

**Notice to State of
Washington Residents:**

This is not your insurance policy.
To obtain your state-specific insurance policy, visit
www.insureamerica.com, or call 1.715.346.0860.

SCHEDULE OF BENEFITS

World Projects International Protection Plan

All coverages are per person	MAXIMUM LIMIT
Trip Delay <i>(Maximum of \$100 per day)</i>	\$500
Baggage & Personal Effects Loss	\$1,000
Baggage Delay	\$100
Medical Expense	\$25,000
Emergency Medical Transportation	\$100,000
Accidental Death and Dismemberment	\$30,000
Travel Guard Assist	Included
LiveTravel® Assistance	Included

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

The Pre-Existing Medical Condition Exclusion is waived. This is applicable to all coverages contained in the policy. The Insured must be medically able to travel when you pay your plan cost. In the event a claim is filed, the Injury or illness must be substantiated to our Claims Department.

IMPORTANT — Exclusions apply to certain medical conditions.

For coverage questions or to request a claim form, call toll-free 1.866.385.4839. For emergency help while on your Trip, see the information and phone numbers on the reverse side.

Blanket Travel Accident Insurance

This document describes the benefits and basic provisions of the Policy. Read it with care. The Policy is the only contract under which benefits are paid.

**PLEASE READ THIS DOCUMENT CAREFULLY!
Insurance Coverage**

Underwritten by the National Union Fire Insurance Company of Pittsburgh, PA. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

This is only a brief description of the insurance coverage(s) available under policy series T30253NUFIC. The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

— Coverage may not be available in all states. —

DEFINITIONS

“Actual Cash Value” means purchase price less depreciation.

“Baggage” means luggage and personal possessions, whether owned, borrowed, or rented, taken by the Insured on the Trip.

“Business Partner” means an individual who: (a) is involved with the Insured or the Insured’s Traveling Companion in a legal partnership; and (b) is actively involved in the daily management of the business.

“Common Carrier” means any conveyance operated under a license for the transportation of passengers for hire.

“Complication of Pregnancy” means a condition whose diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy. It does not include any condition associated with the management of a difficult pregnancy not consisting of a classifiable distinct Complication of Pregnancy.

“Destination” means the place where the Insured expects to travel on his/her Trip, as shown on the Enrollment Form.

“Domestic Partner” means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; the Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

“Experimental or Investigative” means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device, or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

“Hospital” means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24-hour nursing service by registered nurses (R.N.’s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent, or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home, or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government

agency for the treatment of members or ex-members of the armed forces.

“Immediate Family Member” means the Insured’s or Traveling Companion’s spouse or Domestic Partner, child, spouse’s child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, care giver, legal ward, or Domestic Partner of any of the above.

“Inclement Weather” means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier. With respect to an Insured who is traveling via private/non-commercial automobile transportation, any severe weather condition which prevents an Insured from reaching the Destination.

“Injury” means a bodily injury caused by an accident occurring while the Insured’s coverage under the Policy is in force, and resulting directly and independently of all other causes of loss covered by the Policy. The injury must be verified by a Physician.

“Insured” means the person(s) named on the individual Enrollment Form and for whom the plan cost has been paid.

“Insurer” means National Union Fire Insurance Company of Pittsburgh, PA.

“Medically Necessary” means that a treatment, service, or supply: (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; (3) is ordered by a Physician and performed under his or her care, supervision, or order; and (4) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

“Natural Disaster” means a flood, hurricane, tornado, earthquake, or blizzard that is due to natural causes.

“Physician” means a licensed practitioner of the healing arts including accredited Christian Science Practitioners, acting within the scope of his/her license. The treating Physician may not be the Insured, Immediate Family Member, or a Traveling Companion.

“Reasonable Additional Expenses” means any expenses for meals, taxi fares, essential telephone calls, and lodging which were necessarily incurred as the result of a Trip Delay and which are not provided by the Common Carrier or any other party free of charge.

“Reasonable and Customary Charges” means an expense which: (a) is charged for treatment, supplies, or medical services Medically Necessary to treat the Insured’s condition; (b) does not exceed the usual level of charges for similar treatment, supplies, or medical services in the locality where

the expense is incurred; and (c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

"Return Destination" means the place to which the Insured expects to return from his/her Trip.

"Sickness" means an illness or disease diagnosed or treated by a Physician.

"Strike" means a stoppage of work (a) announced, organized, and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. This includes work slowdowns and sickouts.

"Terrorist Incident" 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 or persons with whom you have coordinated travel arrangements and intend to travel with during the Trip. A group or tour leader is not considered a Traveling Companion, unless you are sharing room accommodations with the group or tour leader.

"Trip" means a period of travel away from home to a Destination outside the Insured's city of residence; the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has defined departure and return dates specified when the Insured applies; the Trip does not exceed 365 days; travel is primarily by Common Carrier and only incidentally by private conveyance.

"Unforeseen" means not anticipated or expected and occurring after the effective date of the policy.

"Uninhabitable" means (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail, or flood; (3) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines; or (4) the rental is without electricity or water. An Insured's Destination is inaccessible if he or she cannot reach the property by the original mode of transportation.

INDIVIDUAL ELIGIBILITY, EFFECTIVE & TERMINATION DATES

Persons eligible for insurance under the policy are any traveler(s) who purchases his/her insurance through or from a properly licensed agent/agency located in the U.S., who enrolls for coverage and pays the plan cost.

Effective Date: All other coverages will begin on the later of: (a) the date and time the Insured starts his/her Trip, or (b) the scheduled departure date shown on the Enrollment form.

Termination Date: All coverage ends on the earlier of: (a) the date the Trip is completed; (b) the scheduled return date; or (c) the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip.

Extension of Coverage: All coverage under the policy will be extended, if: (a) the Insured's entire Trip is covered by the policy; and (b) the Insured's return is delayed by one of the Unforeseen events specified under Trip Cancellation and Interruption or Trip Delay. This extension of coverage will end on the earlier of: (a) the date the Insured reaches his/her Return Destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

GENERAL EXCLUSIONS

In addition to any exclusions which apply to a particular benefit (called "Additional Exclusions"), the policy does not cover any loss caused by:

- (a) intentionally self-inflicted Injury or any attempt at an intentionally self-inflicted Injury, suicide, or attempted suicide by the Insured, Immediate Family Member, Traveling Companion, or Business Partner; (while sane, in Colorado and Missouri);
- (b) pregnancy or childbirth, or elective abortion, other than the Complications of Pregnancy;
- (c) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
- (d) Mountain Climbing (meaning the ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment);
- (e) war or act of war, whether declared or not, civil commotion, riot, or insurrection;
- (f) operating or learning to operate any aircraft, as student, pilot, or crew;
- (g) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- (h) loss or damage caused by detention, confiscation, or destruction by customs;
- (i) any unlawful acts, committed by the Insured, Immediate Family Member, or a Traveling Companion, whether insured or not (not applicable in Florida);
- (j) mental, psychological, or nervous disorders including, but not limited to, anxiety, depression, neurosis, or psychosis;

- (k) if the Insured's tickets do not contain specific travel dates (open tickets);
- (l) alcohol or substance abuse or treatment for same; or
- (m) an Injury or Sickness which occurs at a time when this coverage is not in effect;
- (n) elective or non-emergency treatment or surgery, except for any necessary treatment or surgery due to covered Injury or Sickness;
- (o) Experimental or Investigative treatment or procedures.

EXCESS INSURANCE LIMITATION

The insurance provided for all coverages shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss payable under the Policy there is other valid and collectible insurance or indemnity in place, the Insurer shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity

PRE-EXISTING MEDICAL CONDITION EXCLUSION:

The Insurer will not pay for any loss or expense incurred as the result of an Injury, Sickness, or other condition of you, traveling companion, business partner, or Immediate Family Member which, within the 180-day period immediately preceding and including your coverage effective date: first manifested itself or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or for which care or treatment was given or recommended by a Physician; or required the taking of prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the prescription drugs or medicines.

TRIP DELAY

The Insurer will reimburse up to \$100 a day to the Maximum Limit shown on the Schedule of Benefits if the Insured's Trip is delayed for more than 5 hours for Reasonable Additional Expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable for only one delay per Insured, per Trip. Trip Delay must be caused by: (a) the Insured being delayed by a traffic accident while en route to a departure; or (b) carrier-caused delay; (c) lost or stolen passports, travel documents, or money; or (d) quarantine; (e) being hijacked; (f) Unforeseen Strike; (g) Inclement Weather which prohibits Common Carrier departure; or (h) Natural Disaster that causes a complete cessation of travel services at the point of departure or Destination.

The Insured Must: Contact LiveTravel (1.800.826.8597) as soon as he/she knows his/her Trip is going to be delayed more than 5 hours. Failure to do so may affect coverage.

LOSS OF BAGGAGE AND PERSONAL EFFECTS

The Insurer will reimburse the Insured, up to the Maximum Limit shown on the Schedule of Benefits for loss, theft, or damage to the Insured's Baggage and travel documents during the Insured's Trip.

Continuation of Coverage: If the Insured has checked his or her property with a Common Carrier, and delivery is delayed, coverage for Baggage and travel documents will continue until such property is delivered to the Insured. This coverage does not include loss caused by the delay.

Property Not Covered: The Insurer will not pay for damage or loss of:

- (a) animals;
- (b) bicycles (except when checked with a Common Carrier);
- (c) motor vehicles and other conveyances;
- (d) prosthetic limbs, false teeth, any type of eyeglasses, sunglasses or contact lenses, hearing aids;
- (e) tickets, keys, money, notes or security accounts, bills, currency, deeds, food stamps or other evidences of debt, credit cards, stocks and bonds, postal or money orders;
- (f) property shipped as freight, or shipped prior to the departure date; or
- (g) contraband, illegal transportation or trade.

Special Limitations: The Insurer will not pay more than \$500 for the first item and thereafter, no more than \$250 per item up to the Baggage and Personal Effects Loss Maximum Limit shown on the Schedule of Benefits. The Insurer also will not pay more than \$500 aggregate on all losses of the following: jewelry, watches, furs, cameras and camera equipment, camcorders, sporting equipment, computers, and other electronic devices.

Additional Exclusions: In addition to the General Exclusions, the Insurer will not pay for any loss due to: (a) defective materials or craftsmanship; (b) normal wear and tear; (c) gradual deterioration; or (d) rodents, vermin or insects.

Payment of Loss: The Insured must: (a) report theft losses to police or other local authorities as soon as possible; (b) take reasonable steps to protect his/her Baggage from further damage and make necessary and reasonable temporary repairs. The Insurer will reimburse the Insured for those expenses. The Insurer will not pay for further damage if the Insured fails to protect his/her Baggage; (c) allow the Insurer to examine the damaged Baggage and/or the Insurer may require the damaged item to be sent in the event of payment; (d) send sworn proof of loss as soon as possible from date of loss, providing amount of loss, date, time, and

cause of loss, and a complete list of damaged/lost items. Any items \$150 or more must be accompanied by the original receipt.

Excess Insurance Limitation applies

BAGGAGE DELAY

The Insurer will reimburse the Insured, up to the Maximum Limit shown on the Schedule of Benefits for the cost of necessary personal effects purchased by the Insured during the Trip, if the Insured's Baggage is delayed or misdirected for more than 24 hours from the time the Insured arrives at the Destination (other than the Insured's Return Destination) provided the Insured is a ticketed passenger on a Common Carrier and the delay or misdirection is verified by the Common Carrier.

Payment of Loss: The Insured must provide documentation of the delay or misdirection of Baggage by the Common Carrier and receipts for the necessary personal effects purchased.

MEDICAL EXPENSE BENEFIT

The Insurer will reimburse or pay the Reasonable and Customary Charges for Medically Necessary Covered Expenses incurred by the Insured due to an Injury or Sickness within one year from the date of Injury or Sickness provided initial treatment was received during the Trip up to the Maximum Limit shown in the Schedule of Benefits.

Covered Expenses: Means charges incurred for any of the following services, supplies or treatments: 1) Emergency dental treatment received during a Trip limited to a maximum of \$500; 2) Services of a Physician or Registered Nurse (R.N.); 3) Hospital charges; 4) X-ray; 5) local ambulance services to or from the Hospital; 6) artificial limbs, eyes, teeth or other prosthetic appliances; 7) Physical therapy will be covered up to 90 days after the Insured reaches his/her Return Destination.

Excess Insurance Limitation applies.

Additional Exclusions: In addition to the General Exclusions, coverage is not provided for: (a) routine physical examinations; (b) mental, psychological or nervous disorders including but not limited to: anxiety, depression, neurosis or psychosis, panic attacks and post-traumatic stress disorder; (c) replacement of hearing aids, eye glasses, contact lenses, sunglasses for the correction of vision, or fitting of glasses; (d) routine dental care, dentures, false teeth; (e) alcohol or substance abuse or treatment for same; (f) any service provided by the Insured, an Immediate Family Member, or Traveling Companion.

Payment of Loss: The Insured must provide the Insurer with: (a) all medical bills and reports for Medical Expenses claimed;

and (b) a signed patient authorization to release medical information to the Insurer.

EMERGENCY MEDICAL TRANSPORTATION

Emergency Medical Transportation: The Insurer will pay up to the Maximum Limit shown on the Schedule of Benefits for Covered Emergency Evacuation Expenses incurred if the Insured suffers an Injury or emergency Sickness that warrants his or her emergency evacuation while on a Trip provided a Physician has ordered the emergency evacuation and has certified that the severity of the Insured's Injury or emergency Sickness warrants such evacuation.

Covered Emergency Evacuation Expenses: (a) Medically Necessary transportation, including Reasonable and Customary medical services and supplies required for evacuation to the nearest adequate medical facility or home if medically required. This service will be arranged only if the Insured's Physician determines that adequate medical treatment is not locally available; (b) an escort's transportation and accommodations if an escort is recommended, in writing, by a Physician.

Repatriation of Remains: The Insurer will pay for expenses reasonably incurred for transportation of the Insured's remains to his/her city of burial if he/she dies during a Trip.

Payment of Loss: Travel Guard Assist must make all arrangements and authorize all expenses in advance for Emergency Evacuation or Repatriation of Remains benefits to be payable. The Insurer reserves the right to determine the benefit payable, including any reductions if it was not reasonably possible to contact Travel Guard Assist in advance.

Additional Benefit: In addition to the above covered expenses, if the Insurer has previously evacuated an Insured to a medical facility, the Insurer will pay his/her airfare costs from that facility to the Insured's Return Destination, within one year from the Insured's original return date, less refunds from the Insured's unused transportation tickets. Airfare costs will be economy, or first class if the Insured's original tickets are first class.

Limitations: 1) Benefits are only available under Emergency Medical Transportation if they are not provided under another coverage in the policy. 2) The Maximum Limit payable for both Emergency Evacuation and Repatriation of Remains is shown in the Schedule of Benefits.

The Insured Must: Contact Travel Guard Assist (1.866.385.4839 or collect 1.715.295-5452) prior to arranging emergency medical transportation or repatriation of remains. Failure to do so may affect coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits if: (a) the Insured is injured in an accident which happens while he/she is on a Trip and covered under the policy; and (b) he/she suffers one of the losses listed below, within 365 days of the accident. The percentage payable for losses is shown below.

Maximum Loss:	Percentage of Limit Payable
Life	100%
Both hands or feet, or sight of both eyes	100%
One hand and one foot	100%
One hand or one foot and sight of one eye	100%
One hand	50%
One foot	50%
Sight of one eye	50%

In no event will the Insurer pay more than the Maximum Limit shown on the Schedule of Benefits for all losses due to the same accident.

If the Insured suffers more than one loss from an accident, the Insurer 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.

Additional Exclusion: In addition to the General Exclusions, the Insurer will not pay for loss caused by or resulting from Sickness or disease of any kind.

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: The Insured must call Travel Guard as soon as reasonably possible, and be prepared with what coverage the loss was under (e.g., Medical Expenses), the name of the company that arranged the Trip (e.g., tour operator, cruise line, or charter operator), the Trip dates, and the amount that the Insured paid. Travel Guard will fill in the claim form and forward it to the Insured for his or her review and signature. The completed form should be returned to Travel Guard, P.O. Box 47 Stevens Point, Wisconsin 54481 (1.866.385.4839). All claims of California residents will be administered by Mercury Claims Administrator Services, LLC. All accident, health, and life claims will be administered by Mercury Claims & Assistance of WI, LLC, in those states where it is licensed.

Claim Procedures: Proof of Loss: The claim forms must be sent back to Insurer no more than 90 days after a covered loss occurs. Failure to furnish proof within the time required

neither invalidates nor reduces 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 of the claimant, no later than one year after the proof of loss is otherwise required.

If Insurer has not provided claim forms within 15 days after the notice of claim, other proofs of loss should be sent to Insurer by the date proof of loss would be due. The proof of loss should include written proof of the occurrence, type and amount of loss, the Insured's name, the participating organization name, and the policy number.

Payment of Claims: To Whom Paid: Benefits paid on account of an Insured's death will be paid to:

- (1) To the Beneficiary named by the Insured and on file with the Insurer
- (2) To the Insured's spouse, if living. If no living spouse, then
- (3) in equal shares to his/her living children. If there are none, then
- (4) in equal shares to his/her living parents. If there are none, then
- (5) in equal shares to his/her living brothers and sisters. If there are none, then
- (6) to the Insured's estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release for payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, the Insurer may pay up to \$1,000 at the Insurer's option, to a relative by blood or connection by marriage who, in the Company's opinion, has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment Insurer makes in good faith fully discharges Insurer to the extent of that payment.

All other benefits will be payable to the Insured.

Payment of Claims: When Paid: Claims will be paid as soon as Insurer receives complete proof of loss (and verification of age).

Misstatement of Age: (Not applicable to FL Residents) If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of plan cost.

Payment of Claims: To Whom Paid: Benefits for Medical Expense/Emergency Medical Transportation services may be payable directly to the provider of the services. However, the provider: (a) must comply with the statutory provision for direct payment, and (b) must not have been paid from any other sources.

Problems with the insurance? If so, do not hesitate to contact Travel Guard to resolve your problem at 1145 Clark Street, Stevens Point, WI 54481, or call 1.866.385.4839.

GENERAL PROVISIONS

Autopsy – The Insurer at its own expense, may require an autopsy where permitted by law.

Concealment or Fraud – The Insurer does not provide coverage for the Insured if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the Insured's coverage or claim.

Insurer's Recovery Rights – In the event of a payment under the policy, the Insurer is entitled to all rights of recovery that the Insured, or the person to whom payment was made, has against another. The Insured must sign and deliver to the Insurer any legal papers relating to that recovery, do whatever is necessary to help the Insurer exercise those rights, and do nothing after the loss to harm the Insurer's rights. When an Insured has been paid benefits under the policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the Insurer by the Insured and reimbursed to the Insurer the extent of the Insurer's payment. This provision does not apply where prohibited by law.

Legal Actions – No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 3 years (or the minimum period of time permitted by state law, if greater, in FL 5 years) after the date claim forms are due.

Payment of Plan Cost – Coverage is not effective unless all plan cost due has been paid to Travel Guard prior to a date of loss or insured occurrence.

Termination of the Policy – Termination of the policy will not affect a claim for loss which occurs while the Insured's coverage is in force.

Transfer of Coverage – Coverage under the policy cannot be transferred by the Insured to anyone else.

Notice to California residents: The plan contains disability insurance benefits or health insurance benefits, or both, that only apply during your covered Trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

Notice to Florida residents: The benefits of the Policy providing your coverage are governed primarily by the law of a state other than Florida.

Notice: Your homeowners policy, if any, may provide coverage for loss of personal effects provided by any

Baggage/Personal Effects coverage provided by the policy. This insurance is not required in connection with the Insured's purchase of travel tickets.

The definition of "**Hospital**" applicable to residents of Florida includes a facility that is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities.

For inquiries, information about coverage or for assistance in resolving complaints call: 1.866.385.4839.

Notice to North Carolina residents: This Description of Insurance provides all of the applicable benefits mandated by the North Carolina Insurance code, but is issued under a master policy located in another state and may be governed by that state's laws.

Notice to Texas residents: The policy may provide a duplication of coverage already provided by the Insured's personal auto insurance, homeowner's, personal liability policy, or other source of coverage.

TRAVEL GUARD ASSIST *

All Assistance Services listed below are not insurance benefits and are not provided by the Insurer.

24-Hour Medical Assistance

24-Hour Medical Monitoring — Physicians monitor the Insured's condition by maintaining close contact with the attending physicians, his/her family physician, and immediate family members.

Medical Evacuation — Arrangements for any and all means necessary to transport the Insured back home when medically necessary.

Emergency Medical Payments — If a Hospital demands a cash deposit or settlement prior to leaving, Travel Guard Assist will assist in arranging the advancement of funds to cover on-site Medical Expenses.

Prescription Assistance — Replacement of lost or stolen medication, through a local pharmacy or special courier.

Transportation of Dependents — In the event of hospitalization, arrangements will be made for unattended minors traveling with the Insured to be flown home.

Family Visit — If the Insured is hospitalized for ten or more days, Travel Guard Assist will arrange transportation for an Immediate Family Member or close friend to visit him/her.

Transportation of Mortal Remains — In the event of death while traveling, arrangements for the return of remains to the place of burial.

24-Hour Legal Assistance

In a legal emergency, referral to a local legal advisor and assists with the advancement of funds for bail and legal fees.

24-Hour Travel Assistance

Travel Documents Assistance — Travel Guard Assist will help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer — Travel Guard Assist will, whenever possible, coordinate with the Insured and a wire agency, in obtaining funds in local currency for medical or travel emergencies.

Emergency Message Center — Transmission of emergency messages to family and business associates.

Interpretation Services: Travel Guard Assist will provide emergency language support or referral to the appropriate local services.

24-HOUR LIVETRAVEL ASSISTANCE*

Provides 24-hour assistance for emergency travel needs. Allows the Insured to make emergency travel changes such as rebooking flights, making hotel reservations, tracking lost luggage, and replacing lost credit cards. Call 1.800.826.8597 for assistance.

Live Messaging — Relay of e-mail or phone message to family, friends, or business associates.

Emergency Cash Transfer — Assistance in coordinating an emergency cash advance.

Pre-trip Travel Advice — Around-the-clock access to passport, visa, inoculation, and vaccine requirements; travel advisories; embassy and consulate contacts; travel health advisories; weather and currency information — all for the Insured's planned Destination.

*Non-insurance services are provided by Travel Guard Assist.

Make sure you call Travel Guard Assist (1.866.385.4839 or collect 1.715.295.5452) before you seek medical care while traveling. Where available, we can arrange direct payment to a member of our Preferred medical network, saving you the time and paperwork associated with reimbursement of medical expenses. Our assistance coordinators also can help you locate the nearest and most appropriate medical provider, monitor your care, and provide updates to your family and/or employer.

Any payments under this policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under the policy. For more information, you may consult the OFAC internet website at: www.treas.gov/offices/enforcement/ofac/ or a Travel Guard representative.



Travel Smart. Travel Insurance.

When calling from the U.S., 1.866.385.4839.
When calling from abroad, call collect 1.715.295.5452.

LiveTravel 24-Hour Assistance,
Pre-Trip Advice, Live Messaging: 1.800.826.8597

We will coordinate your assistance needs
with the appropriate TGA Center.