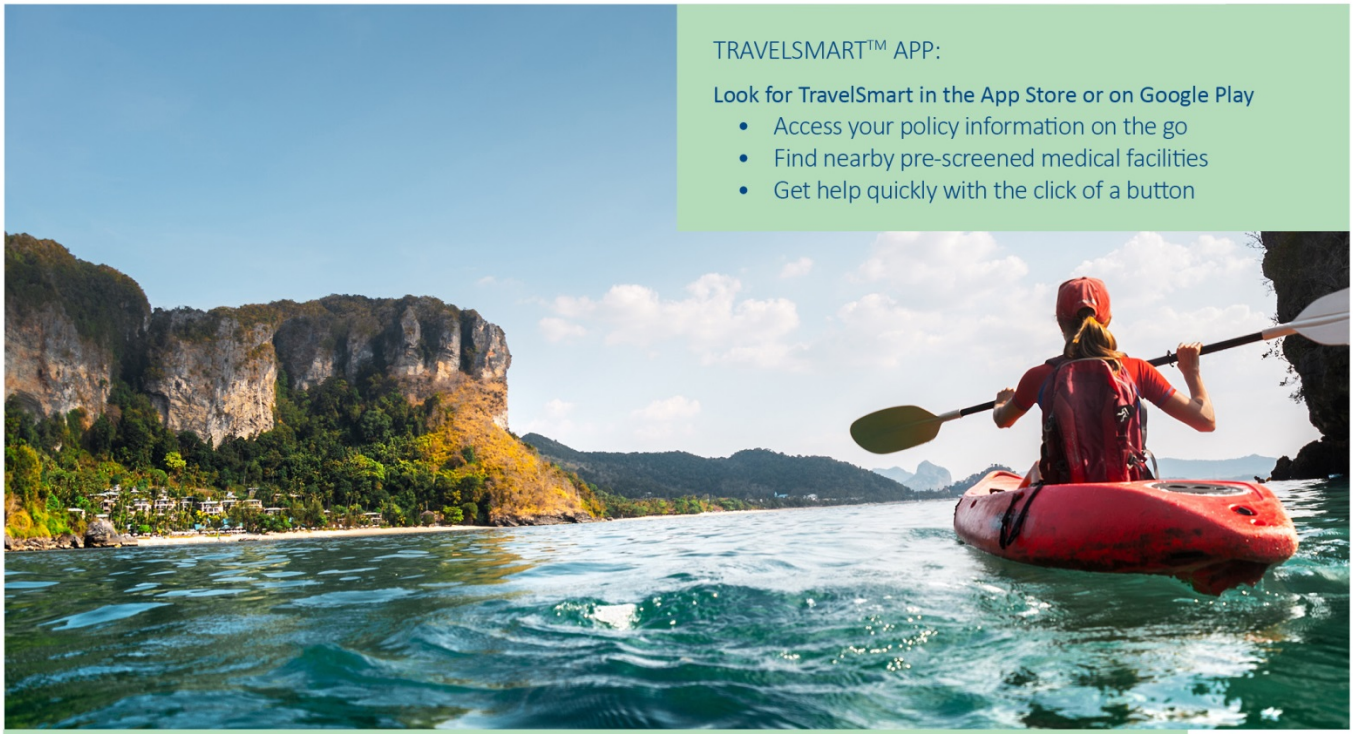


TRAVELSMART™ APP:

Look for TravelSmart in the App Store or on Google Play

- Access your policy information on the go
- Find nearby pre-screened medical facilities
- Get help quickly with the click of a button

# INDIVIDUAL TRAVEL INSURANCE POLICY

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.agentmaxonline.com/customer
1-800-284-8300
(Toll-free, Domestic)

Jefferson Insurance Company℠

Allianz Travel

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

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## JEFFERSON INSURANCE COMPANY
## (A STOCK COMPANY)

## ABOUT THIS POLICY

This *policy* 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 policy*.

This *policy* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *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 POLICY INCLUDES AND WHOM IT COVERS

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

*Your policy* consists of two parts:

1. This *policy* 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 policy*.

NOTE:

- If a certain type of coverage is described in this *policy* document, but it is NOT listed in the Declarations, *your policy* does not include that coverage.
- 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 *policy* may be covered.

## OUR PROMISE TO YOU

Since *your* satisfaction is *our* priority, *we* are pleased to give *you* 10 days to review *your policy*. If, during this 10-day period, *you* are not completely satisfied for any reason, *you* may cancel *your policy* 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 JEFFERSON INSURANCE COMPANY
## 9950 MAYLAND DRIVE, RICHMOND, VIRGINIA 23233



**Jeff Wright, President**



**Jack Zemp, Secretary**

## INDIVIDUAL TRAVEL INSURANCE POLICY

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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 delayed or canceled, *we* can assist *you* with finding a new flight or alternate transportation.

***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.

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

| | |
|---|---|
| ***Accident*** | An unexpected and unintended event that causes *injury*, property damage, or both. |
| ***Accommodation*** | A hotel or any other kind of lodging for which *you* make a reservation or where *you* 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*. |
| ***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 *you* currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old. *You* must be able to show evidence that *you* have lived together for 12 consecutive months. |
| ***Covered reasons*** | The specifically named situations or events for which *you* are covered under this *policy*. |
| ***Criminal act*** | An act that is a felony. |
| ***Departure date*** | The originally scheduled date that *you* have selected to begin travel as shown on *your trip* itinerary and on *your* 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*** | *Your*:<br>1. Spouse (by marriage, common law, domestic partnership, or civil union);<br>2. *Cohabitants* (defined above);<br>3. Parents and stepparents;<br>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;<br>5. Siblings;<br>6. Grandparents and grandchildren;<br>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;<br>8. Aunts, uncles, nieces, and nephews;<br>9. Legal guardians and wards;<br>10. Paid, live-in caregivers; and<br>11. Service animals (as defined by the Americans with Disabilities Act). |
| ***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 injured people under the supervision of *doctors*. It must:<br>1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;<br>2. Have organized departments of medicine and major surgery; and<br>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 *our* medical team to accompany a seriously ill or *injured* person while they are being transported. A *medical escort* is trained to provide medical care to the person being transported. This cannot be a friend, *traveling companion*, or *family member*. |
| ***Medically necessary*** | Treatment that is required for *your* illness, *injury*, or medical condition, consistent with *your* symptoms, and can safely be provided to *you*. Such treatment must meet the standards of good medical practice and is not for *your* 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. |
| ***Policy*** | The travel insurance coverage purchased. The *policy* includes this policy document, any amendments and endorsements attached to it, and the Declarations. |
| ***Primary residence*** | *Your* permanent, fixed home address for legal and tax purposes. |
| ***Pre-existing medical condition*** | An *injury*, illness, or medical condition that, within the 120 days prior to the purchase date of this *policy*:<br>1. Caused a person to seek medical examination, diagnosis, care, or treatment by a *doctor*;<br>2. Presented symptoms; or<br>3. 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).<br><br>The illness, *injury*, or medical condition does not need to be formally diagnosed in order to be considered a *pre-existing medical condition*.<br><br>For example, a sprained knee *you* have had treated in the 120 days prior to the purchase date of *your policy* 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*. |
| ***Quarantine*** | Mandatory confinement, intended to stop the spread of a contagious disease to which *you* or a *traveling companion* may have been exposed. |
| ***Refund*** | Cash, credit, or a voucher for future travel that *you* are eligible to receive from a *travel supplier*, or any credit, recovery, or reimbursement *you* are eligible to receive from *your* 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 injures 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*** | A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include:<br>1. Rental vehicle companies;<br>2. Private, chartered, or non-commercial transportation carriers; or<br>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. |
| ***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 *you* or traveling to accompany *you* on *your trip*. A group or tour leader is not considered a *traveling companion* unless *you* 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 *natural disaster*, 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*** | Jefferson 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 may be included in *your policy*. *We* explain each type of coverage and the specific conditions that must be met for the coverage to apply. If a certain type of coverage is described in this *policy* document, but it is NOT listed in the Declarations, *your policy* does not include that coverage.

## 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 change fees (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 policy's* Coverage Effective Date and before *your trip*.

4. *You* find out *you* are pregnant after purchasing this *policy*.

5. *You* need to attend the birth of a *family member's* child.

6. *You* or a *traveling companion* is *quarantined*.

7. *Your* tour operator, airline, or cruise line ceases all operations due to its financial condition, with or without filing for bankruptcy.

   The following conditions apply:
   a. *Your policy* was purchased within 14 days of the date of the first *trip* payment or deposit;
   b. The cessation of operations occurs more than seven days after *your policy's* Coverage Effective Date;
   c. *Your policy* was not purchased directly through the tour operator, airline, or cruise line ceasing operations, or an affiliate of that entity; and
   d. The tour operator, airline, or cruise line was included in *our* list of covered suppliers on *your policy's* Coverage Effective Date.

8. *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.

9. 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.

10. *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).

11. *You* or a *traveling companion* legally separates or divorces on or after *your policy's* Coverage Effective Date but before *your* scheduled *departure date*.

    The following condition applies:
    a. *Your policy* was purchased within 14 days of the date of the first *trip* payment or deposit.

12. *Your primary residence* is *uninhabitable*.

13. *Your* destination is *uninhabitable*.

14. *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*;
    B. *Severe weather*;
    C. A strike, unless threatened or announced prior to the purchase of *your policy*; or
    D. An FAA or foreign equivalent mandate.

    However, if *you* can get to *your* original destination another way, *we* will reimburse *you* for the following, up to *your policy'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 conditions apply:
    a. Coverage for a strike does not apply when the striking workers are employed by the *travel carrier*, or an affiliate of the *travel carrier*, from which *you* purchased *your policy*.

b. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.

15. *Your* tour operator cancels *your* multi-day tour that was purchased prior to *your departure date* due to:
    A. A *natural disaster*;
    B. *Severe weather*;
    C. A strike, unless threatened or announced prior to the purchase of *your policy*; or
    D. An FAA or foreign equivalent mandate.

    The following condition applies:
    a. Coverage for a strike does not apply when the striking workers are employed by the tour operator, or an affiliate of the tour operator, from which *you* purchased *your policy*.

16. 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 policy's* Coverage Effective Date.

17. *Your* or a *traveling companion's primary residence* is permanently relocated by at least 200 miles due to a transfer by *your* or a *traveling companion's* current employer. This coverage includes relocation due to transfer by *your* spouse's current employer.

18. *You* or a *traveling companion* is terminated or laid off by a current employer after *your policy'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 12 consecutive months.

19. *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.

20. Government authorities order a mandatory evacuation at *your* destination that is in effect within 24 hours prior to *your departure date*.

    The following condition applies:
    a. *Your policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.

**IMPORTANT:** Please refer to *your* Declarations to confirm *your policy* includes this coverage, and if so, the 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 on *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 *policy* 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. *Your* tour operator, airline, or cruise line ceases all operations due to its financial condition, with or without filing for bankruptcy.

   The following conditions apply:
   a. *Your policy* was purchased within 14 days of the date of the first *trip* payment or deposit;
   b. The cessation of operations occurs more than seven days after *your policy's* Coverage Effective Date;
   c. *Your policy* was not purchased directly through the tour operator, airline, or cruise line ceasing operations, or an affiliate of that entity; and
   d. The tour operator, airline, or cruise line was included in *our* list of covered suppliers on *your policy's* Coverage Effective Date.

6. *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 strike, unless threatened or announced prior to the purchase of *your policy*;
   C. A *natural disaster*;
   D. Roads being closed or impassable due to *severe weather*;
   E. Lost or stolen travel documents;
   F. Civil disorder; or
   G. Being involved in or delayed by a traffic *accident*.

7. *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* needs medical attention; or
   b. The vehicle needs to be repaired because it is not safe to operate.

8. 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.

9. *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).

10. *Your primary residence* is *uninhabitable*.

11. *Your* destination is *uninhabitable*.

12. *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*;
    B. *Severe weather*;
    C. A *s*trike, unless threatened or announced prior to the purchase of *your policy*; or
    D. An FAA or foreign equivalent mandate.

    However, if *you* can get to *your* original destination another way, *we* will reimburse *you* for the following, up to *your policy'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 conditions apply:
    a. Coverage for a strike does not apply when the striking workers are employed by the *travel carrier*, or an affiliate of the *travel carrier*, from which *you* purchased *your policy*.
    b. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.

13. *You* or a *traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.

14. 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 policy's* Coverage Effective Date.

15. *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.

16. Government authorities order a mandatory evacuation at *your* destination while *you* are on *your trip*.

    The following condition applies:
    a. *Your policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.

**IMPORTANT:** Please refer to *your* Declarations to confirm *your policy* includes this coverage, and if so, the applicable limit.

## C. 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 on *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 on *your* Declarations. The most *we* will pay per 24 hours of delay is the daily limit stated on *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 on *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 policy*;
3. *Quarantine*;
4. A *natural disaster*;
5. Roads are closed or impassable due to *severe weather*;
6. Lost or stolen travel documents;
7. Hijacking;
8. Civil disorder; or
9. A traffic *accident*.

**IMPORTANT:** Please refer to *your* Declarations to confirm *your policy* includes this coverage, and if so, the applicable limit.

## D. 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 policy* includes this coverage, and if so, the applicable limit.

If *your baggage* is lost 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*.

## E. 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 on *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 policy* includes this coverage, and if so, the 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*.

## F. 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.
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, as determined by *your* representative:

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 on *your* Declarations. Please refer to *your* Declarations to confirm *your policy* includes this coverage, and if so, the applicable limit.

## GENERAL EXCLUSIONS

This section describes the general exclusions applicable to Trip Cancellation Coverage, Trip Interruption Coverage, Travel Delay Coverage, Baggage Loss Coverage, Baggage Delay Coverage, and Emergency Transportation Coverage under *your policy*. An "exclusion" is something that is not covered by this insurance *policy*, and therefore no reimbursement would be available.

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

This *policy* 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 on *your* Declarations do not represent when *you* actually intended to travel; 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 *policy* and NOT excluded from coverage.

Because *your policy* 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 policy* was purchased on or before the final *trip* payment due date as listed on *your travel supplier's* invoice;
b. *You* were a U.S. resident when the *policy* was purchased;
c. *You* were medically able to travel when the *policy* was purchased; and
d. On the *policy* purchase date, *you* insured the full non-refundable cost of *your trip* with *us*. This includes *trip* arrangements that will become non-refundable or subject to cancellation penalties between the *policy* purchase date and the *departure date*.

If *you* incur additional non-refundable *trip* expenses after *you* purchase this *policy*, *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 on *your* Declarations. Amounts payable for claims under other coverages are subject to limits listed on *your* Declarations.

## WHEN YOUR COVERAGE BEGINS AND ENDS

*You* are only eligible for coverage if *we* accept *your* request for insurance. *Your policy's* Coverage Effective Date and Coverage End Date are indicated on *your* Declarations. The *policy* is effective on the day after *we* receive both the order and the full premium. If this *policy* was purchased by mail, the *policy* is effective the day after both the order and the full premium are postmarked. 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 policy* is in effect. The maximum policy 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 policy* ends on the Coverage End Date listed in *your* Declarations. However, there are situations where *your policy* may end on a different date. *Your policy* will end on the earliest of:

1. The day *you* cancel *your policy*;
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$^{th}$ 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 *policy* 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 policy* 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.allianztravelinsurance.com and click on File a Claim.
- Provide *policy* 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 policy*.

**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 policy* 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 *policy* 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 on *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 *policy*. All dollar amounts described in this *policy* 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 *policy* purchaser may request changes to the *policy* 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 policy* 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 *policy* 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 *policy* 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 policy 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 policy. *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* or someone acting on *your* behalf, make with the intent to deceive may result in *us* voiding *your policy* 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 intentionally misleading or deceptive;
2. Intentionally 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 policy* 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 *policy* 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. *Our* right to subrogation will not exceed the amount of *our* 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 policy* any differently than is described here or to change or waive any of its provisions.

# TRAVEL SERVICES DURING YOUR TRIP
## PROVIDED BY AGA SERVICE COMPANY

If *you* need travel or medical assistance related to *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. Throughout this document, the words "you" and "your" refer to the person or people insured under the attached insurance plan. The words "we", "us", and "our" refer to AGA Service Company.

**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.

**Prescription Replacement**
If *you* need to refill *your* prescription, *we* can refer *you* to a physician and a pharmacy to assist *you*.

**Medical Equipment Arrangements**
If *you* need medical equipment while traveling, *we* can refer *you* to a medical supply vendor or assist *you* in getting the supplies *you* need.

**Personal Effects Collection and Return**
If *you* cannot take *your* personal belongings home with *you* or leave them behind while on *your trip*, *we* can assist in locating them and arranging their collection and return.

**Child Care Equipment Assistance**
If *you* need child care equipment (such as cribs, highchairs, or car seats) to use during your trip, we can assist in the location and delivery of the equipment.

**Care of *Your* Pet While on *Your Trip***
If *you* need assistance in the lodging of *your* pet, return of *your* pet, or locating a veterinarian, *we* can provide *you* with referral options and assist *you* in making reservations.

# CONCIERGE SERVICES
## PROVIDED BY AGA SERVICE COMPANY

*Our* Concierge associates are here to assist *you* with requests from the routine to the extraordinary, 24 hours a day, any day of the year. Throughout this document, the words "you" and "your" refer to the person or people insured under the attached insurance plan. The words "we", "us", and "our" refer to AGA Service Company.

**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.

All of *our* concierge benefits are service benefits, not financial benefits. Payment of any costs associated with these services is *your* responsibility. The following are types of services *you* can contact *us* for assistance with:

**Activity/Entertainment Planning**
When *you* are traveling or planning *your trip*, *we* can assist *you* with referrals, reservations, or ticketing for:
- Restaurants
- Sports events, shows, and festivals
- Theater and concert events
- Health Clubs
- Golf courses and tee times
- Tours
- Museums
- Shopping
- Hobby or special interest classes
- Other such activities/entertainment

**Destination Information**
Get information on *your* destination, such as:
- Highlights and sightseeing
- Airport and mass transportation
- Health and security
- Local customs and duty
- Exchange rates
- Visa and passport requirements
- ATM locations

**Business Services**
When traveling on business, *we* can assist with:
- Computer and mobile device rental
- Audio/visual equipment rental
- Translation service
- Messenger service
- Location of banquet or private meeting venues
- Arranging catering, banquet, and event services

**Specialty Services**
When *you* are traveling, *we* can arrange specialty services, such as:

- Gift basket delivery
- Flower delivery
- Gift idea referrals
- Gourmet food delivery
- Personal care referrals (such as hair, makeup, and massages)

All of *our* concierge benefits are service benefits, not financial benefits. Payment of any costs associated with these services is *your* responsibility.

**We're only a click away!**

Visit www.agentmaxonline.com/customer:

- To file a claim
- To check claim status

Allianz Travel

## JEFFERSON INSURANCE COMPANY
## (A Stock Company)

# GENERAL EXCLUSION AMENDMENT

*Your policy* is changed as follows:

I. **GENERAL EXCLUSIONS,** the following exclusions are deleted in their entirety:

1. *Your* intentional self-harm or if *you* attempt or commit suicide.

2. 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.

There are no other changes to the *policy*.

Jefferson Insurance Company



**Jeff Wright, President**

TRAVELSMART™ APP:

Look for TravelSmart in the App Store or on Google Play

- Access your policy information on the go
- Find nearby pre-screened medical facilities
- Get help quickly with the click of a button



# EMERGENCY MEDICAL TRAVEL INSURANCE POLICY

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.agentmaxonline.com/customer
1-800-284-8300
(Toll-free, Domestic)

Jefferson Insurance Company℠

Allianz Travel

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## JEFFERSON INSURANCE COMPANY
## (A STOCK COMPANY)

### ABOUT THIS POLICY

This *policy* 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 policy*.

This *policy* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *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 POLICY INCLUDES AND WHOM IT COVERS

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

*Your policy* consists of two parts:

1. This *policy* 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 policy*.

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 *policy* may be covered.

### OUR PROMISE TO YOU

Since *your* satisfaction is *our* priority, *we* are pleased to give *you* 10 days to review *your policy*. If, during this 10-day period, *you* are not completely satisfied for any reason, *you* may cancel *your policy* 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 JEFFERSON INSURANCE COMPANY
### 9950 MAYLAND DRIVE, RICHMOND, VIRGINIA 23233



**Jeff Wright, President**



**Jack Zemp, Secretary**

## INDIVIDUAL TRAVEL INSURANCE POLICY

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## DEFINITIONS

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

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| ***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 *you* currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old. *You* must be able to show evidence that *you* have lived together for 12 consecutive months. |
| ***Covered reasons*** | The specifically named situations or events for which *you* are covered under this *policy*. |
| ***Criminal act*** | An act that is a felony. |
| ***Departure date*** | The originally scheduled date that *you* have selected to begin travel as shown on *your trip* itinerary and on *your* 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*. |
| ***Family member*** | *Your*:<br>1. Spouse (by marriage, common law, domestic partnership, or civil union);<br>2. *Cohabitants* (defined above);<br>3. Parents and stepparents;<br>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;<br>5. Siblings;<br>6. Grandparents and grandchildren;<br>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;<br>8. Aunts, uncles, nieces, and nephews;<br>9. Legal guardians and wards;<br>10. Paid, live-in caregivers; and<br>11. Service animals (as defined by the Americans with Disabilities Act). |
| ***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 injured people under the supervision of *doctors*. It must:<br>1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;<br>2. Have organized departments of medicine and major surgery; and<br>3. Be licensed where required. |
| ***Injury*** | Physical bodily harm. |
| ***Medically necessary*** | Treatment that is required for *your* illness, *injury*, or medical condition, consistent with *your* symptoms, and can safely be provided to *you*. Such treatment must meet the standards of good medical practice and is not for *your* or the provider's convenience. |
| ***Policy*** | The travel insurance coverage purchased. The *policy* includes this policy document, any amendments and endorsements attached to it, and the Declarations. |
| ***Primary residence*** | *Your* permanent, fixed home address for legal and tax purposes. |

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|---|---|
| ***Pre-existing medical condition*** | An *injury*, illness, or medical condition that, within the 120 days prior to the purchase date of this *policy*:<br>1. Caused a person to seek medical examination, diagnosis, care, or treatment by a *doctor*;<br>2. Presented symptoms; or<br>3. 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).<br><br>For example, a sprained knee *you* have had treated in the 120 days prior to the purchase date of *your policy* 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*. |
| ***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. |
| ***Travel carrier*** | A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include:<br>1. Rental vehicle companies;<br>2. Private, chartered, or non-commercial transportation carriers; or<br>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. |
| ***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 *you* or traveling to accompany *you* on *your trip*. A group or tour leader is not considered a *traveling companion* unless *you* 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. |
| ***We, Us, or Our*** | Jefferson 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 policy*. *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 on *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); and
    7. 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 Emergency Medical/Dental Coverage under *your policy*. An "exclusion" is something that is not covered by this insurance *policy*, and therefore no reimbursement would be available.

This *policy* 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, intended, or expected when *your policy* 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. Alcoholism or drug addiction, or any related physical symptoms;
7. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
8. 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.
9. A *criminal act* resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act;
10. War (declared or undeclared) or acts of war;
11. Military duty; or
12. Civil disorder or unrest.

This *policy* 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 on *your* Declarations do not represent when *you* actually intended to travel; 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 *policy* and NOT excluded from coverage.

Because *your policy* 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 policy* was purchased on or before the final *trip* payment due date as listed on *your travel supplier's* invoice;
b. *You* were a U.S. resident when the *policy* was purchased;
c. *You* were medically able to travel when the *policy* was purchased; and
d. On the *policy* purchase date, *you* insured the full non-refundable cost of *your trip* with *us*. This includes *trip* arrangements that will become non-refundable or subject to cancellation penalties between the *policy* purchase date and the *departure date*.

If *you* incur additional non-refundable *trip* expenses after *you* purchase this *policy*, *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 policy's* Coverage Effective Date and Coverage End Date are indicated on *your* Declarations. The *policy* is effective on the day after *we* receive both the order and the full premium. If this *policy* was purchased by mail, the *policy* is effective the day after both the order and the full premium are postmarked. 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 policy* is in effect. The maximum policy 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 policy* ends on the Coverage End Date listed in *your* Declarations. However, there are situations where *your policy* may end on a different date. *Your policy* will end on the earliest of:

1. The day *you* cancel *your policy*;
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$^{th}$ 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 *policy* 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 policy* 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.allianztravelinsurance.com and click on File a Claim.
- Provide *policy* 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 policy*.

**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 policy* 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 *policy* 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 on *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 *policy*. All dollar amounts described in this *policy* 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 *policy* purchaser may request changes to the *policy* 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 policy* 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 *policy* 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 *policy* 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 policy 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 policy. *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 policy* 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 intentionally 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 policy* 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 *policy* 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 knowingly doing anything that would adversely affect *our* rights to recover payment. *You* must be fully compensated before *our* right to subrogate.

**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 policy* any differently than is described here or to change or waive any of its provisions.

**We're only a click away!**

Visit www.agentmaxonline.com/customer:

- To file a claim
- To check claim status

Allianz Travel

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## JEFFERSON INSURANCE COMPANY
## (A Stock Company)

# GENERAL EXCLUSION AMENDMENT

*Your policy* is changed as follows:

I. **GENERAL EXCLUSIONS,** the following exclusions are deleted in their entirety:

1. *Your* intentional self-harm or if *you* attempt or commit suicide.

2. Alcoholism or drug addiction, or any related physical symptoms.

There are no other changes to the *policy*.

Jefferson Insurance Company



**Jeff Wright, President**

# PRIVACY NOTICE

AWP USA Inc. and its subsidiaries, including Jefferson Insurance Company and AGA Service Company d/b/a Allianz Partners 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., Jefferson Insurance Company, and 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: https://www.allianz-partners.com/en_US/allianz-partners—binding-corporate-rules-.html

## 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. Access can be requested by contacting our Privacy Office or by using our online portal (available through our website privacy notice).

## 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: privacy@allianzassistance.com
Phone: 1-800-284-8300
Mail: Allianz Partners, 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 customerservice@allianzassistance.com. 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 Partners
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 6, 2026.

Allianz

**Covered Supplier List as of July 31st, 2026**

**IMPORTANT NOTICE:** This Covered Supplier list is solely for the purpose of determining whether a supplier is a Covered Supplier under the applicable Allianz Travel Protection Plan*. This list is not intended to be, and should not be interpreted as, a judgment of any supplier, financial or otherwise. A supplier's inclusion on this list does not represent an endorsement, recommendation, or promotion of that supplier, nor does a supplier's exclusion represent a criticism, disapproval, disfavor, or expression of concern about that supplier, including in either case with respect to that supplier's financial condition. This list should not be used for the purpose of evaluating a supplier's financial condition or other quality or any purpose other than the express intended purpose described above, and Allianz Partners, its affiliates, and its underwriters expressly disclaim any responsibility for any such unintended use.

**Airlines**

- Aer Lingus
- Air Canada
- Air New Zealand Ltd.
- Alaska Airlines
- American Airlines
- Allegiant Air
- British Airways
- Delta Airlines
- Easy Jet
- El AL Israel Airlines
- Emirates
- Hawaiian Airlines
- Iberia
- Japan Airlines
- JetBlue
- Lufthansa
- Nippon Airways
- Ryanair
- Singapore Airlines
- Southwest
- United Airlines

**Cruise Lines**

- All Discovery Cruising
- AMA Waterways
- American Cruise Lines
- Azamara Cruises
- Carnival Cruise Lines
- Celebrity Cruises
- Crystal Cruises
- Cunard Line
- Disney Cruise Line
- Emerald Cruises
- Explora Journeys
- Holland America Lines
- Imperial River Cruises
- Innersea Discoveries
- MSC Cruises
- Norwegian Cruise Lines
- Oceania Cruises
- Paul Gauguin Cruises
- Pearl Seas Cruises
- Ponant USA LLC
- Princess Cruises
- Regent Seven Seas Cruises
- Royal Caribbean International
- Seabourn Cruise Line
- SeaDream Yacht Club
- Scenic Luxury Cruises and Tours
- Riviera River Cruises
- Silversea Cruises LTD
- Star Clippers
- UnCruise Adventures, Innersea Discoveries Alaska, Inc.
- Uniworld
- Variety Cruises
- Victory Cruise Lines
- Viking River Cruises
- Viking Ocean Cruises
- Virgin Voyages
- Windstar Cruises LLC

**Tour Operators**

- AAA Exclusive Vacations
- AAA Member Choice Vacations
- AAA Sojourns
- AAA South Jersey Motorcoach Tours
- AAT King's
- Abel Tasman Tours
- Abercrombie & Kent
- Abrams Travel, Inc.
- ACFEA Tour Consultants
- ACK Destination Management
- Adventures by Disney
- Adventures Associates
- Adventuresmith Explorations
- AER World Tours
- African Portfolio, Inc.
- African Travel
- African Travel Seminars, Inc.
- Aggressor Adventures
- Air & Sea Travel Center
- Alaska Travel Adventures
- Alaska Wildland Adventures
- Alaskan Tour Guides
- All Alaska Tours
- Alexander & Roberts
- Alki Tours
- Alpine Adventures
- All Japan Tours
- All-In-One Tours & Cruises, LLC
- All Mountain Vacations
- Alluring Africa
- Alluring Americas
- Alluring Asia
- Alluring Destinations
- American Airlines Vacations
- American Music Abroad
- American Tours International (ATI)
- Amiel Tours
- Amtrak Vacations
- Apple Vacations
- Aqua Expeditions
- Arabian Adventures
- Argentina Activa
- Artic Kingdom Polar Expeditions
- Asia Transpacific Journeys
- Atlantis Events
- Autoventure
- Avalon Waterways
- Avanti Destinations, Inc.
- Barefoot Holidays
- BedsOnline
- Belmond
- Big Five Tours & Expeditions
- Blue Odyssey Tours
- Blue Sky Tours
- Branson Country Tours
- Break-Away Tours
- Brendan Holdings, Ltd
- Brennan Vacations
- Brennan & Associates
- Brendan Vacations Inc.
- Brewster
- Brian Moore International Tours
- Bucher Travel
- Butterfield & Robinson
- Caravan - Serai Tours
- Carson Travel
- Celtic International Tours
- Central Holidays
- Chamber Discoveries
- CheapCaribbean
- Cheeseman Ecology Safari
- Chima Travel Bureau
- Christian Tours/Burke International Tours
- Ciao Italy & Carrani Tours
- CIE Tours International
- CIG North America
- City Escape Holidays
- Classic Africa
- Classic Custom Vacations
- Clipper Vacations
- Collette Vacations
- Contiki Holidays
- Compass Tours Incoming
- Coronet Travel
- Corporate Travel
- Cosmos
- Cost Saver Tours
- Country Walkers, Inc.
- Crisp Tours
- Cuba Candela
- Culture Trip
- Cultural Italy
- Delta Vacations
- Dharma Adventures
- Destination World
- Discover New York
- Donna Franca Tours
- Down Under Answers

* Terms, conditions, and exclusions apply. Plans include insurance benefits and assistance services. Insurance benefits are underwritten by either BCS Insurance Company, or Jefferson Insurance Company, depending on insureds state of residence. Please refer to your plan documents for more details.

- Dream Escape
- Earthbound, Inc.
- Easy Tours of India
- EB Sports Tours
- Eco Tours Expeditions, Inc.
- Educational Travel Services
- Entrée Alaska
- Esprit Travel
- Euro Lloyd Travel
- Eurobound/Tahitibound
- Euro-Connection
- Europe Express
- European Sojourns, LTD
- Evoke | Inspire
- Exeter International
- Explore Tours
- Explorer Ventures
- Excursionist LLC
- Fiesta Tours International
- Four Seasons Tours
- France Vacations
- French Country Waterways
- Functions Unlimited
- Funjet Vacations
- G Adventures
- Galapagos Travel
- Gate 1 International Travel
- George's International Tours
- Geographic Expeditions
- Gerber Tours
- Globus
- Gogo Worldwide Vacations
- Goway Travel
- Grand American Tour & Cruises
- Grand Canyon Railway
- Grand Circle Corporation
- Grand European Tours
- Great Lakes Cruise Company
- Great Safaris
- Greaves Tours LLC
- Greece ala Carte
- Group IST
- GWV International
- HAT Tours
- Hawaii World
- Hello Italy Travel
- Hidden Trails
- Hidden Treasures Botanical Tours, LLC
- History America Tours
- Holland America Tours
- Homeric Tours
- Il Viaggio
- I.D.I. Travel
- Iceland Encounter
- IC Bellagio s.a.s
- Image Tours, Inc.
- Inca Floats, Inc.
- Insight Vacation, Inc.
- International Expeditions, Inc.
- International Lifestyles, Inc.
- International Travel Co.
- Intrepid Travel
- Into Japan Specialist Tours
- Island Destinations
- Isle Tours
- Issta Sport LTD
- IST Tours
- IST Cultural Tours
- Journeys Unlimited
- Joshua Expeditions
- Kalos Tours
- Kensington Tours
- Ker & Downey
- Key Tours International
- Key Transportation
- Klein Tours
- Knightly Tours
- Kompas USA
- Kyvernitis Travel and Shipping S.A.
- Ladatco, Inc.
- Laura Massoni Travel
- Lakani World Tours
- Legacy Tours of Distinction
- LimoLink International
- Lindenmeyr Travel
- Lima Tours
- Lotus International Tours
- Luxury Gold Tours
- Luxury Trips
- Maiellano Travel
- Made for Spain
- Mango African Safaris
- Margaret Morse Tours, Inc.
- Matterhorn Travel
- Mauiva Air Tours
- Mayflower Tours
- Mazurkas Travel
- Member First
- Metropolitan Touring
- Micato Safaris
- MillenniumTours
- MLT Vacations
- Moloney & Kelly Travel
- Mountain Travel Sobek
- Mondial
- Nawas International Travel
- NoteWorthy
- Norwegian Adventures
- Ntaba African Safaris
- Nuovo Tours LLC
- Odysseys Unlimited
- Olivia Cruises and Resorts
- Olive Branch Tours
- OneFineStay
- On Location Events
- Orient Flexi Pax Tours
- Outer Edge Expeditions
- Outlook International
- Pacific Escapes
- Papa's Travel Store
- Peak Performance Tours
- Perillo Tours, Inc.
- Petrabax West
- Peirce & Leslie
- Pleasant Holidays
- Portugal Deluxe
- Premier Alaska Tours
- Premier World Tours
- PrimeSport International
- Princess Tours
- Proud African Safaris, LLC
- Pure Germany
- Qantas Vacations
- Quark Expeditions, Inc.
- Rail Europe
- Rail Source International Inc.
- Railbookers
- Rainforest Cruises
- Regina Tours
- Remote Lands Inc.
- ResidenSea
- Rick Steves Europe Through the Back Door
- RoadTrips
- Rocky Mountaineer
- Rothschild Safaris
- Salute Africa
- Scandinavian American World Tours
- Scantours
- Seasonz
- Select International Tours and Cruises
- Shore Excursions Group
- Sincerely Paul
- Singular
- Signa Tours Ltd. (Virginia)
- SITA World Travel
- Ski Travel/JMJ Tours
- Ski.com
- Sonesta Vacations
- South Pacific Holidays
- Southern Crossings – New Zealand
- Southwest Airlines Vacations
- Spiced Destinations Inc.
- Sports Empire Inc.
- Sports Travel & Tours
- Spring Training Tours
- Stewart's Fun Adventures
- Strabo Tours
- Sunward Tours Inc.
- Superclubs
- Superior – MBZ Travel
- Sutherland Travel Services
- Swain Destinations
- T&D Tours
- Tauck Tours
- Tahiti Legends
- The Best of New Zealand
- The Fly Shop
- The Wayfarer
- TBI Tours
- TCS World Travel
- The Moorings
- TJ's Travel Club for Seniors
- TNT Vacations
- Tour Resource Consultants, LLC
- Tour West
- Tours for You
- Trading Places International, Inc.
- Trafalgar Tours
- Trails of Indochina
- Travelive
- Travel2
- Travel Beyond
- Travel Dynamics International
- Travel Impressions
- Travel Four Vacations
- Travel Planners International
- Travelink Incorporated
- Travex
- Treasures of Travel, Inc.
- Trip Masters
- TSA Tours, Inc.
- Turtle Island Holidays
- Uncharted Outposts Inc.
- Unique Vacations
- United Airlines Vacations
- Universal Studios Vacations
- UTS Turkey
- Value World Tours
- Vaya Adventures
- VBT
- Velo Echappe'
- Ventours International Travel
- Villas of Distinction
- VIP Tour Group
- Walt Disney Travel Company
- Walkers Tours Limited
- Way To Go Costa Rica
- Western Leisure Inc
- Wild African Ventures
- Wilderness Safaris
- Williams & Hall Wilderness Guides and Outfitters
- Windows to Japan
- Woman Tours
- World Group Travel
- World on Skis
- The World Outdoors
- Ya'lla Tours USA Inc.
- Yankee Holidays
- Your Man Tours, Inc.
- Zapotec Tours

The total price for your travel protection plan includes a price of insurance reflecting a filed and approved rate for Jefferson 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)**

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**If Your Trip cost is $300.00 or less**
**$1.95 (flat amount)**

**If Your Trip cost is above $300.00**
**0.65% of Your Trip cost**