

Virginia Surety Company, Inc.
175 W. Jackson Blvd., Chicago, IL 60604

**CheapCaribbean Standard
Summary of Coverage**

This Summary of Coverage contains an outline of the benefits, terms, conditions and exclusions of the travel insurance coverage provided to you by Virginia Surety Company, Inc. In the event you purchase the travel insurance, your actual Travel Protection Plan will be provided directly to you within the next thirty (30) days. Should you not receive your Policy (or Evidence of Coverage) or need it sooner than thirty (30) days, please call 1-877-369-2774.

- For the benefit of customers residing in the states of Alaska, Alabama, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Iowa, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Vermont, West Virginia, Wisconsin and Wyoming coverage is provided under Group Policy AC-2000-0001.
- For the benefit of customers residing in the state of California coverage is provided under Group Policies AC-2000-000T and AC-2000-0004PC.
- For the benefit of customers residing in the state of Illinois coverage is provided under Group Policy AC-2000-0002.
- For the benefit of customers residing in the state of Missouri coverage is provided under Group Policy AC-2000-0003.
- For the benefit of customers residing in the states of New Jersey, Pennsylvania, Rhode Island and Virginia coverage is provided under Group Policies AC-2000-0004AH and AC-2000-0004PC.
- For the benefit of customers residing in the state of New York coverage is provided under Group Policy AC-2000-000T.
- For the benefit of customers residing in Puerto Rico coverage is provided under Group Policies AC-2000-0005AH and AC-2000-0005PC.
- For the benefit of customers residing in the state of Washington coverage is provided under Group Policy AC-2000-0006.
- For the benefit of customers residing in the states of Colorado, Indiana, Kansas, Massachusetts, New Hampshire, Oregon, South Dakota, Texas and Utah coverage is provided under an Individual Policy.

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SPECIMEN

A. SCHEDULE OF BENEFITS

Benefit:	Limits (Up To)
<input checked="" type="checkbox"/> Accidental Death & Dismemberment Principal Sum	\$25,000.00
<input checked="" type="checkbox"/> Accident Medical Expense – Emergency Only Maximum Limit for Medical Expenses	\$15,000.00
Maximum Limit for Dental Expenses	\$750.00
<input checked="" type="checkbox"/> Baggage Delay Maximum Limit	\$200.00
<input checked="" type="checkbox"/> Baggage/Personal Effects Maximum Limit	\$1,000.00
Per Article Limit.....	\$300.00
<input checked="" type="checkbox"/> Emergency Evacuation Maximum Limit	\$25,000.00
<input checked="" type="checkbox"/> Missed Connection Maximum Limit	\$750.00
<input checked="" type="checkbox"/> Sickness Medical Expense – Emergency Only Maximum Limit for Medical Expenses.....	\$15,000.00
<input checked="" type="checkbox"/> Trip Cancellation Maximum Limit	100% of Trip Cost
<input checked="" type="checkbox"/> Trip Delay Maximum Limit	\$500.00
<input checked="" type="checkbox"/> Trip Interruption Maximum Limit	100% of Trip Cost

SPECIMEN

B. DEFINITIONS

Throughout this document, You and Your refer to the named insured who books a trip through CheapCaribbean.com Inc. and pays the required Coverage Premium for this insurance coverage prior to their covered trip departure. We, Us, and Our refer to Virginia Surety Company, Inc. In addition, when in bold certain words and phrases are defined as follows:

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

Accidental Injury means a **Bodily Injury** caused by an **Accident** (of external origin) being the direct and independent cause in the loss.

Actual Cash Value means purchase price less depreciation.

Administrator means Southeast Insurance Group. You may contact the **Administrator** if You have questions regarding this coverage or would like to make a claim. The **Administrator** can be reached by phone at 1-877-369-2774 or email at info@assist-cardusa.com for questions regarding coverage or at claims@marketing-ac.com to file a claim.

Bodily Injury means identifiable physical injury which: (a) is caused by an **Accident**, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by, such injury.

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

Checked Baggage means a piece of baggage for which a claim check has been issued to You by a **Common Carrier**.

City means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.

Common Carrier means any public scheduled land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire. **Common Carrier** does not include helicopters, taxis, rental cars and hired cars.

Cruise means any prepaid sea arrangements made by the **Travel Supplier**.

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

Dependent Child(ren) means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age nineteen (19) and primarily dependent on You for support and maintenance; or (2) who is at least age nineteen (19) but less than age twenty-three (23) and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.

Domestic Partner means a person with whom You resides and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You resides.

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

Effective Date means the date and time Your coverage begins under this **SOC**. (See C, Term of Coverage.)

Emergency Treatment means necessary medical treatment, including services and supplies that must be performed during Your **Trip** due to the serious and acute nature of the **Accidental Injury** or **Sickness**.

Schedule of Benefits means Section A of this document listing the limits.

Summary of Coverage (SOC) means this document. It describes the terms, conditions, and exclusions that apply to each benefit. The **SOC** is the entire agreement between You and Us. Representations or promises made by anyone that are not contained in this document are not a part of Your benefits. This **SOC** also includes any endorsements, riders, and amendments that are subsequently issued or attached.

Expiration Date means the date and time coverage ends under this **SOC**. (See C, Term of Coverage.)

Family Member means Your and/or **Traveling Companion's** legal or common law spouse, **Domestic Partner**, parent, legal guardian, step-parent, step-parents-in-law, grandparent, grandchild, natural or adopted child, foster child, ward, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or cousin, who reside in the United States or Canada or Mexico.

Hazard means:

Delay of a **Common Carrier** (including **Inclement Weather**) which is certified by the **Common Carrier**.

Equipment failure of a **Common Carrier** which is certified by the **Common Carrier**.

Delay by a traffic accident en route to a departure, in which You or Your **Traveling Companion** are not directly involved (must be substantiated by a report to the police or the appropriate authority).

Delay due to lost or stolen passports, travel documents or money (must be substantiated by a report to the police or the appropriate authority).

Delay due to quarantine, hijacking, unannounced strike or other job action, natural disaster.

Hospital means a facility that:

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

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

Medical Expenses means expenses incurred by You that are for the necessary services and supplies which are recommended by the attending **Physician**. They include but are not limited to: (a) the services of a **Physician**, surgeon, graduate nurse or osteopath; (b) charges for **Hospital** confinement and use of operating rooms **Hospital** or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your **Trip**, if recommended as a substitute for a **Hospital** room for recovery from an **Accidental Injury** or **Sickness** that occurs during Your **Trip**); (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests; (d) ambulance service; (e) drugs, medicines, prosthetics and therapeutic services and supplies.

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

Pre-Existing Condition means any injury, sickness or condition You, or Your **Traveling Companion**, or Your **Family Member**, booked to travel with You for which within the one hundred eighty (180) day period prior to the **Effective Date** under this **SOC** (a) first manifested itself or exhibited symptoms which would have caused a reasonable person 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 that was recommended by a **Physician**. Taking maintenance medications for a condition that is considered stable shall not be cause for exclusion.

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

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

Sickness means an illness or disease which is diagnosed or treated by a **Physician** after the **Effective Date** of coverage and while You are covered under this **SOC**.

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

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

Travel Arrangements means any travel arrangements made by the **Travel Supplier**.

Traveling Companion means a person who has coordinated his/her travel or vacation plan with You and traveling under the same reservation as You (up to a maximum of three (3) persons other than You). Note: a group leader is not considered a **Traveling Companion** unless You are sharing room accommodations with the group or tour leader.

Travel Supplier means tour operator, or cruise line, or hotel, or scheduled airline who has made the **Travel Arrangements**.

Trip means the arrangements for travel that You booked through CheapCaribbean.com Inc.

C. TERM OF COVERAGE

TRIP CANCELLATION:

- a) **Effective Date** of Coverage
Trip Cancellation, described in Section C, will take effect at 12:00:01 A.M. local time, at Your location, on the later of the following:
- The day after You apply by phone, fax, or internet and the premium for such coverage is received by Us or Our designated representative.
- b) **Expiration Date** of Coverage
Trip Cancellation, described in Section C, will end at 11:59:59 p.m. local time on the date that is the earliest of the following:
- The date the Group Policy is terminated, unless You purchased insurance prior to the date of termination.
 - The **Scheduled Departure Date** as stated on the travel itinerary.
 - **DO**The date You cancel Your **Trip**.

ALL OTHER COVERAGES:

- a) **Effective Date** of Coverage
All coverages, described in Section C, other than Trip Cancellation will take effect at 12:00:01 A.M. local time, at Your location, on the later of the following:
- The **Scheduled Departure Date** as stated on Your issued ticket.
 - The day after You apply by phone, fax or internet and the premium for such coverage is received by Us or Our designated representative.

b) **Expiration Date** of Coverage

All coverages, described in Section C, other than Trip Cancellation will end at 11:59:59 P.M. local time on the date that is the earliest of the following:

- The **Scheduled Return Date** as stated on the travel tickets.
- The date the Group Policy is terminated, unless You purchased insurance prior to the date of termination.
- The date You return to Your origination point if prior to the **Scheduled Return Date**.
- The date You leave or change Your **Trip** (unless due to unforeseen and unavoidable circumstances covered by the **SOC**).
- The date You cancel Your **Trip**.
- The date You are less than 100 miles from Your primary residence.
- Ninety (90) days after the start of Your **Trip**.

c) Extension of Coverage

Coverage will be extended under the following conditions:

- i. If You are a passenger on a scheduled **Common Carrier** which are unavoidably delayed due to a covered reason in reaching Your origination point, coverage will be extended for the period of time needed to arrive at Your origination point.

In no event will coverage be extended for unscheduled extensions to Your **Trip** for which premium has not been paid in advance.

D. BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay benefits for Your Loss, described in the below Table of Losses, resulting directly from an **Accidental Injury** that occurs during Your **Trip**. Such Loss must occur within one hundred eighty (180) days of the date of the **Accident** causing the Loss.

Coverage is limited to the principal sum shown on the **Schedule of Benefits** multiplied by the appropriate percentage shown in the below Table of Losses.

If more than one Loss is sustained as the result of an **Accident**, the amount payable shall be the largest amount payable for all of the sustained Losses arising from this one **Accident**.

TABLE OF LOSSES

Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%

“Loss” with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable loss of sight.

EXPOSURE

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

DISAPPEARANCE

We will pay benefits for Loss of life if Your body cannot be located within three hundred sixty five (365) days after Your disappearance due to an **Accident** occurring during Your **Trip**.

ACCIDENT MEDICAL EXPENSE – EMERGENCY ONLY

We will pay **Medical Expenses** incurred up to the maximum shown on the **Schedule of Benefits**, if You incur **Medical Expenses** for **Emergency Treatment** due to an **Accidental Injury** that occurs during Your **Trip**.

We will pay benefits, up to the maximum shown on the **Schedule of Benefits**, for emergency dental treatment for **Accidental Injury** occurring during Your **Trip** to sound natural teeth.

We will advance payment to a **Hospital**, up to the maximum shown on the **Schedule of Benefits**, if needed to secure Your admission to a **Hospital** because of **Accidental Injury**.

We will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by **Physicians** in the locality in which care is furnished. We will not cover any expenses provided by another party at no cost to You or already included within the cost of Your **Trip**.

BAGGAGE DELAY (Outward Journey Only)

We will reimburse You for the expense of necessary personal effects, up to the maximum shown on the **Schedule of Benefits**, if Your **Checked Baggage** is delayed or misdirected by a **Common Carrier** up to twenty-four (24) hours, while on Your **Trip** except for travel to final destination or place of residence.

You must be a ticketed passenger on a **Common Carrier**.

This coverage is secondary to any coverage provided by a **Common Carrier**.

All claims must be verified by the **Common Carrier**.

BAGGAGE/PERSONAL EFFECTS

We will reimburse You, up to the maximum shown on the **Schedule of Benefits**, for loss, theft or damage to baggage and personal effects, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. The baggage and personal effects must be owned by and accompany You during Your **Trip**.

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

We will pay the **Actual Cash Value** at time of loss, theft or damage to baggage and personal effects, less depreciation as determined by Us; or the cost of repair or replacement with material of a like kind and quality.

The following reimbursements are included: 1) Lost or stolen passport or visa (\$50 maximum); and 2) Lost or stolen credit cards (cost associated with the unauthorized use) – \$50 maximum subject to verification that You have complied with all conditions of the credit card company.

You are required to:

- a) Take immediate steps to protect, save and/or recover the covered property;
- b) Give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- c) Notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

NOTE:

This coverage is secondary to any coverage provided by a **Common Carrier** and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

EMERGENCY EVACUATION

We will pay benefits for Covered Expenses incurred, up to the maximum shown on the **Schedule of Benefits**, if an **Accidental Injury** that occurs during Your **Trip** or **Sickness** commencing during the course of Your **Trip** results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a **Physician** who certifies that the severity of Your **Accidental Injury** or **Sickness** warrants Your Emergency Evacuation.

Emergency Evacuation means:

- a) Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest **Hospital** where appropriate medical treatment can be obtained;
- b) after being treated at a local **Hospital**, Your medical condition warrants transportation to the United States where the You reside, to obtain further medical treatment or to recover; or
- c) both (a) and (b) above.

For purposes of this benefit, Covered Expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. Expenses for medical services and supplies must be recommended by the attending **Physician**. All transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for transportation must be:

- a) recommended by the attending **Physician**;
- b) required by the standard regulations of the conveyance transporting You; and
- c) authorized and arranged in advance by Us or Our designated representative.

Transportation of **Dependent Children**: If You are in the **Hospital** for more than seven (7) days following a covered Emergency Evacuation, We will return Your **Dependent Children**, who are accompanying You on Your **Trip**, to their home, to the domicile of a person nominated by You or Your next of kin with an attendant if necessary, limited to the cost of one-way economy airfare, less the value of applied credit from an unused return travel ticket.

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

All services noted above are provided if authorized in advance by Us or Our designated representative, and are limited to necessary **Economy Transportation** less the value of applied credit from unused travel tickets, if applicable.

Transportation means any **Common Carrier**, or other land, water or air conveyance, required for an Emergency Evacuation and includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

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

MISSED CONNECTION

We will reimburse You for missed **Cruise** or tour departures (scheduled during Your **Trip**) which results from cancellation or delay for three (3) or more hours of all regularly scheduled airline flights due to **Inclement Weather** or any **Common Carrier** caused delay. Maximum benefits of up to the amount shown in the **Schedule of Benefits** are provided for:

- Additional transportation expenses needed for You to join the departed **Trip**.
- Reasonable accommodation and meal expenses (up to the per day amount shown in the **Schedule of Benefits**).
- Non-refundable trip payments for the unused portion of Your **Trip**.

Coverage is secondary to any compensation provided by a **Common Carrier**. Coverage will not be provided, if You are able to meet Your scheduled departure but cancel Your **Trip** due to **Inclement Weather**.

SICKNESS MEDICAL EXPENSE – EMERGENCY ONLY

We will pay benefits, up to the maximum shown on the **Schedule of Benefits**, if You incur **Medical Expenses** as a result of **Emergency Treatment** of a **Sickness** that first manifests itself during Your **Trip**.

We will advance payment to a **Hospital**, up to the limit of this coverage, if needed to secure Your admission to a **Hospital** because of **Sickness**.

We will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges mean charges commonly used by **Physicians** in the locality in which care is furnished. We will not cover any expenses provided by another party at no cost to You or already included within the cost of Your **Trip**.

TRIP CANCELLATION

We will reimburse You, up to the maximum shown on the **Schedule of Benefits**, if You are prevented from taking Your **Trip** for any of the following reasons that take place after the **Effective Date**:

Sickness, Accidental Injury, or death of You, Your **Traveling Companion** or Your **Family Member** or Your **Business Partner** booked to travel with You which results in medically imposed restrictions as certified by a **Physician** at the time of loss preventing Your participation in Your **Trip**. A **Physician** must advise cancellation of Your **Trip** on or before the **Scheduled Departure Date**.

Sickness, Accidental Injury, or death of Your **Family Member** or **Business Partner**.

You or Your **Traveling Companion** being hijacked, quarantined, required to serve on a jury, subpoenaed, court ordered appearance as a witness in a legal action in which You or **Traveling Companion** is not a party (except law enforcement officers).

You or Your **Traveling Companion** having Your home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster; or being rendered uninhabitable by unforeseen circumstances or being burglarized within ten (10) days of departure.

You or Your **Traveling Companion** being directly involved in a traffic accident substantiated by a police report, while en route to departure.

Strike that causes complete cessation of services for at least twelve (12) consecutive hours.

You or Your **Traveling Companion** being called into active military service to provide aid or relief in the event of a natural disaster.

Revocation of Your previously granted leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required. This benefit only applies if the coverage has been purchased within ten (10) days of Your initial payment for Your **Trip** and for the full cost of Your **Trip**.

A transfer of You by the employer with whom You are employed on the date coverage had been elected which requires Your principal residence to be relocated.

You are terminated, or laid off from employment after completing one (1) year of continuous employment at the place of employment where terminated.

A **Terrorist Incident** that occurs in Your departure **City** or a **City** listed on the itinerary of the Your **Trip** and within thirty (30) days prior to Your **Scheduled Departure Date**. This same **City** must not have experienced a **Terrorist Incident** within the ninety (90) days prior to the **Terrorist Incident** which is causing Your cancellation of Your **Trip**. Benefits are not provided if the **Travel Supplier** offers a substitute itinerary. This benefit only applies if You enroll in/purchase this coverage at the time You pay the deposit required for Your **Trip** and insure the full cost of Your **Trip**.

We will reimburse You for the following:

- The amount of forfeited, prepaid, non-refundable, non-refunded, and unused published payments or deposits that You paid for Your **Trip** or change fees incurred in lieu of full penalties not including travel agency penalties.

Coverage does not include **Default** of a **Travel Supplier** or other organization that results in loss of services.

In no event shall the amount reimbursed exceed the amount You prepaid for Your **Trip** or the maximum benefit shown on the **Schedule of Benefits**.

SPECIAL CONDITIONS:

You must be medically capable of travel on the day You purchase the coverage. The event which necessitates Your Trip Cancellation must first occur after You pay for the coverage.

You must advise the **Travel Supplier** and Us as soon as possible in the event of a claim. We will not pay benefits for any additional charges incurred that would not have been charged had You notified the **Travel Supplier** as soon as reasonably possible.

SINGLE OCCUPANCY COVERAGE:

We will reimburse You, up to the maximum shown on the **Schedule of Benefits**, for additional cost incurred during Your **Trip** as a result of a change in the per person occupancy rate for prepaid **Travel Arrangements** if a person booked to share accommodations with You has their **Trip** canceled for a covered reason and You do not cancel.

TRIP DELAY

We will reimburse You for Covered Expenses on a one-time basis, up to the maximum shown in the **Schedule of Benefits**, if You are delayed en route to or from Your **Trip** for twelve (12) or more hours due to a defined **Hazard**.

You must be a ticketed passenger on the **Common Carrier**.

For purposes of this benefit, Covered Expenses Include:

Any prepaid, unused, non-refundable land and water accommodations, or unused portion of the prepaid expenses for Your **Trip**; as long as the expenses are supported by proof of purchase and are not reimbursable by any other source.

Up to \$100 per day, the maximum benefit limit, for reasonable accommodations, meals and lodging not provided by the **Common Carrier** or party responsible.

Economy Transportation from the point where You ended Your **Trip** to a destination where You can catch up to Your **Trip**; or One-way **Economy Transportation** to return You to Your originally scheduled return destination less the value of the original unused return travel ticket.

TRIP INTERRUPTION

We will reimburse You, up to the maximum shown on the **Schedule of Benefits**, if Your **Trip** is interrupted due to one of the following events that take place after the **Effective Date** and while on Your **Trip**:

Sickness, Accidental Injury that occurs during Your **Trip**, or death of You, Your **Traveling Companion** or Your **Family Member** or Your **Business Partner** booked to travel with You which results in medically imposed restrictions as certified by a **Physician** at the time of loss preventing Your continued participation in Your **Trip**. A **Physician** must verify interruption of Your **Trip** before Your **Trip** is terminated.

Sickness, Accidental Injury, or death of Your **Family Member** or **Business Partner**.

You or Your **Traveling Companion** being hijacked, quarantined, required to serve on a jury, subpoenaed, court ordered appearance as a witness in a legal action in which You or Your **Traveling Companion** is not a party (except law enforcement officers).

You or Your **Traveling Companion** having Your home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster; or being rendered uninhabitable by unforeseen circumstances or being burglarized.

You or Your **Traveling Companion** being directly involved in a traffic accident substantiated by a police report, while en route to a departure on Your **Trip**.

Strike that causes complete cessation of services for at least twelve (12) consecutive hours.

Revocation of Your previously granted leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required. This benefit only applies if the coverage has been purchased within ten (10) days of the Your initial payment for Your **Trip** and for the full cost of Your **Trip**.

A transfer of You by the employer with whom You are employed on the date coverage had been elected which requires Your principal residence to be relocated.

You are terminated, or laid off from employment after completing one (1) year of continuous employment at the place of employment where terminated.

A **Terrorist Incident** that occurs in Your departure **City** or a **City** listed on the itinerary of Your **Trip**. This same **City** must not have experienced a **Terrorist Incident** within the ninety (90) days prior to the **Terrorist Incident** which is causing Your cancellation of Your **Trip**. Benefits are not provided if the **Travel Supplier** offers a substitute itinerary. This benefit only applies if You enroll in/purchase this coverage at the time You pay the deposit required for Your **Trip** and insure the full cost of Your **Trip**.

We will reimburse You for the following:

- Any unused non-refundable prepaid expenses for **Travel Arrangements**.
- One-way **Economy Transportation** to return to Your original destination or rejoin Your **Trip** (less the value of the original unused return travel ticket).
- \$100 per day for reasonable additional accommodations and transportation expenses incurred to remain near Your **Traveling Companion** or Your **Family Member** traveling with You who is hospitalized during Your **Trip**.

- If Your **Travel Supplier** interrupts Your **Trip**, You are covered up to \$75 for the reissue fee charged by the airline for the ticket. You must have covered the entire cost of Your **Trip** including airfare.
- Coverage does not include **Default** of a **Travel Supplier** or other organization that results in loss of services.

In no event shall the amount reimbursed exceed the amount You prepaid for Your **Trip** or the maximum benefit shown on the **Schedule of Benefits**.

SPECIAL CONDITIONS:

You must be medically capable of travel on the day You purchases the coverage. The event which necessitates Your **Trip** Interruption must first occur after You pay for the coverage and while You are on Your **Trip**.

You must advise the **Travel Supplier** and Us as soon as possible in the event of a claim. We will not pay benefits for any additional charges incurred that would not have been charged had You notified the **Travel Supplier** as soon as reasonably possible.

SINGLE OCCUPANCY COVERAGE:

We will reimburse You, up to the maximum shown on the **Schedule of Benefits**, for additional cost incurred during Your **Trip** as a result of a change in the per person occupancy rate for prepaid **Travel Arrangements** if a person booked to share accommodations with You has Your **Trip** interrupted for a covered reason and You do not interrupt Your **Trip**.

E. EXCLUSIONS

Under Baggage –Personal Effects and Baggage Delay (Outward Journey Only) the following excludes losses caused to:

- Animals;
- Automobiles and automobile equipment;
- Boats or other vehicles or conveyances;
- Trailers;
- Motors;
- Motorcycles;
- Aircraft;
- Bicycles (except when checked as baggage with a **Common Carrier**);
- Household effects and furnishings;
- Antiques and collectors' items;
- Eyeglasses, sunglasses or contact lenses;
- Artificial teeth and dental bridges;
- Hearing aids;
- Prosthetic limbs;
- Prescribed Medication;
- Keys, money, securities and documents (except as otherwise specified under the benefit description);
- Tickets;
- Stamps;
- Credit cards;
- Professional or occupational equipment or property (whether or not electronic business equipment);
- Personal computers;
- Computer hardware or software of any kind;
- Telephones of any kind;
- Sporting equipment, if loss or damage results from the use thereof.

Any loss caused by, or resulting from, the following is excluded:

- Breakage of brittle or fragile articles;

Wear and tear or gradual deterioration;
Insects or vermin;
Inherent vice or damage while the article is actually being worked upon or processed;
Confiscation or expropriation by order of any government;
Radioactive contamination;
War or any act of war whether declared or not;
Theft or pilferage while left unattended in any vehicle;
Mysterious disappearance;
Property illegally acquired, kept, stored or transported;
Insurrection or rebellion;
Imprudent action or omission;
Property shipped as freight or shipped prior to the **Scheduled Departure Date**.

Under Accidental Death And Dismemberment, Accident Medical Expense – Emergency Only, Sickness Medical Expense – Emergency Only, Trip Cancellation, Trip Interruption, Trip Delay, Missed Connection, and Emergency Evacuation, the following excludes losses caused to, by or resulting from:

Pre-existing Conditions, as defined in the Definitions section except for Trip Cancellation or Trip Interruption caused by a death. The **Pre-existing Conditions** exclusion is waived if You enroll in/purchase this coverage within fourteen (14) days of the time You pay the initial deposit required for Your **Trip** and insures the full cost of Your **Trip** and You are medically capable of Travel on the day this coverage was purchased.

The booking for Your **Trip** must be the first and only booking for this travel period and destination.

You must not be disabled from travel at the time You pay the premium make Your **Travel Arrangements** and intend to travel. The **Trip** cost per person must be no more than \$20,000.

Suicide, attempted suicide, or any intentionally self-inflicted injuries while sane or insane, unless results in the death of a non-traveling **Family Member**;

War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;

Participation in any military maneuver or training exercise;

Any loss starting while You are in the service of the armed forces of any country. Orders to active military service for training purposes of two (2) months or less will not constitute service in the armed forces. Upon notice to Us of entering the armed forces, We will return to You pro-rata any premium paid, less any benefits paid, for any period during which You are in such service;

Piloting or learning to pilot or acting as a member of the crew of any aircraft;

While or as a result of riding in any device for aerial navigation other than as provided for in the **SOC**;

Mental or nervous disorders, unless hospitalized;

Participation as a professional in athletics;

Semi-professional or inter-scholastic team sports;

Being under the influence of drugs or intoxicants, unless prescribed by a **Physician**, unless results in the death of a non-traveling **Family Member**;

Commission or the attempt to commit a criminal act;

Participating in bodily contact sports; skydiving; hang gliding; parachuting except parasailing; mountaineering; any race; bungee jumping; speed contest; (speed contest shall not include any of the regatta races;) scuba diving

unless accompanied by a dive master and not deeper than thirty (30) feet; spelunking or caving; heli-skiing; extreme skiing;

Dental treatment except as a result of an **Accidental Injury** that occurs during Your **Trip** to sound natural teeth;

Any non-emergency treatment or surgery, elective surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses;

Pregnancy and childbirth (except for complications of pregnancy), except if hospitalized;

Elective abortion;

Hernia unless resulting from an **Accidental Injury** that occurs during Your **Trip**;

Curtailement or delayed return for other than covered reasons;

Traveling for the purpose of securing medical treatment;

Services not shown as covered;

Directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;

Directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto;

Care or treatment which is not medically necessary;

Care or treatment that is payable under any insurance policy that may not require deductible and/or coinsurance payments by You;

Accidental Injury or **Sickness** when traveling against the advice of a **Physician**;

Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;

Accidental Injury or **Sickness** or disease except as provided for in the **SOC**;

A loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the **SOC** is not in effect for You;

The following limitation applies to **Trip** Cancellation: All cancellations must be reported directly to the **Travel Supplier** within seventy-two (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 seventy-two (72) hour period, We will not pay for additional charges which would not have been incurred had You notified the **Travel Supplier** in the specified period. If the event prevents You from reporting the cancellation, the seventy-two (72) hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented You from reporting the cancellation within the specified period.

F. HOW TO FILE A CLAIM

To file a claim, You must contact the **Administrator** by phone at 1-877-369-2774 or email at claims@marketing-ac.com within twenty (20) days of the covered loss or as soon as reasonably possible.

A claim form will be sent to You. The fully completed claim form must be returned to the **Administrator** at Southeast Insurance Group c/o Assist-Card Marketing, 175 SW 7th Street, Miami, Florida 33130 Attn: Claims/Claims Adjuster with:

1. Written proof of loss.
2. Any other documentation that the **Administrator** may reasonably request.

All these required items, including the claim form, must be postmarked within one hundred and eighty (180) days or as soon as reasonably possible of the date of loss. Otherwise, the claim may be denied.

G. GENERAL PROVISIONS

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

Clerical Errors: We will not deny or cancel coverage because of clerical error by Us. After an error is found, We will take appropriate action. This may include adjusting, collecting or refunding premium.

Conformity of Statute: If the terms of this **SOC** are in conflict with the statutes of the State in which it is issued, they are automatically changed to conform to minimum requirements of such statutes.

Disagreement Over Settlement of Claim: If there is a disagreement about the amount of the loss either You or Us can make a written demand for an appraisal. After the demand, You and Us will each select his/her own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by two (2) of the three (3) (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. We will pay the appraiser they choose. You will share equally with Us the cost for the arbitrator and the appraisal process.

Dispute Resolution – Arbitration: This **SOC** requires binding arbitration if there is an unresolved dispute between You and Us concerning this **SOC**. Under this Arbitration provision, You give up your right to resolve any dispute arising from this **SOC** by a judge and/or a jury. You also agree not to participate as a class representative or class member in any class action litigation, any class arbitration or any consolidation of individual arbitrations. In arbitration, a group of three arbitrators (each of whom is an independent, neutral third party) will give a decision after hearing Your and Our positions. The decision of a majority of the arbitrators will determine the outcome of the arbitration and the decision of the arbitrators shall be final and binding and cannot be reviewed or changed by, or appealed to, a court of law.

To start arbitration, either You or We must make a written demand to the other party for arbitration. This demand must be made within one (1) year of the earlier of the date the loss occurred or the dispute arose. You and We will each separately select an arbitrator. The two arbitrators will select a third arbitrator called an "umpire." Each party will each pay the expense of the arbitrator selected by that party. The expense of the umpire will be shared equally by You and Us. Unless otherwise agreed to by You and Us, the arbitration will take place in the county and state in which You live. The arbitration shall be governed by the Federal Arbitration Act (9 U.S.C.A. § 1 et. seq.) and not by any state law concerning arbitration. The rules of the American Arbitration Association (www.adr.org) will apply to any arbitration under this **SOC**. The laws of the state of Illinois (without giving effect to its conflict of law principles) govern all matters arising out of or relating to this **SOC** and all transactions contemplated by this **SOC**, including, without limitation, the validity, interpretation, construction, performance and enforcement of this **SOC**.

Excess Coverage: The benefits in this **SOC** are secondary to any coverage provided by any other party and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

Legal Actions: No legal action for a claim can be brought against Us until sixty (60) days after We receive proof of loss. No legal action for a claim can be brought against Us more than three (3) years after the time required for giving proof of loss.

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

Payment of Claims: Benefits payable under this **SOC** for any loss will be paid upon receipt of due proof of loss and all required information necessary to support the claim. All benefits payable will be payable to You or, in the case of death, to Your estate or beneficiary if provided in writing by You. No person or entity other than You shall have any legal or equitable right, remedy or claim of insurance proceeds and/or damages under or arising out of this coverage.

Time Payment of Claims: Indemnities payable under the **SOC** for any loss will be paid immediately upon receipt of due written proof of such loss. All claims shall be paid within thirty (30) days following receipt by Us of due proof of loss. Failure to pay within such period shall entitle You to interest at the rate of nine percent (9%) per annum at the expiration of each four (4) weeks during the continuance of the period for which We are liable, provided that interest amounting to less than one dollar need not be paid. Any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Physical Examination and Autopsy: We, or Our designated representative, at their own expense, have the right to have You examined as often as reasonably necessary while a claim is pending. We, or Our designated representative, also has the right to have an autopsy performed unless prohibited by law.

Premium: The required premium must be paid to Our authorized representative prior to the **Scheduled Departure Date** of Your **Trip**. The premium is non-refundable after a fourteen (14) day review.

Proof of Loss: The claimant must send Us, or Our designated representative, proof of loss within one hundred and eighty (180) days or as soon as reasonably possible days after a covered loss occurs or as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Salvage: If salvage is requested, it must be sent to the **Administrator** at Your expense. Failure to remit requested salvage may result in denial of the claim.

Subrogation: To the extent We pay for a loss suffered by You, We will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help Us preserve Our rights against those responsible for the loss and must do everything necessary to secure these rights and must do nothing that would jeopardize them. This may involve signing any papers and taking any other steps We may reasonably require. If We take over Your rights, You may have to sign an appropriate subrogation form supplied by Us.

Valuation: We will not pay more than the **Actual Cash Value** of the property at the time of loss. Damage will be estimated according to **Actual Cash Value** with proper deduction for depreciation as determined by Us. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.