



Basic Travel Protection Plan

Club Med 

Claim Inquiries (MTWF 8:30am-5pmET & TH 9:30am-5pmET)
Report a new claim, obtain claim forms, and check the status of a filed claim

Within the United States: 1-866-693-1731
Outside of the United States: 1-727-477-2868
ClubMedClaims@cbpinsure.com

Travel Assistance and Customer Service (Mon-Sat 9am-8pmET)

Questions regarding your travel plan
Within the United States: 1-888-647-5728
Outside of the United States: 1-312-341-2870
ustravel@axa-assistance.us



Please Note: Assistance Services are not insurance.

AXA ASSISTANCE USA

TRAVEL ASSISTANCE SERVICES

General Travel Information

Before you travel, you can obtain information about visa, passport, immunization requirements and local customs. You can also obtain 24-hour pre-departure information on weather, currency or holidays.

Pet Housing and Return

We can assist with pet friendly hotel accommodations, boarding facilities and travel home for pets.

Lost Document and Lost Article Assistance

We will assist with arrangements to replace or forward copies of lost or stolen documents, including passports, driver's licenses and credit cards, as well as assist with procedures to file loss reports and to recover lost or stolen articles such as luggage.

Emergency Cash and Bail Assistance

During emergency situation, we can help arrange an emergency cash advance. This service can also provide assistance in obtaining bail bonds, where available.

Urgent Message Relay

We will relay emergency messages on your behalf.

Legal Referrals

We will provide referrals to an interpreter or legal personnel to you as necessary.

IDENTITY THEFT SERVICES

If you suddenly find yourself missing your identification, credit or debit cards, or other important personal or financial documents, while traveling we can provide an Identity Theft solution. This service provides:

- Education & Protection: An identity theft risk & prevention toolkit and resolution guide.
- Personal Guidance: Assistance with filing and obtaining police and credit reports, contacting creditor fraud departments, taking inventory of lost or stolen items and more.
- Emergency Funds: Assistance sending emergency funds to you.



TRAVEL PROTECTION INSURANCE POLICY

CLUB MED

This Policy describes the group travel insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the "Company" or as "We", "Us" and "Our".

PLEASE READ THIS DOCUMENT CAREFULLY FOR FULL DETAILS

This Policy is a legal contract issued in consideration of the signed Master Application of the Policyholder, a copy of which is attached.

Signed for United States Fire Insurance Company By:



Marc J. Adey
Chairman and CEO



James Kraus
Secretary

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SCHEDULE OF BENEFITS

SECTION IV Travel Arrangement Protection Benefit(s)	Maximum Benefit Amount
Trip Interruption	up to \$1,000
SECTION V Protection for the Insured's Belongings Benefit(s)	Maximum Benefit Amount
Baggage and Personal Effects	\$1,000 subject to per item maximum of \$250
Items subject to Special Limitations	\$500 combined maximum
Baggage Delay (12 hours)	up to \$100
SECTION VI Travel Insurance Benefit(s)	Maximum Benefit Amount
Accident & Sickness Medical Expense Dental Expense sublimit	up to \$5,000 up to \$500
SECTION VII Accidental Death and Dismemberment Benefit(s)	Maximum Benefit Amount
Accidental Death and Dismemberment – 24-hour Exposure Disappearance	\$15,000 Included Included

SECTION I COVERAGE PROVISIONS

Who Is Eligible For Coverage

A person who is booked to travel on a Trip. Coverage is only available for persons who are a citizen or resident of the United States of America.

SECTION II WHEN COVERAGE BEGINS AND ENDS

When Coverage Begins:

This is the Insured's Effective Date and time for All Coverages: Coverage begins on the date and time the Insured departs on the first Travel Arrangement (or alternate travel arrangement if the Insured must use an alternate Travel Arrangement to reach the Scheduled Destination) for his/her Trip.

When Coverage Ends:

All Coverages: The Insured's coverage automatically ends on the earlier/est of:

1. the date the Insured completes his/her Trip;
2. the Scheduled Return Date;
3. The Insured arrival at his/her Return Destination on a round Trip, or the Insured's Scheduled Destination on a one-way Trip;
4. cancellation of the Insured's Trip covered by this Policy.

SECTION III EXTENSION OF COVERAGE

Automatic Extension of Coverage

All coverages will be extended if the Insured's entire Trip is covered by this Policy and the Insured's return is delayed due to unavoidable circumstances beyond the Insured's control. This extension of coverage will end on the earlier of the date the Insured reaches his/her originally scheduled Return Destination or 10 days after the originally Scheduled Return Date.

SECTION IV TRAVEL ARRANGEMENT PROTECTION

TRIP INTERRUPTION

If the Insured must start their Trip late or are unable to complete their Trip, We will reimburse the Insured, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the unused, forfeited, prepaid non-refundable Payments or Deposits paid for the land or water Travel Arrangements the Insured purchased for their Trip plus the Additional Transportation Cost paid to:

- a) join the Insured's Trip if the Insured must depart after the Scheduled Departure Date or travel via alternate travel arrangements; or
- b) rejoin the Insured's Trip from the point where the Insured interrupted their Trip to the next Scheduled Destination; or
- c) transport the Insured to their originally scheduled Return Destination of their Trip.

The benefit payable for the above will not exceed the cost of a one-way economy airfare (or first or business class, if the original tickets were first or business class) by the most direct route less any refunds paid or payable for the Insured's unused original tickets.

Trip Interruption must occur while coverage is in effect for the Insured due to any of the following covered Unforeseen reasons, as defined:

1. the Insured's, a Family Member's, the Insured's Traveling Companion's, or a Service Animal's death, which occurs while the Insured is on their Trip;
2. the Insured's, a Family Member's, the Insured's Traveling Companion's, or a Service Animal's Sickness or Injury, that:
 - a) occurs while the Insured is on their Trip;
 - b) is examined and treated by a Physician or Veterinarian prior to the time of interruption, unless it is not reasonably possible to do so; and

- c) as certified by a Physician, results in medical restrictions so disabling as to prevent the Insured's continued participation on their Trip.
3. the Insured or the Insured's Traveling Companion must interrupt their Trip due to Other Covered Events as defined, provided such circumstances occur while coverage is in effect:

Other Covered Events means:

1. a mechanical breakdown/equipment failure of a Common Carrier on which the Insured is scheduled to travel that causes complete cessation or delay of the Insured's travel for at least 12 consecutive hours provided no alternative Travel Arrangements were available;
2. an unannounced Strike resulting in complete cessation of travel services for at least 12 consecutive hours of the Common Carrier on which the Insured is scheduled to travel which prevents the Insured from reaching their Scheduled Destination;
3. Inclement Weather that causes a: complete cessation of services for at least 12 consecutive hours of a Common Carrier on which the Insured is scheduled to travel which prevents the Insured from reaching their Scheduled Destination;
4. the Insured is hijacked or Quarantined;
5. the Insured is subpoenaed, required to serve on a jury or required to appear as a witness in a legal action, provided the Insured or the Insured's Traveling Companion are not: 1) a party to the legal action; or except 2) appearing in a law enforcement capacity;
6. the Insured's Primary Residence is made Uninhabitable and remains Uninhabitable during their Trip within 30 days of the Scheduled Departure Date by a Natural Disaster or vandalism or burglary;

Claims are not payable if a hurricane is foreseeable prior to the Insured's Effective Date for Trip Interruption. A hurricane is foreseeable on the date it becomes a named storm.
7. the Insured is directly involved in a traffic accident, while en route to their Scheduled Trip Departure City. The traffic accident must be documented by a police report or news report;
8. the Insured is called to active military or emergency service either to serve or to provide aid or relief in the event of a Natural Disaster other than war;
9. a theft or loss of passports or travel documents or visas while on the Insured's Trip, specifically required for the Insured's Trip, which is substantiated by a police report, or the copy of the request for a new passport or visas;
10. the Insured is listed as an organ donor or recipient and receive official notification that an organ match is available for immediate transplant during their Trip. If the Insured is an organ recipient, the transplant must be considered Medically Necessary, and the Insured's Physician must confirm that the transplant and/or surgery is so disabling as to prevent the Insured from traveling;
11. the Insured legally adopts a Child and the date of the placement or adoption occurs during their Trip.

In no event shall the amount reimbursed for Trip Interruption exceed the lesser of the amount the Insured prepaid for their Trip or the Maximum Benefit Amount shown in the Schedule of Benefits.

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

SECTION V PROTECTION FOR THE INSURED'S BELONGINGS

BAGGAGE AND PERSONAL EFFECTS

We will reimburse the Insured, up to the Maximum Benefit Amount shown in the Schedule of Benefits, if the Insured's Baggage and Personal Effects, which are lost, stolen, damaged or destroyed during the Insured's Trip less any amount paid or payable by a Common Carrier, hotel, Travel Supplier or any other party responsible for the Insured's loss, provided the Insured has taken all reasonable measures to protect, save and/or recover their property at all times.

Valuation and Payment of Loss:

the lesser of the following amounts will be paid:

- a. the Actual Cash Value as determined by Us;
- b. the cost to repair or replace the item with material of a like kind and quality.

not to exceed the Maximum Benefit Amount shown in the Schedule of Benefits.

In the event of a loss to a pair or set of items, We may choose to:

- a) repair or replace any part to restore the pair or set to its value before the loss; or
- b) pay the difference between the Actual Cash Value of the items before and after the loss.

Items subject to Special Limitations

The following items are subject to the maximum combined amount(s) shown in the Schedule of Benefits: jewelry, precious or semi-precious gems, decorative or personal articles consisting in whole or in part of silver, gold, or platinum, watches, furs or articles trimmed with fur, cameras and camera equipment, computers, electronic devices, and other digital or electronic equipment or media.

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

BAGGAGE DELAY

We will reimburse the Insured, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the cost of Necessary Personal Items purchased by the Insured while on their Trip, if the Insured's checked Baggage is delayed or misdirected by a Common Carrier for at least 12 consecutive hours or more from the Insured's time of arrival at a Scheduled Destination other than the Insured's Return Destination.

This coverage terminates upon the Insured's arrival at the Return Destination of their Trip.

Necessary Personal Items means replacement for clothing, toiletry, prescriptions or eyewear, which are included in the Insured's Baggage and Personal Effects and are required for their Trip. Necessary Personal Items do not include jewelry, perfume or alcohol.

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

EXCLUSIONS AND LIMITATIONS apply to Baggage and Personal Effects and Baggage Delay:

We will not provide benefits for any loss or damage for the following items:

- a. animals;
- b. automobiles and automobile equipment;
- c. boats or other vehicles or conveyances;
- d. motorcycles;
- e. trailers;
- f. motors;
- g. aircraft;
- h. bicycles, except when checked as baggage with a Common Carrier;
- i. household effects and furnishings;
- j. antiques and collectors' items;
- k. any type of or repair or replacement of any type of artificial teeth, dentures, dental braces, dental bridges, retainers, other orthodontic devices, hearing aids and prosthetics;
- l. artificial limbs or other prosthetic devices;
keys, money, stamps and credit cards (except as otherwise specifically covered herein);
- m. securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
- n. professional or occupational equipment or property, whether or not electronic business equipment;
- o. sports equipment if the loss results from the use thereof;

Losses not covered:

We will not provide benefits for any loss or damage caused by or resulting from:

- a. breakage of brittle or fragile articles (except musical instruments);
- b. wear and tear or gradual deterioration;
- c. confiscation or appropriation by order of any government or custom's rule;
- d. theft or pilferage while left in any unlocked or unattended vehicle;
- e. property illegally acquired, kept, stored or transported;
- f. the Insured's negligent acts or omissions;
- g. property shipped as freight or shipped prior to the Scheduled Departure Date;
- h. electrical current, including electric arcing that damages or destroys electrical devices or appliances;
- i. Vermin.

SECTION VI TRAVEL INSURANCE BENEFITS

ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFIT

Benefits will be paid for Medical Expenses incurred by the Insured, up to the Maximum Benefit Amount shown in the Schedule of Benefits, subject to the following:

- a. benefits will be payable only for Medical Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on the Insured's Trip and requires treatment in person by a Physician;
- b. Sickness must first commence or manifest itself and Injury must first occur while on the Insured's Trip;
- c. only Medical Expenses incurred by the Insured during their Trip will be reimbursed. Medical Expenses incurred after the Insured returns from their Trip are not covered.

If the Insured suffers one or more Injury or Sickness while on the same Trip, the maximum amount payable for all Injuries or Sicknesses will not exceed the Maximum Benefit Amount shown in the Schedule of Benefits.

Medical Expenses means expenses incurred only for the following:

1. medical services (including charges for anesthetics, x-ray examinations or treatments, and laboratory tests) and supplies, prescription drugs, and therapeutic services ordered or prescribed by a Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services, including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Trip, if recommended by the Insured's attending Physician and approved by Us or Our designated Travel Assistance Services Provider as a substitute for a hospital room for recovery from the Insured's Injury or Sickness;
3. emergency dental treatment incurred during the Insured's Trip due to an Accidental Injury to natural teeth. Dental Expenses incurred after the Insured's Trip is completed are not covered;
4. local transportation expense to and/or from a Hospital.

We will not pay benefits in excess of the Usual and Customary level of charges. We will not cover any expenses provided by another party at no cost to the Insured or already included within the cost of the Insured's Trip.

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

SECTION VII ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

24-HOUR

We will pay the percentage of the Principal Sum indicated in the Table of Losses of the Maximum Benefit Amount shown in the Schedule of Benefits when the Insured, as a result of an Injury caused by an Accident occurring during their Trip, sustained a Loss shown in the Table of Losses below.

Table of Loss

Loss of	% 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	50%
Hearing in Both Ears	50%
Thumb and Index Finger of Same Hand	25%

The Loss must occur within 365 days of the date of the Accident, which caused Injury. The Accident must occur while the Insured is on their Trip and is covered under this Policy.

If more than one Loss is sustained by the Insured as a result of the same Accident, only one amount, the largest applicable to the Losses incurred, will be paid. We will not pay more than 100% of the Maximum Benefit Amount shown in the Schedule of Benefits for all Losses due to the same Accident.

Loss with regard to:

- a) hand(s), or foot/feet, means actual severance at or above a wrist joint proximal to the elbow or actual severance at or above the ankle proximal to the knee, respectively; and
- b) eye or eyes means total and irrecoverable Loss of entire sight thereof; and
- c) speech means entire and irrecoverable Loss of speech; and
- d) hearing means entire and irrecoverable Loss of hearing in both ears; and
- e) thumb and index finger means complete severance through or above the joint that meets the palm.

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

EXPOSURE

We will pay for covered Loss(es), as shown in the Table of Loss, which result from the Insured being unavoidably exposed to the elements due to an Accident during their Trip. The Loss must occur within 365 days after the event which caused the exposure.

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

DISAPPEARANCE

We will pay for loss of life, as shown in the Table of Loss, if the Insured's body cannot be located within 365 days after a disappearance due to an Accident during their Trip.

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

SECTION VIII GENERAL DEFINITIONS

Accident means a sudden, unexpected unusual specific event that occurs at an identifiable time and place, and shall also include exposure resulting from a mishap to a conveyance in which the Insured is traveling.

Actual Cash Value means current replacement cost of such item of like kind and quality.

Adventure or Extreme Activities means B.A.S.E. jumping, bull riding, running of the bulls, free diving, bungee jumping, hot air ballooning, parachuting, skydiving, cliff diving, fly-by-wire, paragliding, hang gliding, heli-skiing, heli-snowboarding, wingsuit flying, rock climbing without equipment, bodily contact sports excluding limited contact sports, Mountain Climbing over 9,000 feet (2,700 meters), motor sport or motor racing, multi-sport endurance competitions, parkour, scuba diving if the depth exceeds 131 feet (40 meters) and any activity materially similar to the above.

Baggage and Personal Effects means luggage and personal possessions taken by the Insured on their Trip, whether owned, borrowed, or rented.

Children/Child means a person under the age of 18 and primarily dependent on the Insured for support and maintenance.

The age limit does not apply to a child who is incapable of self-sustaining employment by reason of mental or physical incapacity.

Civil Disorder or Riot means a public disturbance by a person or persons acting in revolt, coup, rebellion or resistance against an established government or civil authority or involvement in acts of violence that causes immediate danger, damage, or injury to others or their property.

Common Carrier means an air, land, sea conveyance operated under a license for the transportation of passengers for hire.

Complications of Pregnancy means conditions requiring Hospital admission (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include hyperemesis gravidarum, preeclampsia, eclampsia, gestational diabetes, gestational hypertension, acute nephritis, nephrosis, cardiac decompensation, and missed abortion. Complications of pregnancy also include non-elective cesarean section, ectopic pregnancy, which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

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

Domestic Partner means an opposite or a same-sex partner who is at least eighteen (18) years of age and has met all of the following requirements for at least 6 months:

- a) resides with the Insured;
- b) shares financial assets and obligations with the Insured;
- c) is not related by blood or adoption to the Insured to a degree of closeness that would prohibit a legal marriage;
- d) neither the Insured nor domestic partner is married to anyone else, nor has any other domestic partner.

We may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership or whatever documentation as required by the state in which the Insured resides.

Effective Date means the date and time the Insured's coverage begins, as indicated in When Coverage Begins and Ends section of this Policy.

Elective Treatment and Procedures means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by Us to be research or experimental or that is not recognized as a generally accepted medical practice.

Experimental or Investigative means treatments, devices or prescription medications, which are recommended by a Physician, but are not considered by the U.S. medical community as a whole, to be safe and effective for the condition for which the treatments, devices or prescription medications are being used. This includes any treatments, procedures, facilities, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other U.S. governmental agency approval not received at the time services are rendered.

Family Member means the following relatives of the Insured:

- a) Spouse, civil union partner, Domestic Partner;
- b) children, children-in-law, step-children, foster children, ward or legal ward;
- c) siblings, siblings-in-law, step-siblings;
- d) parents, parents-in-law, step-parents, legal guardians;
- e) grandparents, step-grandparents, grandchildren, or step-grandchildren;
- f) step-aunts or step-uncles;
- g) aunts or uncles;
- h) nieces or nephews.

Hospital means a facility that:

- a. is operated according to law for the care and treatment of sick or Injured people;
- b. is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
- c. is recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals;
- d. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
- e. operated for the care and treatment of resident in-patients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility;
- f. is supervised by one or more Physicians available at all times.

A **Hospital** does not include:

1. a nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care;
2. a facility which treats drug, marijuana or alcoholism addictions;
3. a facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged, nor does it include any ward, room, wing or other section of the Hospital that is used for such purposes.

Hospitalized or Hospitalization means admitted to a Hospital overnight or where the patient is charged by the Hospital for a minimum of one day of inpatient charges.

Injury(ies)/Injured means a bodily injury caused by an Accident occurring while the Insured's coverage under this Policy is in force and resulting directly and independently of all other causes of loss covered by this Policy. Injury must not be caused by, or result from, Sickness. The injury(ies) requires examination and treatment and must be verified by a Physician.

Inpatient means a person:

- a) who is confined in a Hospital as a registered bed patient overnight; and
- b) for whom at least one day's room and board is charged by the Hospital unless confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Insured, The Insured, The Insured's means the person who is covered under this Policy.

Medically Necessary means that a treatment, service, or supply:

- a) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed;
- b) meets generally accepted standards of medical practice;
- c) is ordered by a Physician and performed under his or her care, supervision, or order; or
- d) is not used for the convenience of the Insured, Physician, other providers, or any other person.

Mental, Nervous or Psychological Condition or Disorder means a mental or nervous health condition including, but not limited to: anxiety, depression, and neurosis, panic attack, phobia (such as fear of flying, fear of terrorism, fear of disease, etc.), psychosis; or any related physical manifestation.

Mountain Climbing means the ascent or descent of a mountain requiring the use of specialized equipment, including, but not limited to, ropes, belay devices, pick-axes, anchors, pitons, bolts, crampons, carabiners, and lead or top-rope anchoring equipment.

Partial Hospitalization means an outpatient program specifically designed for the diagnosis or active treatment of a serious mental disorder when there is a reasonable expectation for improvement or when it is necessary to maintain a patient's functional level and prevent relapse or full hospitalization. Partial Hospitalization programs are usually furnished by a Hospital as distinct and organized intensive ambulatory treatment service of less than 24-hour daily care.

Physician means a licensed practitioner of medical, surgical, dental services acting within the scope of his/her license in the jurisdiction where the services are rendered. The treating Physician cannot be the Insured, a Traveling Companion, a Family Member, or retained by the Policyholder.

Primary Residence means the Insured's fixed, permanent and main home for legal and tax purposes.

Return Destination means the Insured's final destination as shown in the itinerary or other travel documents and the place to which the Insured expects to return from their Trip.

Scheduled Departure Date means the date on which the Insured is originally scheduled to leave on their Trip. This date is specified in the itinerary or other travel documents.

Scheduled Destination means as shown in the itinerary or other travel documents where the Insured expects to travel to on their Trip other than Return Destination.

Scheduled Return Date means the date on which the Insured is scheduled to return to the point where their Trip started or to a different specified Return Destination.

Scheduled Trip Departure City means the city from which the Insured is originally scheduled to depart on the Trip.

Sickness means an illness or disease of the body, that commences while the Insured's coverage is in effect and requires examination, diagnosis and treatment by a Physician.

An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the Effective Date of the Insured's coverage is not a Sickness as defined herein and is not covered by the Policy.

Spouse means the Insured's lawful spouse, if not legally separated or divorced. For the purposes of this Policy, the term spouse includes civil union partner whenever used.

Third Party(ies) means any person, corporation or other entity (except the Insured, Rental Property and Us).

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

Travel Assistance Services Provider means the Assistance Company as listed within the Description of Coverage.

Traveling Companion means a person or persons whose name(s) appear(s) with the Insured's on the same Travel Arrangements and who, during the Insured's Trip, will accompany the Insured. A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with the Insured.

Travel Supplier means any entity or organization that coordinates or supplies Travel Arrangements for the Insured.

Trip a scheduled Trip of 90 days or less in length.

Usual and Customary means the comparable level of charges for similar treatment, services and supplies in the geographic area where treatment, services or supplies are provided or performed.

Vermin means small animals and insects that are harmful or annoying and are often difficult to control.

Wanton means senseless, unprovoked, unjustifiable, or deliberately malicious.

Willful means deliberate or intentional.

SECTION IX EXCLUSIONS AND LIMITATIONS

Unless otherwise shown below, these exclusions apply to the Insured.

The following exclusions apply to the Medical and Dental Expense benefits.

We will not pay for any loss or expense caused due to, arising or resulting from:

1. routine physical examinations or routine dental care;

2. traveling for the purpose or intent of securing medical treatment or advice;
3. any Trip taken against the advice of a Physician and any losses occurred during such Trip;
4. mental health care;
5. physical therapy or occupational therapy;
6. Experimental or Investigative treatment or procedures;
7. Elective Treatment and Procedures;
8. care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease that first manifests or occurred during the Insured's Trip;
9. any medical service provided by the Insured, a Family Member, or Traveling Companion;
10. any treatment or medication which, at the time of the Insured's Scheduled Departure Date, is required to be continued during the Insured's Trip;
11. Alcohol or substance abuse or treatment for the same including admittance to a rehab facility;
12. Normal pregnancy (except Complications of Pregnancy) or childbirth, or elective abortion;
13. a Mental, Nervous or Psychological Condition or Disorder unless Hospitalized or Partially Hospitalized while the Policy is in effect. Hospitalized or Partially Hospitalized requirements do not apply to Post Traumatic Stress Disorder (PTSD);
14. any loss that results from an illness, disease or other condition, event or circumstance that occurs at a time when the Policy is not in effect for the Insured;
15. the Insured's participation in Adventure or Extreme Activities, riding or driving in races, or participation in speed or endurance competition or events, except as a spectator;
16. the Insured's participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition.

In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits.

We will not pay for any loss or expense caused due to, arising or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury of the Insured, a Traveling Companion or Family Member booked and scheduled to travel with the Insured, while sane or insane;
2. being under the influence of drugs or narcotics, unless administered upon the advice of a Physician as prescribed;
3. expenses incurred by any Child born or adopted during the Insured's Trip;
4. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war;
5. participation in a Civil Disorder or Riot, or insurrection;
6. the commission of or attempt to commit a felony or being engaged in an illegal occupation by the Insured, a Traveling Companion or Family Member;
7. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination;
8. air travel on a privately owned aircraft (whether as a pilot or a passenger);
9. piloting or learning to pilot or acting as a member of the crew of any aircraft;
10. a loss or damage caused by detention, confiscation or destruction by customs;
11. expenses resulting from a motor vehicle accident, unless the driver is properly licensed to operate the vehicle at the place and time of the Accident;
12. gross negligence, or Willful and Wanton conduct by the Insured or the Insured's Traveling Companion.

SECTION X CLAIMS PROCEDURES

The Insured's duties in the event a loss:

For Trip Interruption, the Insured must:

Immediately, or as soon as possible, call the Insured's Travel Supplier and the program administrator (see Where to Report a Claim) to report the Insured's interruption to avoid non-covered charges due to late reporting.

If the Insured is prevented from taking their Trip as scheduled or must interrupt their Trip due to Sickness or Injury, the Insured should obtain medical care immediately. We require an examination and treatment by a Physician prior to cancellation or interruption unless it is not reasonably possible to do so. Provide all unused transportation tickets, official receipts, etc.

For Medical and Dental Expenses, the Insured must:

1. provide Us with all receipts from the provider of services and reports for medical and/or emergency dental expenses claimed. Stating the amount paid and listing the diagnosis and treatment;
2. provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance. Provide a copy of their final disposition of the Insured's claim;
3. sign a patient authorization to release any information required by Us to investigate the Insured's claim.

For Baggage and Personal Effects:

In case of lost, stolen, damaged, destroyed or delayed Baggage and Personal Effects, the Insured must:

1. report theft losses to police or other local authorities as soon as possible and obtain their written report of the Insured's loss;
2. report the baggage delay to the Common Carrier as soon as possible. Submit proof of the report, documentation confirming delivery as well as reimbursement and receipts for essential items;
3. take reasonable steps to protect the Insured's Baggage and Personal Effects from further damage and make necessary and reasonable temporary repairs; (We will reimburse the Insured for those expenses. We will not pay for further damage if the Insured fails to protect the Insured's items);
4. allow Us to examine the damaged Baggage and Personal Effects and/or We may require the damaged item to be sent in the event of payment;
5. in the event of theft or unauthorized use of the Insured's credit cards, the Insured must notify the credit card company immediately to prevent further unlawful activity;
6. original receipts (if available) and a complete list of stolen, damaged or lost item(s) must be provided along with proof of loss providing amount of loss, date, time and cause of loss, and a repair estimate, if the item(s) is damaged;
7. for claimed items without original receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss, not to exceed the Maximum Benefit Amount shown in the Schedule of Benefits.

SECTION XI HOW TO FILE A CLAIM

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

Claim Forms: When notice of claim is received by Us or Our authorized 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 the Insured sending Us 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. Failure to furnish such proof within provided period will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. Proof of Loss must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

All claims require the Insured to provide Us with the following: a Trip invoice, itinerary or confirmation showing details of the Insured's Trip (dates of travel, destination, etc.); and any other information reasonably required to prove the loss.

Payment of Claims: Benefits for loss of life will be paid to the Insured's designated beneficiary. If a beneficiary is not otherwise designated by the Insured, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

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

All other benefits will be paid directly to the Insured, unless otherwise directed. Any accrued benefits unpaid at the Insured's death will be paid to the Insured's estate. If the Insured has assigned their benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

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

If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) the Insured's estate, We may pay any amount due under the Policy to the Insured's beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

If the Insured paid for the cost of the Insured's Trip for themselves, as well as other travelers and incurred a covered loss, benefits will be paid directly to the Insured, unless otherwise directed.

Disagreement Over Size of Loss: If there is a disagreement about the amount of the loss, either the Insured or Us can make a written demand for an appraisal. After the demand, the Insured and Us 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 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by the Insured is paid by the Insured. We will pay the appraiser We choose. The Insured will share with Us the cost for the arbitrator and the appraisal process.

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

SECTION XII GENERAL PROVISIONS

The Contract: The entire contract is made up of the Policy and amendments if applicable, the Policyholder's Master Application, a copy of which is attached and the Certificates of Insurance. This Policy may be changed, renewed, or ended without notice to or consent of any person with a beneficial interest in this Policy.

Certificates: The Company will issue Certificates to the Policyholder for their Insureds. Such Certificates will describe each person's benefits and rights under this Policy.

Beneficiary Designation and Change: The Insured's beneficiary(ies) is (are) the person(s) designated by and on file with Us or Our administrator. The Insured is over the age of majority and legally competent may change the Insured's beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us or Our administrator with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by it prior to receipt of the request.

Clerical Error: We or Our authorized representative may make a clerical error in keeping the data. If so, when the error is found, the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly ended.

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.

Conformity with Statute: Terms of this Policy that conflict with the laws of the state where it is delivered are amended to conform to such laws.

Data Needed: We or Our authorized representative will keep a record of all the data needed to compute premium and carry out the terms of this Policy. We may examine such data at any reasonable time.

Economic or Trade Sanctions: Any payments under this Policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws, and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under this Policy. For more information, the Insured may consult the OFAC internet website at:

<https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>

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

Excess Insurance: Insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity or as required by state law. If at the time of the occurrence of any loss payable under this policy there is other valid and collectible insurance or indemnity in place, We 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.

Legal Actions Against Us: All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written Proof of Loss is required to be furnished.

Limit on Agent's Authority: No agent may change or waive any provisions of this Policy. Our office must approve any change or waiver in writing.

Misstatement of Age: If premiums are based on age and the Insured has misstated their age, there will be a fair adjustment of premiums based on the Insured's true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated their age, there will be an adjustment of said benefit based on the Insured's true age. We may require satisfactory proof of age before paying any claim.

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

Subrogation: If We have 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, We will be subrogated to that right. The Insured shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event the Insured recovers damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss. Our right of subrogation applies even if the Insured's entire loss has not been compensated.

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

Transfer of Coverage: Coverage under the Policy cannot be transferred to anyone else.

United States Fire Insurance Company
Administrative Office: 5 Christopher Way, Eatontown, NJ 07724

FLORIDA AMENDATORY ENDORSEMENT
(Applicable to **FLORIDA** Residents Only)

This Amendatory Endorsement is attached to and made a part of the Policy to which it is attached. The provisions of this Amendatory Endorsement are effective on the Effective Date and will expire concurrently with the Policy, unless otherwise terminated.

The Policy is hereby amended for **FLORIDA** as follows:

The **Legal Actions Against Us** provision appearing in **General Provisions** section is deleted and replaced as follows:

Legal Actions Against Us: All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 5 years from the time written Proof of Loss is required to be furnished.

If there is a conflict between the Policy and this Endorsement, the terms of this Endorsement will govern.

Signed for United States Fire Insurance Company By:



Marc J. Adee
Chairman and CEO



James Kraus
Secretary

PRIVACY NOTICE

United States Fire Insurance Company, The North River Insurance Company and affiliates within Crum & Forster (collectively, “The Company”) values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information including nonpublic personal information about our customers and claimants. Nonpublic personal information means information that allows someone to identify or contact you (“Information”). We are committed to protecting such Information and we will comply with all applicable federal and state laws and regulations. This notice describes how we collect, use and share your Information, your rights with respect to insurance products issued by The Company and our legal duties and privacy practices. State laws require that we provide this notice. Please review this Notice and keep a copy of it with your records.

Your privacy is our concern

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. The Company limits the collection, use, and disclosure of such information to only what is needed to properly produce, underwrite and service its insurance products and/or fulfill legal or regulatory requirements. The Company maintains administrative, technical and physical safeguards that comply with state and federal regulations to protect your Information. We also limit employee access to Information to those with a business reason for knowing such Information and we take measures to enforce employee privacy responsibilities.

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

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

What do we do with the information collected about you?

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

To whom do we disclose information about you?

Access to non-public personal information is limited to those employees, and authorized representatives, attorneys and service providers who specifically need such information to conduct their business responsibilities. In addition, we may disclose all the information that we collect about you to affiliated companies and nonaffiliated third parties (as permitted by law), such as:

- Insurance companies;
- Insurance agencies;
- Loss adjusters;
- Medical providers;
- Third party non-insurance service providers;
- Third party administrators;
- Medical bill review companies;
- Reinsurance companies; and
- Similar service providers.

Crum & Forster requires its service providers to abide by privacy laws in handling non-public personal information obtained through its business relationship with Crum & Forster. Additionally, Crum & Forster may disclose non-public personal information to third parties as allowed or required by law. For example, Crum & Forster may release your Information to comply with reporting requirements, to comply with a subpoena, warrant, legal process or other order or inquiry of a court,

Privacy Notice – A&H

governmental agency or state or federal regulator, or to fulfill C&F's obligations to its insurers and reinsurers. We may also share your personal information in order to establish or exercise our rights, to defend against a legal claim, to investigate, prevent, or take action regarding possible illegal activities, suspected fraud, safety of person or property, or a violation of our policies.

If you conclude your relationship with the Company, the Company will continue to safeguard your privacy in accordance with the standards described in this notice. The Company maintains physical, electronic and procedural safeguards to protect non-public personal information.

About Our Websites

We may collect information via technology about how you use our website, including the elements you have interacted with, metadata, and other details about these elements, clicks, change states, and other user actions. This information is used primarily to provide, maintain, protect, and improve our current products and to develop new ones.

We may use cookies on certain pages of our site. Cookies are stored on your computer, not on our site. Most cookies are "session cookies" which means that they are automatically deleted at the end of each session. A cookie itself does not have the ability to automatically collect personal information about you. A cookie can store certain information that identifies your computer to us so that you do not need to re-enter that information as frequently when you use our site. The cookie does not contain your password.

We reserve the right to change our policy regarding cookies and the collection of information from visitors at any time without advance notice. Should any new policy be put into effect, we will post it on this website, and the new policy will apply only to information collected thereafter. You may opt out of receiving cookies or delete any prior cookies by changing your specific internet browser settings. The privacy of communication over the internet cannot be guaranteed. If you are concerned about the security of your communication, we encourage you to send your correspondence through the postal service or use the telephone to speak directly to us. We do not represent or warrant that the site, in whole or in part, is appropriate or available for use in any particular jurisdiction. Those who choose to access the site, do so on their own initiative and at their own risk, and are responsible for complying with all local laws, rules and regulations. We do not assume any responsibility for any loss or damage you may experience or incur by the sending of personal information over the internet by or to us. This Usage Agreement shall be governed by the laws of the United States and of the State of New Jersey, without giving effect to its conflict of laws provisions.

Please know that The Company has not and will not sell any consumers' personal information. We do not sell your nonpublic personal information to any third parties nor do we use it for marketing purposes.

How to contact us

If you have any questions about this Privacy Notice or about how we use the information we collect, please contact us at:
Crum & Forster Legal Department
305 Madison Avenue
Morristown, NJ 07960
privacyinformation@cfins.com

Changes to this Privacy Notice

We may revise this notice at any time. If we make material changes, we will notify you as required by law.

For California Residents Only:

If you are a California resident, you may be entitled to additional rights over your Information. We do not, and will not, sell Information collected from you. The California Consumer Privacy Act (CCPA) provides California residents, upon a verifiable consumer request, certain rights that include:

The right to request that we disclose (1) The categories of personal information that we have collected about you; and
(2) The categories of personal information that we have disclosed about you for a business purpose

The right to request that we delete the personal information it has collected from you, subject to certain legal exceptions, for example, when such personal information is necessary to fulfill or comply with our legal obligations.

The right to be protected from discrimination for exercising your CCPA rights. If you choose to exercise your privacy rights, we will not charge you different prices or provide different quality of services unless those differences are related to your information.

You may designate an authorized agent to act on your behalf and make a request of us under the CCPA.

To exercise your rights under the CCPA or to seek assistance, please do one of the following:

- If you would like to make a Request to Know, go to <http://www.cfins.com/request-to-know-california-residents/> or call 1.844.254.5754
- If you would like to make a Request to Delete, <http://www.cfins.com/request-to-delete-california-residents/> or call 1.844.254.5754
- Fill out and send back to us the Request to Know / Request to Delete form to:
Crum & Forster Legal Department
PO Box 1973
305 Madison Avenue
Morristown, NJ 07962
privacyinformation@cfins.com

We will attempt, where practical, to respond to your requests and to provide you with additional privacy-related information. We will confirm receipt of verifiable consumer requests within ten (10) days of receipt. You may only make a verifiable consumer request for personal information twice within a twelve (12) month period. We cannot respond to your request if we cannot verify your identity or authority to make the request and confirm the personal information relates to you. Any consumer with a disability may access this notice by contacting us at the address, email or toll free number listed above.

We may change this California Privacy Notice and our privacy practices over time. Our most current Privacy Policy and California Privacy Notice can be found on our website at <http://www.cfins.com/terms/>.

January 2020

TRAVEL ASSISTANCE

Travel assistance services are provided by AXA Assistance USA, Inc., an independent organization, and not by United States Fire Insurance Company.

The Travel Assistance feature provides a variety of travel related services.

Services offered by AXA Assistance USA, Inc. include: · General Travel Information · Emergency cash advance* · Urgent Message Relay · Passport / visa information · Bail bond* · Lost Baggage and Lost Article Assistance · Inoculation Information

To request assistance from **AXA Assistance USA, Inc.:**

CALL TOLL FREE: 1-888-647-5728 (within the United States and Canada)

OR CALL COLLECT: 1-312-341-2870 (from all other locations)

Due to U.S. or other applicable trade or economic sanctions, laws, regulations and/or other reasons, AXA Assistance USA does not provide services in the following countries or regions: Afghanistan, Burundi, Central African Republic, Chad, Congo, Cuba, Eritrea, Guinea, Iran, Iraq, Lebanon, Liberia, Libya, Mali, Niger, North Korea, Pakistan, Sierra Leone, Somalia, South Sudan, Sudan, Syria, Venezuela and Yemen, Crimea & Sevastopol. Accordingly, no assistance will be provided, including, but not limited to, the payment of any claims, in connection with travel to these countries. Should new sanctions be imposed that prohibit AXA Assistance USA from covering travel to any additional countries, travel to such countries shall be excluded from this coverage. For additional information about OFAC sanctions programs please visit: <https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information>.

**Payment reimbursement to the Travel Assistance Services Provider is Your responsibility.*

There may be times, when circumstances beyond the Travel Assistance Services Provider's control, hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help you resolve your emergency situation, unless prohibited by law.

Please Note: Travel Assistance Services are not insurance.