

**STONEBRIDGE CASUALTY INSURANCE COMPANY  
TRAVEL INSURANCE CERTIFICATE**

**TRAVEL SELECT  
DESCRIPTION OF COVERAGES**

<b>Schedule</b>	<b>Maximum Benefit Amount per Person</b>
Accidental Death and Dismemberment.....	\$25,000
Accident and Sickness Medical Expense/Dental/Emergency Assistance.....	\$50,000
Emergency Evacuation and Repatriation.....	\$250,000

**Ten Day Right To Examine Certificate:**

If you are not satisfied for any reason, you may return your certificate within 10 days after receipt. Your plan payment will be refunded, provided there has been no incurred covered expense. When so returned, the certificate is void from the beginning. Return the certificate to us at our Home Office or to our authorized agent.

**Who Is Eligible For Coverage?**

A person who has arranged to take a Covered Trip, completes the enrollment form and pays the required plan payment, and is a citizen or resident of the United States of America.

**When Coverage Begins**

All coverages will take effect on the later of 1) the date the plan payment and enrollment form has been received; 2) the date and time you start your Covered Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Covered Trip.

**When Coverage Ends**

Your coverage automatically ends on the earlier of:

1. the date the Covered Trip is completed;
2. the Scheduled Return Date;
3. your arrival at the return destination on a round-trip, or the destination on a one-way trip;
4. cancellation of the Covered Trip covered by the plan.

All coverages under the plan will be extended if your entire Covered Trip is covered by the plan and your return is delayed by unavoidable circumstances beyond your control.

If coverage is extended for the above reasons, coverage will end on the earlier of the date you reach your originally scheduled return destination or seven (7) days after the Scheduled Return Date.

## SUMMARY OF COVERAGES

### Accidental Death and Dismemberment

We will pay this benefit up to the amount on the Schedule if you are injured in an Accident which occurs while you are on a Covered Trip and covered under the plan, and you suffer one of the losses listed below within 180 days of the Accident. The Principal Sum is the benefit amount shown on the Schedule.

<u>Loss:</u>	<u>Percentage of Principal Sum Payable:</u>
Life .....	100%
Both Hands; Both Feet or Sight of Both Eyes .....	100%
One Hand and One Foot .....	100%
One Hand and Sight of One Eye .....	100%
One Foot and Sight of One Eye .....	100%
One Hand; One Foot or Sight of One Eye.....	50%

If you suffer more than one loss from one Accident, we will pay only for the loss with the larger benefit. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

### Exposure and Disappearance

If by reason of an Accident covered by the plan, you are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which benefits are otherwise payable, such loss shall be covered hereunder.

If you are involved in an Accident which results in the sinking or wrecking of a conveyance in which you were riding and the your body is not located within one year of such Accident, it will be presumed that you suffered loss of life resulting from Injury caused by the Accident.

### Medical or Dental Expense/Emergency Assistance Benefits

We will pay this benefit, up to the amount on the Schedule for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Covered Trip. We will pay that portion of Covered Expenses which exceed the amount of benefits payable for such expenses under the Coordination of Benefits provisions.

Please refer to the Definitions, for an explanation of Pre-Existing Conditions which are excluded under the Medical Expense/Emergency Assistance Benefits.

### Covered Expenses:

1. expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services, incurred by during a Covered Trip;
2. expenses for emergency dental treatment incurred by you during a Covered Trip;
3. expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to the Program Medical Advisors prior approval;
4. expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence in the United States of America, when deemed medically necessary by the attending Physician, subject to the Program Medical Advisors prior approval;
5. expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
6. expenses for transportation not to exceed the cost of one-way economy class air fare to your place of residence in the United States of America, including escort expenses, if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to the Program Medical Advisors prior approval;

7. expenses for one-way economy class air fare (or first class, if your original tickets were first class) to the your place of residence in the United States of America, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the plan.
8. repatriation expenses for preparation and air transportation of your remains to your place of residence in the United States of America, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the United States of America.

**Your duties in the event of a Medical Expense:**

1. You must provide us with all bills and reports for medical and/or dental expenses claimed.
2. You must provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance.
3. You must sign a patient authorization to release any information required by us, to investigate your claim.

**Coordination of Benefits**

**1. Applicability**

- A. This Coordination of Benefits ("COB") provision applies to This Plan when you or your covered dependent has health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.
- B. If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another plan. The benefits of This Plan:
  1. will not be reduced when, under the order of benefit determination rules, This Plan determines its benefits before another plan; but
  2. may be reduced when, under the order of benefits determination rules, another plan determines its benefits first.

**2. Definitions**

- A. "Plan" is any of these which provides benefits or services for, or because of, medical or dental care or treatment:
    1. Plan will include:
      - a. group insurance and group subscriber contracts;
      - b. uninsured arrangements of group or group type coverage;
      - c. group or group type coverage through HMOs and other prepayment, group practice and individual practice plans;
      - d. group type contracts. Group type contracts are contracts which are not available to the general public and can be obtained and maintained only because of membership in or connection with a particular organization or group. Individually underwritten and issued guaranteed renewable policies would not be considered group type even though purchased through payroll deductions at a premium savings to the Insured since the Insured would have the right to maintain or renew the Policy independently of continued employment with the Policyholder;
      - e. the medical benefits coverage in group automobile no-fault contracts, and in traditional automobile fault type contracts to the extent that such contracts are Primary Plans; and
      - f. Medicare or other governmental benefits, except as provided in subsection (2) (g) below. That part of the definition of plan may be limited to the hospital, medical and surgical benefits of the governmental program.
    2. Plan will not include:
      - a. individual or family insurance contracts;
      - b. individual or family subscriber contracts;
      - c. individual or family coverage through Health Maintenance Organizations (HMOs);
      - d. individual or family coverage under other prepayment, group practice and individual practice plans;
      - e. group or group type hospital indemnity benefits of \$100.00 per day or less;
      - f. school accident type coverages; these contracts cover grammar, high school and college students for accidents only, including athletic injuries, either on a 24 hour basis or on a to and from school basis; and
      - g. state plan under Medicaid, and will not include a law or plan when, by law, its benefits are in excess of those of any private insurance plan or other non-government plan.
- Each contract or other arrangement for coverage under (1) or (2) is a separate plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate plan.

- B. "This Plan" is this Policy.
- C. "Primary Plan/Secondary Plan" — The order of benefit determination rules state whether This Plan is a Primary Plan or Secondary Plan as to another plan covering the person.  
When This Plan is a Primary Plan, its benefits are determined before those of the other plan and without considering the other plan's benefits.  
When This Plan is a Secondary Plan, its benefits are determined after those of the other plan and may be reduced because of the other plan's benefit.  
When there are more than two plans covering the person, This Plan may be a Primary Plan as to one or more other plans, and may be a Secondary Plan as to a different plan or plans.
- D. "Allowable Expense" means a necessary, reasonable and customary item of expense for health care; when the item of expense is covered at least in part by one or more plans covering the person for whom the claim is made.  
When a plan provides benefits in the form of services, the reasonable cash value of each service rendered will be considered both an Allowable Expense and a benefit paid.  
The following are examples of expenses or services that are not allowable expenses:
  1. If a Insured Person is confined in a private hospital room, the difference between the cost of a semi-private room in the hospital and the private room (unless the patient's stay in a private room is medically necessary in terms of generally accepted medical practice, or one of the plans routinely provides coverage for hospital private rooms) is not an allowable expense.
  2. If a person is covered by two or more plans that compute his/her benefit payments on the basis of usual and customary fees, any amount in excess of the highest of the usual and customary fees for a specific benefit is not an allowable expense.
  3. If a person is covered by two or more plans that provide benefits or services on the basis of negotiated fees, an amount in excess of the highest of the negotiated fees is not an allowable expense.
  4. If a person is covered by one plan that calculates its benefits or services on the basis of usual and customary fees and another plan that provides its benefits or services on the basis of negotiated fees, the primary plan's payment arrangements will be the allowable expense for all plans.
  5. The amount a benefit is reduced by the primary plan because an Insured Person does not comply with the plan provisions. Examples of these provisions are second surgical opinions, pre-certification of admissions or services and preferred provider arrangements.
- E. "Claim Determination Period" means a calendar year. However, it does not include any part of a year during which a person has no coverage under This Plan, or any part of a year before the date this COB provision or a similar provision takes effect.

**3. Order of Benefit Determination Rules**

- A. General — When there is a basis for a claim under This Plan and another plan, This Plan is a Secondary Plan which has its benefits determined after those of the other plan, unless:
  1. the other plan has rules coordinating its benefits with those of This Plan; and
  2. both those rules and This Plan's rules, in Sub-section B below, require that This Plan's benefits be determined before those of the other plan.
- B. Rules — This Plan determines its order of benefits using the first of the following rules which applies:
  1. Non-Dependent — the benefits of the plan which covers the person as a subscriber (that is, other than as a dependent) are determined before those of the plan which covers the person as a dependent.
  2. Dependent Child/Parents not Separated or Divorced — except as stated in paragraph B(3) below, when This Plan and another plan cover the same child as a dependent of different persons, called "parents":
    - a. The benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year, but
    - b. If both parents have the same birthday, the benefits of the plan which covered one parent longer are determined before those of the plan which covered the other parent for a shorter period of time.

However, if the other plan does not have the rule described in (a) immediately above, but instead has a rule based upon the gender of the parent, and if, as a result, the plans do not agree on the order of benefits, the rule in the other plan will determine the order of benefits.
  3. Dependent Child/Separated or Divorced Parents — If two or more plans cover a person as a dependent child of divorced or separated parents, benefits for the child are determined in this order:

- a. first, the plan of the parent with custody of the child;
- b. then, the plan of the spouse of the parent with the custody of the child; and
- c. finally, the plan of the parent not having custody of the child.

However, if the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the plan of that parent has actual knowledge of those terms, the benefits of that plan are determined first. The plan of the other parent will be the Secondary Plan. This paragraph does not apply with respect to any Claim Determination Period or Plan Year during which any benefits are actually paid or provided before the entity has that actual knowledge.

4. Joint Custody — If the specific terms of a court decree state that the parents will share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the plans covering the child will follow the order of benefit determination rules outlined in paragraph B(2).
5. Active/Inactive Member — The benefits of a plan which covers a person as an employee who is neither laid off nor retired are determined before those of a plan which covers that person as a laid off Member. The same applies if a person is a dependent of a person covered as a Member. If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this Rule (5) is ignored.
6. Continuation Coverage — If a person whose coverage is provided under a right of continuation pursuant to federal or state law also is covered under another plan, the following will be the order of benefit determination:
  - a. first, the benefits of a plan covering the person as a Member or subscriber (or as that person's dependent);
  - b. second, the benefits under the continuation coverage.
 If the other plan does not have the rule described above, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.
7. Longer/Shorter Length of Coverage — If none of the above rules determines the order of benefits, the benefits of the plan which covered a Member or subscriber longer are determined before those of the Plan which covered that person for the shorter term.

#### 4. Effect on the Benefits of This Plan

- A. When This Section Applies — This Section 4 applies when, in accordance with Section 3, "Order of Benefit Determination Rules", This Plan is a Secondary Plan as to one or more other plans. In that event, the benefits of This Plan may be reduced under this section. Such other plan or plans are referred to as "the other plans" in B immediately below.
- B. Reduction in This Plan's Benefits — The benefits of This Plan will be reduced when the sum of:
  1. the benefits that would be payable for the Allowable Expenses under This Plan in the absence of this COB provision; and
  2. the benefits that would be payable for the Allowable Expenses under the other plans, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made; exceeds those Allowable Expenses in a Claim Determination Period. In that case, the benefits of This Plan will be reduced so that they and the benefits payable under the other plans do not total more than those Allowable Expenses.

When the benefits of This Plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of This Plan.

## DEFINITIONS

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

**ACCIDENT** means a sudden, unexpected, unintended and external event, which causes Injury.

**BUSINESS PARTNER** means an individual who is involved, as a partner, with you in a legal general partnership and shares in the management of the business.

**COMMON CARRIER** means any land, water or air conveyance operated under a license for the transportation of passengers for hire.

**COVERED TRIP** means 1) A period of travel away from Home to a destination outside your city of residence; the Trip does not exceed 180 days.

**DOMESTIC PARTNER** means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**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.

**FAMILY MEMBER** includes your or the Traveling Companion's dependent, spouse, child, spouse's child, son-daughter-in-law, parent(s), sibling(s), brother-sister, grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, foster-child, or ward.

**FINANCIAL INSOLVENCY** means the complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services other than the person, organization, agency or firm from whom you directly purchased or paid for your Covered Trip provided the Financial Insolvency occurs more than 14 days following your effective date for the Trip Cancellation Benefits. There is no coverage for the complete suspension of operations for losses caused by fraud or negligent misrepresentation by the supplier of travel services.

**HOME** means your primary or secondary residence.

**HOSPITAL** means an institution, which meets all of the following requirements:

1. it must be operated according to law;
2. it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis;
3. it must provide diagnostic and surgical facilities supervised by Physicians;
4. registered nurses must be on 24 hour call or duty; and
5. the care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

**INJURY** means bodily harm caused by an accident which: 1) occurs while your coverage is in effect under this plan; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**INSURED** means an Eligible Person who arranges a Covered Trip, completes any required enrollment form, and pays any required plan payment.

**INSURER** means Stonebridge Casualty Insurance Company.

**PHYSICIAN** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or an Family Member of yours.

**POLICY** means the contract issued to the Policyholder providing the benefits specified herein.

**POLICYHOLDER** means the legal entity in whose name this Policy is issued, as shown on the Benefit Schedule.

**PRE-EXISTING CONDITION** means an illness, disease, or other condition during the 60 day period immediately prior to your effective date for which you or your Traveling Companion, Domestic Partner, Business Partner or Family Member is scheduled or booked to travel with you:

1. received or received a recommendation for a diagnostic test, examination, or medical treatment; or
2. took or received a prescription for drugs or medicine.

Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before coverage is effective under this Policy.

**SCHEDULE** means the Benefit Schedule shown on the Group Application for each Policyholder.

**SCHEDULED DEPARTURE DATE** means the date on which you are originally scheduled to leave on his/her Covered Trip.

**SCHEDULED RETURN DATE** means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

**SCHEDULED DEPARTURE CITY** means the city where the scheduled trip on which you are to participate originates.

**SICKNESS** means an illness or disease of the body which: 1) requires examination and treatment by a Physician, and 2) commences while the plan is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the effective date of this plan is not a Sickness as defined herein and is not covered by this plan.

**TERRORIST ACT** means an act of violence, other than civil disorder or riot, (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

**TRAVELING COMPANION** means a person whose name(s) appear(s) with you on the same Trip arrangement.

**USUAL AND CUSTOMARY CHARGE** means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the schedule of fees valued at the 100th percentile.

## **GENERAL PLAN EXCLUSIONS**

The following exclusion applies to the Accidental Death and Dismemberment coverage:

1. We will not pay for loss caused by or resulting from Sickness of any kind.

The following exclusion applies to the Medical Expense/Emergency Assistance coverages:

2. We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in this plan, including death that results therefrom. This Exclusion does not apply to benefits under covered expenses item #3 (emergency medical evacuation) or item #8 (repatriation of remains) of the Medical Expense/Emergency Assistance Benefits coverage.

The following exclusion applies to all coverages:

3. We will not pay for any loss under this plan, caused by, or resulting from:
  - a. Your, Traveling Companion's, Domestic Partner's or Family Member's suicide, attempted suicide, or intentionally self-inflicted injury booked to travel with you, while sane or insane;
  - b. mental, nervous, or psychological disorders (does not apply to Medical Expense Benefits);
  - c. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
  - d. normal pregnancy or resulting childbirth or elective abortion;
  - e. participation as a professional in athletics;

- f. riding or driving in any motor competition;
- g. declared or undeclared war, or any act of war;
- h. civil disorder;
- i. service in the armed forces of any country;
- j. operating or learning to operate any aircraft, as pilot or crew;
- k. mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
- l. any criminal acts, committed by you;
- m. Elective Treatment and Procedures;
- n. medical treatment during or arising from a Covered Trip undertaken for the purpose or intent of securing medical treatment;
- o. a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when this plan is not in effect for you.

### **Waiver of the Pre-Existing Condition Exclusion**

The Pre-Existing Condition Exclusion is waived provided you meet all of the following requirements:

1. the payment for this plan and enrollment form is received with or before final payment for your Covered Trip; and
2. you are not disabled from travel at the time you make your plan payment; and
3. you insure all prepaid Covered Trip costs that are subject to cancellation penalties or restrictions; and also insures within 21 days of the payment for those arrangements the cost of any subsequent arrangements added to the your Covered Trip must be insured within 21 days.

### **PLAN PAYMENTS**

We provide plan benefits in return for payment for the plan. Payments for plan are payable by you.

### **GENERAL PROVISIONS**

**Concealment or Fraud** We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to the plan.

**Conformity To Law** Any provision of the plan that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

**Duplication of Coverage** You may only purchase one certificate from us for each Covered Trip. If you do purchase more than one certificate for a specific Covered Trip, the Maximum Limit of Coverage payable will be as specified in the certificate with the highest level of benefits. We will refund plan payments received from you under any other certificate.

**Entire Contract; Changes** The plan, the Group Application and any other attachments is the entire contract between us. Any statement you make is a representation and not a warranty. No statement will be used by us to void or reduce benefits unless that statement is a part of any written application or enrollment form.

The plan may be changed at any time by written agreement between us. Only our President, Vice President or Secretary may change or waive the provisions of the plan. No agent or other person may change the plan or waive any of its terms. The change will be endorsed on the plan.

**Examination Under Oath** As often as we may reasonably require, you or any person making a claim under the plan must submit to examination under oath.

**Maximum Limit of Coverage** The Maximum Benefit Amount for each claim is listed in the Schedule, subject to the individual benefit amount and the company's Maximum Limit of Liability. The total limit of our liability for any one covered event, in which two or more persons submit a claim, is subject to the individual benefit amount and the company's Maximum Limit of Liability. In the event of multiple claims by you for one event, the available funds will be distributed in order of notice of claim by each insured subject to the above limitations.

**Maximum Limit of Liability** All limits are applied per Covered Trip. We will pay no more than \$1,000,000 per occurrence to or on account of any person insured under the plan.



Our Maximum Limit of Liability for all claims resulting from the same occurrence will be \$15,000,000 under the TAHC5000 Group series of policies. We will pay no more than \$1,000,000 per occurrence, under the TAHC5000 Group series of policies, to or on account of any person insured under the TAHC5000 Group series of policies.

**Our Right To Recover From Others** We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our right.

## **CLAIMS PROVISIONS**

**Notice of Claim** We must be given written notice of claim within 30 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

**Claim Forms** When we receive notice of claim, you will be sent forms to file proof of loss. If the forms are not sent within 15 days after we receive notice, then the claimant will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss. This must be sent to us within the time limit stated in the Proof of Loss provision.

**Proof of Loss** Written Proof of Loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, you must give us written Proof of Loss within twelve (12) months after the date the loss occurs unless you are legally incapacitated.

**Physical Examination and Autopsy** At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

**Legal Actions** No legal action may be brought to recover on the plan within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given. If a time limit of the plan is less than allowed by the laws of the State where you live, the limit is extended to meet the minimum time allowed by such law.

**Payment of Claims** Claims for benefits provided by the plan will be paid as soon as written proof is received.

Benefits for loss of life will be paid to your estate, or if no estate, to your beneficiary. All other benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate, or if no estate, to your beneficiary. If you have assigned your 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.

This Plan is underwritten by: Stonebridge Casualty Insurance Company.

**STONEBRIDGE CASUALTY INSURANCE COMPANY  
TRAVEL INSURANCE CERTIFICATE**

**TRAVEL SELECT  
DESCRIPTION OF COVERAGES**

<b>Schedule</b>	<b>Maximum Benefit Amount per Person</b>
Trip Cancellation.....	Up To 100% Trip Cost
Trip Interruption .....	Up To 150% Trip Cost
Trip Delay .....	\$1,000
Baggage and Personal Effects .....	\$1,500
Baggage Delay .....	\$250

**Ten Day Right To Examine Certificate:**

If you are not satisfied for any reason, you may return your certificate within 10 days after receipt. Your plan payment will be refunded, provided there has been no incurred covered expense. When so returned, the certificate is void from the beginning. Return the certificate to us at our Home Office or to our authorized agent.

**Who Is Eligible For Coverage?**

A person who has arranged to take a Covered Trip, completes the enrollment form and pays the required plan payment, and is a citizen or resident of the United States of America.

**When Coverage Begins**

All coverages (except Pre-Departure Trip Cancellation and Post-Departure Trip Interruption) will take effect on the later of 1) the date the plan payment and enrollment form has been received; 2) the date and time you start your Covered Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Covered Trip.

Pre-Departure Trip Cancellation coverage will take effect at 12:01 A.M. Standard Time on the day after the date your plan payment and enrollment form is received. Post-Departure Trip Interruption coverage will take effect on the Scheduled Departure Date of your Covered Trip if the required plan payment and any necessary enrollment forms is received.

**When Coverage Ends**

Your coverage automatically ends on the earlier of:

1. the date the Covered Trip is completed;
2. the Scheduled Return Date;
3. your arrival at the return destination on a round-trip, or the destination on a one-way trip;
4. cancellation of the Covered Trip covered by the plan.

All coverages under the plan will be extended if your entire Covered Trip is covered by the plan and your return is delayed by unavoidable circumstances beyond your control.

If coverage is extended for the above reasons, coverage will end on the earlier of the date you reach your originally scheduled return destination or seven (7) days after the Scheduled Return Date.

## SUMMARY OF COVERAGES

### Trip Cancellation and Trip Interruption Benefits

#### Pre-Departure Trip Cancellation

We will pay a Pre-Departure Trip Cancellation Benefit, up to the amount in the Schedule if you are prevented from taking your Covered Trip due to your, your Family Member's, Traveling Companion's, or Business Partner's Sickness, Injury, or death, that occurs before departure on your Covered Trip. The Sickness or Injury must: a) commence while your coverage is in effect under the plan; b) require the examination or treatment by a Physician, in person, at the time the Covered Trip is canceled; and c) in the written opinion of the treating Physician, be so disabling as to prevent you from taking your Covered Trip.

We will pay a benefit if you are prevented from taking your Covered Trip due to Other Covered Events, as defined, that occur before departure on your Covered Trip.

#### Pre-Departure Trip Cancellation Benefits

We will reimburse you, up to the amount in the Schedule for the amount of forfeited, prepaid, and non-refundable, and unused payments or deposits that you paid for your Covered Trip. We will pay your additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's Covered Trip is canceled and your Covered Trip is not canceled.

#### Post-Departure Trip Interruption

We will pay a Post-Departure Trip Interruption Benefit, up to the amount in the Schedule, if: 1) your arrival on your Covered Trip is delayed; or 2) you are unable to continue on your Covered Trip after you have departed on your Covered Trip due to your, an Family Member's, Traveling Companion's, or Business Partner's Sickness, Injury, or death. For item 1) above, the Sickness or Injury must: a) commence while your coverage is in effect under the plan; b) for item 2) above, commence while you are on your Covered Trip and your coverage is in effect under the plan; and c) for both items 1) and 2) above, require the examination or treatment by a Physician, in person, at the time the Covered Trip is interrupted or delayed; and d) in the written opinion of the treating Physician, be so disabling as to delay your arrival on your Covered Trip or to prevent you from continuing your Covered Trip.

We will pay a benefit if: 1) your arrival on your Covered Trip is delayed; or 2) you are unable to continue on your Covered Trip after you have departed on your Covered Trip due to Other Covered Events, as defined.

#### Post-Departure Trip Interruption Benefits

We will reimburse you, less any refund paid or payable, for unused travel arrangements, plus one of the following:

1. the additional transportation expenses by the most direct route from the point you interrupted your Covered Trip:
  - a. to the next scheduled destination where you can catch up to your Covered Trip; or
  - b. to the final destination of his/her Covered Trip; or
2. the additional transportation expenses incurred by you by the most direct route to reach your original Covered Trip destination if you are delayed and leave after the Scheduled Departure Date.  
However, the benefit payable under (1) and (2) above will not exceed the cost of a one-way economy air fare (or first class, if the original tickets were first class) by the most direct route less any refunds paid or payable for your unused original tickets.
3. your additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's Covered Trip is interrupted and your Covered Trip is continued.

We will also reimburse you for the cost incurred up to \$250 to drive or transport your Covered Vehicle to your Home if: 1) you are using your Covered Vehicle on the Covered Trip; 2) the Covered Vehicle is with you at the place where the Covered Trip is interrupted; 3) the place where the Covered Trip is interrupted is 100 miles or more away from your Home, and 4) you are unable to drive Home.

Covered Vehicle means a private passenger vehicle owned by or under long term lease (1 year or more) to you.

## **Trip Delay**

If your Covered Trip is delayed for 5 hours or more, we will reimburse you, up to the amount shown in the Schedule for reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

Trip Delay must be caused by or result from:

1. Common Carrier delay; or
2. loss or theft of your passport(s), travel documents or money; or
3. quarantine; or
4. hijacking; or
5. natural disaster or closure of public roadways by government authorities due to adverse weather; or
6. a documented traffic accident while you are en route to departure;
7. unannounced strike; or
8. a civil disorder.

## **Baggage and Personal Effects Benefit**

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your Baggage, passports or visas during your Covered Trip. We will also pay for loss due to unauthorized use of your credit cards, if you have complied with all of the credit card conditions imposed by the credit card companies.

### **Valuation and Payment of Loss**

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon an Actual Cash Value basis. For items without receipts, payment of loss will be calculated based upon 100% of the Actual Cash Value at the time of loss. At our option, we may elect to repair or replace your Baggage. We will notify you within 30 days after we receive your proof of loss.

We may take all or part of a damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, we will: 1) repair or replace any part to restore the pair or set to its value before the loss; or 2) pay the difference between the value of the property before and after the loss.

### **Items Subject to Special Limitations**

We will not pay more than \$600 (or the Baggage and Personal Effects limit, if less) on all losses to jewelry; watches; precious or semi-precious gems; articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media; and articles consisting in whole or in part of fur. Items not included above are subject to a \$300 per item limit.

### **Continuation of Coverage**

If the covered Baggage, passports or visas are in the custody of a Common Carrier, and delivery is delayed, this coverage will continue until the property is delivered to you. This continuation of coverage does not include loss caused by or resulting from the delay.

### **Items Not Covered**

We will not pay for damage to or loss of:

1. animals;
2. property used in trade, business or for the production of income, household furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof;
3. boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances or equipment, or parts for such conveyances;
4. artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses;
5. documents or tickets, except for administrative fees required to reissue tickets;
6. money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds food stamps or credit cards, except as noted above;

7. property shipped as freight or shipped prior to the Scheduled Departure Date;
8. contraband.

### **Losses Not Covered**

We will not pay for loss arising from:

1. defective materials or craftsmanship; or
2. normal wear and tear, gradual deterioration, inherent vice; or
3. rodents, animals, insects or vermin; or
4. theft or pilferage from an unattended vehicle; or
5. mysterious disappearance; or
6. electrical current, including electric arcing that damages or destroys electrical devices or appliances.

### **Your Duties in the Event of a Loss**

In case of loss, theft or damage to Baggage and Personal Effects, you should: 1) immediately report the situation incident to the hotel manager, tour guide or representative, transportation official, local police or other local authorities and obtain their written report of your loss; and 2) take reasonable steps to protect your Baggage from further damage, and make necessary, reasonable and temporary repairs. We will reimburse you for these expenses. We will not pay for further damage if you fail to protect your Baggage.

### **Baggage Delay Benefit**

We will reimburse you up to the amount shown in the Schedule for the cost of reasonable additional clothing and personal articles purchased by you, if your Baggage is delayed for 12 hours or more during the your Covered Trip. We will also reimburse you up to \$25 for expenses incurred during your Covered Trip to expedite the return of your delayed Baggage.

This coverage terminates upon your arrival at the return destination of your Covered Trip.

### **DEFINITIONS**

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

**ACTUAL CASH VALUE** means purchase price less depreciation.

**BAGGAGE** means luggage, personal possessions and travel documents taken by you on the Covered Trip.

**BUSINESS PARTNER** means an individual who is involved, as a partner, with you in a legal general partnership and shares in the management of the business.

**COMMON CARRIER** means any land, water or air conveyance operated under a license for the transportation of passengers for hire.

**COVERED TRIP** means 1) A period of travel away from Home to a destination outside your city of residence; the Trip does not exceed 180 days.

**DOMESTIC PARTNER** means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**FAMILY MEMBER** includes your or the Traveling Companion's dependent, spouse, child, spouse's child, son-daughter-in-law, parent(s), sibling(s), brother-sister, grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, foster-child, or ward.

**FINANCIAL INSOLVENCY** means the complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services other than the person, organization, agency or firm from whom you directly purchased or paid for your Covered Trip provided the Financial Insolvency occurs more than 14 days following your effective date for the Trip Cancellation Benefits. There is no coverage for the complete suspension of operations for losses caused by fraud or negligent misrepresentation by the supplier of travel services.

**HOME** means your primary or secondary residence.

**HOSPITAL** means an institution, which meets all of the following requirements:

1. it must be operated according to law;
2. it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis;
3. it must provide diagnostic and surgical facilities supervised by Physicians;
4. registered nurses must be on 24 hour call or duty; and
5. the care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

**INJURY** means bodily harm caused by an accident which: 1) occurs while your coverage is in effect under this plan; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**INSURED** means an Eligible Person who arranges a Covered Trip, completes any required enrollment form, and pays any required plan payment.

**INSURER** means Stonebridge Casualty Insurance Company.

**OTHER COVERED EVENTS** means only the following unforeseeable events or their consequences which occur while coverage is in effect under this Policy:

1. Air and Common carrier delays resulting from inclement weather, or mechanical breakdown on which you are scheduled to travel, or organized labor strikes that affect public transportation;
2. Arrangements canceled by an airline, cruise line, motor coach company, or tour operator, resulting from inclement weather, mechanical breakdown, or organized labor strikes that affect public transportation.
3. arrangements canceled by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services, resulting from Financial Insolvency;
4. a change in plans by you, a Family Member traveling with you, or Traveling Companion resulting from one of the following events which occurs while coverage is in effect under this Policy:
  - a. being directly involved in a documented traffic accident while en route to departure;
  - b. being hijacked, quarantined, required to serve on a jury, or required by a court order to appear as a witness in a legal action, provided you, a Family Member traveling with you or a Traveling Companion is not 1) a party to the legal action, or 2) appearing as a law enforcement officer;
  - c. your Home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
  - d. mandatory evacuation ordered by local authorities at your destination due to hurricane or other natural disaster.
  - e. being called into active military service to provide aid or relief in the event of a natural disaster;
  - f. a documented theft of passports or visas;
  - g. a transfer of employment of 250 miles or more;
  - h. a Terrorist Act which occurs in your departure city or in a city which is a scheduled destination for your Covered Trip provided the Terrorist Act occurs within 30 days of the Scheduled Departure Date for your Covered Trip;
  - i. A cancellation of your Covered Trip if your arrival on the Trip is delayed and causes you to lose 50% or more the scheduled Covered Trip duration due to the reasons covered under the Covered Trip Travel Delay Benefit;

- j. Your involuntary termination of employment or layoff and was not under your control. You must have been continuously employed with the same employer for 1 year prior to the termination or layoff. This provision is not applicable to temporary employment, independent contractors or self-employed persons.

**PHYSICIAN** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or a Family Member of yours.

**POLICY** means the contract issued to the Policyholder providing the benefits specified herein.

**POLICYHOLDER** means the legal entity in whose name this Policy is issued, as shown on the Benefit Schedule.

**PRE-EXISTING CONDITION** means an illness, disease, or other condition during the 60 day period immediately prior to your effective date for which you or your Traveling Companion, Domestic Partner, Business Partner or Family Member is scheduled or booked to travel with you:

1. received or received a recommendation for a diagnostic test, examination, or medical treatment; or
2. took or received a prescription for drugs or medicine.

Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before coverage is effective under this Policy.

**SCHEDULE** means the Benefit Schedule shown on the Group Application for each Policyholder.

**SCHEDULED DEPARTURE DATE** means the date on which you are originally scheduled to leave on his/her Covered Trip.

**SCHEDULED RETURN DATE** means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

**SCHEDULED DEPARTURE CITY** means the city where the scheduled trip on which you are to participate originates.

**SICKNESS** means an illness or disease of the body which: 1) requires examination and treatment by a Physician, and 2) commences while the plan is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the effective date of this plan is not a Sickness as defined herein and is not covered by this plan.

**TERRORIST ACT** means an act of violence, other than civil disorder or riot, (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

**TRAVELING COMPANION** means a person whose name(s) appear(s) with you on the same Trip arrangement.

## **GENERAL PLAN EXCLUSIONS**

The following exclusion applies to the Trip Cancellation and Trip Interruption, and Trip Delay coverages:

1. We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in this plan, including death that results therefrom. This Exclusion does not apply to benefits under covered expenses item #3 (emergency medical evacuation) or item #8 (repatriation of remains) of the Medical Expense/Emergency Assistance Benefits coverage.

The following exclusion applies to all coverages:

2. We will not pay for any loss under this plan, caused by, or resulting from:
  - a. Your, Traveling Companion's, Domestic Partner's or Family Member's suicide, attempted suicide, or intentionally self-inflicted injury booked to travel with you, while sane or insane;
  - b. mental, nervous, or psychological disorders (does not apply to Medical Expense Benefits);

- c. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- d. normal pregnancy or resulting childbirth or elective abortion;
- e. participation as a professional in athletics;
- f. riding or driving in any motor competition;
- g. declared or undeclared war, or any act of war;
- h. civil disorder (does not apply to Trip Delay);
- i. service in the armed forces of any country;
- j. operating or learning to operate any aircraft, as pilot or crew;
- k. mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
- l. any criminal acts, committed by you;
- m. Elective Treatment and Procedures;
- n. medical treatment during or arising from a Covered Trip undertaken for the purpose or intent of securing medical treatment;
- o. a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when this plan is not in effect for you.

### **Waiver of the Pre-Existing Condition Exclusion**

The Pre-Existing Condition Exclusion is waived provided you meet all of the following requirements:

1. payment for this plan and enrollment form is received with or before final trip payment for your Covered Trip; and
2. you are not disabled from travel at the time you make your plan payment; and
3. you insure all prepaid Covered Trip costs that are subject to cancellation penalties or restrictions; and also insures within 21 days of the payment for those arrangements the cost of any subsequent arrangements added to the your Covered Trip must be insured within 21 days.

### **PLAN PAYMENTS**

We provide plan benefits in return for payment for the plan. Payments for plan are payable by you.

### **GENERAL PROVISIONS**

**Concealment or Fraud** We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to the plan.

**Conformity To Law** Any provision of the plan that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

**Duplication of Coverage** You may only purchase one certificate from us for each Covered Trip. If you do purchase more than one certificate for a specific Covered Trip, the Maximum Limit of Coverage payable will be as specified in the certificate with the highest level of benefits. We will refund plan payments received from you under any other certificate.

**Entire Contract; Changes** The plan, the Group Application and any other attachments is the entire contract between us. Any statement you make is a representation and not a warranty. No statement will be used by us to void or reduce benefits unless that statement is a part of any written application or enrollment form.

The plan may be changed at any time by written agreement between us. Only our President, Vice President or Secretary may change or waive the provisions of the plan. No agent or other person may change the plan or waive any of its terms. The change will be endorsed on the plan.

**Examination Under Oath** As often as we may reasonably require, you or any person making a claim under the plan must submit to examination under oath.

**Maximum Limit of Coverage** The Maximum Benefit Amount for each claim is listed in the Schedule, subject to the individual benefit amount and the company's Maximum Limit of Liability. The total limit of our liability for any



one covered event, in which two or more persons submit a claim, is subject to the individual benefit amount and the company's Maximum Limit of Liability. In the event of multiple claims by you for one event, the available funds will be distributed in order of notice of claim by each insured subject to the above limitations.

**Maximum Limit of Liability** All limits are applied per Covered Trip. We will pay no more than \$1,000,000 per occurrence to or on account of any person insured under the plan.

Our Maximum Limit of Liability for all claims resulting from the same occurrence will be \$15,000,000 under the TAHC5000 Group series of policies. We will pay no more than \$1,000,000 per occurrence, under the TAHC5000 Group series of policies, to or on account of any person insured under the TAHC5000 Group series of policies.

**Our Right To Recover From Others** We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our right.

## CLAIMS PROVISIONS

**Notice of Claim** We must be given written notice of claim within 30 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

**Claim Forms** When we receive notice of claim, you will be sent forms to file proof of loss. If the forms are not sent within 15 days after we receive notice, then the claimant will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss. This must be sent to us within the time limit stated in the Proof of Loss provision.

**Proof of Loss** Written Proof of Loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, you must give us written Proof of Loss within twelve (12) months after the date the loss occurs unless you are legally incapacitated.

**Physical Examination and Autopsy** At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

**Legal Actions** No legal action may be brought to recover on the plan within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given. If a time limit of the plan is less than allowed by the laws of the State where you live, the limit is extended to meet the minimum time allowed by such law.

**Payment of Claims** Claims for benefits provided by the plan will be paid as soon as written proof is received.

Benefits for loss of life will be paid to your estate, or if no estate, to your beneficiary. All other benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate, or if no estate, to your beneficiary. If you have assigned your 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.

This Plan is underwritten by: Stonebridge Casualty Insurance Company.

## MISSED CONNECTION FOR CRUISES ONLY BENEFITS RIDER

This Missed Connection for Cruises Only Benefits Rider is a part of the Policy to which it is attached.

We will pay up to \$750 should the Insured miss his/her cruise departure as the result of the cancellation or delay of 3 or more hours of all regularly scheduled airline flights due to inclement weather.

For this benefit, *Covered Expenses* means additional transportation expenses incurred to join the departed cruise, reasonable additional accommodation and meal expenses incurred en route to catch up to the cruise up to \$300 a day, and non-refundable cruise payments for the unused portion of the Insured's land and water or air travel arrangements. This coverage is excess of any coverage provided by an Air Flight Carrier or another party at no cost to the Insured. In no event shall the amount reimbursed exceed \$750.

The benefit amount payable will not exceed the maximum shown on the Schedule.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

### STONEBRIDGE CASUALTY INSURANCE COMPANY



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

## CALIFORNIA AMENDMENT

This Amendment is part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows for residents of **California** only:

The Definition of **TERRORIST ACT** is deleted in its entirety.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

### STONEBRIDGE CASUALTY INSURANCE COMPANY



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

## HAWAII AMENDMENT

This Amendment is part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows for residents of **Hawaii** only:

The Definitions section is amended as follows:

**DECLARATION OF RECIPROCAL BENEFICIARY RELATIONSHIP** is added as follows:

**DECLARATION OF RECIPROCAL BENEFICIARY RELATIONSHIP** means a statement in a form issued by the Director of the Department of Health that declares the intent of two people to enter into a relationship.

**DOMESTIC PARTNER** is deleted in its entirety.

**FAMILY MEMBER** is deleted in its entirety and replaced with the following:

**FAMILY MEMBER** includes the Insured's or the Traveling Companion's dependent, spouse, child, spouse's child, son-daughter-in-law, parent(s), sibling(s), brother-sister, grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, guardian, Reciprocal Beneficiary, foster-child, or ward.

**PRE-EXISTING CONDITION**, first paragraph is deleted in its entirety and replaced with the following:

**PRE-EXISTING CONDITION** means an illness, disease, or other condition during the 60 day period immediately prior to the Insured's effective date for which the Insured or the Insured's Traveling Companion is scheduled or booked to travel with the Insured:

**RECIPROCAL BENEFICIARY** is added as follows:

**RECIPROCAL BENEFICIARY** is an adult who is legally prohibited from marrying under state law. The reciprocal beneficiary relationship must be registered by filing a signed notarized Declaration of Reciprocal Beneficiary Relationship with the Director of the Department of Health and a copy must be provided to us by the Insured.

**TERRORIST ACT** is deleted in its entirety.

Under the **EXCLUSIONS** section, the following items are deleted in their entirety:

suicide, attempted suicide, or intentionally self-inflicted injury of the Insured, Traveling Companion, Domestic Partner or Family Member or Business Partner booked to travel with the Insured, while sane or insane;

any criminal acts, committed by the Insured;

Under the **EXCLUSIONS** section, the following items are added:

suicide, attempted suicide, or intentionally self-inflicted injury of the Insured, Traveling Companion, Reciprocal Beneficiary, or Family Member or Business Partner booked to travel with the Insured, while sane or insane;

any criminal acts, committed by the Insured;

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The **GENERAL PROVISIONS, CONFORMITY TO LAW** section of the Certificate, is deleted in its entirety and replaced with the following:

**CONFORMITY TO LAW** Any provision of the plan that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

The **GENERAL PROVISIONS** of the Policy is amended to add the following:

**CERTIFICATES**

We shall issue to you for delivery to each Insured an individual certificate of coverage setting forth in summary form a statement of the essential features of this insurance coverage and to whom the benefits are payable.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

**STONEBRIDGE CASUALTY INSURANCE COMPANY**



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

## NEW HAMPSHIRE AMENDMENT

This Amendment is a part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended for Policies or Certificates issued in **New Hampshire** only:

Contract language, in 18 point bold-type, is added to the face-page of the Policy and Certificate as follows:

# THIS IS A LIMITED POLICY-READ IT CAREFULLY

The **DEFINITIONS** section is amended to add the following:

**PRE-EXISTING CONDITION** means an illness, disease, or other condition during the 60 day period immediately prior to the Insured's effective date for which the Insured or the Insured's Traveling Companion, Domestic Partner, Business Partner, or Family Member is scheduled or booked to travel with the Insured:

- (1) received or received a recommendation for a diagnostic test, examination, or medical treatment; or
- (2) took or received a prescription for drugs or medicine.

Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the **60** day period before coverage is effective under this Policy.

The **GENERAL PLAN EXCLUSIONS** section is deleted in its entirety and replaced with the following:

The following exclusion applies to the Trip Cancellation and Trip Interruption, and Trip Delay coverages:

- (1) We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in this plan, including death that results therefrom.

The following exclusion applies to all coverage[s]:

- (2) We will not pay for any loss under this plan, caused by, or resulting from:
  - a) suicide, attempted suicide, or intentionally self-inflicted injury of the Insured, Traveling Companion, Domestic Partner or Family Member or Business Partner booked to travel with the Insured, while sane or insane;
  - b) mental, nervous, or psychological disorders (does not apply to Medical Expense Benefits);
  - c) being under the influence of drugs or intoxicants, unless prescribed by a Physician;
  - d) normal pregnancy or resulting childbirth or elective abortion;
  - e) participation as a professional in athletics;
  - f) participation in organized amateur and interscholastic athletic or sports competition or events;
  - g) riding or driving in any motor competition;
  - h) war or act of war, declared or undeclared, while serving in the military service or any auxiliary unit attached thereto;
  - i) civil disorder (does not apply to Trip Delay);
  - j) service in the armed forces of any country;
  - k) nuclear reaction, radiation or radioactive contamination;
  - l) operating or learning to operate any aircraft, as pilot or crew;
  - m) mountain climbing, bungee cord jumping, skin diving, scuba diving, snow skiing, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
  - n) any criminal acts, committed by the Insured;
  - o) a loss or damage caused by detention, confiscation or destruction by customs;
  - p) Elective Treatment and Procedures;
  - q) medical treatment during or arising from a Covered Trip undertaken for the purpose or intent of securing medical treatment;
  - r) a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when this plan is not in effect for the Insured; With respect to Trip Cancellation and Trip

Interruption, and Trip Delay a loss or expense caused by or incurred resulting from a Pre-Existing Condition, including death that results therefrom.

**Waiver of the Pre-Existing Condition Exclusion**

The Pre-Existing Condition Exclusion is waived provided the Insured meets all of the following requirements:

- 1) the payment for this plan is received within 21 days of the initial Covered Trip deposit/ payment for the Insured's Covered Trip; and
- 2) the Insured is not disabled from travel at the time he/she makes his/her plan payment; and
- 3) the Insured insures all prepaid Covered Trip costs that are subject to cancellation penalties or restrictions; and also insures within 21 days of the payment for those arrangements the cost of any subsequent arrangements added to the Insured's Covered Trip must be insured within 21 days.

The **GENERAL PROVISIONS, ARBITRATION** section is deleted in its entirety.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

**STONEBRIDGE CASUALTY INSURANCE COMPANY**



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

## NEBRASKA AMENDMENT

This Amendment is a part of the Policy and Certificate to which it is attached and amends it as follows for the **residents of Nebraska**:

Under the General Provisions, **ARBITRATION**, is deleted in its entirety.

This Amendment does not waive, alter, or extend any conditions or provision of the Policy except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy to which it is attached.

### STONEBRIDGE CASUALTY INSURANCE COMPANY



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary



## PENNSYLVANIA AMENDMENT

This Amendment is part of the Certificate to which it is attached. The Certificate is amended as follows for residents of Pennsylvania only:

The **GENERAL POLICY EXCLUSIONS** provision of the Certificate is amended for all coverages to include the following:

epidemic and/or pandemic

### **DEFINITIONS:**

For the purpose of this exclusion the following definitions have been added:

Epidemic - An outbreak of a contagious disease that spreads rapidly and widely affecting many individuals in an area or a population at the same time.

Pandemic - An epidemic occurring over a very wide area, crossing international boundaries and usually affecting a large number of people. A global epidemic.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Certificate to which it is attached.

### **STONEBRIDGE CASUALTY INSURANCE COMPANY**



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

## TENNESSEE AMENDMENT

This Amendment is part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows for residents of **Tennessee** only:

The Definition of **ACCIDENT**, is deleted in its entirety and replaced with the following:

**ACCIDENT** means a sudden, unexpected, and unintended event, which causes Injury.

The **GENERAL PROVISIONS, ARBITRATION** section, 1<sup>st</sup> and 2<sup>nd</sup> sentence, are deleted in their entirety and replaced with the following:

If we and you disagree on the amount of loss, both parties must mutually agree to the arbitration, and each party will select a competent and impartial arbitrator.

The **CLAIMS PROVISIONS, PROOF OF LOSS** section, last sentence is deleted in its entirety and replaced with the following:

In any event, the Insured must give us written Proof of Loss within twelve (12) months from the time proof is otherwise required, unless the Insured is legally incapacitated.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

### STONEBRIDGE CASUALTY INSURANCE COMPANY



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

## TEXAS AMENDMENT

This Amendment is part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows for residents of **Texas** only:

The **PROOF OF LOSS** provision is deleted in its entirety and replaced by the following:

**PROOF OF LOSS** Written Proof of Loss must be sent to us within 91 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, the Insured must give us written Proof of Loss within twelve (12) months after the date the loss occurs unless the Insured is legally incapacitated.

The **LEGAL ACTIONS** provision is deleted in its entirety and replaced by the following:

**LEGAL ACTIONS** No legal action may be brought to recover on this plan within 60 days after written proof of loss has been given. No such action will be brought after two years and one day from the time written proof of loss is required to be given.

The following sentence is added to the **NOTICE OF CLAIM** provision in the Claims Provisions section of the Policy:

We shall acknowledge receipt of the claim and commence any investigation of the claim no later than 15 days after receipt of notice of claim.

The **ACCEPTANCE OR REJECTION OF CLAIMS** provision is added to the Claims provision section of the Policy:

**ACCEPTANCE OR REJECTION OF CLAIMS** We will provide written notification to the Insured upon the acceptance or rejection of the claim no later than the 15<sup>th</sup> business day after receipt of all documents required by us. If the claim is rejected, we will state the reason(s) for the rejection. If we are unable to accept or reject the claim, we will notify the Insured the reason(s) we need additional time. We will accept or reject the claim no later than 45 days thereafter.

The **PAYMENT OF CLAIMS** provision is deleted in its entirety and replaced by the following:

**PAYMENT OF CLAIMS** Claims for benefits provided by this plan will be paid no later than the 5<sup>th</sup> business day after notification has been made. If payment of the claim or part of the claim is conditioned on the performance of an act by the Insured, we will pay the claim no later than the 5<sup>th</sup> business day after the date the act is performed.

Benefits for loss of life will be paid to the Insured's estate, or if no estate, to the Insured's beneficiary. All other benefits are paid directly to the Insured, unless otherwise directed. Any accrued benefits unpaid at the Insured's death will be paid to his/her estate, or if no estate, to the Insured's beneficiary. If the Insured has assigned his/her 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.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

### STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary