

CSA GROUP GUARANTEE

Certificate of Insurance for CSA Travel Protection

**CERTIFICATE
PLAN CODE 80GR**

FOR CERTIFICATE INQUIRIES OR CUSTOMER SERVICE, CALL:

(866) 464 - 6002

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

(866) 922-0278

COLLECT WORLDWIDE

(202) 974-6480

SCHEDULE OF SERVICES AND COVERAGES

(Underwritten By United States Fire Insurance Company)

Coverages	Maximum Limit per Policy
Trip Cancellation	100% of Trip Cost
Trip Interruption	150% of Trip Cost
Trip Delay	\$750 (\$150 Daily Limit Applies)
Baggage and Personal Effects	\$1,000
Baggage Delay	\$200
Accident and Sickness Medical Expense	\$50,000 (\$750 dental expense limit applies)
Emergency Assistance	\$250,000 (Emergency Medical Transportation)

DESCRIPTION OF 24-HOUR EMERGENCY ASSISTANCE SERVICES

(PROVIDED BY CSA'S DESIGNATED PROVIDER)

Available Services

Various 24-Hour Emergency Assistance Services are provided along with the CSA Travel Protection® plans. A description of all 24-Hour Emergency Assistance Services are contained in this document. The 24-Hour Emergency Assistance Services are only available to persons whose primary residence is in the United States or Canada. This plan is administered by CSA Travel Protection and Insurance Services.

HOW TO CALL THE 24-HOUR EMERGENCY HOTLINE

If you need emergency help for an available service, you can call toll-free 24 hours a day to (866) 922-0278 from within the United States, or call collect to (202) 974-6480 from around the world.

When calling, you should have available your Policy/ Reference number and Plan Code, your location, a local telephone number, and details of the situation. After your coverage has been verified, the assistance provider will assist you. If you cannot call collect from your location, dial direct and give the assistance provider your telephone number and location and they will call you back.

To call collect from a foreign country you may first need to reach a live operator on the line. In some cases, that operator may not understand how to process collect calls to the United States. To be prepared, please visit www.consumer.att.com/global/english/away/directservice.html for information on how to reach an English-speaking operator. If you were unable to reach CSA collect and paid for your call, we will ask you for a number to call you back so you will pay no further charges.

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

There may be times when circumstances beyond the assistance provider's control hinder their endeavors to provide help services; however, they will make all reasonable efforts to provide services and help resolve your problem.

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

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

AVAILABILITY OF SERVICES

You are eligible for informational and concierge services at any time after you purchase this plan.

The Emergency Assistance Services become available when you actually start your trip.

Emergency Assistance, Concierge and Informational Services end the earliest of: midnight on the day the program expires; when you reach your return destination; or when you complete your trip.

INFORMATIONAL SERVICES

The assistance provider offers a wide range of informational services before you leave home and during your trip, including: Visa, Passport, Inoculation and Immunization Requirements, Cultural Information, Temperature, Weather Conditions, Embassy and Consulate Referrals, Foreign Exchange Rates, and Travel Advisories.

EMERGENCY ASSISTANCE SERVICES

Medical Referral

If an emergency occurs during a trip that requires you to visit a doctor, you should call the Emergency Hotline to obtain the names of local qualified doctors who speak your language. If additional medical services are required, the assistance provider is prepared to consult with the attending physician and provide such assistance, as they believe to be in your best interest.

Traveling Companion Assistance

If a Traveling Companion loses previously-made travel arrangements due to your medical emergency, the assistance provider will arrange for your Traveling Companion's return home.

Emergency Cash Transfer

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

Legal Referral

The assistance provider will locate attorneys available during regular working hours. Assistance will also be provided to advance bail bond, where permitted by law. You are responsible for contracted legal fees.

Locating Lost or Stolen Items

The assistance provider will assist in locating and replacing lost or stolen luggage, documents and personal possessions.

Replacement of Medication and Eyeglasses

The assistance provider will arrange to fill a prescription that has been lost, stolen or requires a refill, subject to local law, whenever possible. The assistance provider will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility. The refill may require a visit to a local physician. You should be prepared to furnish the assistance provider with a copy of your original prescription and/or the name and phone number of your regular attending physician.

Embassy and Consular Services

The assistance provider will provide referrals to travelers needing the assistance of U.S. embassies and consulates.

Worldwide Medical Information

The assistance provider can provide necessary inoculation and vaccination information, and detailed general health and medical descriptions of destinations around the world.

Interpretation/Translation

The assistance provider will assist with telephone interpretation in all major languages or will refer you to an interpretation or translation service for written documents.

Emergency Message Relay

Emergency messages can be relayed to and from friends, relatives, personal physicians and employers.

Pet Return

The assistance provider will arrange for the return of your pet to your home if your pet is traveling with you and you are unable to take care of your pet due to a medical emergency.

Vehicle Return

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

CONCIERGE SERVICES

City profiles provide travelers access to information on over 10,000 destinations worldwide, including a complete report on local entertainment, social customs, and health advisories.

Epicurean needs arranges the delivery of specialized foods and beverages to your home or office, including gourmet meats and fine wine.

Event ticketing provides tickets to virtually any sporting, theater or concert event worldwide.

Flowers and gift baskets include the purchase and shipment of flowers and gift baskets to friends, family members, and business associates.

Golf outings and tee times provide referrals and tee times at golf courses around the world.

Hotel accommodations offers research and recommendations on hotels worldwide and book reservations if requested by you.

Meet-and-greet services include the pick-ups of friends; family members or business associates at airports or other common carrier destinations by limousine personnel.

Personalized retail shopping assistance includes purchasing selected retail items at your request.

Pre-trip assistance provides information on travel destinations, city profiles, weather, special events, ATM locations, currency exchange rates, immunization and passport requirements, and related services.

Procurement of hard-to-find items ensures our associates will use every means possible to obtain an obscure or exotic item at your request.

Restaurant reviews and reservations provides you with information on restaurants worldwide and the ability to book reservations from anywhere, anytime.

Rental car reservations provide worldwide reservations through most major rental car agencies.

Airline reservations provide full-service air travel accommodations to destinations worldwide.

INSURING PROVISIONS

1. ELIGIBILITY: Each person for whom Travel Arrangements have been purchased for a Covered Trip is eligible for coverage under this policy: subject to the appropriate premium being remitted with the Covered Trip beginning when the policy is in force. This insurance may be purchased if you are a resident of the United States or you purchase this insurance within the United States.

2. INSURED'S TERM OF COVERAGE:

For Trip Cancellation: Coverage begins 12:01 A.M. Standard Time on the day after the date your plan payment is received by us.

Coverage ends on the earlier of: 1) the point and time of departure on the Insured's Covered Trip; or 2) the point and time of cancellation of the Covered Trip.

For Trip Interruption: Coverage begins on the Scheduled Departure Date.

Coverage ends on the earlier of: 1) the point and time the Covered Trip is completed; or 2) the Scheduled Return Date; or 3) the arrival at the return destination on a round trip, or the destination on a one-way trip.

For all other coverages: Coverage begins on the later of: 1) the date and time you start your Covered Trip; or 2) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Covered Trip.

Coverage ends on the earlier of: 1) the point and time the Covered Trip is completed; or 2) the Scheduled Return Date; or 3) the arrival at the return destination on a round trip, or the destination on a one-way trip.

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

3. BENEFITS: When an Insured sustains a loss specified under any attached coverage(s) of the policy under which he or she is covered as shown in the Schedule of Coverages, the Company will pay benefits as specified in such attached coverage(s) subject to all policy limitations and exclusions.

COVERAGE A

ACCIDENT AND SICKNESS MEDICAL EXPENSE

PART A DEFINITIONS

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

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

PART B BENEFITS

Benefits will be paid for the expense incurred, up to the Maximum Benefit Amount, if an Insured incurs a Covered Expense as a result of a Sickness, which manifests itself during a Covered Trip or as a result of an accidental Injury that occurs during the Covered Trip. For Sickness, an Insured must receive initial Medical Treatment for the Sickness within 5 days of the onset of the Sickness. For Injury, an Insured must receive initial Medical Treatment for the Injury within 5 days after the date of the accident, which caused the Injury. All services, supplies or treatment must be received within the 180 days following the onset of the Sickness or within 180 days after the date of the accident.

Benefits will include expenses for emergency dental treatment due to Sickness or accidental Injury not to exceed \$750.00.

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

Benefits will only be paid after benefits have been paid under any other group policy or contract that provides for payment of the medical expenses incurred.

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

COVERAGE B

EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION AND RETURN OF REMAINS

PART A BENEFITS

When an Insured suffers loss of life for any reason or incurs a Sickness or Injury during the course of a Covered Trip, the following benefits are payable, up to the Maximum Benefit Amount.

1. For Emergency Medical Evacuation:

If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

If an Insured dies during the Covered Trip or is in the Hospital for more than seven consecutive days and the Insured's dependent children who are under 18 years of age and accompanying the Insured on the Covered Trip, are left unattended, Economy Transportation will be paid to return the dependents to their home (with an attendant, if considered necessary by the travel assistance company).

If an Insured is traveling alone and is in the Hospital for more than seven consecutive days and emergency evacuation is not imminent, upon request of the Insured or next of kin if Insured is incapacitated, benefits will be paid to transport one person, chosen by the Insured, by Economy Transportation, for a single visit to and from his or her bedside.

2. For Medical Repatriation:

a. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for an Insured to return to his or her place of permanent residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for an Insured's return to his or her permanent residence via:

- i. one-way Economy Transportation; or
- ii. commercial upgrade, based on an Insured's condition as recommended by the local attending Legally Qualified Physician and verified in writing.

Transportation must be via the most direct and economical route.

b. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for an Insured to return to his or her place of permanent residence for continued treatment of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for transportation to the Hospital or medical facility closest to an Insured's permanent place of residence capable of providing that treatment. Transportation must be by the most direct and economical route. Covered land or air transportation includes, but is not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company.

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

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

PART B CONDITIONS

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

- a. notify the Company of any other insurance;
- b. help the Company exercise the Company's rights in any reasonable way that the Company may request, including the filing and assignment of other insurance benefits;
- c. not do anything after the loss to prejudice the Company's rights; and
- d. reimburse to the Company, to the extent of any payment the Company has made, for benefits received from such other insurance.

COVERAGE C

TRIP CANCELLATION BENEFITS

Benefits will be paid up to the Maximum Benefit Amount purchased to cover an Insured for the Published Penalties and unused non-refundable prepaid expenses for Travel Arrangements when an Insured is prevented from taking his or her Covered Trip due to:

1. death of an Insured, Traveling Companion or Family Member;
2. a covered Sickness or Injury involving an Insured, Traveling Companion or Family Member which necessitates Medical Treatment at the time of cancellation and results in medically imposed restrictions, as certified by a Legally Qualified Physician, which prevents an Insured's participation in the Covered Trip;
3. an Insured or Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after the Effective Date) or served with a court order to appear as a witness in a legal action in which an Insured or Traveling Companion is not a party (except law enforcement officers);
4. an Insured's or Traveling Companion's principal place of residence being rendered uninhabitable by burglary, fire, flood, volcano, earthquake, hurricane, or other natural disaster within 10 days of departure;
5. an Insured or Traveling Companion being directly involved in a traffic accident, which must be substantiated by a police report, while en route to an Insured's scheduled point of departure;
6. a documented theft of passports or visas;
7. a permanent transfer of employment of 250 miles or more;
8. unannounced Strike that causes complete cessation of services of the Insured's Common Carrier for at least 24 consecutive hours;
9. Inclement Weather that causes complete cessation of the Insured's Common Carrier for at least 24 consecutive hours;
10. mechanical breakdown that causes complete cessation of the Insured's Common Carrier for at least 24 consecutive hours;
11. mandatory evacuation or public official evacuation advisements where there is no mandatory evacuation issued by local government authorities at your destination due to adverse weather or natural disaster. In order to cancel your Covered Trip, you must have 4 days or 50% of your total Covered Trip length or less remaining on your Covered Trip at the time the mandatory evacuation ends;
12. an Insured or Traveling Companion is in the military and called to emergency duty for a national disaster other than war;

13. a Terrorist Incident that occurs in a city listed on the itinerary of the Insured's Covered Trip and within 7 days prior to the Insured's Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the 60-day period prior to the Insured's Effective Date under this Policy. Benefits are not provided if the Travel Supplier offers a substitute itinerary.

Provided such circumstances occurred after the Insured's Effective Date.

If the Insured must reschedule the Covered Trip due to a covered reason they will be eligible for benefits up to a maximum of \$150 for the reissue fee charged by the airline for the Insured's tickets.

The following limitation applies to Trip Cancellation: All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible.

If the cancellation is not reported within the specified 72-hour period, the Company will not pay for additional charges which would not have been incurred had an Insured notified the Travel Supplier in the specified period. If the event prevents an Insured from reporting the cancellation, the 72-hour notice requirement does not apply; however, an Insured must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.

The maximum payable under this benefit is the lesser of a) total cost of the Insured's Covered Trip; or b) the total amount of coverage the Insured purchased.

COVERAGE D

TRIP INTERRUPTION BENEFITS

Benefits will be paid, up to the Maximum Benefit Amount, for the non-refundable, unused portion of the prepaid expenses for land or water Travel Arrangements and the Additional Transportation Cost paid to return home or rejoin the Covered Trip, when an Insured's arrival on the Covered Trip is delayed or an Insured is prevented from completing his or her Covered Trip due to:

1. death of an Insured, Traveling Companion or Family Member;
2. a covered Sickness or Injury involving an Insured, Traveling Companion or Family Member which necessitates Medical Treatment at the time of interruption or delay and results in medically imposed restrictions, as certified by a Legally Qualified Physician, which prevents an Insured's continued participation in the Covered Trip;
3. an Insured or Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after the Effective Date) or served with a court order to appear as a witness in a legal action in which an Insured or Traveling Companion is not a party (except law enforcement officers);

4. an Insured's or Traveling Companion's principal place of residence being rendered uninhabitable by burglary, fire, flood, volcano, earthquake, hurricane, or other natural disaster;
5. an Insured or Traveling Companion being directly involved in a traffic accident, which must be substantiated by a police report, while en route to an Insured's scheduled point of departure;
6. a documented theft of passports or visas;
7. a permanent transfer of employment of 250 miles or more;
8. unannounced Strike that causes complete cessation of services of the Insured's Common Carrier for at least 24 consecutive hours;
9. mechanical breakdown that causes complete cessation of the Insured's Common Carrier for at least 24 consecutive hours;
10. mandatory evacuation or public official evacuation advisements where there is no mandatory evacuation issued by local government authorities at your destination due to adverse weather or natural disaster. In order to interrupt your Covered Trip, you must have 4 days or 50% of your total Covered Trip length or less remaining on your Covered Trip at the time the mandatory evacuation ends;
11. an Insured or Traveling Companion is in the military and called to emergency duty for a national disaster other than war;
12. a Terrorist Incident that occurs in a city listed on the itinerary of the Insured's Covered Trip. This same city must not have experienced a Terrorist Incident within the 60-day period prior to the Insured's Effective Date under this Policy. Benefits are not provided if the Travel Supplier offers a substitute itinerary;
13. an Insured misses the cruise or tour departure because their airline flight is delayed for 3 or more hours, due to: a) any delay of a Common Carrier. The delay must be certified by the Travel Supplier; or b) Inclement Weather preventing the Insured from getting to the point of departure; or c) quarantine, hijacking, Strike, natural disaster, terrorism or riot.

Provided such circumstances occurred after the Insured's Effective Date and while coverage is in effect.

All cancellations must be reported to the Travel Supplier within 72 hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the 72 hours, the event should be reported as soon as possible. All other delays of reporting beyond 72 hours will result in reduced benefit payments.

If a Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation and transportation expenses incurred by an Insured to remain with the Traveling Companion up to \$150 per day and limited to 10 days.

If an Insured cannot continue travel due to a covered Injury or Sickness not requiring hospitalization, and an Insured must extend his or her Covered Trip due to medically imposed restrictions, as certified by a Legally Qualified Physician, benefits will also be paid for reasonable accommodation and transportation expenses incurred by an Insured up to \$150 per day and limited to 10 days.

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

COVERAGE E

TRIP DELAY

PART A BENEFITS

If an Insured is delayed for 12 hours or more during the Covered Trip, due to:

1. any delay of a Common Carrier. The delay must be certified by the Travel Supplier;
2. a traffic accident in which an Insured or Traveling Companion are directly involved (must be substantiated by a police report);
3. lost or stolen passports, travel documents or money (must be substantiated by a police report);
4. quarantine, hijacking, Strike, natural disaster, terrorism or riot; or
5. documented weather condition preventing the Insured from continuing on the Covered Trip.

Benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for: reasonable expenses for hotel accommodations, telephone calls, meals, and local transportation up to \$150 per day necessarily incurred by an Insured for which he or she has proof of purchase and which were not paid for or provided by any other source.

PART B CONDITIONS

The Insured must provide the following documentation when presenting a claim for these benefits: written confirmation of the reasons for delay from the Travel Supplier whose delay resulted in the loss, including but not limited to; scheduled departure and return times and actual departure and return times;

Benefits will not be paid for any expenses, which have been reimbursed, or for any services that have been provided by the Travel Supplier.

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

COVERAGE F

BAGGAGE AND PERSONAL EFFECTS

PART A DEFINITIONS

Baggage and Personal Effects means luggage, personal possessions and travel documents taken by an Insured during a Covered Trip. The term Baggage and Personal Effects does not include:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. aircraft;
7. bicycles, except when checked as baggage with a Travel Supplier;
8. household effects and furnishings;
9. antiques and collectors items;
10. sunglasses, contact lenses, artificial teeth, dental bridges or hearing aids;
11. prosthetic limbs;
12. prescribed medications;
13. keys, money, credit cards (except as coverage is otherwise specifically provided herein);
14. securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
15. professional or occupational equipment or property, whether or not electronic business equipment; or
16. telephones, computer hardware or software.

PART B BENEFITS

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

The lesser of the following amounts will be paid:

- a. the Actual Cash Value at the time of loss, theft or damage;
- b. the cost to repair or replace the article with material of a like kind and quality; or
- c. \$300 per article.

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

A maximum of \$100 will be paid for the cost of replacing a passport or visa.

A maximum of \$100 will be paid for the cost associated with the unauthorized use of lost or stolen credit cards, subject to verification that the Insured has complied with all conditions of the credit card company.

PART C CONDITIONS

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Travel Supplier; nor will benefits be paid for loss or damage to property paid or payable under any other insurance.

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

ADDITIONAL LIMITATIONS AND EXCLUSIONS SPECIFIC TO BAGGAGE AND PERSONAL EFFECTS

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

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. confiscation or appropriation by order of any government or custom's rule;
4. property illegally acquired, kept, stored or transported;
5. an Insured's negligent acts or omissions; or
6. property shipped as freight or shipped prior to the Scheduled Departure Date.

ADDITIONAL CLAIMS PROVISIONS SPECIFIC TO BAGGAGE

Insured's duties after loss of or damage to property or delay of baggage: In case of loss, theft, damage or delay of Baggage and Personal Effects, an Insured must:

1. take all reasonable steps to protect, save or recover the property;
2. promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Travel Supplier or bailee who has custody of an Insured's property at the time of loss;
3. produce records needed to verify the claim and its amount, and permit copies to be made;
4. provide to the Company, within 90 days from the date of loss, a detailed proof of loss signed and sworn to; and
5. have Baggage and Personal Effects be examined, if requested.

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

No benefit to bailee: This insurance shall not benefit any Travel Supplier or bailee.

PART D BAGGAGE DELAY BENEFITS

If, while on a Covered Trip, an Insured's checked baggage is delayed or misdirected by a Travel Supplier for more than 24 hours from his or her time of arrival at a destination other than at his or her place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount, for the actual expenditure for necessary personal effects. An Insured must be a ticketed passenger on a Common Carrier. The Travel Supplier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

DEFINITIONS

In the Certificate, "you", "your", and "yours" refer to the Insured. "We", "us", and "our" refer to the company providing this coverage. In addition, certain words and phrases are defined as follows:

Actual Cash Value means purchase price less depreciation.

Additional Transportation Cost means the actual cost incurred for one-way Economy Transportation by Common Carrier.

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

Covered Trip means: 1) a period of round-trip travel away from the Insured's primary place of residence to a destination outside the Insured's city of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when the Insured enrolls; the trip does not exceed 365 days; or 2) a period of one-way travel that starts in the U.S. or Canada (except U.S. citizens may begin their trip outside the U.S., if returning to the U.S.); the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and arrival places specified when the Insured applies; and the trip does not exceed 31 days in length.

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

Domestic Partner means a person who is at least eighteen years of age and can show evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; plus one of the following: 1) evidence of continuous cohabitation throughout the 180 day period prior to the Insured's Effective Date of the Plan; or 2) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

Economy Transportation means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Insured purchased for the Covered Trip.

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

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

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

Injury or Injuries means accidental bodily injuries: a) received while insured under this policy and any attached coverages; b) resulting in loss independently of Sickness and all other causes.

Insured means the individual who has arranged a Covered Trip and who has paid the required premium.

Intoxicated means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where an Insured is located at the time of an incident.

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

Maximum Benefit Amount means the maximum amount payable for each coverage as shown in the Schedule of Coverages.

Medical Treatment means treatment, advice or consultation, given in person, by a Legally Qualified Physician.

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

Pre-existing Condition means any Injury, Sickness or condition of the Insured or Traveling Companion, or Family Member for which within the 180-day period prior to the Insured's Effective Date under this Policy which a) manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; or b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or c) required Medical Treatment or treatment was recommended by a Legally Qualified Physician.

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

Schedule of Coverages means the coverage confirmation provided to an Insured following enrollment and payment of the applicable premium.

Scheduled Departure Date means the date on which an Insured is originally scheduled to leave on the Covered Trip.

Scheduled Return Date means the date on which an Insured is originally scheduled to return to the point of origin or the original final destination.

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

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

Terrorist Incident means an act of violence 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.

Third Party means a person or entity other than an Insured or the Company.

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

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

Traveling Companion means a person or persons with whom the Insured has coordinated Travel Arrangements and intends to travel and share accommodations with during the Covered Trip. A group or tour leader is not considered a Traveling Companion unless the Insured is sharing room accommodations with the group or tour leader.

Travel Supplier means any entity or organization that coordinates or supplies travel services for an Insured.

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

GENERAL LIMITATIONS AND EXCLUSIONS

Benefits are not payable for losses caused by or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury (except as a result of a mental or nervous disorder in CT) while sane or insane (while sane in CO & MO);
2. mental, nervous, or psychological disorders;
3. an act of declared or undeclared war;
4. participating in maneuvers or training exercises of an armed service;
5. riding, driving or participating in races, or speed or endurance contests;
6. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
7. participating as a member of a team in an organized sporting competition;
8. participating in skydiving, hang gliding, bungee cord jumping;
9. piloting or learning to pilot or acting as a member of the crew of any aircraft;
10. being Intoxicated or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician;
11. a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
12. normal childbirth, normal pregnancy (except complications of pregnancy) or voluntary induced abortion;
13. a Pre-existing Condition, as defined in this policy. The Pre-existing Condition Limitation does not apply to: a) Emergency Medical Evacuation, Medical Repatriation and Return of Remains coverage, Baggage and Personal Effects, Baggage Delay or b) to coverage purchased prior to or within 24 hours of the final payment for the Covered Trip and if the Insured is medically able to travel when payment is made for the insurance;

14. loss or damage (including death or Injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto;
15. participation as a professional in athletics;
16. riding or driving in any motor competition;
17. civil disorder (does not apply to Trip Delay);
18. any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
19. elective treatment and procedures;
20. Medical Treatment during or arising from a Covered Trip undertaken for the purpose or intent of securing Medical Treatment;
21. business, contractual or education obligations;
22. failure of any tour operator or other Travel Supplier, person or agency to provide the bargained-for Travel Arrangements;
23. a loss that results from an illness, disease, or other condition, event or circumstance that occurs at a time when the plan is not in effect for you.

MASTER POLICY PROVISIONS

Entire Contract: Changes: This policy, and any attachments is the entire contract of insurance. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in the policy.

Policy Term and Renewal: This policy is issued for an initial term that will begin on the Policy Date and will be for a period of time specified in the attached Schedule.

Premiums and Payment of Premiums: The premiums for an Insured's coverage provided under this policy are shown in the Schedule of Coverages. An Insured's premium is due prior to his or her Scheduled Departure Date. All premiums should be submitted to the Company or to an authorized agent of the Company. Premiums are non-refundable except when an Insured is covered under more than one travel policy with the Company for each Covered Trip, or unless required by applicable state statutes.

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

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

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

Arbitration: Any claim arising out of or relating to this contract, or the breach thereof, may be settled by arbitration. The arbitration will be conducted pursuant to the applicable rules of the American Arbitration Association in accordance with the Uniform Arbitration Act 710 ILCS 5/1 et seq within a reasonable time limit (30 days after the parties agree to arbitrate their dispute is a reasonable time limit for selecting and appointing independent arbitrators; 15 days is a reasonable time limit for an expedited review provision). The arbitration may be binding on both parties or non-binding upon the Insured, but in all instances must be entered into on a voluntary basis. Arbitrators must be fair, impartial, and free of all conflicts of interest or the appearance of a conflict of interest. The rules and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party shall bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs.

By voluntarily agreeing to enter into an arbitration proceeding, the parties should be aware and understand that they may be giving up certain rights to have their dispute settled in and by a court of law, except to the extent that Illinois law may provide for judicial review of arbitration proceedings.

An arbitration provision is not a substitute for a person's right to maintain a legal action if he or she so desires; and in no way affects or limits the person's ability to take legal action in a court of law, prior to voluntarily agreeing to enter into an arbitration proceeding. Furthermore, it in no way affects a person's ability to file a claim with the Illinois Department of Insurance in connection with a claim or dispute. To contact the Department write to: The Illinois Department of Insurance, Consumer Services Division, Springfield, Illinois 62767.

GENERAL CLAIMS PROVISIONS

Notice of Claim: Notice of claim must be reported within 30 days after a loss occurs or as soon as is reasonably possible. An Insured or someone on an Insured's behalf may give the notice. The notice should be given to the Company or designated representative and should include sufficient information to identify the Insured.

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

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

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

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

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

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

Other than for loss of life, if any benefit is payable to: a) an Insured or the Principal Insured's beneficiary who is minor or otherwise not able to give a valid release; or b) the Principal Insured's estate: the Company may pay up to \$1,000.00 to the Principal Insured's beneficiary or any relative to whom the Company finds entitled to the payment. Any payment made in good faith shall fully discharge the Company to the extent of such payment.

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

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

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

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

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

TRAVEL INSURANCE IS UNDERWRITTEN BY:

United States Fire Insurance Company, Eatontown, New Jersey under Policy / Certificate Form series TP-401 and Form# 25917.

WHERE TO PRESENT A CLAIM

All claims should be presented to the Program Administrator: CSA Travel Protection

P. O. Box 939057
San Diego, CA 92193-9057
(800) 541-3522 (Toll-Free)

STATE EXCEPTIONS

CALIFORNIA (form# S 40653)

For California residents, the following amendments apply:

1. Sickness Medical Expense, the term manifest itself is replaced with occurs.
2. Definitions, the definition of Pre-Existing conditions is amended by deleting the following: a) manifested itself, became acute, or exhibited symptoms which would have caused one to seek diagnosis, care or treatment.
3. General Limitations and Exclusions, Number 13 (the exclusion that refers to the Pre-Existing Condition) is amended by adding the following to the last sentence: or c) Sickness Medical Expense coverage.
4. General Limitations and Exclusions, the following exclusion is added: due to a condition for which the Insured, Traveling Companion, or Family Member has received advice 2-months prior to the coverage effective date from a Legally Qualified Physician advising against travel.

This Endorsement will not vary, alter or extend any agreement, provision, condition or declaration of the Policy other than as stated above.

FLORIDA (form# S 40653)

It is agreed and understood that the following changes apply to residents of Florida; all other terms and conditions remain unchanged.

Legal Actions is deleted and replaced with the following:

Legal Actions: No legal action for a claim can be brought against us until 60 days after we receive proof of loss. No legal action for a claim can be brought against us more than 5 years after the time required for giving proof of loss. This 5-year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

Except as stated herein, this Amendatory Endorsement does not change coverage in any other way and is subject to all provisions, terms, and conditions of the Policy. If there is a conflict between the Policy and this Amendatory Endorsement, the terms of this Amendatory Endorsement will govern.

ILLINOIS (form# TPE-401-IL)

This Amendatory Endorsement changes the Policy, as follows:

1. The definition of Pre-existing Condition in the **DEFINITIONS** section is deleted and replaced with the following:

Pre-existing Condition means any disease, illness, Sickness, malady or condition of an Insured, Traveling Companion, or Family Member, for which: medical advice, diagnosis, consultation, or treatment was received from a Legally Qualified Physician within 6-months prior to the effective date of coverage; or

Symptoms existed within 6-months prior to the effective date of coverage which, in the opinion of a Legally Qualified Physician, would indicate that the disease, illness, Sickness, malady or condition probably began and manifested itself prior to the effective date of coverage and would cause a reasonable person to seek diagnosis, care, or treatment.

2. The following statement is added to **GENERAL CLAIM PROVISIONS**, the section titled Time of Payment Of Claims: All claims will be paid within 30-days after receipt of due written proof of loss. If we have not paid the claim within this timeframe, we will pay interest at the rate of 9% from the 30th day after receipt of all necessary proof of loss, to the date of payment. We will not pay interest amounting to less than one dollar.

Except as stated herein, this Amendatory Endorsement does not change coverage in any other way and is subject to all provisions, terms, and conditions of the Policy. If there is a conflict between the Policy and this Amendatory Endorsement, the terms of this Amendatory Endorsement will govern.

LOUISIANA (form# TP-401 CW LA)

The provision entitled Concealment and Misrepresentation is amended to read:

Concealment and Misrepresentation: The entire coverage will be void, if when applying for coverage, You made a fraudulent statement or misrepresentation with the intent to deceive. Fraud or misrepresentation with the intent to deceive after coverage is enforce is grounds for cancellation

and grounds to deny coverage for benefits related to such fraud, concealment, or misrepresentation. Coverage for other benefits will continue until the cancellation is effective.

The provision entitled **Subrogation** is amended to read:

Subrogation: If we make any payment under this policy and the person to or for whom payment is made has a right to recover damaged from another the company shall be subrogated to that right. However, the companies right to recover is subordinate to Your right to be fully compensated.

The provision entitled **Legal Actions** is amended to read:

Legal Actions: No legal action for a claim can be brought against us until 45 days after we receive proof of loss. No legal action for a claim can be brought against us more than 3 years after the time required for giving proof of loss. This 3-year time period is extended from the date that proof of loss is filed and the date the claim is denied in whole or in part.

SOUTH DAKOTA (form# TP-401 CW SD)

In the provision entitled Legal Actions, the 3 year time period is amended to read 6-years. The exclusion that states: received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advise of a Legally Qualified Physician; does not apply to South Dakota residents except to the extent that the action is a felony or attempted felony. Regarding any covered emergency dental expenses, "sound natural teeth" means a person's natural teeth that are considered sound prior to the accident. Minor dental work on a tooth, including fillings will not, by itself, cause the tooth to be considered unsound or not natural.

TEXAS (form# TP-401 CW TX)

The provision entitled Notice of Claim is amended by the addition of the following paragraphs:

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

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

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

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

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

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

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

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

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

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

INSURING PROVISIONS, is amended by the addition of the following: Coverage will not end solely because a person becomes an elected official in Texas.

UTAH (form# TP-401 CW UT)

The definition of Family Member is amended to include a child placed for adoption with the Insured.

The provision entitled **Proof of Loss** is amended to read:

Proof of Loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Failure to give notice or file proof of loss does not bar recovery under the policy if the Company fails to show that it was prejudiced by the failure to provide proof in a timely manner.

The provision entitled **Time of Payment of Claim** is amended to read: The Company, or its designated representative, will pay the claim within 30 days after receipt of acceptable proof of loss.

WISCONSIN (form# TP-401 CRT WI)

The provision entitled **Subrogation** is amended to read:

Subrogation: If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. An Insured shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event an Insured recovers damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss. No subrogation will take place until the Insured is made whole.

In the General Limitations and Exclusions section, the exclusion related to device, weapon or material employing or involving chemical, biological, radiological or similar agents is deleted in its entirety.