

# INDIVIDUAL TRAVEL CERTIFICATE OF INSURANCE

Worry less and enjoy the journey. Review your coverage and assistance benefits before you leave.

**EMERGENCY ASSISTANCE DURING YOUR TRIP:** 

1-800-654-1908 (Toll-free, Domestic)

1-804-281-5700 (Collect, International)

POLICY AND CLAIMS SERVICES:

www.etravelprotection.com 1-800-284-8300 (Toll-free, Domestic)





Allianz Travel branded plans are underwritten by BCS Insurance Company. AGA Service Company is the licensed producer and administrator of this plan.

# BCS INSURANCE COMPANY 2 MID AMERICA PLAZA, SUITE 200, OAKBROOK TERRACE, IL 60181

#### **ABOUT THIS CERTIFICATE**

This *certificate* is *our* contract with *you*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. *We* also recognize that insurance can be confusing, so if *you* have any questions, *we* are available 24 hours a day, 365 days a year. Just visit *us* online or give *us* a call. And if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your certificate*.

This *certificate* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *certificate* in return for payment of the premium and *your* compliance with all provisions of this *certificate*. *You* will also notice that some words are italicized. These words are defined in the "Definitions" section. Headings are provided for convenience only and do not affect *your* coverage in any way.

#### WHAT THIS CERTIFICATE INCLUDES AND WHOM IT COVERS

This travel insurance *certificate* covers only the specific situations, events, and losses included in this *certificate*, and only under the conditions described. For this reason, it is known as a "named perils" certificate. Please review this *certificate* carefully.

Your certificate consists of two parts:

- 1. This *certificate* document (including any amendments and endorsements), which describes the coverages and conditions; and
- 2. The Declaration of Coverage ("Declarations"), which provides the particular list of coverages, benefits, and individuals covered under *your certificate*.

#### NOTE:

• Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this *certificate* may be covered.

#### **OUR PROMISE TO YOU**

Since *your* satisfaction is *our* priority, *we* are pleased to give *you* 10 days to review *your certificate*. If, during this 10-day period, *you* are not completely satisfied for any reason, *you* may cancel *your certificate* and receive a full refund. Please note that this refund is only available if the *trip* has not started and if a claim has not been initiated. After this 10-day period, *your* premium is nonrefundable.

SIGNED FOR BCS INSURANCE COMPANY
2 MID AMERICA PLAZA, SUITE 200, OAKBROOK TERRACE, IL 60181

PRESIDENT

INDIVIDUAL TRAVEL INSURANCE CERTIFICATE

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#### TRAVEL SERVICES DURING YOUR TRIP

If you need travel or medical assistance during your trip, we are available 24 hours a day. With our global reach and multi-lingual staff, we are here to help you anytime, anywhere.

#### To Reach Us:

In the United States, Canada, Puerto Rico and U.S. Virgin Islands: 800.654.1908

All other locations, call: 804.281.5700

We will accept collect calls, or call you back.

#### **Flight Assistance**

If you miss your flight or it's canceled, we can give you arrival and departure times for other flights that will get you to your connecting flight or final destination.

#### **Accommodation** Assistance

If your trip has been interrupted or delayed, we can assist you in changing your reservation or finding alternate accommodation.

#### **Destination Information**

We can provide you with important information about your destination, such as travel documentation requirements, travel advisories, and vaccine requirements.

#### **Lost Travel Documents Assistance**

If your passport or other travel documents are lost or stolen, we can assist you in getting your documents replaced and can help you change your travel arrangements as required.

#### **Emergency Language Translation**

We can assist you with translation services in the event you need help in a foreign country.

#### **Emergency Cash Assistance**

If your travel is delayed or interrupted and you need extra money to pay for unexpected expenses, we can assist in arranging the transfer of funds from your family or friends.

#### **Legal Referrals**

We can help you find local legal advice if you need it while you are traveling.

#### **Emergency Message Delivery**

We can assist you in getting an urgent message to someone back home.

#### Finding a *Doctor* or Medical Facility

If you need care from a doctor or medical facility while you are traveling, we can assist you in finding one.

#### Monitoring Your Care

If you are hospitalized, our medical staff will stay in contact with you and the doctor caring for you. We can also notify your family and your doctor back home of your illness or injury and update them on your status.

### **DEFINITIONS**

Throughout this *certificate*, words and any form of the word appearing in italics are defined in this section.

Accident	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
Accommodation	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
Actual cash value	The amount an item is reasonably worth based on its fair market value, age, usage, and condition immediately prior to the loss.
Baggage	Personal property you take with you or acquire on your trip.
Certificate	The travel insurance coverage purchased. The <i>certificate</i> includes this certificate document, any amendments and endorsements attached to it, and the Declarations.
Climbing sports	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
Cohabitant	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old. <i>You</i> must be able to show evidence that <i>you</i> have lived together for 12 consecutive months.
Coverage period	The period of time between and including the Coverage Effective Date and the Coverage End Date.
Covered reasons	The specifically named situations or events for which <i>you</i> are covered under this <i>certificate</i> .
Criminal act	An act that is criminally unlawful.
Departure date	The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary and in <i>your</i> Declarations.
Doctor	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be you, a traveling companion, your family member, a traveling companion's family member, or the sick or injured person's family member.
Epidemic	A contagious disease that spreads rapidly and widely among the population in an area and which is recognized as an epidemic by the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC).
Family member	<ol> <li>Your:</li> <li>Spouse (by marriage, common law, domestic partnership, or civil union);</li> <li>Cohabitants (defined above);</li> <li>Parents and stepparents;</li> </ol>
	<ul> <li>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;</li> <li>5. Siblings;</li> </ul>
	<ul><li>6. Grandparents and grandchildren;</li><li>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;</li><li>8. Aunts, uncles, nieces, and nephews;</li></ul>
	<ul><li>9. Legal guardians and wards;</li><li>10. Paid, live-in caregivers; and</li><li>11. Service animals (as defined by the Americans with Disabilities Act).</li></ul>
High-altitude activity	An activity that includes, or is intended to include, going above 15,000 feet in elevation, other than as a passenger in a commercial aircraft.
High value items	Collectibles, jewelry, watches, gems, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, sporting equipment, electronic mobile devices, smartphones, computers, radios, drones, robots, and other electronic items.

Hospital	A short-term, acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i> . It must:  1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;  2. Have organized departments of medicine and major surgery; and  3. Be licensed where required.
Injury	Physical bodily harm.
Mechanical breakdown	A mechanical issue which prevents the vehicle from being driven normally, including flat tires or running out of fuel, fluids, or power.
Medical escort	A professional person contracted by <i>our</i> medical team to accompany a seriously ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
Medically necessary	Treatment that is required for <i>your</i> illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
Natural disaster	A large-scale extreme weather or environmental event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
Primary residence	Your permanent, fixed home address for legal and tax purposes.
Pre-existing medical	An injury, illness, or medical condition that, within the 120 days prior to and
condition	<ol> <li>including the purchase date of this certificate:         <ol> <li>Caused a person to seek medical examination, diagnosis, care, or treatment by a doctor;</li> <li>Presented symptoms; or</li> <li>Required a person to take medication prescribed by a doctor (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed).</li> </ol> </li> <li>The illness, injury, or medical condition does not need to be formally diagnosed in order to be considered a pre-existing medical condition.</li> <li>For example, a sprained knee you have had treated in the 120 days prior to and including the purchase date of your certificate will be considered a pre-existing medical condition. If you later have to cancel your trip because, for instance, the sprained knee now requires surgery, or because your recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a pre-existing medical condition.</li> </ol>
Quarantine	Mandatory confinement, intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> may have been exposed.
Refund	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
Severe weather	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
Sporting equipment	Equipment or goods used to participate in a sport.
Terrorist event	An act carried out by an organized terrorist group recognized by the U.S. State Department that <i>injures</i> people or damages property to achieve a political, ethnic, or religious result. It does not include general civil protest, unrest, rioting, or acts of war.

Travel carrier	<ul> <li>A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include:</li> <li>1. Rental vehicle companies;</li> <li>2. Private, chartered, or non-commercial transportation carriers; or</li> <li>3. Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport you or a traveling companion less than 100 miles.</li> </ul>
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, or other travel service provider.
Traveling companion	A person or service animal (as defined by the Americans with Disabilities Act) traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.
Trip	Your travel to, within, and/or from a location at least 100 miles from your primary residence. It cannot include travel with the intent to receive health care or medical treatment of any kind, moving, or commuting to and from work, and it cannot last longer than 180 days.
Uninhabitable	A <i>natural disaster</i> , fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use.
We, Us, or Our	BCS Insurance Company.
You or Your	All persons listed as insureds on the Declarations.

#### **DESCRIPTION OF COVERAGES**

In this section, we will describe the many different types of insurance coverages which are included in your certificate. We explain each type of coverage and the specific conditions that must be met for the coverage to apply.

#### A. TRIP CANCELLATION COVERAGE

If your trip is canceled or rescheduled for a covered reason listed below, we will reimburse you for your non-refundable trip payments, deposits, cancellation fees, and costs to rebook your transportation (less available refunds), up to the maximum benefit for Trip Cancellation Coverage. Please note that this coverage only applies before you have left for your trip.

Also, if you prepaid for shared accommodations and your traveling companion cancels their trip due to one or more of the covered reasons listed below, we will reimburse any additional accommodation fees you are required to pay, such as a single supplement fee from a cruise line.

**IMPORTANT:** You must notify all of your travel suppliers within 72 hours of discovering that you will need to cancel your trip (this includes being advised to cancel your trip by a doctor). If you notify any travel suppliers later than that and get a smaller refund as a result, we will not cover the difference. If a serious illness, injury, or medical condition prevents you from being able to notify your travel suppliers within that 72 hour period, you must notify them as soon as you are able.

#### **Covered reasons:**

1. You or a traveling companion becomes ill or injured, or develops a medical condition.

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person cancel their trip; and
- b. A *doctor* advises *you* or a *traveling companion* to cancel *your trip* before *you* cancel it. If that isn't possible, a *doctor* must either examine or consult with *you* or the *traveling companion* within 72 hours after the cancellation to confirm the decision to cancel.
- 2. A family member who is not traveling with you becomes ill or injured, or develops a medical condition.

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor* or require hospitalization.
- 3. You, a traveling companion, or family member dies on or after your certificate's Coverage Effective Date and before your trip.
- 4. You or a traveling companion is quarantined.
- 5. You or a traveling companion is in a traffic accident (not including a mechanical breakdown) on the departure date.

One of the following conditions must apply:

- a. You or a traveling companion need medical attention; or
- b. The vehicle needs to be repaired because it is not safe to operate.

- 6. Family or friends outside the U.S. cannot accommodate *you* as planned because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.
- 7. You are legally required to attend a legal proceeding during your trip.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).
- 8. Your primary residence is uninhabitable.
- 9. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
  - A. A natural disaster; or
  - B. Severe weather.

However, if you can get to your original destination another way, we will reimburse you for the following, up to your certificate's Trip Cancellation Coverage maximum benefit:

- i. The reasonable cost of the alternate transportation, less available refunds; and
- ii. The cost of any lost prepaid accommodations caused by your delayed arrival, less available refunds.

The following condition applies:

- a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.
- 10. A *terrorist event* happens within 100 miles of any U.S. or foreign city *you* are traveling to during *your trip*, as indicated on *your* original itinerary.

The following condition applies:

- a. A *terrorist event* must not have occurred within 25 miles of that city any time in the 30 days prior to *your certificate's* Coverage Effective Date.
- 11. You or a traveling companion is terminated or laid off by a current employer after your certificate's purchase date.

The following conditions apply:

- a. The termination or layoff is not *your* or *your traveling companion's* fault;
- b. The employment must have been permanent (not temporary or contract); and
- c. The employment must have been for at least three continuous years.
- 12. You, a traveling companion, or a family member serving in the U.S. Armed Forces is reassigned or has personal leave status changed, except because of war, the War Powers Act, or disciplinary action.

**IMPORTANT:** Please refer to your Declarations to confirm your applicable limit.

#### B. TRIP INTERRUPTION COVERAGE

If you have to interrupt your trip or end it early due to one or more of the covered reasons listed below, we will reimburse you, less available refunds, up to the maximum benefit for Trip Interruption Coverage listed in your Declarations, for:

- i. The prorated portion of your unused non-refundable trip payments and deposits.
- ii. Additional *accommodation* fees *you* are required to pay, such as a single supplement fee from a cruise line, if *you* prepaid for shared *accommodations* and *your traveling companion* has to interrupt their *trip*.
- iii. Reasonable transportation expenses you incur to continue your trip or return to your primary residence.
- iv. Additional *accommodation* and transportation expenses if the interruption causes *you* to stay at *your* destination (or the location of the interruption) longer than originally planned. There is a per *certificate* maximum of \$250 per day for 5 days.

**IMPORTANT:** You must notify all of your travel suppliers within 72 hours of discovering that you will need to interrupt your trip (this includes being advised to interrupt your trip by a doctor). If you notify any travel suppliers later than that and get a smaller refund as a result, we will not cover the difference. If a serious illness, injury, or medical condition prevents you from being able to notify your travel suppliers within that 72 hour period, you must notify them as soon as you are able.

#### **Covered reasons:**

1. You or a traveling companion becomes ill or injured, or develops a medical condition.

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person interrupt their trip; and
- b. A *doctor* must either examine or consult with *you* or the *traveling companion* within 72 hours of the trip interruption to confirm the decision to interrupt the *trip*.
- 2. A family member who is not traveling with you becomes ill or injured, or develops a medical condition.

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor* or require hospitalization.
- 3. You, a traveling companion, or family member dies during your trip.
- 4. You or a traveling companion is quarantined during your trip.
- 5. You miss at least 50% of the length of your trip due to one of the following:
  - A. A *travel carrier* delay (except for the financial condition of the *travel carrier*, with or without filing for bankruptcy);
  - B. A natural disaster;
  - C. Roads being closed or impassable due to severe weather;
  - D. Lost or stolen travel documents;
  - E. Civil disorder; or
  - F. Being involved in or delayed by a traffic *accident*.
- 6. You or a traveling companion is in a traffic accident (not including a mechanical breakdown).

One of the following conditions must apply:

- a. You or a traveling companion needs medical attention; or
- b. The vehicle needs to be repaired because it is not safe to operate.

- 7. Family or friends outside the U.S. cannot accommodate *you* as planned because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.
- 8. You are legally required to attend a legal proceeding during your trip.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).
- 9. Your primary residence is uninhabitable.
- 10. Your travel carrier cannot get you to your original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
  - A. A natural disaster: or
  - B. Severe weather.

However, if you can get to your original destination another way, we will reimburse you for the following, up to your certificate's maximum Trip Interruption Coverage maximum benefit:

- i. The reasonable cost of alternate transportation, less available *refunds*; and
- ii. The cost of any lost prepaid accommodations caused by your delayed arrival, less available refunds.

The following condition applies:

- a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.
- 11. You or a traveling companion is a traveler on a hijacked aircraft, train, vehicle, or vessel.
- 12. A *terrorist event* happens within 100 miles of any U.S. or foreign city *you* are traveling to during *your trip*, as indicated on *your* original itinerary.

The following condition applies:

- a. A *terrorist event* must not have occurred within 25 miles of that city any time in the 30 days prior to *your certificate's* Coverage Effective Date.
- 13. You, a traveling companion, or a family member serving in the U.S. Armed Forces is reassigned or has personal leave status changed, except because of war, the War Powers Act, or disciplinary action.

**IMPORTANT:** Please refer to *your* Declarations to confirm *your* applicable limit.

#### C. CHANGE FEE COVERAGE

If you must change your airline or rail ticket(s) due to one of the following reasons, we will reimburse you for any fee you are charged to change your ticket(s) (not including fare increases), up to the maximum benefit for Change Fee Coverage listed in the Declarations.

#### **Covered reasons:**

1. You or a traveling companion becomes ill or injured, or develops a medical condition.

The following conditions apply:

a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person change their trip; and

- b. A *doctor* advises *you* or a *traveling companion* to change *your trip* before *you* change it. If that isn't possible, a *doctor* must either examine or consult with *you* or the *traveling companion* within 72 hours after the change to confirm the decision.
- 2. A family member who is not traveling with you becomes ill or injured, or develops a medical condition.

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor* or require hospitalization.
- 3. You, a traveling companion, or family member dies on or after your certificate's Coverage Effective Date.
- 4. You or a traveling companion is quarantined.
- 5. You or a traveling companion is in a traffic accident (not including a mechanical breakdown) on the departure date or return date.

One of the following conditions must apply:

- a. You or a traveling companion need medical attention; or
- b. The vehicle needs to be repaired because it is not safe to operate.
- 6. Family or friends outside the U.S. cannot accommodate *you* as planned because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.
- 7. You are legally required to attend a legal proceeding during your trip.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).
- 8. Your primary residence is uninhabitable.
- 9. You or a traveling companion is a traveler on a hijacked aircraft, train, vehicle, or vessel.
- 10. A *terrorist event* happens within 100 miles of any U.S. or foreign city *you* are traveling to during *your trip*, as indicated on *your* original itinerary.

The following condition applies:

- a. A *terrorist event* must not have occurred within 25 miles of that city any time in the 30 days prior to *your certificate's* Coverage Effective Date.
- 11. You or a traveling companion is terminated or laid off by a current employer after your certificate's purchase date.

The following conditions apply:

- a. The termination or layoff is not *your* or *your traveling companion's* fault;
- b. The employment must have been permanent (not temporary or contract); and
- c. The employment must have been for at least three continuous years.

- 12. You, a traveling companion, or a family member serving in the U.S. Armed Forces is reassigned or has personal leave status changed, except because of war, the War Powers Act, or disciplinary action.
- 13. You or a traveling companion is delayed because roads are closed or impassible due to severe weather.
- 14. A travel supplier changes the itinerary of your prepaid trip without your request.

**IMPORTANT:** Please refer to *your* Declarations to confirm *your* applicable limit. *You* must contact *us* to update the *certificate* dates with the new travel dates to be covered. The rest of the *certificate* remains in effect after a claim is filed under this benefit.

#### D. TRAVEL DELAY COVERAGE

If your or a traveling companion's trip is delayed for one of the covered reasons listed below, we will reimburse you for the following expenses, up to the maximum benefit shown in your Declarations for Travel Delay:

- i. Your lost prepaid trip expenses and additional expenses you incur while and where you are delayed for meals, accommodation, communication, and transportation, subject to a daily (24 hours) limit listed in your Declarations. The most we will pay per 24 hours of delay is the daily limit stated in your Declarations.
- ii. If the delay causes *you* to miss the departure of *your* cruise or tour, reasonable transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.

The delay must be for at least the Minimum Required Delay listed in *your* Declarations and due to one of the following *covered reasons*:

- 1. A travel carrier delay;
- 2. A strike, unless threatened or announced prior to the purchase of your certificate;
- 3. Quarantine;
- 4. A natural disaster;
- 5. Lost or stolen travel documents;
- 6. Hijacking; or
- 7. Civil disorder.

**IMPORTANT:** Please refer to *your* Declarations to confirm *your* applicable limit.

#### E. BAGGAGE LOSS COVERAGE

If your baggage is lost, damaged, or stolen while you are on your trip, we will pay you, less available refunds, the lowest of the following, up to the maximum benefit listed for Baggage Loss in your Declarations:

- i. Actual cash value of the baggage;
- ii. Cost to repair the damaged baggage; or
- iii. Cost to replace the lost, damaged, or stolen baggage.

The following conditions apply:

- a. You have taken reasonable steps to keep your baggage safe and intact and to recover it;
- b. *You* have filed a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. You must provide original receipts for the lost items. For items without an original receipt, we will cover up to 75% of the actual cash value; and
- d. High value items are covered up to the maximum benefit for high value items shown in your Declarations.

The following items are not covered:

- 1. Animals, including remains of animals;
- 2. Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;

- 3. Bicycles, skis, and snowboards (except while they are checked with a travel carrier);
- 4. Hearing aids, eyeglasses, sunglasses, and contact lenses;
- 5. Artificial teeth and prosthetics;
- 6. Wheelchairs and other mobility devices;
- 7. Consumables, medicines, medical equipment/supplies, perfumes, cosmetics, and perishables;
- 8. Tickets, passports, deeds, blueprints, stamps, and other documents;
- 9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, securities, bullion, and keys;
- 10. Rugs and carpets;
- 11. Firearms and other weapons, including ammunition;
- 12. Intangible property, including software and electronic data;
- 13. Property for business or trade;
- 14. Property you do not own; and
- 15. Baggage while it is:
  - a. Shipped, unless with your travel carrier;
  - b. In or on a car trailer; or
  - c. Unattended and in an unlocked car.

**IMPORTANT:** Please refer to *your* Declarations to confirm *your* applicable limit.

#### F. BAGGAGE DELAY COVERAGE

If your baggage is delayed by a travel supplier during your trip, we will reimburse you for expenses you incur for the essential items you need until your baggage arrives, up to the maximum benefit shown in your Declarations for Baggage Delay.

The following condition applies:

a. *Your baggage* must be delayed for at least the Minimum Required Delay listed under Baggage Delay in *your* Declarations.

**IMPORTANT:** The maximum payable under this coverage will not exceed the limits stated in *your* Declarations. Please refer to *your* Declarations to confirm *your* applicable limit.

If your baggage is delayed by your travel supplier, we can work with the carrier to locate your baggage. We can provide you status updates, inform you when the baggage is found, and coordinate delivery of your baggage. You will be responsible for any delivery charges not paid by the travel supplier.

#### G. EMERGENCY TRANSPORTATION COVERAGE

**IMPORTANT:** If your emergency is immediate and life threatening, seek local emergency care at once.

#### Emergency Evacuation (Transporting you to the nearest appropriate hospital)

If you become seriously ill or *injured* or develop a medical condition while on your trip and we determine that the local medical facilities are unable to provide appropriate medical treatment:

- 1. Our medical team will consult with the local doctor;
- 2. We will identify the closest appropriate hospital or other appropriate facility, make arrangements to transport you there, and pay for that transport; and

3. We will arrange and pay for a medical escort if we determine one is necessary.

The following condition applies:

a. You or someone on your behalf must contact us, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements.

#### Medical Repatriation (Getting you home after you receive care)

If you become seriously ill or injured or develop a medical condition while on your trip and our medical team confirms with the treating doctor that you are medically stable to travel, we will:

- 1. Arrange and pay for *you* to be transported via a commercial transportation carrier in the same class of service that *you* originally booked (unless otherwise *medically necessary*) for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
  - a. Your primary residence;
  - b. A location of *your* choice in the U.S.; or
  - c. A medical facility near *your primary residence* or in a location of *your* choice in the U.S. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical director as medically appropriate for *your* continued care.
- 2. Arrange and pay for a *medical escort* if our medical team determines that one is necessary.

The following conditions apply:

- a. Special accommodations must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
- b. You or someone on your behalf must contact us, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements.

#### Transport to Bedside (Bringing a friend or family member to you)

If you are told by the treating doctor that you will be hospitalized for more than 48 hours during your trip, we will arrange and pay for round-trip transportation in economy class on a travel carrier for one friend or family member to stay with you.

The following condition applies:

a. You or someone on your behalf must contact us, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements.

#### Return of Dependents (Getting minors and dependents home)

If you are told by the treating doctor you will be hospitalized for more than 24 hours during your trip, we will arrange and pay to transport your traveling companions who are under the age of 18 or dependents requiring your full-time supervision and care to one of the following:

- 1. Your primary residence; or
- 2. A location of *your* choice in the U.S.

Transportation will be on a *travel carrier* in the same class of service they were originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:

a. This benefit is only available while *you* are hospitalized and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the minors/dependents.

b. You or someone on your behalf must contact us, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements.

#### Repatriation of Remains (Getting your remains home)

We will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:

- 1. A funeral home near your primary residence; or
- 2. A funeral home located in the U.S.

This benefit does not include funeral, burial, or cremation expenses, or related containment expenses for items such as a casket, urn, or vault.

The following conditions apply:

- a. Someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements; and
- b. The death must occur while on your trip.

**IMPORTANT:** The most we will pay for benefits under your Emergency Transportation Coverage is the maximum benefit listed for Emergency Transportation Coverage in your Declarations. Please refer to your Declarations to confirm your applicable limit.

#### **GENERAL EXCLUSIONS**

This section describes the general exclusions applicable to all coverages under *your certificate*. An "exclusion" is something that is not covered by this insurance *certificate*, and therefore no reimbursement would be available.

This *certificate* does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *traveling companion*, or a *family member*:

- 1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your certificate* was purchased;
- 2. *Pre-Existing medical conditions*, except as waived under the Pre-Existing Medical Condition Exclusion Waiver;
- 3. Your intentional self-harm or if you attempt or commit suicide;
- 4. Normal pregnancy or childbirth;
- 5. Fertility treatments or elective abortion;
- 6. A mental or nervous health disorder, as recognized by the American Psychiatric Association, including but not limited to Alzheimer's disease, anxiety, dementia, depression, neurosis, psychosis, or any related physical symptoms. This exclusion applies only to Trip Cancellation Coverage and Trip Interruption Coverage;
- 7. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
- 8. Acts committed with the intent to cause loss;
- 9. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
- 10. Participating in or training for any professional sporting competition;
- 11. Participating in or training for any amateur sporting competition while on your trip;
- 12. Participating in extreme, high-risk sports and activities, including but not limited to:
  - a. Skydiving, BASE jumping, hang gliding, or parachuting;
  - b. Bungee jumping;
  - c. Caving, rappelling, or spelunking;
  - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
  - e. Climbing sports or free climbing;
  - f. Any high-altitude activity;
  - g. Personal combat or fighting sports;
  - h. Racing or practicing to race any motorized vehicle or watercraft;
  - i. Free diving; or
  - j. Scuba diving at a depth greater than 60 feet or without a dive master.
- 13. A *criminal act* resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act;
- 14. An epidemic;
- 15. *Natural disaster*, except as expressly covered under Trip Cancellation Coverage, Trip Interruption Coverage, or Travel Delay Coverage;
- 16. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
- 17. Nuclear reaction, radiation, or radioactive contamination;
- 18. War (declared or undeclared) or acts of war;
- 19. Military duty, except as expressly covered under Trip Cancellation Coverage or Trip Interruption Coverage;
- 20. Civil disorder or unrest, except as expressly covered under Trip Interruption Coverage or Travel Delay Coverage;

- 21. *Terrorist events*, except as expressly covered under Trip Cancellation Coverage or Trip Interruption Coverage;
- 22. Acts, travel alerts/bulletins, or prohibitions by any government or public authority;
- 23. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
- 24. Travel supplier restrictions on any baggage, including medical supplies and equipment; or
- 25. Ordinary wear and tear or defective materials or workmanship.

This *certificate* does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

**IMPORTANT:** You are not eligible for reimbursement under any coverage if:

- 1. Your travel carrier tickets do not show travel date(s);
- 2. The travel dates in *your* Declarations do not represent when *you* actually intended to travel (does not apply to insurance purchased with a one-way booking); or
- 3. You intend to receive health care or medical treatment of any kind while on your trip.

#### PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

This Pre-Existing Medical Condition Exclusion Waiver describes the circumstances in which a *pre-existing medical condition* MAY be covered under this *certificate* and NOT excluded from coverage.

Because *your certificate* includes this waiver, *you* can still be covered for losses due to a *pre-existing medical* condition if *you* meet all of the following requirements:

- a. Your certificate was purchased within 14 days of the date of the first trip payment or deposit;
- b. You were a U.S. resident when the certificate was purchased; and
- c. You were medically able to travel when the certificate was purchased.

If you incur additional non-refundable *trip* expenses after you purchase this *certificate*, you must insure them with us within 14 days of their purchase. If you do not, those expenses will still be subject to the *pre-existing* medical condition exclusion.

**IMPORTANT:** The amount payable for claims for Trip Cancellation Coverage or Trip Interruption Coverage due to a *pre-existing medical condition* cannot exceed the Pre-Existing Medical Condition Limit listed in *your* Declarations. Amounts payable for claims under other coverages are subject to limits listed in *your* Declarations.

#### WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept your request for insurance. Your certificate's Coverage Effective Date and Coverage End Date are indicated in your Declarations. The certificate is effective on the day after we receive both the order and the full premium. The order and full premium must be received on or before the departure date.

In order to be eligible for coverage, losses must occur while *your certificate* is in effect. The maximum certificate length is 770 days.

Except for one-way and same-day return *trips*, the *departure date* and return date that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your trip*.

Your certificate ends on the Coverage End Date listed in your Declarations. However, there are situations where your certificate may end on a different date. If your certificate was purchased with a one-way booking, your Coverage End Date will be the scheduled return date for your trip as shown on your travel documents (not exceeding 180 days from the departure date shown on your travel documents). Additionally, your certificate will end on the earliest of:

- 1. The day you cancel your certificate;
- 2. The day you cancel your trip;
- 3. The day you end your trip, if you end your trip early;
- 4. The day you arrive at a medical facility for further care if you end your trip due to a medical reason; or
- 5. The 180<sup>th</sup> day of the *trip*.

However, if your return travel is delayed due to a covered reason, we will extend your coverage period until the earlier of when you are able to return to your point of origin or primary residence, or until you arrive at a medical facility for further care following a medical repatriation or trip interruption.

Please note that this *certificate* applies for a specific *trip* and cannot be renewed.

#### **CLAIMS INFORMATION**

We believe that filing an insurance claim should not be difficult, that is why we simplified our process and requirements. We hope you like the results!

Before you file a claim, please review your certificate details and the Declarations to ensure that your situation meets the criteria for a covered claim. Please note that not every loss is covered, even if it is due to something sudden, unexpected, or out of your control.

#### To File Your Claim Online:

- Go to www.etravelprotection.com and click on File a Claim.
- Provide certificate details.
- Determine which forms and documentation are required.
- File your claim and track your claim status.

#### Or, To File Your Claim by Contacting Us by Phone or Email

Email: claimsinquiry@allianzassistance.com

• Toll-Free: 800.334.7525

#### **GENERAL PROVISIONS AND CONDITIONS**

In addition to the conditions, limitations, and exclusions specified above, the below general provisions and conditions apply to all coverages under *your certificate*.

#### **Proof of Loss**

As with any insurance, you are responsible for proving your loss. We require that you:

- 1. Notify *us* of *your* claim within 90 days of the date of loss or as soon as reasonably possible (except as otherwise allowed by law). If *you* do not report *your* claim within this time, *we* will not invalidate or reduce it unless the delay impairs *our* rights;
- 2. Make all reasonable efforts to minimize your loss (including without limitation making reasonable efforts to start, catch up to, or continue your trip; and promptly notifying your travel supplier upon discovering that you need to cancel or interrupt your trip, including being advised to cancel or interrupt your trip by a doctor);
- 3. Provide to us a signed, sworn proof of loss upon our request;
- 4. Provide all requested documentation (including without limitation proof of payment for claimed losses, statements and records from treating *doctors*, police reports, and information from *travel suppliers*);
- 5. Cooperate with us in the investigation of your claim; and
- 6. At our request, submit to examination under oath and/or provide a sworn affidavit.

#### Assignment

You can assign your rights under your certificate by notifying us in writing. The assignment will not be effective until we receive the written notice. However, we will not recognize the assignment of any right or benefit under this certificate to any person or organization engaged in the business of medical transportation unless we approve this assignment in writing and in advance. Any attempt to make such an assignment will be void as between you and us. We do not assume any responsibility for the validity of any assignment.

#### **Benefits Payable**

All benefits are payable to the first named insured in *your* Declarations or a party *you* designate in writing. If *you* are under 18 years old, benefits are payable to *your* parent or legal guardian or a party they designate. Benefits are limited to the amount of *your* loss and are subject to the applicable limit of liability and any deductible stated in the Declarations. If *you* die, benefits will be paid to *your* estate unless *you* have designated one or more beneficiaries. If *you* have named one or more beneficiaries, benefits will be paid to each named beneficiary in equal shares (unless *you* have designated otherwise). Except as described here, there are no other beneficiaries of any of the benefits under this *certificate*. All dollar amounts described in this *certificate* are expressed in U.S. dollars. If *you* have a loss, *you* will not be reimbursed twice for the same expense. For example, *you* cannot be reimbursed for the same expense under both Travel Delay and Trip Interruption coverages.

#### **Changes and Cancellation**

You (or the certificate purchaser) may request changes to the certificate by notifying us. You may request to change the return date at any time prior to your Coverage End Date. All other changes to your certificate must be requested prior to your original departure date. If the change results in an increase in premium, you must pay the increase in premium. Any decrease in premium as a result of the change will be refunded to the certificate purchaser. Any change will be effective immediately, so long as we have received any additional premium due. As noted above, we will refund your premium if the certificate is canceled within 10 days of your original purchase, the trip has not started, and a claim has not been initiated. After this 10-day period, your premium is nonrefundable.

#### **Duplicate Coverage**

If you are covered by another insurance certificate that we have issued with the same or similar coverage, we will pay no more than the highest amount of coverage payable under any one insurance certificate. We will also refund any premium you have paid for duplicate coverage.

#### Fraud and Misrepresentation

You are responsible for all statements or other representations you make. Any materially misleading or inaccurate information in any statements or representations you make may result in us voiding your certificate or reducing benefits, or we may use them to defend our decision about a claim.

Fraud is illegal and may subject *you* to criminal prosecution and civil penalties. *We* will deny *your* claim if *you* or someone acting on *your* behalf:

- 1. Makes any false statements or statements that are deliberately misleading or deceptive;
- 2. Conceals or misrepresents any material fact; or
- 3. Otherwise attempts or commits fraud.

#### **Medical Examinations and Autopsy**

We have the right to have you medically examined as reasonably necessary to make a decision about your medical claim. If someone covered by your certificate dies, we may also require an autopsy (except where prohibited by law). We will cover the cost of these medical examinations or autopsies.

#### Recovery

We have the right to recover any amount you receive from us that exceeds the total amount of your loss unless prohibited by law.

#### **Resolving Disputes**

If you disagree with our decision about a claim, you can request to go to arbitration. If we agree, you can submit a dispute to desk arbitration at least 60 days from the date of that decision, but not more than three years after the date of submission of claim.

No action may be brought against *us* unless *you* have complied with all applicable provisions of this *certificate* and such action is started within three years of the date of the loss.

#### **Subrogation**

When someone is responsible for *your* loss, *we* have the right to recover any payments *we* have made to *you* or someone else in relation to *your* claim, as permitted by law. In such case, *we* may require any person receiving payment from *us* to assign their rights to recover such payment, including signing and providing any documents reasonably required allowing *us* to do so. Everyone eligible to receive payment for a claim submitted to *us* must cooperate with this process and must refrain from doing anything that would adversely affect *our* rights to recover payment.

#### **Travel Requirements**

You are responsible for meeting all requirements to travel, including obtaining required travel authorizations/documentation (for example, passports or visas), obtaining required immunizations (unless you are medically unable) and medical supplies/equipment (including verifying that your supplies/equipment meet your travel supplier's requirements), and anything else required for you to travel.

#### **Waiver or Amendment**

No one has the right to describe *our certificate* any differently than is described here or to change or waive any of its provisions.

# BCS INSURANCE COMPANY 2 MID AMERICA PLAZA, SUITE 200, OAKBROOK TERRACE, IL 60181

#### **ABOUT THIS CERTIFICATE**

This *certificate* is *our* contract with *you*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. *We* also recognize that insurance can be confusing, so if *you* have any questions, *we* are available 24 hours a day, 365 days a year. Just visit *us* online or give *us* a call. And if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your certificate*.

This *certificate* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *certificate* in return for payment of the premium and *your* compliance with all provisions of this *certificate*. *You* will also notice that some words are italicized. These words are defined in the "Definitions" section. Headings are provided for convenience only and do not affect *your* coverage in any way.

#### WHAT THIS CERTIFICATE INCLUDES AND WHOM IT COVERS

This travel insurance *certificate* covers only the specific situations, events, and losses included in this *certificate*, and only under the conditions described. For this reason, it is known as a "named perils" certificate. Please review this *certificate* carefully.

Your certificate consists of two parts:

- 1. This *certificate* document (including any amendments and endorsements), which describes the coverages and conditions; and
- 2. The Declaration of Coverage ("Declarations"), which provides the particular list of coverages, benefits, and individuals covered under *your certificate*.

#### NOTE:

• Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this *certificate* may be covered.

#### **OUR PROMISE TO YOU**

Since *your* satisfaction is *our* priority, *we* are pleased to give *you* 10 days to review *your certificate*. If, during this 10-day period, *you* are not completely satisfied for any reason, *you* may cancel *your certificate* and receive a full refund. Please note that this refund is only available if the *trip* has not started and if a claim has not been initiated. After this 10-day period, *your* premium is nonrefundable.

SIGNED FOR BCS INSURANCE COMPANY
2 MID AMERICA PLAZA, SUITE 200, OAKBROOK TERRACE, IL 60181

PRESIDENT

INDIVIDUAL TRAVEL INSURANCE CERTIFICATE

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## **DEFINITIONS**

Throughout this *certificate*, words and any form of the word appearing in italics are defined in this section.

Baggage	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
Certificate	The travel insurance coverage purchased. The <i>certificate</i> includes this certificate document, any amendments and endorsements attached to it, and the Declarations.
Climbing sports	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
Cohabitant	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old. <i>You</i> must be able to show evidence that <i>you</i> have lived together for 12 consecutive months.
Coverage period	The period of time between and including the Coverage Effective Date and the Coverage End Date.
Covered reasons	The specifically named situations or events for which <i>you</i> are covered under this <i>certificate</i> .
Criminal act	An act that is criminally unlawful.
Departure date	The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary and in <i>your</i> Declarations.
Doctor	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be you, a traveling companion, your family member, a traveling companion's family member, or the sick or injured person's family member.
Epidemic	A contagious disease that spreads rapidly and widely among the population in an area and which is recognized as an epidemic by the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC).
Family member	<ol> <li>Your:         <ol> <li>Spouse (by marriage, common law, domestic partnership, or civil union);</li> <li>Cohabitants (defined above);</li> <li>Parents and stepparents;</li> <li>Children, stepchildren, foster children, adopted children, or children currently in the adoption process;</li> <li>Siblings;</li> <li>Grandparents and grandchildren;</li> <li>The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;</li> <li>Aunts, uncles, nieces, and nephews;</li> <li>Legal guardians and wards;</li> <li>Paid, live-in caregivers; and</li> </ol> </li> <li>Service animals (as defined by the Americans with Disabilities Act).</li> </ol>
High-altitude activity	An activity that includes, or is intended to include, going above 15,000 feet in elevation, other than as a passenger in a commercial aircraft.
Hospital	A short-term, acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i> . It must:  1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;  2. Have organized departments of medicine and major surgery; and  3. Be licensed where required.
Injury	Physical bodily harm.

Medically necessary	Treatment that is required for <i>your</i> illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
Natural disaster	A large-scale extreme weather or environmental event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
Primary residence	Your permanent, fixed home address for legal and tax purposes.
Pre-existing medical condition	<ul> <li>An <i>injury</i>, illness, or medical condition that, within the 120 days prior to and including the purchase date of this <i>certificate</i>:</li> <li>1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>;</li> <li>2. Presented symptoms; or</li> <li>3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed).</li> <li>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</li> <li>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to and including the purchase date of <i>your certificate</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</li> </ul>
Reasonable and customary costs	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.
Terrorist event	An act carried out by an organized terrorist group recognized by the U.S. State Department that <i>injures</i> people or damages property to achieve a political, ethnic, or religious result. It does not include general civil protest, unrest, rioting, or acts of war.
Travel carrier	<ul> <li>A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include:</li> <li>1. Rental vehicle companies;</li> <li>2. Private, chartered, or non-commercial transportation carriers; or</li> <li>3. Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport you or a traveling companion less than 100 miles.</li> </ul>
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, or other travel service provider.
Traveling companion	A person or service animal (as defined by the Americans with Disabilities Act) traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.

Trip	Your travel to, within, and/or from a location at least 100 miles from your primary residence. It cannot include travel with the intent to receive health care or medical treatment of any kind, or moving, or commuting to and from work, and it cannot last longer than 180 days.
We, Us, or Our	BCS Insurance Company and its agents, including AGA Service Company.
You or Your	All persons listed as insureds on the Declarations.

#### **DESCRIPTION OF COVERAGES**

In this section, we will describe the many different types of insurance coverages which are included in your certificate. We explain each type of coverage and the specific conditions that must be met for the coverage to apply.

#### A. EMERGENCY MEDICAL/DENTAL COVERAGE

If you receive emergency medical or dental care while you are on your trip for one of the following covered reasons, we will reimburse the reasonable and customary costs of that care for which you are responsible, up to the maximum benefit listed for Emergency Medical/Dental Coverage in your Declarations (dental care is subject to the maximum sublimit listed for Dental Care):

- 1. While on *your trip*, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated.
- 2. While on *your trip*, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

The following conditions and exclusions apply:

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, dentist, *hospital*, or other provider authorized to practice medicine or dentistry.
- b. This coverage will not pay for any care provided after *your* coverage ends.
- c. This coverage will not pay for non-emergency care or services, such as:
  - 1. Elective cosmetic surgery or care;
  - 2. Annual or routine exams;
  - 3. Long-term care;
  - 4. Allergy treatments (unless life threatening);
  - 5. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
  - 6. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize you to transport);
  - 7. Experimental treatment; and
  - 8. Any other non-emergency medical or dental care.

**IMPORTANT:** Please refer to *your* Declarations to confirm *your* applicable limit and any deductible that may apply.

If you need to be admitted to a hospital as an inpatient for longer than 24 hours, we can guarantee or advance payments, where accepted, up to the limit of your emergency medical/dental coverage.

#### **GENERAL EXCLUSIONS**

This section describes the general exclusions applicable to all coverages under *your certificate*. An "exclusion" is something that is not covered by this insurance *certificate*, and therefore no reimbursement would be available.

This *certificate* does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *traveling companion*, or a *family member*:

- 1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your certificate* was purchased;
- 2. *Pre-Existing medical conditions*, except as waived under the Pre-Existing Medical Condition Exclusion Waiver. This exclusion will not apply after the *certificate* has been in effect for 12 months;
- 3. Your intentional self-harm or if you attempt or commit suicide;
- 4. Normal pregnancy or childbirth;
- 5. Fertility treatments or elective abortion;
- 6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
- 7. Acts committed with the intent to cause loss;
- 8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
- 9. Participating in or training for any professional sporting competition;
- 10. Participating in or training for any amateur sporting competition while on your trip;
- 11. Participating in extreme, high-risk sports and activities, including but not limited to:
  - a. Skydiving, BASE jumping, hang gliding, or parachuting;
  - b. Bungee jumping;
  - c. Caving, rappelling, or spelunking;
  - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
  - e. Climbing sports or free climbing;
  - f. Any high-altitude activity;
  - g. Personal combat or fighting sports;
  - h. Racing or practicing to race any motorized vehicle or watercraft;
  - i. Free diving; or
  - j. Scuba diving at a depth greater than 60 feet or without a dive master.
- 12. A *criminal act* resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act:
- 13. An epidemic;
- 14. Natural disaster;
- 15. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
- 16. Nuclear reaction, radiation, or radioactive contamination;
- 17. War (declared or undeclared) or acts of war;
- 18. Military duty;
- 19. Civil disorder or unrest;
- 20. Terrorist events;
- 21. Acts, travel alerts/bulletins, or prohibitions by any government or public authority;
- 22. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
- 23. Travel supplier restrictions on any baggage, including medical supplies and equipment; or
- 24. Ordinary wear and tear or defective materials or workmanship.

This *certificate* does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

**IMPORTANT:** You are not eligible for reimbursement under any coverage if:

- 1. Your travel carrier tickets do not show travel date(s);
- 2. The travel dates in *your* Declarations do not represent when *you* actually intended to travel (does not apply to insurance purchased with a one-way booking); or
- 3. You intend to receive health care or medical treatment of any kind while on your trip.

#### PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

This Pre-Existing Medical Condition Exclusion Waiver describes the circumstances in which a *pre-existing medical condition* MAY be covered under this *certificate* and NOT excluded from coverage.

Because *your certificate* includes this waiver, *you* can still be covered for losses due to a *pre-existing medical* condition if *you* meet all of the following requirements:

- a. Your certificate was purchased within 14 days of the date of the first trip payment or deposit;
- b. You were a U.S. resident when the certificate was purchased; and
- c. You were medically able to travel when the certificate was purchased.

If you incur additional non-refundable *trip* expenses after you purchase this *certificate*, you must insure them with us within 14 days of their purchase. If you do not, those expenses will still be subject to the *pre-existing* medical condition exclusion.

#### WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept your request for insurance. Your certificate's Coverage Effective Date and Coverage End Date are indicated in your Declarations. The certificate is effective on the day after we receive both the order and the full premium. The order and full premium must be received on or before the departure date.

In order to be eligible for coverage, losses must occur while *your certificate* is in effect. The maximum certificate length is 770 days.

Except for one-way and same-day return *trips*, the *departure date* and return date that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your trip*.

Your certificate ends on the Coverage End Date listed in your Declarations. However, there are situations where your certificate may end on a different date. If your certificate was purchased with a one-way booking, your Coverage End Date will be the scheduled return date for your trip as shown on your travel documents (not exceeding 180 days from the departure date shown on your travel documents). Additionally, your certificate will end on the earliest of:

- 1. The day you cancel your certificate;
- 2. The day you cancel your trip;
- 3. The day you end your trip, if you end your trip early;
- 4. The day you arrive at a medical facility for further care if you end your trip due to a medical reason; or
- 5. The 180<sup>th</sup> day of the *trip*.

However, if your return travel is delayed due to a covered reason, we will extend your coverage period until the earlier of when you are able to return to your point of origin or primary residence, or until you arrive at a medical facility for further care following a medical repatriation or trip interruption.

Please note that this *certificate* applies for a specific *trip* and cannot be renewed.

#### **CLAIMS INFORMATION**

We believe that filing an insurance claim should not be difficult, that is why we simplified our process and requirements. We hope you like the results!

Before you file a claim, please review your certificate details and the Declarations to ensure that your situation meets the criteria for a covered claim. Please note that not every loss is covered, even if it is due to something sudden, unexpected, or out of your control.

#### To File Your Claim Online:

- Go to www.etravelprotection.com and click on File a Claim.
- Provide certificate details.
- Determine which forms and documentation are required.
- File your claim and track your claim status.

#### Or, To File Your Claim by Contacting Us by Phone or Email

Email: claimsinquiry@allianzassistance.com

• Toll-Free: 800.334.7525

#### **GENERAL PROVISIONS AND CONDITIONS**

In addition to the conditions, limitations, and exclusions specified above, the below general provisions and conditions apply to all coverages under *your certificate*.

#### **Proof of Loss**

As with any insurance, you are responsible for proving your loss. We require that you:

- 1. Notify *us* of *your* claim within 90 days of the date of loss or as soon as reasonably possible (except as otherwise allowed by law). If *you* do not report *your* claim within this time, *we* will not invalidate or reduce it unless the delay impairs *our* rights;
- 2. Make all reasonable efforts to minimize your loss (including without limitation making reasonable efforts to start, catch up to, or continue your trip; and promptly notifying your travel supplier upon discovering that you need to cancel or interrupt your trip, including being advised to cancel or interrupt your trip by a doctor);
- 3. Provide to us a signed, sworn proof of loss upon our request;
- 4. Provide all requested documentation (including without limitation proof of payment for claimed losses, statements and records from treating *doctors*, police reports, and information from *travel suppliers*);
- 5. Cooperate with us in the investigation of your claim; and
- 6. At our request, submit to examination under oath and/or provide a sworn affidavit.

#### Assignment

You can assign your rights under your certificate by notifying us in writing. The assignment will not be effective until we receive the written notice. However, we will not recognize the assignment of any right or benefit under this certificate to any person or organization engaged in the business of medical transportation unless we approve this assignment in writing and in advance. Any attempt to make such an assignment will be void as between you and us. We do not assume any responsibility for the validity of any assignment.

#### **Benefits Payable**

All benefits are payable to the first named insured in *your* Declarations or a party *you* designate in writing. If *you* are under 18 years old, benefits are payable to *your* parent or legal guardian or a party they designate. Benefits are limited to the amount of *your* loss and are subject to the applicable limit of liability and any deductible stated in the Declarations. If *you* die, benefits will be paid to *your* estate unless *you* have designated one or more beneficiaries. If *you* have named one or more beneficiaries, benefits will be paid to each named beneficiary in equal shares (unless *you* have designated otherwise). Except as described here, there are no other beneficiaries of any of the benefits under this *certificate*. All dollar amounts described in this *certificate* are expressed in U.S. dollars. If *you* have a loss, *you* will not be reimbursed twice for the same expense.

#### **Changes and Cancellation**

You (or the certificate purchaser) may request changes to the certificate by notifying us. You may request to change the return date at any time prior to your Coverage End Date. All other changes to your certificate must be requested prior to your original departure date. If the change results in an increase in premium, you must pay the increase in premium. Any decrease in premium as a result of the change will be refunded to the certificate purchaser. Any change will be effective immediately, so long as we have received any additional premium due. As noted above, we will refund your premium if the certificate is canceled within 10 days of your original purchase, the trip has not started, and a claim has not been initiated. After this 10-day period, your premium is nonrefundable.

#### **Duplicate Coverage**

If you are covered by another insurance certificate that we have issued with the same or similar coverage, we will pay no more than the highest amount of coverage payable under any one insurance certificate. We will also refund any premium you have paid for duplicate coverage.

#### **Fraud and Misrepresentation**

You are responsible for all statements or other representations you make. Any materially misleading or inaccurate information in any statements or representations you make may result in us voiding your certificate or reducing benefits, or we may use them to defend our decision about a claim.

Fraud is illegal and may subject *you* to criminal prosecution and civil penalties. We will deny *your* claim if *you* or someone acting on *your* behalf:

- 1. Makes any false statements or statements that are deliberately misleading or deceptive;
- 2. Conceals or misrepresents any material fact; or
- 3. Otherwise attempts or commits fraud.

This provision does not apply to any statement made for the purpose of effecting this insurance coverage after it has been in force for two years, nor unless such statement is in writing and signed by the person making the statement, and that person is furnished a copy of such instrument. Except for non-payment of premium, we will not contest the validity of the *certificate* after it has been in force for two years.

#### **Medical Examinations and Autopsy**

We have the right to have you medically examined as reasonably necessary to make a decision about your medical claim. If someone covered by your certificate dies, we may also require an autopsy (except where prohibited by law). We will cover the cost of these medical examinations or autopsies.

#### Recovery

We have the right to recover any amount you receive from us that exceeds the total amount of your loss unless prohibited by law.

#### **Resolving Disputes**

If you disagree with our decision about a claim, you can request to go to arbitration. If we agree, you can submit a dispute to desk arbitration at least 60 days from the date of that decision, but not more than three years after the date of submission of claim.

No action may be brought against *us* unless *you* have complied with all applicable provisions of this *certificate* and such action is started within three years of the date of the loss.

#### **Subrogation**

When someone is responsible for *your* loss, *we* have the right to recover any payments *we* have made to *you* or someone else in relation to *your* claim, as permitted by law. In such case, *we* may require any person receiving payment from *us* to assign their rights to recover such payment, including signing and providing any documents reasonably required allowing *us* to do so. Everyone eligible to receive payment for a claim submitted to *us* must cooperate with this process and must refrain from doing anything that would adversely affect *our* rights to recover payment.

#### **Travel Requirements**

You are responsible for meeting all requirements to travel, including obtaining required travel authorizations/documentation (for example, passports or visas), obtaining required immunizations (unless you are medically unable) and medical supplies/equipment (including verifying that your supplies/equipment meet your travel supplier's requirements), and anything else required for you to travel.

#### **Waiver or Amendment**

No one has the right to describe *our certificate* any differently than is described here or to change or waive any of its provisions.

## We're only a click away!

Visit www.etravelprotection.com:

- To file a claim
- To check claim status



#### **BCS Insurance Company Privacy Notice**

BCS respects the privacy of its customers and former customers and protects the security and confidentiality of their nonpublic personal information. To safeguard our customers' confidential information, we comply with all applicable laws and regulations and have instituted our own policies to: (1) insure the security and confidentiality of customer records and information; (2) protect against any anticipated threats or hazards to the security or integrity of such records; and (3) protect against unauthorized access to or use of such records or information which could result in substantial harm or inconvenience to any customer.

#### **BCS PRIVACY POLICY:**

#### Policies and practices with respect to disclosing your nonpublic personal information:

We do not disclose any nonpublic personal financial information about our customers or former customers to anyone, except as permitted by law.

#### Categories of nonpublic personal information that we collect:

We collect nonpublic personal financial information about you from the following sources: (1) information we receive from you on applications or other forms; (2) information about your transactions with us, our affiliates, or others, and; (3) information we receive from a consumer reporting agency.

#### Policies we maintain to protect the confidentiality and security of nonpublic personal information:

We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal financial information. We restrict access to your nonpublic personal information to employees who need it to provide information or services to you.

AGA Service Company d/b/a Allianz Global Assistance is the administrator of this plan on behalf of BCS Insurance Company. Allianz Global Assistance will adhere to at least the same standards for handling and protecting your data as described above. For more information about how Allianz Global Assistance handles and protects your data, please see its attached privacy notice, or contact them at: Allianz Global Assistance, ATTN: Chief Privacy Officer, P.O. Box 72031, Richmond, VA 23255-2031; or by phone at 1-800-284-8300.

BCSPRIVNOT (12-16)

#### ALLIANZ GLOBAL ASSISTANCE PRIVACY NOTICE

AWP USA Inc. and its subsidiaries, including AGA Service Company d/b/a Allianz Global Assistance are committed to protecting your privacy. By using our products, services or website, you consent to our collection and use of your Personal Data as described in this notice ("Notice").

#### **Definitions**

The below definitions apply to this Notice:

- 1. "Personal Data" means non-public personal information that identifies a specific identified or identifiable person ("you"). An identifiable person is one who can be identified by reference to an identifier (such as name) or other factors specific to that person. Personal Data does not include publicly available, de-identified, or aggregated data.
- 2. "Sensitive Data" means Personal Data about a person's race or ethnicity; political, religious, philosophical, ideological, or trade union memberships, opinions, views or activities; medical or health conditions; genetic or biometric data; financial account information (e.g. bank account number); government-issued ID numbers; sexuality; or social security measures or administrative or criminal proceedings and sanctions that are treated outside pending proceedings. Sensitive Data also includes information we receive from a third party who treats and notes the information as sensitive.
- 3. "Agent" means a third party that collects or uses Personal Data to perform tasks on our behalf or provide information to us, or our underwriters and reinsurers.
- 4. "We/Us/Our" means one or more of AWP USA Inc. or its subsidiaries, including AGA Service Company.

#### **Privacy Practices**

This Notice describes how we collect, use, and maintain Personal Data. It also describes your and our rights.

#### 1. Notice of Collection and Uses/Disclosures

#### A. Collection of Personal Data

We collect Personal Data from you, or from your agents, representatives, suppliers and providers, cookies, analytics tools, and other tracking technologies, social networks, advertising networks, or other parties from whom you have authorized us to collect it on your behalf. This Personal Data may include:

- (i) Identifiers and other identifying personal information (e.g. name, contact information like address, email address, phone number, or other unique personal identifiers, signature, date of birth, insurance policy numbers, education, employment information and history);
- (ii) billing or payment information (e.g. bank account or payment card number and billing information);
- (iii) information about your trip, event, or enrollment (e.g. agents, suppliers, trip itinerary and plans; tuition and enrollment information):
- (iv) information about your transactions or business with us or others (e.g. personal information you provide us for us to generate quotes or to purchase products, quote/purchase history, receipts, insurance EOBs);
- (v) financial account information (e.g. account numbers, statements);
- (vi) health information (e.g. health insurance information, disability information, medical treatment history, invoices);
- (vii) information about or related to any claim you make or other use of our products (e.g. details of your loss, police reports, health/vital records, professional or employment-related information) records of interactions, communications and correspondence between you and us, including audio and electronic information);
- (viii) information about your websites and/or mobile application (e.g. browser data, IP address, information about your interaction with a website, application, or advertisement);
- (ix) geolocation data (e.g. for location-based website or mobile app customization or services);
- (x) biometric information (e.g. fingerprinting required for insurance licenses);
- (xi) protected class information (e.g. age, which may be used for purposes of quoting, or disability which may be used in administration of your claim);
- (xii) government-issued identification numbers (e.g. social security number, driver's license number, passport number);
- (xiii) job application, education, or employment-related information; or
- (xiv) any other information provided to us by you or on your behalf.

We may also collect Personal Data from consumer reporting agencies, fraud prevention organizations, groups, databases, or reports (including from industry groups, our affiliates, and other insurance companies). This data may be collected from forms, such as enrollment or claim forms; by phone, website, email, fax, or correspondence; or via cookies or similar technology.

If you are purchasing insurance on another's behalf, we and the insurer may require the personal information of the insured to provide and administer the benefits of their plan. By providing the insured's personal information at the time of purchase, you confirm that you have obtained the insured's consent to provide this personal information for this use.

#### **B.** Use and Disclosure of Personal Data

We may use the Personal Data we collect from any of the above categories:

- (i) to offer, market, sell, underwrite, or make available to you insurance or assistance products or services;
- (ii) to provide you with information or services for such products and services;
- (iii) to service and administer your insurance, assistance, or other products and services. This may include, for example: providing travel assistance or concierge services, servicing and processing your policy or claims, conducting quality or satisfaction surveys and assessments, keeping electronic or audio records of our interactions and correspondence with you and documents sent and received; and fraud prevention;
- (iv) to arrange for the provision of products and services you request, which may include products and/or services provided by a third party;
- (v) to review and process job applications and for other employment-related purposes;
- (vi) to protect or enforce our legal rights or to respond to lawful requests by public authorities, including to meet national security or law enforcement requirements or as otherwise required by law; or
- (vii) for purposes to which you've otherwise consented or as you've directed, unless revoked.

We may also use or disclose Personal Data for one or more of the following purposes, to the extent permitted by law:

- (i) for public health and safety issues;
- (ii) to comply with legal or regulatory requirements;
- (iii) to address or comply with workers' compensation, law enforcement, or other legal, regulatory, or other government mandates, investigations, examinations, or requests;
- (v) to respond to lawsuits or legal or regulatory actions;
- (vi) for required institutional risk control or for resolving client or consumer complaints or inquiries;
- (vii) if we sell or transfer all or a portion of our business assets (for example, further to a merger, acquisition, bankruptcy, reorganization, or other disposition of all or any of our business, or any other business transaction, including negotiations of such transactions):
- (viii) to protect, enforce, or defend our or your legal rights, interests, property, or safety;
- (ix) to enforce our policies;
- (x) with our consent or at your direction unless revoked; or
- (xi) other purposes permitted or required by, and in accordance with, applicable law.

Where and to the extent permitted by law, we may disclose Personal Data we have obtained as described above to our Agents, affiliates, business partners, service providers, and other insurance companies and insurance organizations, as well as to third parties for whom you have claimed expenses (such as travel suppliers or healthcare providers). Such disclosures are only for the purposes described in this Notice or for everyday business purposes as required or allowed by law (e.g. to process transactions, to maintain accounts, to prevent, investigate, and/or report fraud, to respond to court orders and legal investigations, or to report to credit bureaus). These Agents may be affiliated or nonaffiliated and may be located inside or outside the US. They may be financial services providers (e.g. underwriting insurers, reinsurers). They may also be non-financial companies (e.g. health service providers, travel service providers, the agent/agency through whom you purchased, service providers helping us with marketing or technology).

#### Information Collected Automatically, Advertising, and Analytics

We, the vendors advertising networks, and partners we work with, and social networks we connect to, may use various tools and technologies like cookies, pixels, and other tracking technologies or tools to collect certain information automatically about you when you visit our website. This information may include IP addresses, website navigation and Internet usage/network activity data and device/browser-generated data, including regarding your browsing history and your interaction with our and other websites, applications, and advertisements.

Cookies are text files on your computer. When you access our website or use our mobile application, we use cookies and other tracking technologies to collect data about your web usage. We may use third-party technologies, tools, or services such as Meta, Google, Inc.'s Google Analytics and AdWords services, and other similar third-party vendor services.

We use the following Google Analytics Advertising Features:

- (i) "Remarketing with Google Analytics" to serve advertisements to you across the Internet based on your visits to our site(s) by leveraging Google Analytics cookies.
- (ii) "Demographics and Interest Reporting" to collect information about our site traffic by tracking users across websites and across time via third-party cookies, which generates a report for us to better understand our site users.

- (iii) "Display Network Impression Reporting" to gather insights into how our ads are served and viewed across the Google Display Network, including aggregated data on ad impressions and user interactions.
- (vi) "Segments" to isolate and analyze subsets of site users by sorting our Google Analytics data.
- (v) "Google Ads" to display targeted ads based on user interests and interactions with our website.
- (vI) "Google Search Console" to monitor and analyze our website's visibility and performance in Google search results.

We, along with third-party vendors such as Google, use first-party and third-party cookies to analyze and understand user interactions with our website and serve targeted advertisements based on your prior visits to our site or other websites. Third-party vendors, including Google, use cookies to serve ads based on users' visits to our website. These cookies enable personalized advertising and may involve the collection of your demographic information, such as age and gender, and interest-based data.

We also may use third party chat and monitoring services on our website provided through Cognigy or other service providers. These services may use JavaScript to provide such services. Information you provide through chat services may be monitored and recorded and used for purposes of providing the services and assistance you request and for other uses related to your policy and claim, as well as for purposes of quality assurance, training, and improvement of products and services. By using the chat service, you agree to such monitoring, recording, and uses, and the processing of your data in accordance with this Privacy Policy.

These services may use technologies to collect and receive data from the website and elsewhere on the Internet and use that data to create a profile of you, measure your interests, detect your device, personalize your content, and provide advertising services to us. These vendors may provide this data to us or store and/or aggregate this data to analyze such usage and create reports for us. We, our affiliates and our Agents use such data and reports for our own business purposes (e.g. to provide customer service, to optimize the content you see from us, traffic and trend analysis, website and user experience improvement, other purposes stated in this Notice, etc.) and Payment Card Industry Data Security Standard ("PCI") compliance. These vendors may also display our ads on sites across the Internet, and they may use this data to later display ads or other information to you based on your website usage or other information collected as described above. Data from these first- and third-party cookies may be combined or linked together to provide a more comprehensive understanding of user behavior on our sites and across other sites, platforms, and devices. Please note that we or other parties may collect Personal Data about your online activities over time and across different devices and online properties when you use our website. Our websites use functional cookies that are required for the website to operate (including ReCAPTCHA and others). These cookies cannot be disabled. However, you can refuse cookies by disabling them in your browser (this may affect functionality and content available to you).

By using our website with cookies enabled, you consent to this use of cookies and data for these purposes. You can manage your cookie preferences for each of our websites by clicking the "Do Not Sell or Share My Personal Information" link on that website domain – see "Your Privacy Choices / Opt Our Rights" below for more information.

For more information on how Google Analytics uses data it collects, visit policies.google.com/technologies/partner-sites. To opt out of Google Analytics, visit tools.google.com/dlpage/gaoptout or disable cookies in your browser. To adjust your Google advertising settings, visit: myadcenter.google.com.

You may be able to opt out of certain interest-based advertising using the settings on your browser. To find out more about how these online analytics services manage the privacy of information in conjunction with delivering ads online, and how to opt out of information collection by these networks, please visit: youradchoices.com/appchoices, optout.aboutads.info, or thenai.org.

#### **Other Uses**

We may use your geolocation information for generating location-specific product advertisements and offers or to provide and administer the insurance and assistance services as described above. This information may also be used for location-based website or mobile website application services, such as access to local alerts and emergency services numbers and providers, location of healthcare providers or medical services, maps, translation services, and other similar services, or for purposes to which you otherwise consent or as described here.

We may use and disclose the name, email address, or contact information of current and former customers to Agents for marketing administration purposes. For example, we may need to disclose the email address you provided to us to an Agent providing marketing services on our behalf to help ensure that your opt out choices are respected and that you do not receive duplicate communications.

We may employ automation and technology powered by systems which may be considered artificial intelligence systems under certain laws to market, provide, and improve our services.

Upon notification and consent your Personal Data may be used for other reasons. That notice will state the purpose for collecting and using the data, the types of non-Agent third parties to which we disclose the data, and the means we offer you to limit this.

#### 2. Your Privacy Choices / Opt Out Rights

The law in some jurisdictions allows you the right to choose in some cases to opt out of us sharing your Personal Data with a third party or using it for purposes described or that is materially different from the purposes for which it was originally collected or which you later authorize. You may exercise this right by notifying the Privacy Officer at the information provided below. You may opt out of getting non-essential marketing communications from us by giving notice as described below and either managing your cookie preferences on the website or disabling cookies in your web browser. Except as required or allowed by law (e.g. for fraud prevention), we do not share, sell or otherwise disclose your Personal Data to non-Agent third parties or use it for any purpose other than for which it was originally collected or as you later authorize. If we ever wish to do so, we will give you the opportunity to opt out. If we wish to disclose your Sensitive Data to a non-Agent third party or use such data for a purpose other than for which it was originally collected or as you later authorize, we will only do so with your express consent. We will not unfairly discriminate against you for declining to provide this consent.

To opt out of the sale or sharing of your personal information through tracking technologies such as cookies and pixels, please click the "Do Not Sell or Share My Personal Information" link in the footer of the website domain (e.g. allianztravelinsurance.com) you are using. Please note, we maintain websites on several different domains. If you wish to opt out as described here, you must follow this procedure for each separate website domain that you access/use. If you choose to use an opt-out preference signal such as the Global Privacy Control (GPC), you will be opted out of online, cookie-based sales and sharing of personal information associated with the browser for which you have enabled the signal. If you use multiple browsers or devices, you will need to activate the signal for each one that you use.

To opt out of all other non-essential marketing communications or non-essential unaffiliated third party information selling or sharing, please contact our Chief Privacy Officer as described in "Contact" below with your name, policy number. Please include a statement that says "Opt out" (or something similar). Opt outs will be applied to all products and services we provide. When you opt out or revoke consent, such opt out or revocation will not apply to any action already taken prior to the time of such opt out or revocation. We will not unfairly discriminate against any person who chooses to opt out, or exercise any of their rights as described in this Notice.

#### 3. Information for Users Outside the U.S.

If you are visiting our website from outside of the United States, we may, directly or indirectly, process, store, and transfer the information you provide in or to the United States. By using our website, you acknowledge your Personal Data may be transferred to, and processed in, a jurisdiction outside of your own. Please be aware that the data protection laws and regulations that apply to your Personal Data transferred to the United States or other countries may differ from the laws in your country of residence. Our Binding Corporate Rules related to data transfers may be viewed here: <a href="https://www.allianz-partners.com/en\_US/allianz-partners.com/en\_US/allianz-partners.com/en\_LUS/allia

#### 4. Security

We take reasonable and appropriate measures to protect your data from loss, misuse, or unauthorized access, disclosure, alteration and destruction. To help maintain the security of your data, we use administrative, physical, and technical safeguards. Nevertheless, transmission via the Internet and online digital storage are not completely secure.

#### 5. Data Retention

We keep the categories of personal information described above for as long as is necessary for the purposes described in this Privacy Notice or as otherwise authorized or permitted by law. This generally means holding the information for as long as: (i) it is reasonably necessary to manage our operations, to manage your relationship with us, or to satisfy another purpose for which we collected the information; (ii) it is reasonably necessary to carry out a disclosed purpose that is reasonably compatible with the context in which the personal information was collected; (iii) it is reasonably required to protect or defend our rights or property; or (iv) we are otherwise required or permitted to keep your information by applicable laws or regulations. Where information is used for more than one purpose, we will retain it until the purpose with the latest period expires. For more information about our retention policies, please contact us by sending an email to privacy@allianzassistance.com.

#### 6. Access

If you discover data we hold about you is inaccurate or incomplete, please contact us. We will grant you reasonable access to the Personal Data we hold about you. We will take reasonable steps to allow you to correct, amend or delete your Personal Data that is inaccurate or incomplete, or has been processed in violation of this Notice, so long as it can be done without undue burden or expense on us, without breaching any legal or professional privilege or obligation, and without violating the rights of others.

#### Links

Our websites provide links (including social media plugins ("Plugins")) that connect to third party websites. Clicking such link may establish a connection and transmits data to/from the operator of such website. Clicking a Plugin while logged in to a social media account may cause the social media website's operator to publish activity to your account. To avoid this, log out of your account before clicking the Plugin link. We are not responsible for and make no representations about the content, security, or privacy practices of any other third-party websites. You should read the privacy notices of the websites you visit to understand their data privacy practices.

#### **Changes to Notice**

This Notice reflects our business practices. It is not a contract. However, we are required to and will abide by the terms of this Notice as currently in effect. We may amend this Notice at any time. We will notify you of any updates by posting a revised notice on our website. The revised notice will apply to all information collected by us, including previously collected information. You accept the revised notice by your continued use of our website, products or services following any such amendment. If we revise this Notice in a way that would allow us to disclose your Personal Data to a nonaffiliated third party other than as already described here, we will provide you with a revised notice and give you the opportunity to opt out of any such disclosure. You are responsible to regularly review this Notice. You have the right to a paper copy of this Notice upon request.

#### Contact

If you have any questions, comments, or complaints about this Notice or the way that we collect or handle your Personal Data, or if you would like a paper copy of this Notice, please contact our Chief Privacy Officer by any of:

Email: <u>privacy@allianzassistance.com</u>

Phone: 1-800-284-8300

Mail: Allianz Global Assistance, ATTN: Chief Privacy Officer

9950 Mayland Drive Richmond, VA 23233

#### **Electronic Notices**

Unless you chose to receive them by US mail at the time of purchase, by purchasing your policy, you consent to receive all notices and documents from us electronically. They will be sent to the email address provided at the time of purchase. You may opt to receive notices and documents from us by mail at any time. If you wish to change or update your notice/documents preferences, email us at <a href="mailto:customerservice@allianzassistance.com">customerservice@allianzassistance.com</a>. Please include your name, policy number, and a note that says "Only contact me by mail" (or something similar). You can also let us know by phone at 800-284-8300 or by mail to:

Allianz Global Assistance ATTN: Customer Service – Only contact me by mail 9950 Mayland Drive Richmond, VA 23233

If you don't provide an email address at purchase, you'll receive notices and documents by mail. You may request paper copies of any electronic information we send, or update your electronic contact information at any time by emailing or mailing us at the above address, or by calling us. Documents sent to you from us will be in either PDF or HTML format. If you can't receive or read the documents we send you, please contact us so we can assist you.

#### California Residents

Additional information about our privacy practices with respect to California residents is available at https://www.allianztravelinsurance.com/legal/privacy (see "California Residents" section) or by contacting us as described in the "Contact" section above.

#### **Effective Date**

This Notice was last revised on, and is effective as of, October 14, 2025.

The total price for your travel protection plan includes a price of insurance reflecting a filed and approved rate for BCS Insurance Company and a price of non-insurance assistance services provided by Allianz Global Assistance. The filed and approved insurance rate is a function of state requirements, the nature of the travel (e.g., destination, travel duration, mode of travel, dates of travel), the age of the traveler(s), and when the insurance is purchased relative to both the purchase of travel and the departure date. The price of non-insurance assistance services is shown below:

# Assistance Services Pricing (Plan charge = insurance premium + charge for assistance services)

Trip	Cost	Service
\$0.00	\$500.00	\$3.25
\$500.01	\$1,000.00	\$3.00
\$1,000.01	\$1,500.00	\$3.00
\$1,500.01	\$2,000.00	\$3.00
\$2,000.01	\$2,500.00	\$5.25
\$2,500.01	\$3,000.00	\$5.50
\$3,000.01	\$3,500.00	\$5.50
\$3,500.01	\$4,000.00	\$6.00
\$4,000.01	\$4,500.00	\$7.50
\$4,500.01	\$5,000.00	\$8.00
\$5,000.01	\$5,500.00	\$9.50
\$5,500.01	\$6,000.00	\$12.00
\$6,000.01	\$6,500.00	\$14.50
\$6,500.01	\$7,000.00	\$17.00
\$7,000.01	\$8,000.00	\$19.00
\$8,000.01	\$9,000.00	\$26.50
\$9,000.01	\$10,000.00	\$34.00