or payment is made in excess of the amount allowed under the provisions of this policy, the Company reserves the right to recover the excess or ineligible payment: i) from You, Your estate, any institution other than a health care provider, insurer or person to whom the payment was made provided that the Company requests the recovery within 15 months after the date the payment was made; or ii) from a

health care provider to whom the payment was made provided that the Company requests the recovery within 18 months after the date the payment was made. The preceding sentence will not apply: a) if the payment was made because of fraud committed by the claimant or health care provider, or b) if the claimant or health care provider has otherwise agreed to make a refund to the insurer for overpayment of a claim.

The **CLAIMS PROCEDURE PROVISIONS, General Claim Provision: Notice of claim** is hereby deleted in its entirety and replaced with the following:

**Notice of claim:** Written notice of claim must be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to the insurer at Old Republic Insurance Company, 4600 Witmer Industrial Estates - Suite 6, Niagara Falls, NY 14305, or to any authorized agent of the insurer, with information sufficient to identify the insured, shall be deemed notice to the insurer.

The **CLAIMS PROCEDURE PROVISION: General Claims Provisions, Proof of Loss** is hereby deleted in its entirety and replaced with the following:

**Proof of Loss:** Proof of Loss must be provided 90 days after the date of loss or as soon as is reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time; provided that such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

The **CLAIMS PROCEDURE PROVISIONS, General Claim Provision: Concealment and Misrepresentation** is hereby deleted in its entirety and replaced with the following:  
Up to 2 years after Your Effective Date, the entire coverage will be void if any material fact or circumstance relating to this protection plan has been concealed or misrepresented at the time of application.

The following provision is hereby added to the **CLAIMS PROCEDURE PROVISION: General Claims Provisions:**  
**Time of Payment of Claims:** The Company will pay any loss immediately upon receipt of due written proof of such loss.

#### **RL-B0141 (04/05)**

#### **RL-B0142 (02/04) TEXAS AMENDMENT RIDER**

The following provisions are hereby added to the **GENERAL POLICY PROVISIONS:**

**Entire Contract Changes in Policy:** This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance. No statements made by the applicant for insurance, not included herein, shall avoid the policy or be used in any legal proceeding hereunder. No agent has authority to change this policy or to waive any of its provisions. No change in this policy shall be valid unless approved by an executive officer of the Company.

**Physical Examination and Autopsy:** The Company, at the expense of the Company, may have an Insured 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.

**Misstatement of Age:** In the event that the age of a covered person has been misstated and the premium paid for insurance is less than the required premium for coverage at the correct age, benefits will be paid in direct proportion of the actual premium paid to the required premium due.

#### **RL-B0143 (10/04) UTAH AMENDMENT RIDER**

On the **FILING A CLAIM IS SIMPLE** page, the sentence immediately following **IMPORTANT** is hereby deleted and the following inserted in its place:  
To facilitate prompt claims settlement, You will be asked to provide proof of Your loss within 90 days after the date of loss or as soon as reasonably possible. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it is shown that it was not reasonably possible to furnish such proof and that such proof was furnished as soon as was reasonably possible.

The **CLAIMS PROCEDURE PROVISION: Proof of Loss** is hereby deleted in its entirety and replaced with the following:  
**Proof of Loss:** Proof of Loss must be provided 90 days after the date of loss or as soon as is reasonably possible. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it is shown that it was not reasonably possible to furnish such proof and that such proof was furnished as soon as was reasonably possible.

**RL-B0145 (05/04)  
VIRGINIA AMENDMENT RIDER**

In **EMERGENCY MEDICAL BENEFITS, MEDICAL EXPENSE BENEFITS: 1)** is hereby deleted and the following inserted in its place:

**1)** Covered Expenses incurred as a result of an Injury or a Sickness which occurs during the Covered Trip.

The **DEFINITION Legally Qualified Physician** is hereby deleted in its entirety and replaced by the following:  
**Legally Qualified Physician** means a licensed practitioner of the healing arts other than You, a Traveling Companion or a Family Member.

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

The **CLAIMS PROCEDURE PROVISIONS, General Claim Provision: Payment of claims** is hereby deleted in its entirety and replaced with the following:  
**Payment of claims:** Benefits will be paid to the Insured. Loss of life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the Insured's estate. Any other benefits unpaid at death may be paid, at the Company's option, either to the Insured's beneficiary or the Insured's estate. If benefits are payable to the Insured's estate or a beneficiary who cannot execute a valid release, the Company can pay benefits up to \$1,000.00, to someone related to the Insured or beneficiary by blood or by marriage whom the Company considers to be entitled to the benefits. The Company will be discharged to the extent of any payment made in good faith. The Company may pay all or a portion of any indemnities provided for health care services to the health care services provider, unless the Insured directs otherwise in writing by the time proofs of loss are filed. The Company cannot require that the services be rendered by a particular health care services provider.

The **CLAIMS PROCEDURE PROVISIONS, General Claim Provision: Notice of claim** is hereby deleted in its entirety and replaced with the following:  
**Notice of claim:** Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to the Company at Old Republic Insurance Company, 4600 Witmer Industrial Estates - Suite 6, Niagara Falls, NY 14305, or to the Company's agent. Notice should include the name of the Insured, and Claimant if other than the Insured, and the policy number.

The following provision is added to the **CLAIMS PROCEDURE PROVISIONS, General Claim Provisions:**  
**Time of payment of claims:** Benefits for any loss covered by this policy will be paid as soon as the Company receives proper written proof.

**RL-B0146-WA (05/04) (A&H)  
WASHINGTON AMENDMENT RIDER**

The **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT** is hereby amended as follows:  
Accidental death and dismemberment benefits shall be payable if the loss occurs within one (1) year from the date of the accident.

The **FLIGHT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT** is hereby amended as follows:  
Accidental death and dismemberment benefits shall be payable if the loss occurs within one (1) year from the date of the accident.

The **GENERAL EXCLUSION and LIMITATION: b)** is hereby deleted in its entirety and the following inserted in its place:  
**b)** resulting from war or an act of war, whether declared or undeclared;

The **GENERAL EXCLUSION and LIMITATION i)** is hereby deleted in its entirety and the following is inserted in its place:  
**i)** resulting from alcoholism or drug addiction;

The **GENERAL EXCLUSION and LIMITATION l)** is hereby deleted in its entirety and the following is inserted in its place:  
**l)** if You or Your Traveling Companion are deemed unfit to travel by a Legally Qualified Physician prior to the trip;

The **GENERAL EXCLUSIONS and LIMITATION: m)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION q)** is hereby deleted in its entirety and the following is inserted in its place:  
**q)** where coverage has been purchased for travel to or through a city or country of destination under a travel warning issued by the United States Department of State at the time this insurance is purchased and the Sickness, Injury, death, loss or delay was a direct result of the incidents surrounding the travel warning. To learn more about travel warnings issued by the US State Department, visit their website:  
[http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html);

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

Under **GENERAL EXCLUSIONS and LIMITATIONS**, the provision titled **Maximum Limit of Liability** is hereby deleted and the following inserted in its place:  
**Maximum Limit of Liability:** All limits are applied per trip. The Company will pay no more than \$1,000,000 per occurrence to or on account of any person insured.

The **GENERAL POLICY PROVISION:** Subrogation is hereby deleted in its entirety.

The **CLAIM PROCEDURE PROVISION: Concealment and Misrepresentation** is hereby deleted and the following inserted in its place:  
**Concealment and Misrepresentation:** The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this protection plan has been intentionally concealed or misrepresented.

The **GENERAL POLICY PROVISION Limitations of Time for Bringing Suit** is hereby deleted in its entirety and the following inserted in its place:  
**Limitations of Time for Bringing Suit:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless brought within three years from the expiration of the time within which proof of loss is required by the policy.

**RL-B0146-WA (05/04) (P&C)  
Washington Amendment Rider**

The **DEFINITION for "Rental Vehicle"** is hereby deleted in its entirety and the following inserted in its place:  
**"Rental Vehicle"** is any Vehicle rented from a commercial car rental agency licensed under the laws of the jurisdiction of operation for Your personal use under a rental agreement. This excludes trucks, vans, buses, motorcycles, mopeds, motorbikes, recreational, all-terrain, campers, trailers, limousines, Vehicles twenty (20) years of age or older, any Vehicles specifically for off road use and any exotic Vehicles such as Aston Martin, Bentley, Bricklin, Daimler, De Lorean, Excalibur, Ferrari, Jensen, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce, or any other Vehicle with an original cost new of \$50,000 or over.

Under **GENERAL EXCLUSIONS and LIMITATIONS**, the provision titled **Maximum Limit of Liability** is hereby deleted and the following inserted in its place:  
**Maximum Limit of Liability:** All limits are applied per trip. The Company will pay no more than \$1,000,000 per occurrence to or on account of any person insured.

The **GENERAL POLICY PROVISION: Subrogation** is hereby deleted in its entirety.

The **CLAIM PROCEDURE PROVISION: Concealment and Misrepresentation** is hereby deleted and the following inserted in its place:

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

**RL-B0148 (10/04)  
WISCONSIN AMENDMENT RIDER**

The **Amendment Rider RL-B0148 (02/04)** in the **Evidence of Coverage Form G00 03/04** is hereby deleted in its entirety and replaced by the following.

The **DEFINITION** for **“Terrorist Incident”** is hereby deleted in its entirety and the following inserted in its place:

**“Terrorist Incident”** means activities against persons, organizations or property of any nature:

1. That involve the following or preparation for the following:
  - a. Use or threat of force or violence; or
  - b. Commission or threat of a dangerous act; or
  - c. Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
2. When one or both of the following applies:
  - a. The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy;
  - or
  - b. It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

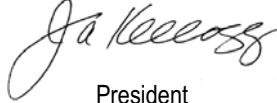
The **GENERAL POLICY PROVISION: Subrogation** is hereby deleted in its entirety.

The **Notice of Claim** provision appearing in the **Additional Claims Provisions Specific to Rental Vehicle Damage Protection** is hereby deleted in its entirety and the following inserted in its place:

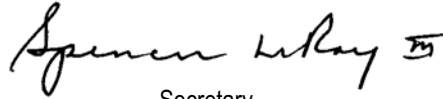
**Notice of Claim:** All claims must be reported to the Company’s authorized Assistance Company and the vehicle rental agency as soon as reasonably possible, providing full details of physical damage or loss during the rental period. An immediate report must be given to the police of any accident, burglary, theft or malicious act, and You must obtain a copy of the policy report for the Company and the commercial car rental agency. A written

report of the loss, along with a copy of the police report, must be submitted to the Company within 30 days of the date of loss or damage or as soon as reasonably possible. Failure to furnish such report within the time required does not invalidate or reduce a claim unless the Company is prejudiced thereby and it was reasonably possible to meet the time limit.

Signed for the Company



President



Secretary

Continue on for Multi-State Amendatory Riders for the following states:  
CT, DE, DC, FL, MS, MO, NV, OK, VT, WV

**IMPORTANT:  
TAKE THIS DOCUMENT, YOUR CONFIRMATION  
OF COVERAGE AND EVIDENCE OF COVERAGE  
(G00) ON YOUR TRIP.**

QUESTIONS? CALL  
1-888-322-6776



Insurance Services

# Travel Plus/Travelite

## Old Republic Insurance Company

Multi-State Amendatory Rider for the following states:  
CT, DE, DC, FL, MS, MO, NV, OK, VT, WV

THIS DOCUMENT IS AMENDMENT RIDERS TO  
EVIDENCE OF COVERAGE (G00).

PLEASE READ THIS DOCUMENT CAREFULLY FOR  
STATE AMENDMENTS BASED ON YOUR STATE OF  
RESIDENCE.

### IMPORTANT:

TAKE THIS DOCUMENT, YOUR CONFIRMATION OF  
COVERAGE AND EVIDENCE OF COVERAGE (G00) ON  
YOUR TRIP.



Insurance Services

02/06

Underwritten by Old Republic Insurance Company  
133 Oakland Ave, PO Box 789, Greensburg, PA 15601

The following Individual Travel Policy provisions are in  
addition to all benefits, limits, and general policy provisions  
of Evidence of Coverage (G00).

**Ten day review period:** If You are not completely satisfied with  
this certificate/policy You may cancel it within 10 days of purchasing  
the certificate/policy and receive a refund of Your plan cost,  
provided that You have not already departed on Your trip or You  
intend to file a claim.

**Entire Contract Changes in Policy:** This policy includes the  
endorsements and attached papers, if any, and contains the  
entire contract of insurance. No statements made by the applicant  
for insurance, not included herein, shall avoid the policy or be  
used in any legal proceeding hereunder. No agent has authority  
to change this policy or to waive any of its provisions. No change  
in this policy shall be valid unless approved by an executive  
officer of the Company.

**Misstatement of Age:** In the event that the age of a covered  
person has been misstated and the premium paid for insurance is  
less than the required premium for coverage at the correct age,  
benefits will be paid in direct proportion of the actual premium  
paid to the required premium due.

**Time of Payment of Claims:** The Company, or its designated  
representative, will notify the claimant of its decision on the claim  
within 30 days of receipt of acceptable proof of loss.

### TABLE OF CONTENTS

Connecticut	Page 2-3
Delaware	Page 3
District of Columbia	Page 3
Florida	Page 4
Mississippi	Page 4
Missouri	Page 4-5
Nevada	Page 5-6
Oklahoma	Page 6-8
Vermont	Page 8
West Virginia	Page 9

RL-B0107 (02/04)

### CONNECTICUT AMENDMENT RIDER

Under **MEDICAL EXPENSE BENEFITS 1)** is hereby amended  
by adding the following sentence; "Suicide, attempted suicide  
and intentionally self-inflicted injuries are covered."

The **DEFINITION** for "**Emergency Medical Expense**" is hereby  
amended by adding the following to the definition:

1. Coverage for Newborn Infants, as described in Section 38a-516, C.S.A.,
2. Accidental Ingestion of a Controlled Substance, as described in Section 38a-518, C.S.A.
3. Home Health Care coverage, as described in Section 38a-520, C.S.A.
4. Occupational Therapy Coverage, as described in Section 38a-523, C.S.A.
5. Emergency Ambulatory Care, as described in Section 38a-525, C.S.A.
6. Care provided by a Nurse Practitioner, as described in Section 38a-526, C.S.A.

The **GENERAL POLICY PROVISION: Subrogation** is hereby  
deleted and the following inserted in its place:

**Subrogation:** To the extent allowed by law, the Company, upon  
making any payment or assuming liability thereon under this  
certificate, shall be subrogated to all rights of recovery of the  
Insured against any person or corporation and may bring action  
in the name of the covered person to enforce such rights. This  
provision does not apply to judicial awards of damages.

The **GENERAL EXCLUSION and LIMITATION a)** is hereby  
deleted in its entirety and the following inserted in its place:

**a)** resulting from suicide, attempted suicide, or any intentionally  
self-inflicted Injury while sane or insane, except as provided  
elsewhere in this certificate;

The **GENERAL EXCLUSION and LIMITATION i)** is hereby deleted  
in its entirety and the following inserted in its place:

**i)** received as a result or consequences of being intoxicated or  
as a result of the voluntary use of any controlled substance as  
defined in Title II of the Comprehensive Drug Abuse Prevention  
and Control Act of 1970 as now or hereafter amended unless  
prescribed by Your physician for You.

The **GENERAL EXCLUSION and LIMITATION j)** is hereby deleted in its entirety and the following inserted in its place:

**j)** to which a contributory cause was the commission or attempt to commit a felony or being engaged in a felonious occupation;

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

**RL-B0108 (11/04)  
DELAWARE AMENDMENT RIDER**

Under **RENTAL VEHICLE DAMAGE PROTECTION, EXCLUSION b)** is hereby deleted in its entirety and replaced by the following:

**b)** physical damage or loss attributed to: mechanical failure or breakdown of the Rental Vehicle; wear and tear, gradual deterioration, corrosion, rust or freezing; any neglect or abuse of the Rental Vehicle; any dishonest act or conversion; any consequence of war (declared or otherwise);

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

**RL-B0109 (08/04)  
DISTRICT OF COLUMBIA AMENDMENT RIDER**

The **DEFINITION** for “**Medically Necessary**” is hereby deleted in its entirety and the following is inserted in its place:

“**Medically Necessary**” means an emergency service or supply which: a) is recommended by the local 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 service or supplies is required by law. The fact that a physician may prescribe, authorize or direct a service does not of itself make it medically necessary or covered by the Group Policy.

**RL-B0110 (02/04)  
FLORIDA AMENDMENT RIDER**

The Benefits of the Plan providing Your coverage are governed primarily by the law of a state other than Florida. Your homeowners policy, if any, may provide coverage for loss of personal effects provided by the Baggage and Personal Effects coverage. This insurance is not required in connection with the purchase of Your travel arrangements.

**Note:** This plan contains disability insurance benefits or health insurance benefits, or both, that only apply during the Covered Trip. You may have coverage from other sources that already provides You with these benefits. You should review Your existing policies. If You have any questions about Your current coverage, call Your insurer or health plan provider.

**RL-B0125 (02/04)  
MISSISSIPPI AMENDMENT RIDER**

The following **GENERAL POLICY PROVISION: Time Payment of Claims** is added:

**Time of Payment of Claims:** The Company, or its designated representative, will pay the claim after receipt of acceptable proof of loss. Payment will be made in 35 days. If a valid claim is not paid in that period, the payment will accrue interest at the rate of 1.5 % per month until the claim payment is made. If the Company does not pay the claim when due, You may bring action to recover such benefits and any other damages.

**RL-B0150 (01/05)  
MISSOURI AMENDMENT RIDER**

**NOTICE:** Underwritten by Old Republic Insurance Company  
133 Oakland Avenue, P.O. Box 789  
Greensburg, PA 15601  
Telephone: 1-888-322-6776

The **GENERAL EXCLUSION and LIMITATION a)** is hereby deleted in its entirety and replaced with:

**a)** resulting from suicide, attempted suicide, or any intentionally self-inflicted Injury while sane;

In the **GENERAL EXCLUSION and LIMITATION – PRE-EXISTING CONDITIONS EXCLUSION**, the first section 1. is hereby deleted in its entirety and the following inserted in its place:

1. Any injury to You or Your Traveling Companion, Your Business Partner or Your Family Member occurring during the 12 months prior to and including the Effective Date for which medical advice or treatment by a Legally Qualified Physician has been received in connection with such injury.

The **CLAIMS PROCEDURE PROVISIONS, General Claim**

**Provision: Notice of claim** is hereby deleted in its entirety and replaced with the following:

**Notice of Claim:** Notice of claim must be reported within 30 days after a loss occurs or as soon as reasonably possible. You or someone on Your behalf may give the notice. The notice must be given to the Company or its designated representative and must include sufficient information to identify You. No claim will be denied for failure to report a loss within the time specified unless this failure operates to prejudice the rights of the Company.

The **CLAIMS PROCEDURE PROVISIONS, General Claim**

**Provision: Legal Actions** is hereby deleted in its entirety and the following inserted in its place:

**Legal Actions:** No legal action for a claim can be brought against the Company until sixty (60) days after we receive proof of loss. No legal action for a claim can be brought against the Company more than ten (10) years after the time required for giving proof of loss. This ten (10) 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.

**RL-B0130 (05/05)  
NEVADA AMENDMENT RIDER**

The **DEFINITION - "Medically Necessary"** is hereby deleted in its entirety and replaced by the following:

“**Medically Necessary**” means health care services or products that a prudent physician would provide to a patient to prevent, diagnose or treat an illness, injury or disease, or any symptoms thereof, that are necessary and:

1. Provided in accordance with generally accepted standards of medical practice;

2. Clinically appropriate with regard to type, frequency, extent, location and duration;
3. Not primarily provided for the convenience of the patient, physician or other provider of health care;
4. Required to improve a specific health condition of an insured or to preserve his existing state of health; and
5. The most clinically appropriate level of health care that may be safely provided to the insured.

Under the **CLAIMS PROCEDURE PROVISION** the following is added:

**Time of Payment of Claims:** The Company will pay any loss within 30 days of due written proof of such loss.

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

#### **RL-B0137 (02/05) OKLAHOMA AMENDMENT RIDER**

The **Amendment Rider B0137 (02/04)** in the **Evidence of Coverage Form G00 08/04** is hereby deleted in its entirety and replaced by the following.

The following fraud warning is added:

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In **EMERGENCY MEDICAL BENEFITS, MEDICAL EXPENSE BENEFITS, 2)** is hereby deleted and the following inserted in its place:

**2)** Benefits will include expenses for emergency dental treatment for Injury to sound teeth not to exceed \$750.

The **CLAIMS PROCEDURE PROVISION: Legal Actions** is hereby deleted in its entirety and the following inserted in its place:

**Legal Actions:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

The **GENERAL EXCLUSION and LIMITATION b)** is hereby deleted in its entirety and replaced with:

**b)** resulting from war or act of war, (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;

The **GENERAL EXCLUSION and LIMITATION c)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATIONS d), e), g), k), l) and m),** do not apply to Medical Expense or Medical Evacuation/Repatriation benefits.

The **GENERAL EXCLUSION and LIMITATION f)** is hereby deleted in its entirety and replaced with:

**f)** while participating as a member of a team in an interscholastic sporting competition;

The **GENERAL EXCLUSION and LIMITATION i)** is hereby deleted in its entirety and replaced with:

**i)** resulting from alcoholism, drug addiction or the use of a narcotic unless administered on the advice of a Legally Qualified Physician;

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

The **GENERAL POLICY PROVISION: Duplicate Coverage** is hereby deleted in its entirety and replaced with:

**Duplicate Coverage:** You may only purchase one Protection Plan for each Covered Trip. If you do purchase more than one Protection Plan for a specific Covered Trip, the maximum Amount of Coverage payable will be as specified in the Protection Plan with the highest level of benefits. We will refund all premiums paid for any other Protection Plan to the insured or to his estate. Maximum Flight Accident Insurance with the Company is \$1,000,000 for any one person at any one time under this coverage.

The **GENERAL POLICY PROVISION: Subrogation** is hereby deleted in its entirety.

The **GENERAL POLICY PROVISION: Errors or Mis-payments** is hereby amended by adding the following sentences: A request for a refund of all or a portion of a payment of a claim will not be made to a claimant or health care provider more than twenty-four (24) months after the payment is made. The preceding sentence

will not apply: a) if the payment was made because of fraud committed by the claimant or health care provider, or b) if the claimant or health care provider has otherwise agreed to make a refund to the insurer for overpayment of a claim.

The **GENERAL POLICY PROVISION: Time Payment of Claims** is hereby deleted in its entirety and replaced with:

**Time of Payment of Claims:** The Company, or its designated representative, will either deny or pay all clean claims within forty-five (45) calendar days after receipt of acceptable proof of loss by the Company. Any overdue payment will include simple interest at the rate of ten percent (10%) per year.

#### **RL-B0144 (08/04) VERMONT AMENDMENT RIDER**

The **GENERAL EXCLUSION and LIMITATION: a)** is hereby deleted in its entirety and replaced with the following:

**a)** resulting from the Insured person's suicide, attempted suicide, or any intentionally self-inflicted injury while sane or insane.

The **GENERAL EXCLUSION and LIMITATION: d)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION: e)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION: f)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION: g)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION: i)** is hereby deleted in its entirety and the following is inserted in its place: i) for treatment of alcoholism or drug addiction;

The **GENERAL EXCLUSION and LIMITATION: k)** is hereby deleted in its entirety.

The **GENERAL EXCLUSION and LIMITATION: r)** is hereby deleted in its entirety.

#### **OLD REPUBLIC INSURANCE COMPANY**

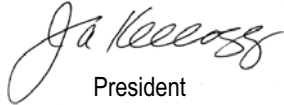
**RL-B0147 (02/04)**  
**WEST VIRGINIA AMENDMENT RIDER**

The **GENERAL EXCLUSION and LIMITATION q)** is hereby deleted in its entirety and the following inserted in its place:

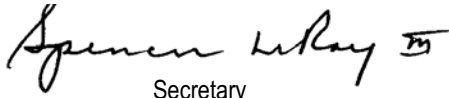
**q)** where coverage has been purchased for travel to or through countries for which travel warnings have been issued by the United States Department of State at the time this insurance is purchased unless You were not advised of the travel warning at that time;

The **GENERAL EXCLUSION and LIMITATION r)** is hereby deleted in its entirety.

Signed for the Company



President



Secretary

**IMPORTANT:**  
**TAKE THIS DOCUMENT, YOUR CONFIRMATION**  
**OF COVERAGE AND EVIDENCE OF COVERAGE**  
**(G00) ON YOUR TRIP.**

**QUESTIONS? CALL**  
**1-888-322-6776**



Insurance Services

# Travelex JournEase Program Guide



Three additional benefits provided with the purchase of your Travel Plus or TraveLite protection plan:

- **Event Ticket Secure**
- **Identity Secure**
- **MedicalSummary.com™**

The JournEase Program is available to U.S. residents.



TABLE OF CONTENTS	
<b>Overview of Benefits</b>	<b>Page 2</b>
Event Ticket Secure	Page 2
Identity Secure	Page 2
Medical Summary	Page 2
<b>Benefits Eligibility</b>	<b>Page 2</b>
<b>Event Ticket Secure</b>	<b>Page 3</b>
What is eligible for reimbursement?	Page 3
What is not covered?	Page 3
How do I file a claim?	Page 4
<b>Identity Secure</b>	<b>Page 4</b>
What is eligible for reimbursement?	Page 4
What is not covered?	Page 5
How do I file a claim?	Page 5
<b>Event Ticket Secure &amp; Identity Secure</b>	<b>Page 7</b>
How will I be reimbursed?	Page 7
Definitions	Page 7
Additional benefit conditions	Page 8
Contact information	Page 9
<b>MedicalSummary.com™</b>	<b>Page 10</b>
What is MedicalSummary.com™?	Page 10
How does it work?	Page 10
How do I access my subscription?	Page 11
Customer Service information	Page 11

**Don't forget!**

Take advantage of your MedicalSummary.com

**FREE TRIAL SUBSCRIPTION!**

See page 10 - 11 for more details.



As a Travelex customer you receive comprehensive travel protection around the clock, around the world! In addition to this protection, Travelex is automatically providing you with three new complimentary benefits as an eligible member of the Travelex JournEase Program. Specifically the features are:

- **Event Ticket Secure**
- **Identity Secure**
- **MedicalSummary.com™**

This guide provides all the details, terms, conditions and exclusions of the Travelex JournEase Program.

## OVERVIEW OF BENEFITS

### Event Ticket Secure

Event Ticket Secure will reimburse you, up to a maximum of \$100 per Event Ticket, \$400 per Event, and \$800 per Covered Trip, for the cost of Your unused nonrefundable Event tickets charged to your credit or debit card should You be unable to attend the Event for a covered reason.

### Identity Secure

Identity Secure offers a vast array of assistance services plus reimbursement for covered expenses you incur to restore your identity, up to a maximum of \$10,000, as a result of a Covered Stolen Identity Event.

### MedicalSummary.com™

MedicalSummary.com™, a secure, Internet-based health information service, stores vital personal medical information online and allows for instant retrieval and updating from anywhere in the world. The service also includes a **MedSum Card™**, which summarizes pertinent medical and contact information on conveniently sized cards.

## BENEFITS ELIGIBILITY

To be eligible for these three benefits, you must be a current Travelex Insurance Services customer who resides in the United States. In addition:

- to be eligible for **Event Ticket Secure**, your Event Tickets for your Immediate Family Members or yourself must have been charged to your credit or debit card during your Covered Trip.
- to be eligible for **Identity Secure** you must have experienced a Covered Stolen Identity Event.

## EVENT TICKET SECURE

*Underwritten by Indemnity Insurance Company of North America.*

### WHAT IS ELIGIBLE FOR REIMBURSEMENT?

The cost of the nonrefundable Event tickets charged to your credit or debit card during your Covered Trip. Covered reasons for missing the ticketed Event must be one of the following:

- a) Sickness, Accidental Injury or death of the Ticket holder or Ticket holder's Family Member;
- b) Ticket holder is directly involved in a traffic accident while en route to the scheduled Event (as evidenced by a police report);
- c) Ticket holder's public transportation (including airplane, train, bus, subway) is delayed due to strike, industrial action, breakdown or adverse weather conditions causing the Ticket holder to miss the scheduled Event.

### WHAT IS NOT COVERED?

- Tickets which were purchased when the Ticket holder was not a valid member of the Travelex JournEase Program.
- Tickets purchased prior to the start date of the Covered Trip.
- Tickets which are refundable.
- Tickets purchased for other than covered Events.
- Tickets not printed on paper, including but not limited to, buttons and wristbands.
- Tickets not specifying the name, date and time of the Event and the price of the Ticket.
- Tickets purchased for resale, professional, or commercial use.
- Ticket's purchased by someone other than the valid Travelex JournEase Program Member.
- Tickets purchased with the knowledge that a ticket holder's illness would inhibit his or her ability to attend a Covered Event
- Tickets for which the Travelex JournEase Program Member did not make all necessary preliminary arrangements for timely arrival to the Event.
- For series/season Tickets and multi-day passes, cancellation of more than one day or Event for a particular covered reason.
- Tickets purchased by the Travelex JournEase Program Member with the knowledge of any material fact, matter or circumstance which would likely give rise to a claim.

### HOW DO I FILE A CLAIM?

If you missed the ticketed Event for a Covered Reason, immediately call **1-866-690-5117**.

Notification must be made within thirty (30) days of the missed event. The representative will ask you for some preliminary claim information and send you the appropriate claim form. The claim form must be completed signed and returned with all the requested documentation within ninety (90) days from the date of loss. Your completed claim must contain the following documentation to substantiate your loss:

- 1) The completed claim form;
- 2) A copy of your credit or debit card charge slip or receipt, as proof that the Event Tickets were charged and paid for by the Travelex JournEase Program Member;
- 3) The complete original event ticket (partial tickets are not eligible for coverage); and whichever of the following is applicable:
  - a) A copy of a police report in the event of a traffic accident while on route to the scheduled Event;
  - b) A copy of a letter from a Physician outlining illness that caused the scheduled event to be missed;
  - c) Copy of death certificate; or
  - d) Copy of letter from the common carrier in which the delay occurred forcing the ticket holder to miss the scheduled event.

## IDENTITY SECURE

*Underwritten by Indemnity Insurance Company of North America.*

### WHAT IS ELIGIBLE FOR REIMBURSEMENT?

- Costs you incur for re-filing applications for loans, grants, or other credit or debt instruments that are rejected solely because the lender received incorrect information as a result of a Covered Stolen Identity Event.
- Costs for notarizing affidavits or other similar documents, long distance telephone calls, and postage reasonably incurred as a result of your efforts to report a Covered Stolen Identity Event or to amend or rectify records as to your true name or identity as a result of a Covered Stolen Identity Event.
- Costs incurred by you for a maximum of four (4) credit reports, requested as a result of a Covered Stolen Identity Event, from any entity approved by the Provider.

- Actual lost wages for time taken away from your work premises solely as a result of your efforts to amend or rectify records as to your true name or identity as a result of a Covered Stolen Identity Event.
- Costs for reasonable fees for an attorney appointed by the Provider and related court fees you incur with the consent of the Provider for suits brought against you by a creditor or collection agency or similar entity acting on behalf of a creditor for nonpayment of goods or services or default on a loan as a result of a Covered Stolen Identity Event.

### WHAT IS NOT COVERED?

- Any dishonest, criminal, malicious, or fraudulent acts by you, any person acting with you or a representative authorized by you.
- Any damages, loss, or indemnification unless otherwise stated in this disclosure.
- Any losses as a result of theft or unauthorized use of an account by a person to whom the account has been entrusted
- Any losses as a result of the use of your identity by a family member, former family member, significant other, or friend.
- Costs associated with any legal action or suit other than those set forth under Covered Losses.
- Costs and/or fees associated with the use of private investigators or investigative agencies.
- Sick days and any time taken from self-employment.
- Costs and fees that are covered by insurance or indemnification.
- The theft of your credit, debit or other transaction account number solely to facilitate purchases of goods and/or services, commonly known as credit or debit account theft.

### HOW DO I FILE A CLAIM?

Call the Benefit Administrator immediately at **1-866-690-5117** when you reasonably believe a Covered Stolen Identity Event has occurred. We are available twenty four (24) hours a day, seven (7) days a week. Our caring professionals will help you identify if a fraud or identity theft has occurred and guide through the process of restoring your identity if it has been compromised. Please be sure to have the information regarding how, when and where the Covered Stolen Identity Event occurred.

In addition to providing you with a helpful ID Theft Resolution kit, our customer service representatives will:

- Obtain a list of your creditors in “Real Time” to contact and provide them with separate itemized fraudulent account statements for each fraudulent occurrence.
- Report or assist in reporting the fraudulent activity to the local authorities and creditors and forward a report of the fraudulent activity to creditors.
- Notify all three major credit-reporting agencies to obtain credit reports for the Member and place an alert on the Member’s records with the agencies.
- Provide an authorization form and ID theft affidavit to be completed by the Member. The customer service representative will be happy to answer any questions regarding the Affidavit or the Authorization Form. Once these forms are completed, Identity Secure will submit them to the Member’s creditors requesting cancellation of the Member’s credit and debit card(s) and issuance of a new one(s).
- If other forms of identification were stolen or missing, Identity Secure notifies or assists the Member in notifying the appropriate bank or agency of the situation so that they may take action and reissue a new form of identification.
- Translate whenever necessary such as when the Member is abroad and needs help communicating with the local police to file a report of an Identity Theft incident.
- Provide emergency cash advance when identity theft occurs while traveling 150 or more miles from the Member’s place of residence.
- Determine the best legal action to take against creditors or how to work with credit bureaus if creditors are not cooperative in removing fraudulent entries from the Member’s credit report(s).
- When needed, follow up with creditors to ensure that the matter has been properly handled.
- If further steps are required, the Member will be put in contact with Fraud Resolution Specialists. These specialists are highly trained, legal professionals with one or more of the following credentials: licensed attorney, practitioner with Masters level or certification in Dispute Resolution or Fair Debt Credit Practices, experience in prosecuting criminal acts or over five years other relevant legal experience.
- Arrange access, when needed to, up to three (3) in-person sessions with a professional in our national network of Behavioral Specialists to help the Covered Member deal with the emotional trauma of Identity Theft.

To file a claim for reimbursement under Identity Secure you must submit the following with your claim:

- A signed, sworn proof of loss or affidavit containing the information requested by the Benefit Administrator must be submitted within sixty (60) days of the report of your claim,
- Travelex JournEase Program membership number or Confirmation Number (found on your Confirmation of Coverage),
- Copy of a police report from your local jurisdiction,
- Copy of all receipts, bills or other records that support your claim for a reimbursement under this benefit, and
- Any other documentation reasonably requested by the Benefit Administrator to substantiate your claim.

## EVENT TICKET SECURE & IDENTITY SECURE

### HOW WILL I BE REIMBURSED?

Once your claim has been verified, under normal circumstances, reimbursement will be initiated within five (5) business days of receipt and approval of all required documents.

### DEFINITIONS

“**Accidental Injury**” means bodily injury caused by an accident occurring while this coverage is in force. The Accidental Injury must be verified, in writing, by a licensed Physician.

“**Covered Trip**” means a trip in excess of 150 miles from your place of residence taken while you are a valid member of the Travelex JournEase Program. Covered Trips do not include travel in countries for which the United States Department of State has issued travel warnings.

“**Covered Stolen Identity Event**” means the theft, unauthorized or illegal use of your name, birth date, transaction card account, bank account, Social Security number, or any other method identifying you to impersonate you or open new banking or credit accounts that occurred while you were traveling on a Covered Trip.

“**Event**” means concert, theatrical, organized professional or amateur sporting events, and other observational non participatory events for which a covered paper ticket is purchased by the Travelex JournEase Program Member using a credit or debit card embossed with the member’s name. The paper tickets must clearly indicate the name of the event, the date on which the event is to take place, the start time of the event, the event venue, and the purchase price. The purchase price must match the amount charged to the JournEase Member’s credit or debit card.

“**Family Member**” means a spouse, mother, father, son, daughter, mother-in-law or father-in-law or grandparents of the Ticket holder.

“**Immediate Family Member**” means Your spouse or legal dependent children under age 18 (25 if enrolled as a full-time student at an accredited institution).

“**Physician**” means a licensed practitioner of the healing arts, acting within the scope of his/her license. The treating Physician may not be the Travelex JournEase Program Member, a family member, or one of the Ticket holders.

“**Sickness**” means an illness or disease that is diagnosed or treated by a Physician after the date of the Ticket purchase.

### ADDITIONAL BENEFIT CONDITIONS

You must comply with all of the following conditions in order for Your claim to be eligible:

- The Travelex JournEase Program Member shall use due diligence and do and concur in doing all things reasonably practicable to avoid or diminish any covered refund protected by this Program. The Provider will not unreasonably apply this provision to avoid claims.
- If you make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim and your benefits may be canceled.
- Once you file a claim for benefits under the Event Ticket Secure Benefit, a claim file will be opened and shall remain open for ninety (90) days from the date of the Covered Event. No payment will be made on a claim that is not completely substantiated in the manner required by the Program Administrator within ninety (90) days of the Covered Event.
- Once you file a claim for benefits under the Identity Secure Benefit, a claim file will be opened and shall remain open for one hundred and eighty (180) days from the date of the Covered Stolen Identity Event. No payment will be made on a claim that is not completely substantiated in the manner required by the Benefit Administrator within one hundred and eighty (180) days of the Covered Stolen Identity Event.
- The Identity Secure and Event Ticket Secure Benefits are supplemental to and excess of any valid and collectible avenue of recovery which is available to you the eligible Travelex JournEase Program Member. In no event will these benefits apply as contributing insurance. This non-contribution clause will take precedence over the non-contribution clauses found in other insurance policies. We will refund the excess amount once all other coverage has been exhausted up to the limit of liability.

- The Provider in issuing this coverage relies on the truth of statements of each Travelex JournEase Program Member. Each Travelex JournEase Program Member agrees that such representations are accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact by the Travelex JournEase Program Member.

- After the Benefit Administrator has paid your claim of loss, all your rights and remedies against any party in respect of this loss will be transferred to the Provider to the extent of the cost of the Provider's payment to you. You shall give the Provider any assistance necessary to secure its rights and remedies, including the execution of all documents, and the Provider shall be entitled at its own expense to bring suit in your name.

- No legal action for a claim may be brought against us until sixty (60) days after we receive Proof of Loss. No legal action against us may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against us unless all the terms of the Guide to Benefit and policy have been complied with fully.

- Identity Secure and Event Ticket Secure are benefits provided to Travelex JournEase Program Members in accordance with the policy underwritten by Indemnity Insurance Company of North America, "the Provider". This benefit is subject to the terms and conditions outlined and includes certain restrictions, limitations and exclusions. This Guide to Benefit is not a policy of Insurance.

- These benefits are provided to Travelex JournEase ProgramMembers at no additional cost and are in effect for acts occurring while the benefit is in effect. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided by additional Guide to Benefit mailings, statement inserts or statement messages. Travelex can cancel or non-renew this benefit, and if Travelex cancels the benefit, the Benefit Administrator will notify you at least thirty (30) days in advance. If the Provider non-renews or cancels any benefits you will be notified within 30 -120 days before the expiration of the policy. In the event a substantially similar benefit takes effect without interruption, no such notice is necessary. The benefit will still apply on transactions made prior to the date of such cancellation or non-renewal provided all other terms and conditions of the benefit are met.

For general questions regarding this benefit or whenever you need to file a claim call the Benefit Administrator toll free at:  
**1-866-690-5117**

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- Type in your personal and medical information.
- Review your summary page.
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"On a recent vacation, both Brenda and I found ourselves in the ER needing care. The MedSum Card would have saved us hours of delay."

**HOW DOES IT WORK?**

As a Travelex customer and member of the Travelex JournEase Program, you automatically receive a free trial subscription of the MedicalSummary.com service.

**This service is available to you from the time your Travelex Travel Plus or Travelite protection plan goes into effect until you return home from your trip.**

From any online connection, subscribers enter their private user name and password to access their subscription, update their files and print MedSum Cards. With your permission, health care providers can quickly view your complete file online for an update of your condition or to ensure against things such as dangerous drug interactions. The MedSum Card will give first responders the vital information they may need to save your life.

**CUSTOMER SERVICE INFORMATION**

Direct your emails to: [service@medicalsummary.com](mailto:service@medicalsummary.com)  
phone calls to: 866-7MEDSUM (866-763-3786)

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