TripMate
A Generali Global Assistance & Insurance Services Brand

World Nomads

Summary of Plan Benefits

Important

This document provides only a summary of the Plan Benefits. This document is not Your Purchase Confirmation. Your Purchase Confirmation and applicable Plan Documents are provided to You at time of purchase.

Satisfaction Guarantee

If You are not satisfied for any reason, You may return Your Plan Documents to us within 10 days after receipt. Your plan payment will be refunded, provided You have not filed a claim or departed on Your Trip. When so returned, the Plan Documents are void from the beginning.

Generali Global Assistance

Generali Global Assistance provides: medical, legal and travel assistance services available 24 hours a day/365 days a year. A complete list of these services is included in Your Plan Documents. To contact Generali Global Assistance:

Within U.S. & Canada	Collect Worldwide
1-877-289-0968	1-954-334-8143

This document provides a brief summary of the plan. If there is a conflict between this document and a plan provision, the plan provision shall prevail.

Non-Insurance Services

Generali Global Assistance

FootprintID® Medical Records Service

Please Note: This Plan is only effective for You if the required plan payment for the Trip has been paid prior to Your Scheduled Departure Date for Your Trip. Plan provisions and benefits may vary by state jurisdiction. Please refer to Your Plan Documents for complete details.

The Travel Insurance Benefits of this Plan are Underwritten By:
Nationwide Mutual Insurance Company and Affiliated Companies, OH.

Plan Information

Product:	**Explorer Plan**
Plan #:	**N300E**

Schedule of Benefits

Confirmation of Coverage

Coverages	Maximum Benefit

Any sub-limit values listed below a Maximum Benefit are included in the Maximum Benefit Amount, and any amounts paid under a sub-limit will reduce the Maximum Benefit amount available under each Coverage.

Trip Cancellation
- Maximum Benefit..... **100% of Trip Cost**
- Maximum Benefit..... **$10,000**

Trip Interruption
- Maximum Benefit..... **100% of Trip Cost**
- Maximum Benefit..... **$10,000**

Trip Delay
- Maximum Benefit..... **$3,000**
- Maximum Benefit Per Day..... **$250**

Accidental Death & Dismemberment
- Principal Sum..... **$10,000**

Emergency Accident and Sickness Medical Expense
- Maximum Benefit..... **$100,000**
- Dental Expenses..... **$750**

Emergency Evacuation
- Maximum Benefit..... **$500,000**

Repatriation of Remains
- Maximum Benefit..... **$500,000**

Non-Medical Emergency Transportation
- Maximum Benefit..... **$25,000**

Baggage/Personal Effects
- Maximum Benefit..... **$3,000**
- Per Article Limit..... **$1,500**
- Combined Article Limit..... **$500**

Baggage Delay
- Maximum Benefit..... **$750**
- Maximum Benefit Per Day..... **$150**

Rental Car Damage
- Maximum Benefit..... **$35,000**

NSITC 2200

TRAVEL PROTECTION PLAN

PLAN DOCUMENTS FOR EXPLORER PLAN N300E

World Nomads



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IMPORTANT CONTACT INFORMATION

Plan Number: N300E

Please review these Plan Documents as they provide complete details of the Plan Benefits and Services. Have questions? You can call us toll-free at the number listed below. You can also view many Frequently Asked Questions at **www.tripmate.com.**

Customer Service

1-844-207-1930

To Report A Claim

Present all claims to the Program Administrator:

Online at: www.travelclaimsonline.com or www.worldnomads.com

Generali Global Assistance & Insurance Services

P.O. Box 527
Hazelwood, MO 63042

Generali Global Assistance

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

To Contact Generali Global Assistance During Your Trip:
Toll-Free in the US and Canada
1-877-289-0968

Collect Outside the US
1-954-334-8143
ops@gga-usa.com
Plan Number: N300E

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

Portable Personal Health Record

Provided By FootprintID®

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

- Medical and Health Information is always at your fingertips anywhere your travel takes you.
- Documents are easily shared with physicians.
- Web, mobile and telephone access with reliable 24/7 support.
- FootprintID® works anywhere in the world.

Register at tripmate.footprintid.com
YOUR PLAN NUMBER: N300E

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

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

Nationwide Mutual Insurance Company
One Nationwide Plaza
4-06-101
Columbus, Ohio 43215

This Policy of insurance describes all of the travel insurance benefits, underwritten by Nationwide Mutual Insurance Company (herein referred to as the Company). The insurance benefits vary from program to program. Please refer to the accompanying purchase confirmation and Schedule of Benefits for specific information about the program You purchased. Please contact Generali Global Assistance & Insurance Services immediately if You believe that any of the information provided is incorrect.

This Policy of insurance is issued in consideration of application and payment of any premium due. All statements in the application are representations and not warranties. Only statements contained in a written application format will be used to void insurance, reduce benefits or defend a claim.

All premium is refundable only during the ten (10) day review period from the date of purchase (or from the date of receipt if mailed) provided You have not already departed on Your Trip and You have not incurred any claimable losses during that time. If You depart on Your Trip prior to the expiration of the review period, the review period shall automatically end upon Your departure.

In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid in direct proportion of the actual amount paid to the required premium due.

Eligibility Restrictions: (also see other eligibility restrictions contained in the LIMITATIONS AND EXCLUSIONS section of this Policy).

You are not eligible to purchase coverage or receive benefits under this Policy if You are unable to travel, are limited from travel, are medically restricted from travel, or are experiencing and/or are under treatment for any illness or injury that limits or restricts Your ability to travel on the date of purchase.

You are not eligible to purchase coverage or receive benefits under this Policy if You have other insurance coverage for the loss(es) for which this Policy is intended to insurance against. Multiple recovers for the same loss covered by other insurance coverage is not available under this Policy.

NO DIVIDENDS WILL BE PAYABLE UNDER THIS POLICY.

The President and Secretary of Nationwide Mutual Insurance Company witness this Policy.

Secretary

President

Licensed Resident Agent
(where required by law)

TRAVEL PROTECTION POLICY

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NATIONWIDE MUTUAL INSURANCE COMPANY
TRAVEL PROTECTION INSURANCE POLICY

GENERAL DEFINITIONS

Throughout this document, when capitalized, certain words and phrases are defined as follows:

Accident means a sudden, unexpected, unintended, specific event that occurs at an identifiable time and place but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

Accidental Injury means Bodily Injury caused by an Accident (of external origin) that: 1) occurs while Your coverage is in effect under this Policy; and 2) requires physical examination and medical treatment by a Physician. The Injury must be the direct cause of loss, must be independent of all other causes, and must not be caused by or resulting from Your Sickness. The injury must be verified by a Physician in a format acceptable to the Company.

Actual Cash Value means the lesser of the replacement cost and the purchase price less Depreciation.

Bankruptcy means the total cessation of operations due to financial insolvency, with or without a filing.

Bodily Injury means identifiable physical injury that is caused by an Accident and is independent of disease or bodily infirmity.

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

Checked Baggage means Personal Effects brought by You for planned use on Your Trip for which a claim check has been issued to You by a Common Carrier.

Common Carrier means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire. Taxis, limousines, and ride share services are not Common Carriers as defined herein.

Company means Nationwide Mutual Insurance Company.

Complications of Pregnancy means conditions whose diagnoses are distinct from the pregnancy, but are adversely affected by the pregnancy, including, but not limited to: acute nephritis, nephrosis, cardiac decompression, missed abortion, pre-eclampsia, intrauterine fetal growth retardation, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also includes termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible. Complications of Pregnancy do not include elective abortion, elective cesarean section, false labor, occasional spotting, morning sickness, physician prescribed rest during the period of pregnancy, hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy not constituting a distinct complication of pregnancy.

Cruise means any pre-paid sea arrangements made by the Travel Supplier.

Deductible means the amount of expenses for covered services and supplies that must be incurred by You before specified benefits become payable.

Default means a material failure or inability to provide contracted services due to financial insolvency.

Depreciation means a reduction in value of ten percent (10%) per year from date of purchase for items accompanied by original receipts. For items not accompanied with a receipt, a reduction in value of twenty five percent (25%) the first year and ten percent (10%) per year thereafter. Depreciation will be calculated up to a maximum of eighty 80% from the estimated date of purchase as provided by You. No depreciation will be applied to fine jewelry. There will be no reduction in value for an item less than one (1) year old and accompanied by an original receipt.

Domestic Partner means a person who is at least eighteen (18) years of age with whom You reside and can show evidence of cohabitation and shared financial assets and obligations for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

Economy Fare means the lowest published rate for a round-trip economy ticket.

Effective Date means 12:01 A.M. local time, at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

Eligible Person means a resident of the United States who is listed on Your purchase confirmation, is scheduled to take a Trip, applies for coverage under the Policy, pays the required premium and satisfies all of the eligibility requirements contained in the LIMITATIONS AND EXCLUSIONS sections of this Policy.

Exotic Vehicles means any antique, limited production, or collectible car or any other private passenger vehicle with a Manufacturer's Suggested Retail Price (MSRP) over $50,000.

Extreme Sports means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear. Extreme Sports include BASE jumping.

Family Member means Your or Your Traveling Companion's legal or common law spouse, civil union partner, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, cousin, Business Partner, or Domestic Partner.

Hazard means:

a) Any delay of a Common Carrier (including Inclement Weather);
b) Any delay by a traffic Accident en route to a departure, in which You or Your Traveling Companion is not directly involved;
c) Any delay due to lost or stolen passports, travel documents or money, Quarantine, hijacking, unannounced Strike, Natural Disaster, civil commotion or riot;
d) A closed roadway causing cessation of travel to the destination of the Trip (substantiated by the department of transportation, state police, etc.).

Home means Your primary place of residence.

Home Country means the United States of America.

Hospital means a facility that:

(a) holds a valid license if it is required by the law;
(b) operates primarily for the care and treatment of sick or injured persons as in-patients;
(c) has a staff of one or more Physicians available at all times;
(d) provides twenty-four (24) hour nursing service and has at least one registered professional nurse on duty or call;
(e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
(f) is not, except incidentally, a clinic, nursing home, rest home, drug or physical rehabilitation facility or convalescent home for the aged, or similar institution.

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

Initial Deposit Date means the date Your first Payment(s) or Deposit(s) for Your Trip is received by Your Travel Supplier or one of the organizations or providers with whom You are booking Your Trip.

Insured means the Eligible Person who elected to purchase coverage and whose premium was paid under the Policy.

Loss means the amount eligible for reimbursement under this Policy while coverage is in effect, in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

Maximum Benefit means the largest total amount that the Company will pay under any one benefit for You, as shown on the Schedule of Benefits and subject to any applicable sub-limits for certain types of activities.

Natural Disaster means earthquake, flood, fire, hurricane, blizzard, avalanche, tornado, tsunami, volcanic eruption, or landslide that is due to natural causes and includes an event that is directly due to naturally occurring wildfire, earthquake, windborne dust or sand, volcanic eruption, tsunami, snow, rain or wind, that results in widespread and severe damage such that either the government of the country where the Natural Disaster occurs issues an official disaster declaration or the U.S. Government issues advice to leave the country where the Natural Disaster occurs.

Necessary Treatment means medical services and/or supplies recommended by the treating Physician that must be performed during the Trip due to the serious and acute nature of the Sickness or Accidental Injury. The Company will not pay Covered Medical Expenses incurred after Your return Home from the Trip or after the Scheduled Return Date except as provided under the Extension of Benefits coverage.

Other Insurance means any and every type of insurance covering the same or similar risk/loss as covered under this Policy. Coverage under this Policy shall be secondary to coverage under all Other Insurance except where prohibited by law.

Payments or Deposits means the cash, check, or credit card amounts actually paid for Your Trip. Payments made in the form of a certificate, voucher not purchased by cash, grant or discount are not Payments or Deposits as defined herein.

Personal Effects means Your privately-owned articles including clothing and toiletry items brought by You for planned use on Your Trip.

Physician means a licensed practitioner of medical, surgical or dental services, or a Christian Science Practitioner, acting within the scope of his/her license. The treating Physician may not be You, Your Traveling Companion or a Family Member.

Policy means this document, and any endorsements, riders or amendments that will attach during the period of coverage.

Political Situation means a written recommendation by officials of Your Home Country that You leave Your Host Country for non-medical reasons, or, if You are expelled or declared persona non-grata, on the written authority of Your Host Country.

Pre-Existing Condition means an illness, disease, or other condition during the ninety (90) day period immediately prior to the Effective Date of Your Policy for which You, Your Traveling Companion or a Family Member booked to travel with You: 1) exhibited symptoms that would have caused a typical person to seek care or treatment; or 2) received or received a recommendation for a test, examination, or medical treatment; or 3) took or received a prescription for drugs or medicine. Item (3) of this definition does not apply to a condition that is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the ninety (90) day period before the Effective Date of Your Policy.

Quarantine means Your strict isolation imposed by a Government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

Reasonable Expenses means any meal, lodging, local transportation and essential phone call expense that were necessarily incurred as the result of a covered event, and that were not provided free of charge or otherwise reimbursed by a Common Carrier, Travel Supplier or other party.

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

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

Security Situation means a civil and/or military uprising, insurrection, war, revolution, or other violent disturbance in a Host Country, which, in the opinion of either the recognized government of Your Home Country, the Host Country, or the Travel Assistance Company immediate evacuation is advised. Emergency Security Situation does not include Natural Disasters.

Sickness means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences, worsens or presents new symptoms while Your coverage is in effect.

Sound Natural Teeth means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Policy, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

Strike means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

Terrorist Incident means an act of violence, other than civil commotion, insurrection or riot (that is not an act of war, declared or undeclared), that results in loss of life or major damage to property, by any person acting on behalf of, or in connection with, any organization that is generally recognized as having the intent to overthrow or influence the control of any government. The act must be deemed an act of terrorism by U.S. Department of State or the law enforcement organization in charge at the location of the Terrorist Incident.

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

Travel Assistance Company means Generali Global Assistance.

Travel Supplier means a Cruise line, airline, hotel, travel agency, etc., who has made the land, air and/or sea arrangements.

Traveling Companion means a person who has coordinated Travel Arrangements or vacation plans with You and intends to travel with You during the Trip. Note, a group or tour leader is not considered Your Traveling Companion unless You are sharing room accommodations with the group or tour leader.

Trip means scheduled travel with a defined itinerary away from Your Home up to one hundred eighty (180) days in length for which coverage is purchased under this Policy and premium is paid.

Unforeseen means not anticipated or expected and occurring after the Effective Date of Your Policy.

Uninhabitable means that, as determined by a qualified examiner selected by the Company in its sole discretion: (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; (2) there is exterior or structural damage to the building allowing elemental intrusion, such as rain, wind, hail or flood; (3) immediate safety hazards affecting the building have yet to be cleared, such as debris on roofs or downed electrical lines; or (4) the building is without electricity or water and/or is not suitable for human occupancy.

You or **Your** refers to the Insured.

GENERAL PROVISIONS

The following provisions apply to all coverages:

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

CONTROLLING LAW – Any part of this Policy that conflicts with the state law where the Policy is issued is changed to meet the minimum requirements of that law.

GOVERNING JURISDICTION – The insurance regulatory agency and courts of the jurisdiction in which You reside shall have jurisdiction over the individual coverage as if such coverage or plan were issued directly to You.

MISREPRESENTATION AND FRAUD – This Policy was issued in reliance on the information You provided at the time of application. The Company may deny all coverage under this Policy, or, at the Company's election, assert any other remedy available under applicable law, if You and/or Traveling Companion seeking coverage under this Policy knowingly concealed, misrepresented or omitted any material fact or engaged in fraudulent conduct at the time of application, at any time during the policy period, or in connection with the filing or settlement of any claim.

DUTY OF COOPERATION – You agree to fully cooperate with the Company in the event the Company determines that an investigation is warranted regarding any claim for coverage under this Policy. You agree to comply with all requests by the Company to provide information and/or documentation related to any claim under this Policy. You agree to cooperate with the Company in the investigation and assessment of any loss and/or circumstances giving rise to a loss under this Policy.

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

ASSIGNMENT – This Policy and all coverages provided are not assignable, whether by operation of law or otherwise, but benefits may be assigned.

WHEN YOUR COVERAGE BEGINS – Provided:

a) coverage has been elected; and
b) the required premium has been paid.

All coverage except Trip Cancellation will begin at 12:01 A.M. local time at Your location on the Scheduled Departure Date, or the actual departure date if change is required by a Common Carrier, when You depart for the first Travel Arrangement (or alternate travel arrangement if You must use an alternate travel arrangement to reach Your Trip destination) for Your Trip. If coverage is purchased on the Scheduled Departure Date, all coverage will take effect at 12:01 A.M. local time, at Your location, on the day after the Scheduled Departure Date.

Trip Cancellation coverage will begin on Your Effective Date.

WHEN YOUR COVERAGE ENDS – Trip Cancellation coverage will end on the earlier of: (a) the scheduled departure time on the Scheduled Departure Date of Your Trip; (b) the date and time You depart on Your Trip; or (c) the date and time You cancel Your Trip.

All Other Coverages will end the earliest of the following:

(a) 11:59 P.M. local time on the date the Policy is terminated;
(b) the date and time You return to Your origination point if prior to the Scheduled Return Date;
(c) the date and time You deviate from, leave or change the original Trip itinerary (unless due to Unforeseen and unavoidable circumstances covered by the Policy);
(d) when You are less than one hundred (100) miles from Your Home;
(e) when Your Trip exceeds one hundred eighty (180) days.

EXTENDED COVERAGE - Coverage will be extended under the following conditions, should they occur during the journey to the return destination or to a different destination:

(a) If You are a passenger on a scheduled Common Carrier that is unavoidably delayed up to five (5) days in reaching the final destination, coverage will be extended for the period of time needed to arrive at the final destination.

(b) If You are unavoidably delayed up to five (5) days in traveling on the Scheduled Return Date due to a reason covered under this Policy, coverage will be extended for the period of time needed to arrive at the point of origin or to a different final destination.

(c) If: (a) Your entire Trip is covered by the Policy; and (b) Your return is delayed by an event specified under Trip Cancellation, Trip Interruption or Trip Delay. This extension of coverage will end on the earlier of: (a) the date You reach Your return destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

EXCESS INSURANCE LIMITATION – The insurance provided by this Policy shall be in excess of all Other Insurance except where prohibited by law. If at the time of the occurrence of any Loss there is Other Insurance in place, the Company shall be liable only for the excess of the amount of Loss paid or payable by Other Insurance.

The following provisions apply to all benefits except Baggage/Personal Effects and Baggage Delay:

PAYMENT OF CLAIMS – The Company, or its designated representative, will pay a claim after receipt of acceptable Proof of Loss.

Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not designated by You at the time of purchase, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

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

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

All or a portion of all 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 You.

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

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

All benefits payable under this Policy shall be reduced by the amount of any credit, voucher or refund provided by any Common Carrier, Travel Supplier or any other third party.

NOTICE OF CLAIM – Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within seven (7) days after a covered Loss first begins. Notice should include Your name, the Travel Supplier's name and the Plan number. Notice should be sent to the Company's administrative office, or to the Company's designated representative.

PROOF OF LOSS – You must send the Company, or its designated representative, Proof of Loss within ninety (90) days after a covered Loss occurs. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not possible to give proof within such time, provided such proof is furnished and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. Where possible and/or required by this Policy, independent validation of Proof of Loss must be proved to the Company within the foregoing time periods.

PHYSICAL EXAMINATION AND AUTOPSY – The Company, or its designated representative, at its own expense, have the right to have You examined as often as necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

EXAMINATION UNDER OATH – The Company, or its designated representative, at its own expense, have the right to have You questioned under oath as often as necessary while a claim is pending.

TIME OF PAYMENT OF CLAIMS – Benefits payable under this Policy for any Loss other than Loss for which this Policy provides any periodic payment will be paid upon receipt of due written Proof of Loss in accordance with state requirements. Subject to due written Proof of Loss, all accrued indemnities for Loss for which this Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof.

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

NOTICE OF LOSS – If Your property covered under this Policy is lost, stolen or damaged, You must:

(a) notify the Company, or its authorized representative as soon as possible;
(b) take immediate steps to protect, save and/or recover the covered property;
(c) give immediate notice to the carrier, Travel Supplier, property manager or bailee who is or may be liable for the Loss or damage and provide a copy of such notification to the Company;
(d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours and provide a copy of such report to the Company; and
(e) complete all steps required by local police or authorities to pursue investigation of the claim in the case of robbery or theft.

SETTLEMENT OF LOSS – Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Property will be considered lost if it has not been recovered within thirty (30) days of the event. You must present acceptable Proof of Loss and the value involved to the Company.

DISAGREEMENT OVER SIZE OF LOSS: If there is a disagreement about the amount of the Loss, either You or the Company can make a written demand for an appraisal. After the demand, You and the Company will each select their own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the Loss. If they do not agree, they will select an arbitrator. Any figure agreed to by two (2) of the three (3) (the appraisers and the arbitrator) will be binding. The appraiser selected by You will be paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process.

SCOPE OF COVERAGE

Coverages are payable under this Policy for covered losses and expenses incurred by You up to the maximum stated in the Schedule of Benefits, subject to the terms and conditions of this Policy and the following:

1. Coverage is not available to You:
   a. if You are traveling against the advice of Your primary Physician;
   b. if the purpose of Your Trip is to seek medical treatment;
   c. if You are medically unable to travel at the time You book Your Travel Arrangements.

COVERAGES

No Coverage is intended to duplicate or overlap any other Coverage or benefit provided under this Policy. Should there be an inadvertent duplication of benefit or coverage, the Company will only provide payable benefits under the Coverage with the highest Maximum Benefit or largest scope of coverage subject to any applicable sub-limits.

TRIP CANCELLATION

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits subject to any applicable sub-limits, if You cancel Your Trip for any of the following reasons that are Unforeseen and takes place after Your Effective Date:

1. Your Sickness, Accidental Injury or death, that results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your participation in the Trip. A Physician must advise to cancel the Trip on or before the Scheduled Departure Date.
2. Sickness, Accidental Injury or death of a Family Member or Traveling Companion booked to travel with You, that results in medically imposed restrictions as certified by a Physician that causes Your Trip to be cancelled.
3. Sickness, Accidental Injury or death of a non-traveling Family Member.
4. Your or Your Traveling Companion's company being made unsuitable for business by fire, flood, burglary, vandalism or other Natural Disaster and You or Your Traveling Companion are responsible for policy and decision making with the company and is directly involved as a member of the disaster recovery team.
5. You or Your Traveling Companion being required to work during the Trip. Proof of requirement to work, such as a notarized statement signed by an officer of Your or Your Traveling Companion's employer must be presented.
6. Your or Your Traveling Companion's company being directly involved in a merger, acquisition, government required product recall or Bankruptcy or Default proceedings. You or Your Traveling Companion must be an active employee of the company and must be directly involved in said event.
7. You or Your Traveling Companion have a previously approved military leave revoked or experience a military re-assignment.
8. You, Your Traveling Companion or Family Member, who are military personnel, are called to emergency duty to provide aid or relief in the event of a Natural Disaster (this does not include war).
9. Weather that causes complete cessation of services for at least twenty-four (24) consecutive hours and prevents You from reaching Your destination. This benefit will not apply if the Natural Disaster has been forecasted or a storm has been named prior to purchase of this Policy.
10. Natural Disaster at the site of Your destination that renders Your destination accommodations Uninhabitable. This benefit will not apply if the Natural Disaster has been forecasted or a storm has been named prior to purchase of this Policy.
11. A Terrorist Incident that occurs in Your departure city or in a city listed on Your Trip itinerary and within thirty (30) days prior to Your Scheduled Departure Date.
12. You or Your Traveling Companion are a victim of a felonious assault.
13. You or Your Traveling Companion being hijacked, Quarantined, required to serve on a jury, or subpoenaed within ten (10) days of departure; having Your Home made Uninhabitable by Natural Disaster; or burglary of Your Home within ten (10) days of departure.
14. Bankruptcy or Default of a Travel Supplier causing a complete cessation of travel services provided the Bankruptcy or Default occurs more than fourteen (14) days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. This benefit only applies if Your Scheduled Departure Date is no more than fifteen (15) months beyond Your Effective Date.
15. Strike that causes complete cessation of services of the Common Carrier with whom You are scheduled to travel for at least twenty-four (24) consecutive hours.

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for the following:

a) pre-paid, forfeited, non-refundable Payments or Deposits You paid for Your Cruise, Trip, Travel Arrangements provided the premium paid is received by the Company (or its authorized representative).

In no event shall the amount reimbursed exceed the amount You pre-paid for the Trip.

SPECIAL CONDITIONS: You must advise the Company or its authorized representative within seventy-two (72) hours in the event of a claim. If the claim is not reported within seventy-two (72) hours, it should be reported as soon as possible. All other delays of reporting beyond seventy-two (72) hours will result in reduced benefit payments. The Company will not pay benefits for any additional charges incurred that would not have been charged had You notified the Company, its authorized representative and Your Travel Supplier as soon as reasonably possible.

SINGLE OCCUPANCY COVERAGE

The Company will reimburse You for the additional cost incurred during the Trip as a result of a change in the per person occupancy rate for pre-paid Travel Arrangements if a person booked to share accommodations with You has his/her Trip delayed, canceled, or interrupted for a covered reason and You do not cancel. This benefit is subject to the same Maximum Benefit indicated above.

TRIP INTERRUPTION

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if You interrupt Your Trip after Your departure or if You join Your Trip after Your Scheduled Departure Date due to any of the following Unforeseen reasons that occur while this coverage is in effect for You:

1. Your Sickness, Accidental Injury or death, that results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Trip. A Physician must advise to cancel the Trip on or before the Scheduled Return Date.
2. Sickness, Accidental Injury or death of a Family Member or Traveling Companion booked to travel with You that a.) occurs while You are on Your Trip; b.) requires Necessary Treatment at the time of interruption; and c.) as certified by a Physician, results in medically imposed restrictions so disabling as to prevent that person's continued participation on the Trip.
3. Sickness, Accidental Injury or death of a non-traveling Family Member.
4. Your or Your Traveling Companion's company being made unsuitable for business by fire, flood, burglary, vandalism or other Natural Disaster and You or Your Traveling Companion are responsible for policy and decision making with the company and is directly involved as a member of the disaster recovery team.
5. You or Your Traveling Companion being required to work during the Trip. Proof of requirement to work, such as a notarized statement signed by an officer of Your or Your Traveling Companion's employer must be presented.

6. Your or Your Traveling Companion's company being directly involved in a merger, acquisition, government required product recall or Bankruptcy or Default proceedings. You or Your Traveling Companion must be an active employee of the company and must be directly involved in said event.
7. You or Your Traveling Companion have a previously approved military leave revoked or experience a military re-assignment.
8. You, Your Traveling Companion or Family Member, who are military personnel, and are called to emergency duty to provide aid or relief in the event of a Natural Disaster (this does not include war).
9. Weather that causes complete cessation of services for at least twenty-four (24) consecutive hours of the Common Carrier on which You are scheduled to travel and prevents You from reaching Your destination. This benefit will not apply if the Natural Disaster has been forecasted or a storm has been named prior to purchase of this coverage.
10. Natural Disaster at the site of Your destination that renders Your destination accommodations Uninhabitable.
11. A Terrorist Incident that occurs in Your departure city or in a city listed on Your Trip itinerary during Your Trip.
12. You or Your Traveling Companion are a victim of a felonious assault.
13. You or Your Traveling Companion being hijacked, Quarantined, required to serve on a jury or subpoenaed during the Trip; having Your Home made Uninhabitable by Natural Disaster; or burglary of Your principal place of residence during the Trip.
14. Bankruptcy or Default of a Travel Supplier causing a complete cessation of travel services provided the Bankruptcy or Default occurs during Your Trip. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. This benefit only applies if Your Scheduled Departure Date is no more than fifteen (15) months beyond Your Effective Date.
15. Strike that causes complete cessation of services of the Common Carrier with whom You are scheduled to travel for at least twenty-four (24) consecutive hours.

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for the following:

a) pre-paid unused, non-refundable land or sea expenses to the Travel Suppliers;

b) the airfare paid less the value of applied credit from an unused travel ticket, to return home, join or rejoin the original Travel Arrangements limited to the cost of one-way economy airfare or similar quality as originally issued ticket by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets.

The Company will pay for Reasonable Expenses incurred by You if Your Traveling Companion must remain Hospitalized or if You must extend the Trip with additional hotel nights due to a Physician certifying You or Your Traveling Companion cannot fly home due to an Accident or a Sickness but do not require Hospitalization.

In no event shall the amount reimbursed exceed the amount You pre-paid for the Trip.

SPECIAL CONDITIONS: You must advise the Company or its authorized representative no later than seven (7) days in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had You notified the Company, its authorized representative and Your Travel Supplier as soon as reasonable possible.

TRIP DELAY

The Company will reimburse You for Covered Trip Delay Expenses, up to the Maximum Benefit shown on the Schedule of Benefits, if You are delayed, while coverage is in effect, en route to or from the Trip for six (6) or more hours due to a defined Hazard.

Covered Trip Delay Expenses:

(a) Any pre-paid, unused, non-refundable land and water accommodations;

(b) Any Reasonable Expenses incurred.

You must provide the following documentation when presenting a claim for these benefits:

a) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the Loss, including but not limited to, scheduled departure and return times and actual departure and return times.

ACCIDENTAL DEATH AND DISMEMBERMENT

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below. The Loss must occur within three hundred sixty-five (365) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Schedule of Benefits.

If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints.
2. eye means an entire and irrecoverable Loss of sight.
3. speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4. thumb and index finger mean actual severance through or above the joint that meets the finger at the palm.

EXPOSURE

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident. The Loss must occur within three hundred sixty- five (365) days after the event that caused the exposure.

DISAPPEARANCE

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to an Accident.

EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if You incur Covered Medical Expenses for Necessary Treatment of an Accidental Injury or a Sickness that occurs during the Trip.

Covered Medical Expenses are limited to the list below:

(a) the services of a Physician;

(b) charges for Hospital confinement and use of operating rooms; Hospital or ambulatory medical-surgical center services;

(c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;

(d) ambulance service:

(e) drugs, medicines and therapeutic services.

The Company will pay benefits up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for dental Necessary Treatment for Accidental Injury to Sound Natural Teeth. Both the Accidental Injury and the dental Necessary Treatment must occur during the Trip.

The Company will not pay benefits in excess of reasonable and customary charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

If You are hospitalized due to an Accidental Injury or a Sickness, which first occurs during the Trip, beyond the Scheduled Return Date, coverage will be extended for up to ninety (90) days, or until You are released from the Hospital or until You have exhausted the Maximum Benefits payable under this coverage, whichever occurs first.

EMERGENCY EVACUATION

The Company will pay benefits for Covered Evacuation Expenses incurred, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:

(a) Your medical condition warrants immediate Transportation from the Hospital where You are first taken when injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;

(b) after being treated at a local Hospital, Your medical condition warrants Transportation to the United States of America, Your Home or a Hospital of Your choice where You reside, to obtain further medical treatment or to recover; or

(c) both (a) and (b), above.

Covered Evacuation Expenses are reasonable and customary expenses for necessary Transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for Transportation must be:

(a) recommended by the attending Physician;

(b) required by the standard regulations of the conveyance transporting You; and

(c) authorized in advance by the Company or its authorized Travel Assistance Company and arranged by the Company's authorized Travel Assistance Company.

Notwithstanding the forgoing, in the event the Emergency Evacuation services are not arranged by the Company's authorized Travel Assistance Company, the Company, in its sole discretion, may elect to evaluate the need for the Emergency Evacuation and provide limited reimbursement for the portion of the expenses related to such Emergency Evacuation as would have been authorized by Company's authorized Travel Assistance Company.

Transportation of Minor Children:

If You are in the Hospital for more than seven (7) days, or pass away during the Trip, the Company will return Your unattended minor child(ren) (under the age of eighteen (18)) who is/are accompanying You on the scheduled Trip, to their home, with an attendant if necessary.

Hospital Companion: Transportation to Join You: If are traveling alone and are in a Hospital alone for more than seven (7) consecutive days or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside provided that repatriation is not imminent.

If You are transported under a covered Emergency Evacuation and Your Baggage doesn't accompany You during evacuation, the Company will reimburse You or the supplier directly, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for any cost associated with transporting Your Baggage to either the location You were evacuated to or to Your Home (or Scheduled Destination in case of a one-way Trip).

Transportation services are provided if authorized in advance and arranged by the Company or the Company's Travel Assistance Company and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

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

REPATRIATION OF REMAINS

The Company will pay up to the Maximum Benefit shown on the Schedule of Benefits for the Covered Repatriation Expenses incurred to return Your body to the United States of America if You die during the Trip. This benefit is provided only if authorized in advance and arranged by the Company or the Company's Travel Assistance Company.

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

NON-MEDICAL EMERGENCY TRANSPORTATION

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, for the Covered Transportation Expenses incurred if You must leave Your Trip for a Covered Reason listed below.

Covered Reasons:

(a) A Natural Disaster;

(b) A Security Situation;

(c) A Political Situation.

Covered Transportation Expenses under this benefit are reasonable and customary expenses for necessary transportation to transport You to the nearest place of safety as determined in advance by the Company or the Company's Travel Assistance Company in its sole discretion or to Your Home, with a non-medical escort if necessary if a Natural Disaster or Security Situation or Political Situation occurs while on Your Trip. Expenses for transportation must be: a) by the most direct and economical route possible; and b) such transportation is reasonably possible under the circumstances.

The Company will pay benefits for Your transportation only if the actual evacuation process has been initiated within seven (7) days from the initial Natural Disaster or Security Situation or Political Situation evacuation notice advised or posted, whichever is earlier, by the recognized government of either the United States or the Host Country.

BAGGAGE/PERSONAL EFFECTS

This coverage is subject to any coverage provided by a Common Carrier and all Other Insurance and shall apply only when such other benefits are exhausted. In order for a claim to be processed under this Coverage, a loss or theft report must be filed with local law enforcement authorities, the Common Carrier, Travel Supplier, tour leader or with a representative of the venue or location where the loss or theft took place.

PERSONAL EFFECTS AND PROPERTY

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if You sustain Loss, theft or damage to baggage and Personal Effects during the Trip, including, but not limited to sporting equipment, provided You have taken all measures possible to protect, save and/or recover the property at all times. The baggage and Personal Effects must be owned by and accompany You during the Trip.

The Company will pay the lesser of the following:

(a) Actual Cash Value at time of Loss, theft or damage to baggage and Personal Effects; or

(b) the cost of repair or replacement in like kind and quality.

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

There will be a combined Maximum Benefit as shown on the Schedule of Benefits for the following:

jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; cameras and their accessories and related equipment.

EXTENSION OF COVERAGE

If You have checked property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers Your property or declares such property lost, whichever occurs first.

BAGGAGE DELAY (En Route to Destination Only)

The Company will reimburse You for the expense to replace Your necessary Personal Effects in Your Checked Baggage, up to the Maximum Benefit shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twelve (12) hours, while on a Trip except for travel to final destination or Home.

You must be a ticketed passenger on a Common Carrier.

All claims must be verified by the Common Carrier who must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

RENTAL CAR DAMAGE

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

(a) The cost of repairs and rental charges imposed by the rental company while the car is being repaired;

(b) The Actual Cash Value of the car;

(c) The Maximum Benefit shown on the Schedule of Benefits.

An Insured must be a licensed driver and listed on the rental car agreement in order for coverage to apply.

You have the following duties in the event of Loss due to Rental Car Damage:

1. You must take all possible steps to protect the vehicle and prevent further damage to it;
2. You must report the Loss to the appropriate local authorities and the rental company as soon as possible;
3. You must obtain all information on any other party involved in an Accident, such as name, address, insurance information and driver's license number;
4. You must provide the Company all documentation such as the rental agreement, police report and damage estimate.

LIMITATIONS AND EXCLUSIONS

The following exclusions apply to: Trip Cancellation, Trip Interruption, Trip Delay, Accidental Death & Dismemberment and Emergency Accident and Sickness Medical Expense:

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section;
2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane unless the loss results in the death of a non-traveling Family Member;
3. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war.
4. participation in any military maneuver or training exercise;
5. piloting or learning to pilot or acting as a member of the crew of any aircraft;
6. mental or emotional disorders, unless Hospitalized;
7. participation as an athlete in professional sports;
8. being under the influence of drugs or intoxicants, unless prescribed and used in accordance with the instructions provided by a Physician unless results in the death of a non-traveling Family Member;
9. intentional commission of or the attempt to commit any dishonest or fraudulent act, or criminal activity (as defined in the jurisdiction where the loss occurred);
10. Participation in Extreme Sports;
11. dental treatment except as explicitly offered under Emergency Accident and Sickness Medical Expense;
12. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
13. pregnancy and childbirth (except for Complications of Pregnancy) except if Hospitalized;
14. traveling for the purpose of securing medical treatment;
15. directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
16. Accidental Injury or Sickness when traveling against the advice of a Physician.

The following exclusions apply to Emergency Evacuation and Repatriation of Remains:

Loss caused by or resulting from:

1. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
2. participation in any military maneuver or training exercise;
3. piloting or learning to pilot or acting as a member of the crew of any aircraft;
4. participation as an athlete in professional sports;
5. participating in Extreme Sports;
6. traveling for the purpose of securing medical treatment;
7. directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
8. services and/or supplies that do not meet the definition of Necessary Treatment.

The following exclusions apply to Non-Medical Emergency Transportation:

The Company does not cover:

1. Loss or expense recoverable under any Other Insurance or through an employer;
2. Loss or expense arising from or attributable to:
   a) fraudulent or criminal acts committed or attempted by You;
   b) alleged violation of the laws of the country You are visiting, unless the Company determines such allegations to be fraudulent, or

c) failure to maintain required documents or visas;

3. Loss or expense arising from or attributable to:
   a) debt, insolvency, business or commercial failure;
   b) the repossession of any property; or
   c) Your non-compliance with a contract, license or permit;
4. Loss or expense arising from or due to liability assumed by You under any contract.

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

The Company will not provide benefits for any Loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft and drones;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishing;
10. antiques and collectors' items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. artificial limbs and other prosthetic devices;
15. prescribed medications;
16. keys, cash, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. sporting equipment if loss or damage results from the use thereof;
21. musical instruments;
22. retainers and orthodontic devices.

Any Loss caused by or resulting from the following is excluded:

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war or any act of war whether declared or not;
7. theft or pilferage while left unattended in any vehicle;
8. mysterious disappearance;
9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Departure Date.

The following exclusions apply to Rental Car Damage:

1. Any obligation You assume under any agreement (except insurance collision Deductible);
2. Rentals of trucks, campers, trailers, off-road or four-wheel drive vehicles, motor bikes, motorcycles, recreational vehicles or Exotic Vehicles;
3. Any Loss that occurs if You are in violation of the rental agreement;
4. Failure to report the Loss to the proper local authorities and the rental car company;
5. Damage to any other vehicle, structure or person as a result of a covered Loss.

Nationwide

NATIONWIDE MUTUAL INSURANCE COMPANY

CALIFORNIA AMENDATORY ENDORSEMENT

This endorsement is made a part of the Policy to which it is attached. This endorsement is subject to all of the provisions and limitations of the Policy. If there is a conflict between the Policy and the endorsement, the terms of the endorsement will govern.

The following applies to all coverages:

Page 1 is revised to include:

THIS PLAN INCLUDES AN EXCESS INSURANCE LIMITATION PROVISION.

Under the section entitled **GENERAL DEFINITIONS**, the definition of **Domestic Partner** is deleted in its entirety and replaced with the following:

Domestic Partner means a person recognized as a Domestic Partner by the laws of the state in which You reside.

Under the section entitled **GENERAL DEFINITIONS**, the definition of **Pre-Existing Condition** is deleted in its entirety and replaced with the following:

Pre-Existing Condition means a condition for which medical advice, diagnosis, care, or treatment was recommended or received during the ninety (90) day period immediately prior to the Effective Date of Your Policy for which You, Your Traveling Companion or a Family Member booked to travel with You.

Under the section entitled **GENERAL DEFINITIONS**, the definition of **Sickness** is deleted in its entirety and replaced with the following:

Sickness means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences, worsens or presents new symptoms while Your coverage is in effect. Sickness also includes Complications of Pregnancy.

Under the section entitled **GENERAL PROVISIONS**, the following **ENTIRE CONTRACT; CHANGES** provision is added:

ENTIRE CONTRACT; CHANGES - This Policy, including endorsements and attached papers, if any, constitutes the entire contract of insurance. A change in this Policy is not valid unless the change is approved by one of the Company's executive officers and unless the approval is endorsed on or attached to the Policy. An agent does not have the authority to change this Policy or to waive any of its provisions.

Under the section entitled **GENERAL PROVISIONS**, the **SUBROGATION** provision is deleted in its entirety.

The following applies to all coverages except: Accidental Death & Dismemberment and Emergency Accident and Sickness Medical Expense:

Under the section entitled **GENERAL DEFINITIONS**, the definition of **Accidental Injury** is deleted in its entirety and replaced with the following:

Accidental Injury means Bodily Injury caused by an Accident resulting directly from Loss covered under this Policy and sustained while this Policy is in force. The Injury must not be caused by or resulting from Your Sickness. The Injury must be verified by a Physician in a format acceptable to the Company.

Under the section entitled **GENERAL PROVISIONS**, the **NOTICE OF CLAIM** provision is deleted in its entirety and replaced with the following:

NOTICE OF CLAIM - Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins. Notice should include Your name, the Travel Supplier's name and the Plan number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of the Policy, or to the Company's designated representative.

The following applies to: Accidental Death & Dismemberment and Emergency Accident and Sickness Medical Expense:

Under the section entitled **GENERAL DEFINITIONS**, the definition of **Accidental Injury** is deleted in its entirety and replaced with the following:

Accidental Injury means Bodily Injury caused by an Accident, which was the proximate cause of a Loss covered under this Policy and sustained while this Policy is in force. The Injury must not be caused by or resulting from Your Sickness. The Injury must be verified by a Physician in a format acceptable to the Company.

Under the section entitled **GENERAL PROVISIONS**, the **NOTICE OF CLAIM** provision is deleted in its entirety and replaced with the following:

NOTICE OF CLAIM - Written notice of claim must be given to the Company or its designated representative within twenty (20) days after a covered Loss first begins, or as soon thereafter as is reasonably possible. Notice should include Your name, the Travel Supplier's name and the Plan number. Notice sent to the Company's administrative office, at the address shown on the cover page of the Certificate, or to the Company's designated representative, with information sufficient to identify the Insured, shall be deemed notice to the Company.

Under the section entitled **GENERAL PROVISIONS**, the following **TIME LIMIT ON CERTAIN DEFENSES** provision is added:

TIME LIMIT ON CERTAIN DEFENSES: After two (2) years from the date of issue of the Policy, no misstatements, except fraudulent misstatements, made by the applicant in the application for the Policy shall be used to void the Policy or to deny a claim commencing after the expiration of the two (2) year period.

Under the section entitled **GENERAL PROVISIONS**, the following **CLAIM FORMS** provision is added:

CLAIM FORMS – The Company, upon receipt of Notice of Claim, will furnish to the Insured such forms as are usually furnished by it for filing Proof of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the Insured shall be deemed to have complied with the requirements of this Certificate as to Proof of Loss upon submitting, within the time fixed in the Certificate for filing Proofs of Loss, written proof covering the occurrence, the character, and the extent of the loss for which the claim is made.

Under the section entitled **GENERAL PROVISIONS**, the **PROOF OF LOSS** provision is deleted in its entirety and replaced with the following:

PROOF OF LOSS – Written Proof of Loss must be furnished to the Company within ninety (90) days after a covered Loss. Failure to furnish such proof within the time required shall not invalidate nor reduce a 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.

Under the section entitled **GENERAL PROVISIONS**, the **TIME OF PAYMENT OF CLAIMS** provision is deleted in its entirety and replaced with the following:

TIME OF PAYMENT OF CLAIMS – Benefits payable under this Certificate for any Loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of Loss. Subject to due written Proof of Loss, all accrued indemnities for Loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written Proof of Loss.

There are no other changes to the Policy.

Secretary President

Nationwide

NATIONWIDE MUTUAL INSURANCE COMPANY
Columbus, Ohio

CALIFORNIA CONSUMER COMPLAINT NOTICE

In the event of a complaint about this Policy/Certificate, we encourage You to contact Generali Global Assistance & Insurance Services at P.O. Box 527, Hazelwood, MO 63042 or 1-844-207-1930. You may also contact Us at One Nationwide Plaza, Columbus, OH 43215 or call Us at 1-800-882-2822. You also have the right to contact the California Department of Insurance only after discussions with Us, the agent or other representative, or both, have failed to produce a satisfactory resolution to Your complaint. The address, website and toll free telephone number of the Consumer Services Division of the Department of Insurance is:

State of California
Department of Insurance
Health Claims Bureau
300 South Spring Street, South Tower
Los Angeles, CA 90013
www.insurance.ca.gov
FAX: 213-897-9641
PHONE: 1-800-927-HELP (4357)
TDD: 800-482-4TDD (4833)

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NATIONWIDE® HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") applies to Nationwide[1] and describes the legal obligations of Nationwide, and your legal rights regarding your protected health information held by Nationwide under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Among other things, this Notice describes how your Protected Health Information ("PHI" as that term is defined below) may be used or disclosed to carry out treatment, payment, or healthcare operations, or for any other purposes that are permitted or required by law.

Nationwide is required by HIPAA and certain state laws to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice so long as it remains in effect. Nationwide reserves the right to change the terms of this Notice and to make the new Notice effective for all PHI maintained by us, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of the revised Notice by mail to your last-known address on file.

Protected Health Information (PHI) includes individually identifiable health information that is created or received by Nationwide and that relates to: (1) your past, present, or future physical or mental health or condition, (2) the provision of health care to you, or (3) the past, present, or future payment for the provision of health care to you. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization. Certain uses and disclosures of PHI require your authorization. For example, most uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require a written authorization. Except as outlined below, we will not use or disclose your PHI without your written authorization. If you have given us an authorization, you may revoke it in writing at any time, unless we have already acted on the authorization. Once we receive your written revocation, it will only be effective for future uses and disclosures.

Disclosures for Treatment, Payment or Health Care Operations. We may use or disclose your PHI as permitted by law for your treatment, payment, or health care operations. For instance, for your treatment, a doctor or health facility involved in your care may request information we hold in order to make decisions about your care. For payment, we may disclose your PHI to our pharmacy benefit manager for administration of your prescription drug benefit. For health care operations, we may use and disclose your PHI for our health care operations, which include responding to customer inquiries regarding benefits and claims.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care.

If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. For example, we may disclose your PHI to a business associate to administer claims or to provide support services. In all cases, we require these business associates by contract to appropriately safeguard the privacy of your information.

Other Health-Related Products or Services. We may, from time to time, use your PHI to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products, or services which may be available to you as a member of the health plan. For example, we may use your PHI to identify whether you have a particular illness, and advise you that a disease management program to help you manage your illness better is available to you. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Plan Administration. We may release your PHI to your plan sponsor for administrative purposes, provided we have received certification that the information will be maintained in a confidential manner and not used in any other manner not permitted by law.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. We may release your PHI for any purpose required by law. This may include releasing your PHI to law enforcement agencies; public health agencies; government oversight agencies; workers compensation; for government audits, investigations, or civil or criminal proceedings; for approved research programs; when ordered by a court or administrative agency; to the armed forces if you are a member of the military; and other similar disclosures we are required by law to make.

OTHER PRIVACY LAWS AND REGULATIONS

Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of your personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact as explained in the "Contact Information" section, below.

RIGHTS THAT YOU HAVE

Access to Your PHI. You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. The amount of the fee will be indicated on the request form. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Amendments to Your PHI. You have the right to request that the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. If the information is incorrect or incomplete and we decide to make an amendment or correction, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. A request form can be obtained by writing to your designated contact at the address provided in the "Contact Information" section.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your personal representative. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on some of our uses and disclosures of your PHI. We will consider, but are not required to agree to, your restriction request. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Request for Confidential Communications. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI information from us by alternative means or at alternative locations. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Right to be Notified of a Breach. You have the right to be notified in the event we discover a breach of your unsecured PHI.

1 Nationwide Life Insurance Company®, National Casualty Company and the area within Nationwide Mutual Insurance Company® that performs healthcare functions.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice, even if you have requested such copy by e-mail or other electronic means.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with your designated contact as explained in the "Contact Information" section, below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

CONTACT INFORMATION

If you have any questions about this Notice, need copies of any forms or require further assistance with any of the rights explained above, contact us by calling 1-844-207-1930 or mail your request to:

Generali Global Assistance & Insurance Services
Attn: Privacy Officer
P.O. Box 527
Hazelwood, MO 63042

EFFECTIVE DATE

This Notice is effective 9/15/2015

Nationwide, the Nationwide framework, and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company.

NH-0524-J-09152015

Nationwide®

GENERAL DISCLOSURES

This policy provides coverage only related to Your Trip. You may have coverage from other sources that provides you with similar benefits subject to different restrictions. You may wish to compare the terms of this policy with your existing life, health, home, and automobile insurance policies. If you have any questions about your current coverage, call your insurer or insurance agent or broker. Your travel retailer may not be licensed to sell insurance in all states, and therefore cannot answer technical questions about the benefits, exclusions, and conditions of this insurance and cannot evaluate the adequacy of your existing insurance. This policy may not provide coverage for or may limit coverage related to pre-existing conditions. The purchase of travel insurance is not required in order to purchase any other product or service. In addition to your policy, the product you are purchasing may contain other non-insurance services and/or cancellation fee waivers offered by companies other than Nationwide.

- **Maryland Residents:** The offered insurance coverage may duplicate certain provisions of insurance coverage already provided by the purchaser's homeowner's insurance, renter's insurance, health insurance, or similar insurance coverage. The Commissioner may be contacted to file a complaint at: Maryland Insurance Administration, ATTN: Consumer Complaint Investigation (Property/Casualty), 200 St. Paul Place, Suite 2700, Baltimore, MD 21202.
- **Delaware Residents:** The offered insurance coverage may duplicate certain provisions of insurance coverage already provided by the purchaser's homeowner's insurance, renter's insurance, health insurance, or similar insurance coverage. The purchase of travel insurance would make the travel insurance coverage primary to any other duplicate or similar coverage.
- **California Residents:** For additional information, contact the California Department of Insurance Consumer Hotline, 800-927-4357 or 213-897-8921.
- **New York Residents:** The licensed producer represents the insurer for purposes of the sale of the insurance. Compensation paid to the producer may vary depending on the policy selected, the producer's expenses, volume of business, or the profitability of the insurance contracts. Except as otherwise provided by law, the purchaser may request and obtain information about the producer's compensation based on the sale or any alternative quotes by requesting such information from the producer.

GENERALI GLOBAL ASSISTANCE

TripMate
A Generali Global Assistance & Insurance Services Brand

Travel Assistance Program Description

Your Guide to Safe Travel

Emergencies happen, but help is now only a phone call away.

An unexpected illness, tooth ache or lost baggage can ruin a trip. With travel assistance services from Generali Global Assistance, help is only a phone call away. When you are traveling away from home, you have access to Emergency Transportation Services, Travel Support Services and Non-Insurance Personal Assistance Services.

With a local presence in 200 countries and territories worldwide and 35 24/7 assistance centers staffed with multilingual assistance coordinators and case managers as well as medical and security staff, Generali Global Assistance is here to help you obtain the care and attention you need in case of an emergency while traveling.

In the event of a life-threatening emergency, call the local emergency authorities first to receive immediate assistance, and then contact Generali Global Assistance.

Emergency Transportation Services

- Emergency Medical Evacuation/Medically-Necessary Repatriation
- Repatriation of Mortal Remains
- Transportation after Stabilization
- Visit by Family Member/Friend
- Return of Dependent Children
- Return of Traveling Companion

Travel Support Services

- Medical Monitoring
- Hotel Arrangements for Convalescence
- Medical and Dental Search and Referral
- Advance of Emergency Medical Expenses
- Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses
- Transfer of Insurance Information and Medical Records
- Assistance with Emergency Travel Arrangements
- Interpretation/Translation
- Locating Lost or Stolen Items
- Emergency Cash Advance

See next page for detailed service Information.

Contact Us for Help 24/7

+1 954-334-8143
(Collect outside the US)

+1 877-289-0968
(Toll-free in the US and Canada)

ops@gga-usa.com

Plan Number: N300E

Scan the QR code with your smartphone to automatically add Generali Global Assistance to your contacts

When you call, please be ready to provide:
* The Plan Number (or Travel Supplier Name/Plan Name)
** A phone number where we may reach you

Travel Support Services

Interpretation/Translation
Upon request, GGA will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, GGA will refer you to local translators.

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

Medical Monitoring
During the course of a medical emergency resulting from an accident or sickness, GGA will monitor your case to determine whether the care is adequate from a Western Medical perspective.

Medical and Dental Search and Referral
GGA will assist you in finding physicians, dentists and medical facilities in the area where you are traveling.

Advance of Emergency Medical Expenses
GGA will advance on-site emergency inpatient medical payments to secure admit or discharge upon receipt of satisfactory assignment of benefits from you, a family member or friend. Assignment of benefits allows Insurer to claim with the Insured's primary insurance when hospital refuses admission or discharge.

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

Transfer of Insurance Information and Medical Records
Upon your request, GGA will help relay insurance information during your hospital admission and assist with transferring your medical information and records to your treating physician.

Assistance with Vaccine and Blood Transfers
If based upon your physician's prescription, needed vaccines or blood products are not available locally, GGA will coordinate the transfer where possible and permissible by law. You are responsible for all expenses related to this service.

Non-Insurance Personal Assistance Services

These are Non-Insurance Services provided by Generali Global Assistance:

Pre-Trip Information
Upon request, GGA will provide information services such as: visa and passport requirements, health hazard advisories, currency exchange, inoculation and immunization requirements, temperature and weather conditions and embassy and consulate referrals.

Interpretation/Translation
If during your Trip you need an interpretation, GGA will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, GGA will refer you to local translators

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

Emergency Cash Advance
GGA will advance up to $500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

Concierge Services

These are Non-Insurance Services provided by Generali Global Assistance:

- Delivery of foods and beverages
- Event ticketing - sports, concerts, theater
- Flowers and gift baskets
- Golf outings and tee times
- Hotel accommodation assistance
- Meet and greet services
- Personalized shopping assistance
- Restaurant reviews and reservations
- Rental car reservations
- Pet services locator

Terms, Conditions and Exclusions

GGA shall provide services to all Participants. On any expenditure for which the Participant is responsible, GGA shall not be obligated to provide services without first securing funds from the Participant in payment of such expenditure. If the Participant pays for covered expenses without receiving an approval or authorization in writing from GGA, then GGA shall not be obligated to reimburse the Participant for any such expenditure. In the event a Participant requests a service not included in a program, GGA may, in its sole and absolute discretion, provide such benefits or services at the sole expense of the Participant, including a reasonable fee to GGA for its efforts on behalf of the Participant.

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

Portable Personal Health Record Provided By FootprintID®

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

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

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

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

Register at tripmate.footprintid.com