

DON'T FORGET TO TAKE THIS DOCUMENT WITH YOU!

Allianz Tuition Insurance

Individual Tuition Insurance Policy

FOR SERVICE CALL:

1-888-427-5045

(From U.S.)

FOR STUDENT LIFE ASSISTANCE CALL:

1-888-427-5045

(From U.S.)

1-804-965-8069

(Collect)

Global Assistance

Allianz 

Jefferson
Insurance Company™

Allianz Global Assistance and Allianz Tuition Insurance branded plans are underwritten by Jefferson Insurance Company. AGA Service Company is the licensed producer for this plan.

107-P-TX-110-2018

187131

TU_115_S1_P_TX_V4

**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.

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 tuition 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 coverage and conditions; and
2. The Declaration of Coverage (“Declarations”), which provides the maximum benefit, the list of *covered reasons* and percentages payable, and the individual 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* the opportunity to review *your policy*. If *you* are not completely satisfied for any reason, *you* may cancel *your policy* and receive a refund of any unearned premium. Please note that this refund is only available if a claim has not been initiated.

**SIGNED FOR JEFFERSON INSURANCE COMPANY,
9950 MAYLAND DRIVE, RICHMOND, VA 23233**









Jeff Wright, President



Jack Zemp, Secretary

INDIVIDUAL TUITION PROTECTION POLICY

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DEFINITIONS

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

<i>Business day</i>	All days except Saturday, Sunday, or holidays recognized by the State of Texas.
<i>Covered reasons</i>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<i>Covered term</i>	The first school term beginning closest to the Covered Term start date <i>you</i> provided as shown on <i>your</i> Declarations.
<i>Criminal act</i>	An act that is criminally unlawful.
<i>Doctor</i>	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , the <i>insured student</i> , the <i>tuition payer</i> , or a family member of any of these individuals.
<i>Epidemic</i>	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).
<i>Housing expenses</i>	Early termination fees associated with vacating housing and terminating utility contracts during the <i>covered term</i> . This does not include security deposits.
<i>Injury</i>	Physical bodily harm.
<i>Insured student</i>	The person who is enrolled in school during the <i>covered term</i> for whom the insurance was purchased.
<i>Licensed mental health professional</i>	Someone who is legally authorized to diagnose and treat a <i>mental health condition</i> , such as a psychiatrist or other physician, or a psychologist. This cannot be <i>you</i> , the <i>insured student</i> , the <i>tuition payer</i> , or a family member of any of these individuals.
<i>Mental health condition</i>	A mental or nervous health disorder, as recognized by the American Psychiatric Association or World Health Organization, including but not limited to Alzheimer's disease, anxiety, dementia, depression, neurosis, psychosis, or any related physical symptoms.
<i>Other School Expenses</i>	Any expenses required for enrollment or classes for the <i>covered term</i> , other than <i>tuition expenses</i> and <i>school-provided housing expenses</i> . Examples include, but are not limited to, books, supplies, instructional materials, and lab/activity fees. However, this does not include expenses for food or any insurance premiums.
<i>Policy</i>	The tuition insurance coverage purchased. The <i>policy</i> includes this policy document, any amendments and endorsements attached to it, and the Declarations.
<i>Pre-existing medical condition</i>	<p>An <i>injury</i>, illness, <i>mental health condition</i>, or other medical condition that, within the 60 days prior to the effective date of this <i>policy</i>:</p> <ol style="list-style-type: none"> 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>; 2. Presented symptoms; or 3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed).

The *injury*, illness, *mental health condition*, or other medical condition does not need to be formally diagnosed in order to be considered a *pre-existing medical condition*.

For example, a sprained knee the *insured student* has had treated in the 60 days prior to the effective date of *your policy* will be considered a *pre-existing medical condition*. If the *insured student* later has to withdraw from school because, for instance, the sprained knee now requires surgery, or because the *insured student's* 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*.

<i>Refund</i>	Any credit, recovery, or reimbursement <i>you</i> , the <i>insured student</i> , or the <i>tuition payer</i> receives or is eligible to receive from the school, another insurance company, or any other entity.
<i>School-provided housing expenses</i>	Any expenses incurred for school-provided housing during the <i>covered term</i> , as shown on the <i>insured student's</i> school invoice.
<i>Tuition expenses</i>	Any expenses incurred for the <i>insured student's</i> enrollment in school for the <i>covered term</i> , as shown on the <i>insured student's</i> school invoice.
<i>Tuition payer</i>	The person(s) who has paid and is expected to pay the <i>tuition expenses</i> and <i>school-provided housing expenses</i> on the <i>insured student's</i> school invoice for the <i>covered term</i> .
<i>We, Us, or Our</i>	Jefferson Insurance Company and its agents, including AGA Service Company.
<i>You or Your</i>	The person(s) who purchased the <i>policy</i> and to whom the <i>policy</i> is issued.

DESCRIPTION OF COVERAGE

In this section, we describe the insurance coverage included in *your policy* and explain the specific conditions that must be met for the coverage to apply.

A. TUITION PROTECTION

If the *insured student* completely withdraws from school for a *covered reason* listed below, we will reimburse *you*, less available *refunds*, up to the applicable maximum benefit and that *covered reason's* percent payable listed on *your* Declarations, for:

- i. *Tuition expenses* and *school-provided housing expenses* for the *covered term*;
- ii. *Housing expenses* for the *covered term*; and
- iii. *Other school expenses* for the *covered term*.

Your policy covers losses resulting from events that occur while the *policy* is in effect and associated with the *covered term*, subject to its terms, conditions, and exclusions.

Covered reasons:

1. The *insured student* becomes ill or *injured*, or develops a medical condition, other than a *mental health condition*.

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person completely withdraw from school; and
- b. A *doctor* advises the *insured student* to completely withdraw from school for the *covered term*.

2. The *insured student* is diagnosed with a *mental health condition*.

The following conditions apply:

- a. The *insured student* must be examined by a *licensed mental health professional*; and
- b. A *licensed mental health professional* advises the *insured student* to completely withdraw from school for the *covered term*.

3. The *insured student* dies on or after *your policy's* Policy Effective Date.

4. The *tuition payer* dies on or after *your policy's* Policy Effective Date.

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

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to the 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:

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when this *policy* was purchased;
2. *Pre-Existing medical conditions*, except as waived under the Pre-Existing Medical Condition Exclusion Waiver;
3. Acts committed with the intent to cause loss;
4. Participating in or training for any amateur sporting competition, except intramural sporting events;
5. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft, commercial vehicle, or commercial watercraft;
6. Participating in or training for any professional sporting competition ;
7. Cessation of operations by the school;
8. A *criminal act* resulting in a conviction, except when the *insured student* or *tuition payer* is the victim of such act;
9. An *epidemic*;
10. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
11. Nuclear reaction, radiation, or radioactive contamination;
12. War (declared or undeclared) or acts of war; or
13. Participation in 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.

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

Your plan offers coverage for *pre-existing medical conditions* when:

- a. The *insured student*, on the *policy* purchase date, did not have any symptoms of the *pre-existing medical condition* and was medically able to attend school for the *covered term*;
- b. The *insured student* was covered by a similar policy issued by the Company within the four months prior to the Policy Effective Date; or
- c. A loss is due to the death of the *insured student*.

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if *we* accept *your* request for insurance. *Your policy's* Policy Effective Date is indicated on *your* Declarations. The *policy* is effective on the day after *we* receive both the order and the full premium. The order and full premium must be received by the later of:

1. The day *you* start the *covered term*; or
2. The date the first tuition invoice payment for the *covered term* is due.

Your policy covers losses resulting from events that occur while the *policy* is in effect and associated with the *covered term*, subject to its terms, conditions, and exclusions.

Your policy will end on the earliest of:

1. The last day of the *covered term*;
2. The day the *insured student* completely withdraws from school; or
3. The day *you* cancel *your policy*.

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

Coverage will not end solely because *you* become an elected official in Texas.

Please note that this *policy* applies for a specific *covered term* 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 initiate *your* claim contact *us* toll-free at 888.427.5045.

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;
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*, and police reports);
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. A parent or guardian may be present during any examination of a minor.

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. *We* do not assume any responsibility for the validity of any assignment.

Benefits Payable

All benefits are payable to *you* 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. 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 may request changes to the *policy* by notifying *us*. Changes to *your policy* must be requested prior to the start of the *covered term*. 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. Any change will be effective immediately, so long as *we* have received any additional premium due. As noted above, if *you* cancel *your policy*, *we* will provide a refund of any unearned premium provided a claim has not been initiated.

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* (subject to the conditions of Texas Insurance Code 705.003(b) or 705.004(b) as applicable) 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* 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. If *we* reimburse *you* for any property, *we* have the right to take possession of that property.

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 non-binding desk arbitration at least 60 days from the date of that decision, but not more than three years after the date of loss.

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 from the date the cause of action first accrues.

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.

Time of Payment of Claims

You have 91 days from the date of *your* loss to submit *your* claim to *us*, except as otherwise provided by law. Within 15 *business days* after *we* receive notice of a claim, *we* will:

1. Acknowledge receipt of the claim. If the acknowledgement is not made in writing, *we* will make a record of the date, means, and content of the acknowledgement;
2. Begin any investigation of the claim; and
3. Request all items, statements, and forms ("proof of loss") *we* reasonably believe will be required from *you* at the time. Additional requests may be made if necessary.

We will notify *you* in writing if *we* accept or reject the claim no later than 15 *business days* after *we* receive all proof of loss required by *us*. If *we* accept the claim, payment shall be made no later than the fifth *business day* after the date notice is made. If payment of the claim or part of the claim is conditioned on the performance of any act by *you*, *we* shall pay the claim no later than the fifth *business day* after the date the act is performed. If *we* reject the claim, *we* will tell *you* the reasons for the rejection. If *we* are unable to accept or reject the claim within 15 *business days* after *we* receive all proof of loss required, *we* will notify *you* within the 15 *business day* period and tell *you* why *we* need additional time to investigate the claim. If *we* require additional time to investigate *your* claim, *we* will notify *you* if *we* accept or reject the claim no later than 45 *business days* after *our* request for additional time to investigate the claim.

Except as otherwise provided, if *we* delay payment of a claim for more than 60 *business days* following receipt of all required proof of loss, *we* will pay the amount of the claim plus 18 percent interest per year together with reasonable attorney fees. If a lawsuit is filed, such attorney fees shall be taxed as part of the costs in the case.

Enrollment Requirements

You are responsible for meeting all requirements to enroll in school, including obtaining required travel authorizations/documentation for study abroad (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* school's requirements), and anything else required for *you* to enroll.

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.

STUDENT LIFE ASSISTANCE

PROVIDED BY AGA SERVICE COMPANY

If *you* need assistance while at school, *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:

888.427.5045

All other locations, call:

804.965.8069

We will accept collect calls, or call *you* back.

Note: The services below are assistance services only. No financial benefit is included. *You* are fully responsible for all the charges by the vendors for the services provided.

Family Travel Assistance

In the event that the *insured student* becomes ill or *injured* requiring hospitalization during the *covered term*, *we* will assist in making travel arrangements for *you* to visit the hospital where the *insured student* is admitted.

In these circumstances, if *you* miss *your* flight or it's delayed or cancelled, *we* can provide *you* with the most current travel delay information and give *you* arrival and departure times for other flights that will get *you* to *your* connecting flight or final *destination*.

We can provide *you* with important information about the destination – such as, but not limited to, travel documentation requirements, travel advisories, and inoculation/immunization requirements.

Getting the *Insured Student* Home after Medical Care

If the *insured student* is seriously ill or *injured* during the term and requires transportation to a facility of higher level of care or home, *we* can arrange for the *insured student* to be transported via *your* preferred method of transportation, such as, but not limited to, commercial transport carrier or air ambulance. Once *our* medical team determines that the *insured student* is medically stable to return home via the selected method transportation, *we* can:

1. Arrange for the *insured student* to be transported to any of the following:
 - a. a location of *your* choice; or
 - b. a medical facility in a city of *your* choice, as long as the medical facility will accept the *insured student* as a patient and is approved as medically appropriate for the *insured student's* continued care by *our* medical director.
2. Arrange for a *medical escort* if *our* medical team determines that a *medical escort* is necessary during the transport.

Medical Escort means 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. A friend or family member cannot be a *medical escort*.

Vehicle Return

If the *insured student* can't drive home because he/she is sick or injured, we will arrange to have the *insured student's* car driven back to his or her US place of residence by an accredited, professional transport company.

Rental cars aren't eligible for this benefit.



Global Assistance

Allianz 

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JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

EPIDEMIC COVERAGE ENDORSEMENT

I. DEFINITIONS

The following definition is removed in its entirety and replaced with the following:

<i>Epidemic</i>	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
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II. DEFINITIONS

The following definition is added:

<i>Pandemic</i>	An <i>epidemic</i> that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
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III. DESCRIPTION OF COVERAGES

Tuition Protection

Covered reason 1 under Tuition Protection is removed in their entirety and replaced with the following:

1. The *insured student* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19), other than a *mental health condition*.

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person completely withdraw from school; and
- b. A *doctor* advises the *insured student* to completely withdraw from school for the *covered term*.

IV. GENERAL EXCLUSIONS

The general exclusion for “an *epidemic*” is removed in its entirety and replaced with the following:

1. An *epidemic* or *pandemic*.

V. OTHER AMENDMENTS

1. The general exclusion for “an *epidemic* or *pandemic*” does not apply to the *covered reason* added or revised by this endorsement under Tuition Protection.
2. Other than as expressly stated in this endorsement, coverage is excluded for all losses directly or indirectly resulting from “an *epidemic* or *pandemic*.”

There are no other changes to *your policy*.

Jefferson Insurance Company

A handwritten signature in black ink, appearing to read 'Jeff Wright', with a stylized flourish at the end.

Jeff Wright, President

HAVE A COMPLAINT OR NEED HELP?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Jefferson Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: Claims Support Manager at 804-281-6777

Toll-free: 1-800-497-4602

Email: claimappeals@allianzassistance.com

Mail: 9950 Mayland Drive, Richmond, VA 23233

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call: 1-800-252-3439

Online: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, PO Box 12030, Austin, TX 78711-2030

¿TIENE UNA QUEJA O NECESITA AYUDA?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Jefferson Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Gerente, Soporte de Reclamos al 804-281-6777

Teléfono gratuito: 1-800-497-4602

Correo electrónico: claimappeals@allianzassistance.com

Dirección postal: 9950 Mayland Drive, Richmond, VA 23233

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame: 1-800-252-3439

En línea: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance, PO Box 12030, Austin, TX 78711-2030

ALLIANZ GLOBAL ASSISTANCE PRIVACY NOTICE

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

Definitions

The below definitions apply to this Notice:

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

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.

Where permitted by law, we may disclose Personal Data we have obtained as described above with our affiliates, business partners, and service providers. This may include disclosing your Personal Data to Agents (such as our business partners or service providers). But, such disclosures are only for the purposes described in this Notice, or for everyday business purposes or as required or allowed by law (e.g. to process transactions, maintain accounts, respond to court orders and legal investigations, or report to credit bureaus). These Agents may be affiliated or nonaffiliated, and may be located both inside and outside of the US. They may be financial services providers (e.g. underwriting insurers). 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).

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.

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.

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.

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 Global Assistance, ATTN: Chief Privacy Officer
9950 Mayland Drive
Richmond, VA 23233

Electronic Notices

Unless you chose to receive them by US mail at the time of purchase, by purchasing your policy, you consent to receive all notices and documents from us electronically. They will be sent to the email address provided at the time of purchase. You may opt to receive notices and documents from us by mail at any time. If you wish to change or update your notice/documents preferences, email us at 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 Global Assistance
ATTN: Customer Service – Only contact me by mail
9950 Mayland Drive
Richmond, VA 23233

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

California Residents

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

Effective Date

This Notice was last revised on, and is effective as of, April 8, 2025.