Part A: Cancel For Any Reason Waiver

The Part A: Cancel for Any Reason Waiver of this Trip Cancellation Waiver is provided by Delta Vacations and is not an insurance benefit.

PART A: CANCEL FOR ANY REASON WAIVER LIMIT

The maximum amount covered under this Cancel for Any Reason Waiver is Your Trip Cost.

PART A: CANCEL FOR ANY REASON WAIVER LIMIT

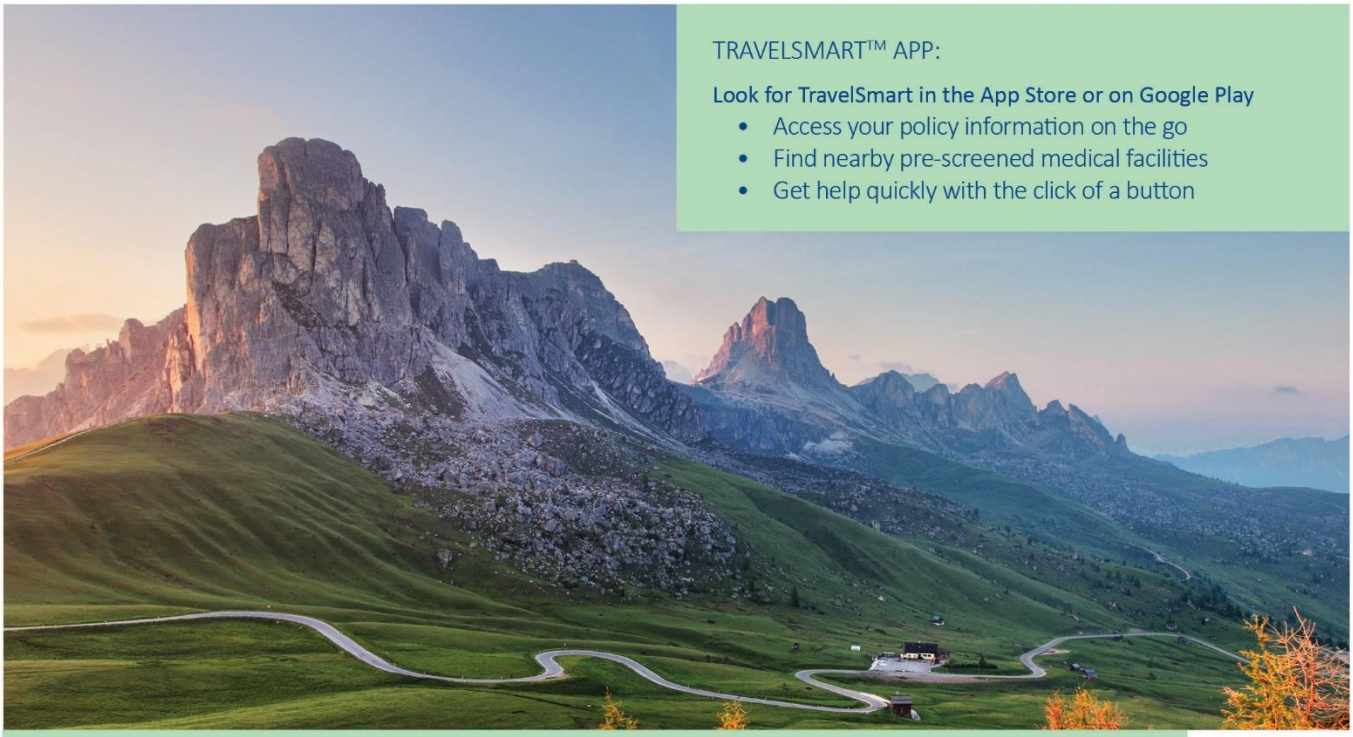
Delta Vacations® Cancel For Any Reason Waiver

Under this Cancel for Any Reason Waiver, which when purchased becomes an addendum to our passenger contract terms and conditions, we will waive our published cancellation penalties when you cancel your Delta Vacations travel arrangements up to your scheduled departure for ANY REASON. With this Delta Vacations Cancel for Any Reason Waiver, your cancellation penalty will be refunded in the form of a travel certificate valid for one year from the date of issue, with the balance of the refund made either in cash, credit card credit or travel certificate. Any benefit payable under this Cancel for Any Reason Waiver will be reduced by the amount of any cancellation benefits paid or payable by any other insurance or protection plan providing Trip Cancellation benefits. Please Note: The Cancel for Any Reason Waiver applies only if this Travel Protection Plan is purchased within seven (7) days of your initial deposit for your trip. The Cancel for Any Reason Waiver does not cover certain non-refundable items, such as show or event tickets. This Cancel for Any Reason Waiver is provided by Delta Vacations and is not an insurance benefit underwritten by Jefferson Insurance Company and BCS Insurance Company.

Claims Procedure - Part A
To cancel your reservation, contact your travel agent or Delta Vacations at 1-800-800-1504.

The Part B: Post-departure Vacation Protector is provided by Allianz Partners

PART B: POST-DEPARTURE VACATION PROTECTOR



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.etravelprotection.com
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:

- 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 provide *you* the opportunity to review *your plan*. If *you* are not completely satisfied for any reason, *you* may cancel *your plan* and receive a full refund of the *plan* price. Please note the *plan* price is nonrefundable if either the *trip* has started or a claim has been filed.

SIGNED FOR JEFFERSON INSURANCE COMPANY
9950 MAYLAND DRIVE, RICHMOND, VIRGINIA 23233



Jeff Wright, President



Jack Zemp, Secretary

INDIVIDUAL TRAVEL INSURANCE POLICY

WHAT'S INSIDE

DEFINITIONS 3

DESCRIPTION OF COVERAGES 6

A. TRIP INTERRUPTION COVERAGE 6

B. TRAVEL DELAY COVERAGE 8

C. BAGGAGE LOSS COVERAGE 8

D. BAGGAGE DELAY COVERAGE 9

E. EMERGENCY TRANSPORTATION COVERAGE 9

F. EMERGENCY MEDICAL/DENTAL COVERAGE 11

GENERAL EXCLUSIONS 12

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER 13

WHEN YOUR COVERAGE BEGINS AND ENDS 14

CLAIMS INFORMATION 15

GENERAL PROVISIONS AND CONDITIONS 16

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.
Coverage period	The period of time between and including the Coverage Effective Date and the Coverage End Date.
Covered reasons	The specifically named situations or events for which *you* are covered under this *policy*.
Criminal act	An act that is criminally unlawful.
Departure date	The originally scheduled date that *you* have selected to begin travel as shown on *your trip* itinerary and in *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*: 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. *Cohabitants* (defined above); 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process; 5. Siblings; 6. Grandparents and grandchildren; 7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent; 8. Aunts, uncles, nieces, and nephews; 9. Legal guardians and wards; 10. Paid, live-in caregivers; and 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: 1. Be primarily engaged in providing inpatient diagnostic and therapeutic services; 2. Have organized departments of medicine and major surgery; and 3. Be licensed where required.
Injury	Physical bodily harm.
Mechanical breakdown	A mechanical issue which prevents the vehicle from being driven normally, including flat tires or running out of fuel, fluids, or power.
Medical escort	A professional person contracted by *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.
Plan	The travel protection plan *you* purchased, which may include travel insurance, travel assistance services, and cancellation fee waivers.
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 and including the purchase date of this *policy*: 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a *doctor*; 2. Presented symptoms; or 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). The illness, *injury*, or medical condition does not need to be formally diagnosed in order to be considered a *pre-existing medical condition*. For example, a sprained knee *you* have had treated in the 120 days prior to and including 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.
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.

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: 1. Rental vehicle companies; 2. Private, chartered, or non-commercial transportation carriers; or 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 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. TRIP INTERRUPTION COVERAGE

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

i. The prorated portion of *your* unused non-refundable *trip* payments and deposits.
ii. Additional *accommodation* fees *you* are required to pay, such as a single supplement fee from a cruise line, if *you* prepaid for shared *accommodations* and *your traveling companion* has to interrupt their *trip*.
iii. Reasonable transportation expenses *you* incur to continue *your trip* or return to *your primary residence*.
iv. Additional *accommodation* and transportation expenses if the interruption causes *you* to stay at *your* destination (or the location of the interruption) longer than originally planned. There is a per *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. *You* miss at least 50% of the length of *your trip* due to one of the following:
   A. A *travel carrier* delay (except for the financial condition of the *travel carrier*, with or without filing for bankruptcy);
   B. A *natural disaster*;
   C. Roads being closed or impassable due to *severe weather*;

D. Lost or stolen travel documents;
E. Civil disorder; or
F. Being involved in or delayed by a traffic *accident*.

6. *You* or a *traveling companion* is in a traffic *accident* (not including a *mechanical breakdown*).

   One of the following conditions must apply:
   a. *You* or a *traveling companion* needs medical attention; or
   b. The vehicle needs to be repaired because it is not safe to operate.

7. Family or friends outside the U.S. cannot accommodate *you* as planned because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.

8. *You* are legally required to attend a legal proceeding during *your trip*.

   The following condition applies:
   a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

9. *Your primary residence* is *uninhabitable*.

10. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
    A. A *natural disaster*; or
    B. *Severe weather*.

    However, if *you* can get to *your* original destination another way, *we* will reimburse *you* for the following, up to *your 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 condition applies:
    a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.

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

12. A *terrorist event* happens within 100 miles of any U.S. or foreign city *you* are traveling to during *your trip*, as indicated on *your* original itinerary.

    The following condition applies:
    a. A *terrorist event* must not have occurred within 25 miles of that city any time in the 30 days prior to *your policy's* Coverage Effective Date.

13. *You*, a *traveling companion*, or a *family member* serving in the U.S. Armed Forces is reassigned or has personal leave status changed, except because of war, the War Powers Act, or disciplinary action.

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

B. TRAVEL DELAY COVERAGE

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

i. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication, and transportation, subject to a daily (24 hours) limit listed in *your* Declarations:
   - If *you* provide receipts, the With Receipts Daily Limit applies; or
   - If *you* do not provide receipts, the No Receipts Daily Limit applies.

   The most *we* will pay per 24 hours of delay is the With Receipts Daily Limit stated in *your* Declarations.

ii. If the delay causes *you* to miss the departure of *your* cruise or tour, reasonable transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.

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

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

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

C. BAGGAGE LOSS COVERAGE

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

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

The following conditions apply:

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

The following items are not covered:

1. Animals, including remains of animals;
2. Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;
3. Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*);
4. Hearing aids, eyeglasses, sunglasses, and contact lenses;
5. Artificial teeth and prosthetics;
6. Wheelchairs and other mobility devices;
7. Consumables, medicines, medical equipment/supplies, perfumes, cosmetics, and perishables;

8. Tickets, passports, deeds, blueprints, stamps, and other documents;
9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, securities, bullion, and keys;
10. Rugs and carpets;
11. Firearms and other weapons, including ammunition;
12. Intangible property, including software and electronic data;
13. Property for business or trade;
14. Property *you* do not own; and
15. *Baggage* while it is:
    a. Shipped, unless with *your travel carrier*;
    b. In or on a car trailer; or
    c. Unattended and in an unlocked car.

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

D. BAGGAGE DELAY COVERAGE

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

The following conditions apply:

a. *Your baggage* must be delayed for at least the Minimum Required Delay listed under Baggage Delay in *your* Declarations.
b. If *you* do not provide receipts, the maximum amount payable is the No Receipts Limit listed in *your* Declarations. Only available for *your* outbound travel (not *your* return travel).

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

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

E. EMERGENCY TRANSPORTATION COVERAGE

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

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

1. *Our* medical team will consult with the local *doctor*;
2. *We* will identify the closest appropriate *hospital* or other appropriate facility, make arrangements to transport *you* there, and pay for that transport; and
3. *We* will arrange and pay for a *medical escort* if *we* determine one is necessary.

The following condition applies:

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

Medical Repatriation (Getting *you* home after *you* receive care)
If *you become* seriously ill or *injured* or develop a medical condition while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, *we* will:

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

The following conditions apply:

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

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

The following condition applies:

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

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

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

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

The following conditions apply:

a. This benefit is only available while *you* are hospitalized and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the minors/dependents.
b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

Repatriation of Remains (Getting *your* remains home)
We will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:
1. A funeral home near *your primary residence*; or
2. A funeral home located in the U.S.

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

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

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

F. EMERGENCY MEDICAL/DENTAL COVERAGE

If *you* receive emergency medical or dental care while *you* are on *your trip* for one of the following *covered reasons*, *we* will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for Emergency Medical/Dental Coverage in *your* Declarations (dental care is subject to the maximum sublimit listed for Dental Care):
1. While on *your trip*, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated.
2. While on *your trip*, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

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

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

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

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under *your 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;
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 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 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 Interruption Coverage;
20. Civil disorder or unrest, except as expressly covered under Trip Interruption Coverage or Travel Delay Coverage;
21. Acts, travel alerts/bulletins, or prohibitions by any government or public authority;

22. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
23. *Travel supplier* restrictions on any *baggage*, including medical supplies and equipment; or
24. Ordinary wear and tear or defective materials or workmanship.

This *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 in *your* Declarations do not represent when *you* actually intended to travel (does not apply to insurance purchased with a one-way booking); or
3. *You* intend to receive health care or medical treatment of any kind while on *your trip*.

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

This Pre-Existing Medical Condition Exclusion Waiver describes the circumstances in which a *pre-existing medical condition* MAY be covered under this *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 within 14 days of the date of the first *trip* payment or deposit;
b. *You* were a U.S. resident when the *policy* was purchased; and
c. *You* were medically able to travel when the *policy* was purchased.

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

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if *we* accept *your* request for insurance. *Your policy's* Coverage Effective Date and Coverage End Date are indicated in *your* Declarations. The *policy* is effective the day both the order and full premium are received. 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. If *your policy* was purchased with a one-way booking, *your* Coverage End Date will be the scheduled return date for *your trip* as shown on *your* travel documents (not exceeding 180 days from the *departure date* shown on *your* travel documents). Additionally, *your 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 180th 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.

After *your policy* ends, *your* premium is nonrefundable.

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.etravelprotection.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 in *your* Declarations or a party *you* designate in writing. If *you* are under 18 years old, benefits are payable to *your* parent or legal guardian or a party they designate. Benefits are limited to the amount of *your* loss and are subject to the applicable limit of liability and any deductible stated in the Declarations. If *you* die, benefits will be paid to *your* estate unless *you* have designated one or more beneficiaries. If *you* have named one or more beneficiaries, benefits will be paid to each named beneficiary in equal shares (unless *you* have designated otherwise). Except as described here, there are no other beneficiaries of any of the benefits under this *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. If the *plan* is canceled, *we* will provide a full refund of the *plan* price. Please note the *plan* price is nonrefundable if either the *trip* has started or a claim has been filed.

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* denying coverage under *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 deliberately misleading or deceptive;
2. Conceals or misrepresents any material fact; or
3. Otherwise attempts or commits fraud.

Medical Examinations and Autopsy
We have the right to have *you* medically examined as reasonably necessary to make a decision about *your* medical claim. If someone covered by *your 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
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.

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.etravelprotection.com:

- To file a claim
- To check claim status

Allianz Travel

TI_816_S1_P_GA_V4
02/23

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

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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.

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)**
$4.00