



Hi James,

Thank you for protecting your travel plans with us. We're here to give you peace of mind before, during, and after your trip.

To get the most out of your travel protection plan, we recommend downloading our free, award-winning TravelSmart™ app. It allows you to view your policy on your smartphone, file a claim on the go, and get 24-hour emergency assistance with the touch of a button. It's one of the many ways we make it easier for you to get the help you need, when you need it.

This packet contains your Coverage Summary, your Policy/Certificate of Insurance, and a description of the Travel Assistance Services available to you. The total amount paid was \$241.00, which includes \$217.00 for insurance and \$24.00 for assistance—giving you access to our worldwide team of problem-solving experts that can help with medical and travel-related emergencies.

Please read the attached documents for a complete description of your benefits, and save all your receipts in case you need to file a claim. We want you to have the best travel experience possible.

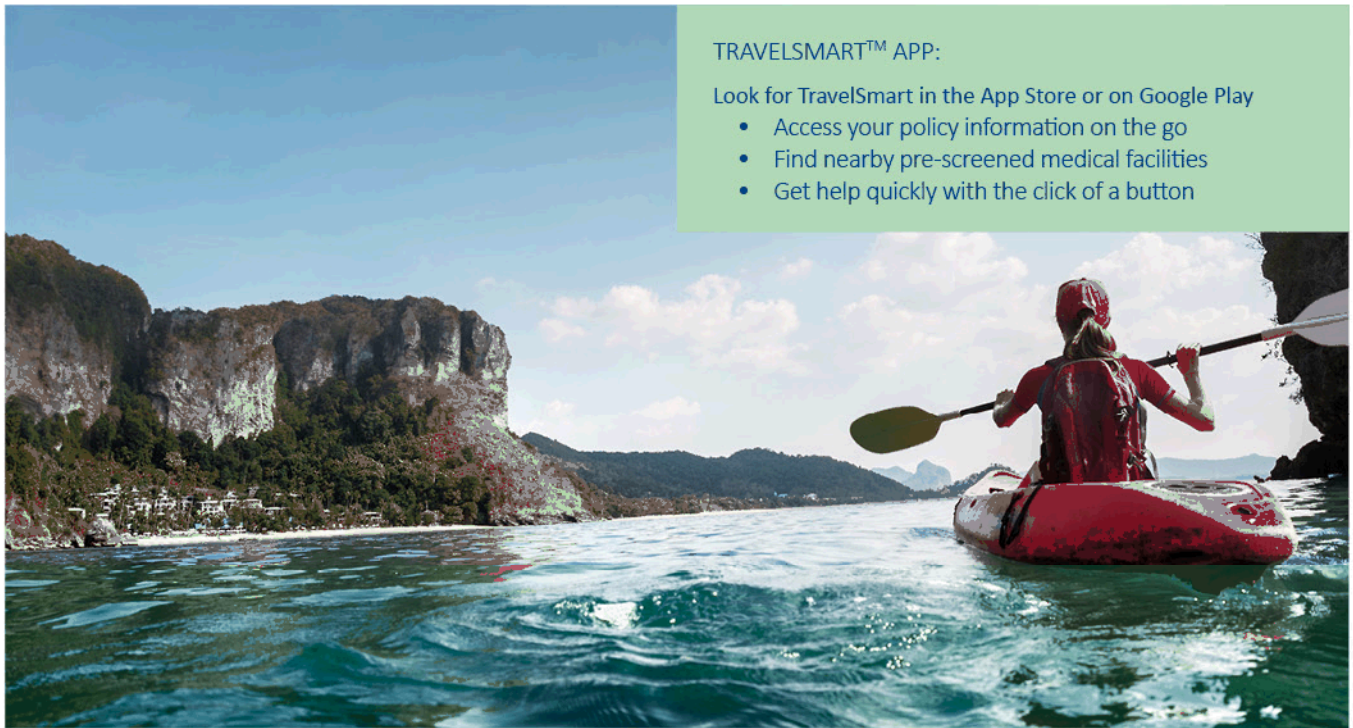
Have a safe trip,

Allianz Global Assistance

OUR PROMISE TO YOU

Since your satisfaction is our priority, we are pleased to provide you 15 days to review your plan following the date of delivery. If, during this 15-day period, you are not completely satisfied for any reason, you may cancel your plan and receive a full refund of the plan price. **After this 15-day period, the plan price is nonrefundable.**

Please note, no refund is available if the trip has started, a claim has been filed, or the policy has ended.



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



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

JEFFERSON INSURANCE COMPANY
9950 MAYLAND DRIVE, RICHMOND, VIRGINIA 23233

COVERAGE SUMMARY

Product Name:	OneTrip Prime
Policy Number:	EUSP2408246925
Number of People Insured:	5
Insured(s):	James Wiggins
Insured(s):	Tamar Coon
Insured(s):	Angelo Gabriel Lopez Campos
Insured(s):	Mohamed Turay
Insured(s):	Moses Vidal
Date of Purchase:	March 29, 2024
Coverage Effective Date:	March 30, 2024
Coverage End Date:	April 12, 2024
Departure Date:	April 2, 2024
Return Date:	April 12, 2024
Total Insurance Cost for All Insureds:	\$217.00

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Trip Cancellation Coverage	You have to cancel your trip before you depart. Pre-existing Medical Condition Limit: Claims for Trip Cancellation due to a pre-existing medical condition can be covered up to the maximum trip cancellation benefit limit, not to exceed \$2,000.00. Conditions apply.	\$2,000.00
Trip Interruption Coverage	Your travel plans are interrupted while you are on your trip. Pre-existing Medical Condition Limit: Claims for Trip Interruption due to a pre-existing medical condition can be covered up to the maximum trip interruption benefit limit, not to exceed \$3,000.00. Conditions apply.	\$3,000.00

THE FOLLOWING ENDORSEMENTS ARE INCLUDED:

Enhanced Trip Cancellation	You may cancel your trip for these additional covered reasons.	Subject to applicable limit above
Enhanced Trip Interruption	You may interrupt your trip for these additional covered reasons.	Subject to applicable limit above
Travel Delay Coverage	Your travel plans are delayed while you are on your trip. Maximum reimbursement per 24-hour period of delay: No Receipts Daily Limit - \$100.00	\$800.00

Minimum Required Delay - 5 hours
With Receipts Daily Limit - \$200.00
Minimum Required Delay - 5 hours

Trip Change Protector Coverage	You have to pay a fee to change or cancel your transportation.	\$500.00
Baggage Coverage	Your baggage is lost, damaged, or stolen while on your trip. Maximum benefit for all high value items - \$500.00	\$1,000.00
Baggage Delay Coverage	Your baggage is delayed by an airline, cruise line, or other travel supplier while on your trip. Minimum Required Delay - 12 hours No Receipts Sublimit: \$100.00 (outbound only)	\$300.00
Emergency Medical/Dental Coverage	You have to pay for emergency medical or dental treatment while on your trip. Dental Care maximum sublimit - \$750.00	\$50,000.00
Emergency Transportation Coverage	Transportation is needed following a medical emergency while on your trip.	\$500,000.00

The above is only a brief description of the coverage available under your policy. Terms, conditions, and exclusions apply to all coverages. Please carefully review your policy for complete details. The definitions of the terms in the Definitions section of the policy will also apply to those terms when used in this Coverage Summary.

Important Notices:

- Travel insurance is provided at no extra cost to children who are under 18 years of age on the date of purchase of insurance and who are traveling with a parent or grandparent.
- Emergency Medical/Dental Coverage is primary.
- If not otherwise specified, the benefit limits shown above are per named insured.
- If your policy was purchased with a one-way booking, your Departure Date above will be deemed to be the "departure date" as defined in the policy's General Conditions, and your Coverage End Date and Return Date above will be deemed to be the "return date" as defined in the policy's General Conditions (not to exceed 180 days from the Departure Date). Please contact us if you need to make any changes to your dates.
- AGA Service Company is the licensed producer and administrator for this policy.
- Insurance coverage is provided under Form 101-P-725-2022 issued by Jefferson Insurance Company, 9950 Mayland Drive, Richmond, Virginia 23233.

OUR PROMISE TO YOU

Since your satisfaction is our priority, we are pleased to provide you 15 days to review your plan following the date of delivery. If, during this 15-day period, you are not completely satisfied for any reason, you may cancel your plan and receive a full refund of the plan price. **After this 15-day period, the plan price is nonrefundable.**

Please note, no refund is available if the trip has started, a claim has been filed, or the policy has ended.

For Customer Service, please call:

1-866-884-3556

(From U.S.)

1-804-281-5700

(Outside U.S./Collect)

Email: claimsinquiry@allianzassistance.com

To file a claim, please visit:

<http://www.allianztravelinsurance.com>

WELCOME_LTR2 * B2C_Travel_Front_2022 * TRDEC_JIC_CSP_2022 * JIC_UWP_GEN_15DAYS_725 *
TOC_728_02A_5874_VA * TI_728_02A_01 * 101_SA_VA_2022 * 101_END_01_2022_02 * 101_END_02_2022_02 *
101_RTLEND_10B_2022 * 101_END_11A_2022 * 101_END_12_2022 * 101_END_13B_2022 * 101_END_14_2022 *
101_END_15_2022 * B2C_Travel_Back_2022 * Travel_Concierge_Services * JICPRIVNOT

JEFFERSON INSURANCE COMPANY
(A STOCK COMPANY)

GENERAL CONDITIONS

ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. 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 using the contact information listed in *your* Coverage Summary. Additionally, 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. Words that are capitalized refer to the document and coverage names found in this *policy*. 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 sudden and unexpected specific situations, events, and losses included in this *policy*, and only under the conditions described. Please review this *policy* carefully.

Your policy consists of two parts:

1. This General Conditions document (including any amendments and endorsements), which describes the coverages, conditions, and exclusions of *your policy*; and
2. The Coverage Summary, which provides the particular list coverages, benefits, and individuals covered under *your policy*.

This *policy* is offered and priced as a single pay, single term, indivisible package of benefits for the purpose of covering risks associated with a *trip* as described in this *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. Please refer to the General Exclusions section of this document for exclusions applicable to all coverages under *your policy*.

OUR PROMISE TO YOU

Since *your* satisfaction is *our* priority, *we* are pleased to provide *you* 15 days to review *your plan* following the *date of delivery*. If, during this 15-day period, *you* are not completely satisfied for any reason, *you* may cancel *your plan* and receive a full refund of the *plan* price. **After this 15-day period, the *plan* price is nonrefundable.**

Please note, no refund is available if the *trip* has started, a claim has been filed, or the *policy* has ended.

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



Jeff Wright, President



Jack Zemp, Secretary

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DEFINITIONS

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

<i>Accident</i>	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
<i>Accommodation</i>	A hotel or any other kind of lodging for which <i>you</i> make a reservation for <i>your trip</i> or where <i>you</i> stay and incur an expense during <i>your trip</i> .
<i>Adoption proceeding</i>	A mandatory legal proceeding or other meeting required by law to be attended by <i>you</i> as a prospective adoptive parent(s) in order to legally adopt a minor child.
<i>Baggage</i>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<i>Climbing sports</i>	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<i>Cohabitant</i>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<i>Computer system</i>	Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, or wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
<i>Covered reasons</i>	The specifically named situations or events for which <i>you</i> may be eligible for coverage under this <i>policy</i> .
<i>Criminal act</i>	An act that is criminally unlawful.
<i>Cyber risk</i>	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> 1. Any unauthorized, malicious, or <i>criminal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>; 2. Any error or omission involving access to, or the processing, use, or operation of, any <i>computer system</i>; 3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or 4. Any loss of use, reduction in functionality, repair, replacement, restoration, or reproduction of any data, including any amount pertaining to the value of such data.
<i>Date of delivery</i>	The date <i>plan</i> materials are sent to <i>you</i> .
<i>Departure date</i>	The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<i>Doctor</i>	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>traveling companion</i> , <i>your family member</i> , a <i>traveling companion's family member</i> , or the sick or <i>injured</i> person or that person's <i>family member</i> .
<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.
<i>Family member</i>	<i>Your</i> : <ol style="list-style-type: none"> 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. <i>Cohabitants</i>; 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children, and children currently in the adoption process; 5. Siblings and stepsiblings; 6. Grandparents and grandchildren;

	<ol style="list-style-type: none"> The following in-laws: mother, father, son, daughter, brother, sister, and grandparent; Aunts, uncles, nieces, and nephews; Legal guardians and wards; Paid, live-in caregivers; and Service animals (as defined by the Americans with Disabilities Act).
First responder	Emergency personnel (such as a law enforcement officer, emergency medical technician, firefighter, or a member of the U.S. Armed Forces) who are among those responsible for going immediately to the scene of an <i>accident</i> or emergency to provide aid and relief.
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.
Injury	Physical bodily harm.
Local public transportation	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 <i>you</i> or a <i>traveling companion</i> less than 100 miles.
Mechanical breakdown	A mechanical issue that prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel).
Natural disaster	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
One-way booking	A booking for travel on <i>your trip</i> that does not include booked return travel to a location within 100 miles of the <i>trip's</i> point of origin. This does not include a booking for a <i>rental car</i> .
Pandemic	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.
Plan	The travel protection plan <i>you</i> purchased, which may include one or more of a travel insurance policy, travel assistance services, and cancellation fee waivers.
Policy	This travel insurance contract. The <i>policy</i> includes this General Conditions document and endorsements attached to it, and the Coverage Summary.
Political risk	<p>Any kind of events, organized resistance, or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to:</p> <ul style="list-style-type: none"> Nationalization; Confiscation; Revolution; Rebellion; Insurrection; Civil commotion assuming to proportion of or amounting to an uprising; and Military and usurped power.
Pre-existing medical condition	<p>An <i>injury</i>, illness, or medical condition that, within the 120 days prior to and including the purchase date of this <i>policy</i>:</p> <ol style="list-style-type: none"> Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>; Presented symptoms; or 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).

	<p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p>
Primary residence	Your permanent, fixed home address for legal and tax purposes.
Quarantine	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed.
Refund	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
Rental car	An automobile or other vehicle designed for use on public roads that <i>you</i> have rented from a <i>rental car company</i> for the period of time shown in a <i>rental car agreement</i> for use on <i>your trip</i> .
Rental car agreement	The contract issued to <i>you</i> by the <i>rental car company</i> that describes all of the terms and conditions of renting a <i>rental car</i> , including <i>your</i> responsibilities and the responsibilities of the <i>rental car company</i> .
Rental car company	A commercial company licensed (where applicable) and whose primary business is renting automobiles. A <i>rental car company</i> does not include car or ride share companies (examples include Uber, Zipcar, and Turo), automobile dealerships, mechanics, or body shops.
Return date	The date on which <i>you</i> are originally scheduled to end <i>your</i> travel, as shown on <i>your</i> travel itinerary.
Severe weather	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
Terrorist event	An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority or under the laws of the United States, and is committed for political, religious, ethnic, ideological, or similar purposes, including but not limited to the intention to influence any government and/or to put the public, or any section of the public, in fear. It does not include general civil disorder or unrest, protest, rioting, <i>political risk</i> , or acts of war.
Traffic accident	An unexpected and unintended traffic-related event, other than <i>mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.
Travel carrier	<p>A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include:</p> <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; 3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or 4. <i>Local public transportation</i>.
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.

<i>Traveling companion</i>	A person or service animal (as defined by the Americans with Disabilities Act) traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.
<i>Trip</i>	<i>Your</i> travel to, within, and/or from a location at least 100 miles from <i>your primary residence</i> , which is originally scheduled to begin on <i>your departure date</i> and end on <i>your return date</i> . 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.
<i>Uninhabitable</i>	A <i>natural disaster</i> , fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use.
<i>We, Us, or Our</i>	Jefferson Insurance Company and its agents, including AGA Service Company.
<i>You or Your</i>	All persons listed as insureds in the Coverage Summary.

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* Coverage Summary. The *policy* is effective on the day after we receive the order and *you* pay the full premium. The order must be received and the full premium must be paid prior to *your* departure.

Coverage is only provided for losses that occur while *your policy* is in effect.

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

Your policy ends on the earliest of the following:

1. The Coverage End Date listed in *your* Coverage Summary (or, if *you* purchased *your policy* with a *one-way booking, your return date*);
2. The day *your policy* is canceled;
3. The day *your trip* is canceled;
4. The day *your trip* ends;
5. The day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason;
6. The 180th day of the *trip*, if *your policy* was purchased with a *one-way booking*, but return travel arrangements for *your trip* were not booked before *your departure date*;
7. The 180th day of the *trip*, if *your policy* was purchased with a *one-way booking*, and return travel arrangements for *your trip* were booked before *your departure date*;
8. The 180th day of the *trip*; or
9. The 771st day after the *policy* purchase date.

However, if *your* return travel is delayed beyond the end of *your policy* due to a reason covered under this *policy*, we will extend *your* coverage period until the earliest of when *you*:

1. Reach *your* final *trip* destination, point of origin, or *primary residence*;
2. Decline to continue on to *your* final *trip* destination, point of origin, or *primary residence* once *you* are able;
3. Decline medical repatriation after *your* treating *doctor* and we confirm *you* are medically stable to travel; or
4. Arrive at a medical facility in *your* country of residence for further care following a medical evacuation or medical repatriation.

After *your policy* ends, the *plan* price is nonrefundable.

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

DESCRIPTION OF COVERAGES

In this section, we will describe the many different types of insurance coverages that are included in *your policy*. We explain each type of coverage and the specific conditions that must be met for the coverage to apply. **Please note that terms, conditions, and exclusions apply to all coverages.**

A. TRIP CANCELLATION COVERAGE

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

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

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

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

Covered reasons:

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* cancel *your trip* (including being diagnosed with an *epidemic* or *pandemic* such as COVID-19).

The following condition applies:

- a. A *doctor* advises *you* or a *traveling companion* to cancel *your trip* before *you* cancel it. If that isn't possible, a *doctor* must either examine or consult with *you* or the *traveling companion* as soon as possible within 72 hours after the cancellation to confirm the decision to cancel.

2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by their *doctor* or require hospitalization.

3. *You*, a *traveling companion*, or *family member* dies on or after *your policy's* Coverage Effective Date and before *your trip*.

4. *You* or a *traveling companion* is *quarantined* before *your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic*; or

- b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including without limitation shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.

5. *You* or a *traveling companion* is in a *traffic accident* on the *departure date*.

One of the following conditions must apply:

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

6. *Your primary residence* is *uninhabitable*.

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

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).
8. *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 Wars Powers Act, or disciplinary action.
9. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
- A. A *natural disaster*;
 - B. *Severe weather*;
 - C. Strike, unless threatened or announced prior to the purchase of *your policy*; or
 - D. An FAA or foreign equivalent mandate.

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

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

The following conditions apply:

- a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.
- b. Coverage for a strike does not apply when the striking workers are employed by the *travel carrier*, or an affiliate of the *travel carrier*, from which *you* purchased *your policy*.

10. *You* or a *traveling companion* is terminated or laid off by a current employer after *your policy's* purchase date.

The following conditions apply:

- a. The termination or layoff is not *your* or *your traveling companion's* fault;

- b. The employment must have been permanent (not temporary or contract); and
- c. The employment must have been for at least 12 consecutive months.

11. *You or a traveling companion* is unable to receive a vaccination (including a vaccination for an *epidemic* or *pandemic* such as COVID-19) required for travel to, from, or within *your* destination due to *your* or *your traveling companion's* illness, *injury*, or medical condition.

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

The following condition applies:

- a. *Your policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.

13. *You or a traveling companion* secures new permanent, full time, paid employment, after *your policy's* purchase date, that requires presence at work during the originally scheduled *trip* dates.

14. *Your or a traveling companion's primary residence* is permanently relocated by at least 100 miles due to a transfer by *your* or a *traveling companion's* current employer. This coverage includes relocation due to transfer by *your spouse's* current employer.

15. *You or a traveling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.

16. *You or a traveling companion* receive a legal notice to attend an *adoption proceeding* which occurs during *your trip*.

17. *Your or travel companion's* travel documents required for the *trip* are stolen.

The following condition applies:

- a. *You* must make diligent efforts, and provide documentation of *your* efforts, to obtain replacement documents that would allow *you* to keep the originally scheduled *trip* dates.

18. *Your destination* is *uninhabitable*.

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

The following condition applies:

- a. *Your policy* was purchased within 14 days of the date of the first *trip* payment or deposit.

20. Family or friends outside the United States cannot accommodate *you* during *your trip*, as planned, because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.

21. *You or a traveling companion* is refused a tourist visa by the authorities of the destination or transit country. This does not include *your* being unable to obtain a tourist visa due to timing or delay in the process, nor to being refused a tourist visa due to *your* refusal or failure to comply with the processing requirements of obtaining the tourist visa or any entry requirements of *your* destination or transit country.

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

23. *You* need to attend the birth of a *family member's* child.
24. *Your* or a *traveling companion's* vehicle experiences a *mechanical breakdown* on the way to the departure point of *your trip*.
25. *Your* or a *traveling companion's* primary vehicle, intended for transporting *you* or the *traveling companion* to the point of *your trip's* departure or intended to be the primary mode of transportation during *your trip*, is stolen.
26. *Your*, *your child's*, a *traveling companion's*, or a *traveling companion's* child's K-12 school officially changes its original published schedule to conflict with *your* originally scheduled *trip* dates.

The following condition applies:

- a. *You*, *your child*, a *traveling companion*, or a *traveling companion's* child must be a student of the school at the time of the *policy* purchase.
27. *Your* tour operator or commercial event organizer cancels *your* multi-day tour or multi-day event that is the main purpose of *your trip* and was purchased prior to *your departure date* due to:
- a. A *natural disaster*; or
- b. *Severe weather*.

NOTE: Coverage is only available for lost, pre-paid, and nonrefundable cost of *accommodations* for and transportation to and from the canceled multi-day tour or multi-day event. We will not reimburse *you* for the cost of the canceled multi-day tour or multi-day event.

B. TRIP INTERRUPTION COVERAGE

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

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* Coverage Summary, 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*.
 - We will reimburse *you* either for the return *travel carrier* ticket to *your primary residence* or for the non-refundable portion of *your* original return ticket, but not both.
- 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 five days. In the event of a covered Trip Interruption loss resulting from an epidemic or pandemic such as COVID-19, the five-day limit will not apply, but the *policy* maximum of \$250 per day will apply.**

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 disabling enough to make you interrupt your trip (including being diagnosed with an epidemic or pandemic such as COVID-19).*

The following conditions apply:

- a. A *doctor* must either examine or consult with *you* or the *traveling companion* as soon as possible within 72 hours of the *trip* interruption to confirm the decision to interrupt the *trip*.
 - b. *You* must not have traveled against *your* home country's government advice or against local authority advice at *your trip* destination.
2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by their *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* due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic*; or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including without limitation shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
 5. *You or a traveling companion is in a traffic accident.*

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.
6. *Your primary residence is uninhabitable.*
 7. *You are legally required to attend a legal proceeding during your trip.*

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).
8. *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 Wars Powers Act, or disciplinary action.
 9. *You or a traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.

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

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

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

The following conditions apply:

- a. *Alternate transportation arrangements must be in a similar or lower class of service as you were originally booked with your travel carrier.*
- b. *Coverage for a strike does not apply when the striking workers are employed by the travel carrier, or an affiliate of the travel carrier, from which you purchased your policy.*

11. *Government authorities order a mandatory evacuation due to a natural disaster at your destination while you are on your trip.*

The following condition applies:

- a. *Your policy was purchased prior to public knowledge of the event leading to the mandatory evacuation.*

12. *You miss at least 50% of the length of your trip due to one of the following:*

- A. *A travel carrier delay;*
- B. *A strike, unless threatened or announced prior to the purchase of your policy;*
- C. *A natural disaster;*
- D. *Roads are closed or impassable due to severe weather;*
- E. *Lost or stolen travel documents that are required and cannot be replaced in time for continuation of your trip;*
 - i. *You must make diligent efforts, and provide documentation of your efforts, to obtain replacement documents;*
- F. *Civil disorder, unless it rises to the level of political risk; or*
- G. *Being involved in or delayed by a traffic accident.*

This does not apply to missed time resulting from a *travel supplier's* cancellation prior to *your departure date*.

13. *A travel carrier denies you or a traveling companion boarding based on a suspicion that you or a traveling companion has a contagious medical condition (including an epidemic or pandemic such as COVID-19). This does not include being denied boarding due to your refusal or failure to comply with rules or requirements to travel or of entry to your destination.*

14. *You or a traveling companion serving as a first responder is called in for duty due to an accident or emergency (including a natural disaster) to provide aid or relief during the originally scheduled trip dates.*

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

16. *Your destination is uninhabitable.*

17. Family or friends outside *your* country of residence cannot accommodate *you* during *your trip*, as planned, because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.
18. *Your* or a *traveling companion's* vehicle experiences a *mechanical breakdown* during *your trip*, which results in the vehicle being unable to be driven safely.
19. *Your* or a *traveling companion's* vehicle, which serves as the primary mode of transportation during *your trip*, is stolen.

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 payment 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. This includes but is not limited to any cause of loss, condition, or event that, on or before the Policy Purchase Date, was named or otherwise identified by (i) a Coverage Alert posted to www.allianztravelinsurance.com/coverage-alerts or (ii) the National Oceanic and Atmospheric Administration (NOAA) or other entity that names or identifies meteorological or geological storms or events;
2. A *pre-existing medical condition*, except as waived under the Pre-Existing Medical Condition Exclusion Waiver;
3. Normal pregnancy or childbirth, except when and to the extent that normal pregnancy or childbirth is expressly referenced in and covered under Trip Cancellation Coverage or Trip Interruption Coverage;
4. Fertility treatment or elective abortion;
5. 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;
6. An act committed with the intent to cause loss;
7. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
8. Participating in or training for any professional sporting competition;
9. Participating in or training for any amateur sporting competition while on *your trip*. This does not include participating in informal recreational sporting competitions, such as tournaments organized by hotels, resorts, or cruise lines to entertain their guests;
10. Participating in an extreme, high-risk sport or activity, such as:
 - 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;
11. A *criminal act* resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act;
12. An *epidemic* or *pandemic*, except when and to the extent that an *epidemic* or *pandemic* is expressly referenced in and covered under Trip Cancellation Coverage, Trip Interruption Coverage, Travel Delay Coverage, or Emergency Medical/Dental Coverage;
13. A *natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under Trip Cancellation Coverage, Trip Interruption Coverage, or Travel Delay Coverage;
14. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
15. Nuclear reaction, radiation, or radioactive contamination;
16. War (declared or undeclared) or acts of war;
17. Military duty, except when and to the extent that military duty is expressly referenced in and covered under Trip Cancellation Coverage or Trip Interruption Coverage;

18. *Political risk*;
19. *Cyber risk*;
20. Civil disorder or unrest, except when and to the extent that civil disorder or unrest is expressly referenced in and covered under Trip Interruption Coverage or Travel Delay Coverage;
21. *A terrorist event*, except when and to the extent that a *terrorist event* is expressly referenced in and covered under Trip Cancellation Coverage, Trip Interruption Coverage, or Travel Delay Coverage;
22. An act, travel alert/bulletin, or prohibition by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered under Trip Cancellation Coverage or Trip Interruption Coverage;
23. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy, except when and to the extent that a *traveler supplier's* complete cessation of operations due to financial condition is expressly referenced in and covered under Trip Cancellation Coverage or Trip Interruption Coverage;
24. *A travel supplier's* restriction on any *baggage*, including on medical supplies or equipment;
25. Ordinary wear and tear or defective materials or workmanship;
26. An act of gross negligence by *you* or a *traveling companion*; or
27. Travel against the orders or advice of any government or other public authority.

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 Departure Date and Return Date as shown on the Coverage Summary do not match *your trip's* actual *departure date* and *return date* (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 non-refundable *trip* payment or deposit;
- b. *You* were a U.S. resident when the *policy* was purchased;
- c. *You* were medically able to travel when the *policy* was purchased; and
- d. On the *policy* purchase date, *you* insured the full non-refundable cost of *your trip* with *us*.

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. Additionally, if any *trip* expenses that were refundable when incurred become non-refundable or subject to cancellation penalties between the Policy Purchase Date and the *departure date*, *you* must insure them with *us* within 14 days of any such expense becoming non-refundable or subject to cancellation penalties. If *you* do not do so in either or both cases, those expenses will still be subject to the *pre-existing medical condition* exclusion.

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

CLAIMS INFORMATION

We believe filing an insurance claim should be simple and fast. Learn the basics of *our* claims process here.

Before *you* file a claim, please review *your policy* details included in this document 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.

What We Need From You:

- *Your policy* number.
- A summary of the incident related to *your* claim.
- Documentation of *your* specific loss and the reimbursement amount requested.

File Your Claim Online for Fastest Processing:

1. Go to www.AgentMaxOnline.com/customer and click on File a Claim.
2. Complete the online form.
3. Upload *your* supporting documentation.
4. Review *your* details and submit *your* claim.

Or, Begin Your Claim by Calling 800-334-7525.

Once *you* have submitted *your* claim and supporting documentation, *we* will begin processing *your* claim and will contact *you* if further action is required. *You* may also track *your* claim status online at www.AgentMaxOnline.com/customer.

GENERAL PROVISIONS AND CONDITIONS

In addition to the other terms, conditions, limitations, and exclusions specified in this *policy*, the below general provisions and conditions apply to all coverages under *your policy*. Eligibility for coverage under this *policy* is subject to meeting the terms and conditions described below.

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 prejudices *us* or otherwise 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*; identifying and obtaining *refunds* for which *you* are eligible; 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 provide a sworn affidavit.

Assignment

You can assign *your* right to payment under *your policy* by notifying *us* in a signed writing. The assignment will not be effective until *we* receive such written notice. However, *we* will not permit or 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. Except as expressly permitted here, no other assignment is permitted under this *policy* unless *we* approved this assignment in writing and in advance. Any attempt to make an assignment not permitted under this *policy* will be void as between *you* and *us*. *We* do not assume any responsibility for the validity of any assignment.

Benefits Payable

Benefits payable under the Emergency Medical/Dental Coverage, Emergency Transportation Coverage, or Travel Accident Coverage will be paid to the insured under this *policy* who incurs the claimed expense. All other payable benefits will be paid to the first named insured on the Coverage Summary. If the payee under any payable benefit is under 18 years old, any such benefits will be paid to that payee's parent or legal guardian. If a payee dies, any benefits that were payable to that payee will be paid instead to that payee's estate unless that payee has designated one or more beneficiaries by notifying *us* in a signed writing. If a deceased payee has named one or more beneficiaries, any benefits that were payable to that deceased payee will be divided and paid to each named beneficiary in equal shares (unless the payee has designated otherwise by notifying *us* in a signed writing). Except as described here, there are no other beneficiaries of any of the benefits under this *policy*, including without limitation any healthcare provider, any medical transportation provider, or any rental car agency.

Benefits are limited to the amount of *your* loss and are subject to the applicable limit of liability and any deductible stated in the Coverage Summary. All dollar amounts described in this *policy* are expressed in U.S. dollars. If *you* have a loss for which *you* have been reimbursed by *us* or any third party, *you* will not be reimbursed again for the same expense. For example, *you* cannot be reimbursed for the same expense under both Travel Delay and Trip Interruption coverages. As another example, *you* cannot be reimbursed for a lost prepaid *trip* expense under this *policy* if *you* have already been reimbursed by another party for that expense.

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, combined with the total amount of *refunds* *you* have received or are eligible to receive, exceeds the total amount of *your* loss unless prohibited by law.

Resolving Disputes

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

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

Subrogation

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

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* agree to the change and have received any additional premium due. If the *plan* is canceled within 15 days following the *date of delivery*, *we* will provide a full refund of the *plan* price. **After this 15-day period, the *plan* price is nonrefundable.** Please note, no refund is available if the *trip* has started, a claim has been filed, or the *policy* has ended.

We will cancel *your* coverage prior to the Coverage End Date for any one or more of:

1. Nonpayment of premium;
2. Material misrepresentation of fact, which, if known to *us* would have caused *us* not to issue the *policy*;
3. Substantial change in the risk assumed, except to the extent that *we* should reasonably have foreseen the change or contemplated the risk in writing the *policy*;
4. Substantial breaches of contractual duties, conditions, or warranties;
5. Loss of *our* reinsurance covering all or a significant portion of the particular *policy* insured, or where continuation of the *policy* would imperil *our* solvency or place *us* in violation of the insurance laws of this State.

We have 30 days from the effective date of cancellation to notify *you* of these grounds for cancellation. In the event of cancellation due to nonpayment of premium, such notification shall be ten days from the date of cancellation.

Duplicate Coverage

If *you* are covered for a loss under two or more insurance policies that *we* have issued, *we* will pay no more than the highest amount of coverage payable under any one of those insurance policies for that loss. In any such case, at the policyholder's option, *we* will allow the policyholder to cancel their other policies and receive a refund of any premium paid for such canceled policies.

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* canceling or voiding *your policy* or reducing benefits, or *we* may use them to defend *our* decision about a claim.

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

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

Travel, Activity, and Event Requirements

You are responsible for meeting all requirements to travel or to attend or participate in *your* activity or event, including without limitation obtaining required travel authorizations and documentation (for example, passports or visas), obtaining required vaccinations, testing, and medical supplies and equipment (including verifying that *your* supplies/equipment meet *your travel supplier's* requirements), adhering to *travel supplier* and governmental requirements and policies (such as social distancing and mask wearing), and anything else required for *you* to travel or attend or participate in an activity or event.

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.

JEFFERSON INSURANCE COMPANY
(A Stock Company)

VIRGINIA STATE AMENDMENT

Your policy is changed as follows:

1. **WHEN YOUR COVERAGE BEGINS AND ENDS**, the first paragraph is deleted in its entirety and replaced with the following:

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* Coverage Summary. The *policy* is effective at 12:01 a.m. on the day after *we* receive the order and *you* pay the full premium. The order must be received and the full premium must be paid prior to *your* departure.

2. **GENERAL PROVISIONS AND CONDITIONS**, Resolving Disputes is deleted in its entirety and replaced with the following:

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 submission of claim.

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

3. **GENERAL PROVISIONS AND CONDITIONS**, the following provisions are added:

Inquiries or Complaints

You may contact *us* at the address or telephone number below for complaint issues or coverage or premium inquiries:

Jefferson Insurance Company
9950 Mayland Drive
Richmond, VA 23233
800.284.8300

If *we* fail to provide *you* with reasonable and adequate service, *you* may contact:

Virginia State Corporation Commission's Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
804.371.9691 or 800.552.7945 (Virginia Only)
877.310.6560 (Nationwide)

Written correspondence is preferable so that a record of *your* inquiry is maintained. When contacting *your* agent, the Company or the Bureau of Insurance, have *your* written *policy* number available.

Insolvency or Bankruptcy

The insolvency or bankruptcy of *you*, or the insolvency of *your* estate, will not relieve *us* of any of the obligations under this *policy*.

Judgments

Any party who has obtained a judgment against *you*, which is returned unsatisfied, may bring an action against *us* to recover damages insured by the *policy*.

There are no other changes to *your policy*.

Jefferson Insurance Company

A handwritten signature in black ink, appearing to read 'Jeff Wright', is positioned above the printed name.

Jeff Wright, President

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

ENHANCED TRIP CANCELLATION

I. DESCRIPTION OF COVERAGES, the following *covered reasons* are added to the Trip Cancellation Coverage:

1. A *terrorist event* is carried out by an organized terrorist group recognized by the U.S. State Department within 30 days of *your departure date* and within 100 miles of any 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.

There are no other changes to the *policy*.

Jefferson Insurance Company



Jeff Wright, President

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

ENHANCED TRIP INTERRUPTION

I. DESCRIPTION OF COVERAGES, the following *covered reasons* are added to the Trip Interruption Coverage:

1. A *terrorist event* is carried out by an organized terrorist group recognized by the U.S. State Department within 100 miles of any 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.

There are no other changes to the *policy*.

Jefferson Insurance Company



Jeff Wright, President

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

TRAVEL DELAY COVERAGE

Your travel insurance *policy* includes the following additional coverage:

I. DESCRIPTION OF COVERAGES, the following coverage is added:

TRAVEL DELAY COVERAGE

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

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, less available *refunds*, up to the maximum benefit shown in *your* Coverage Summary 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* Coverage Summary, as follows:
 - If *you* provide receipts, the With Receipts Daily Limit applies; or
 - If *you* do not provide receipts, the No Receipts Daily Limit applies.
- 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.
- iii. If a *local public transportation* delay on *your* way to the departure airport or train station causes *you* to miss the departure of *your* flight or train, reasonable transportation expenses to either help *you* reach *your* destination or return home.

The delay must be for at least the Minimum Required Delay listed in *your* Coverage Summary 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;
7. Civil disorder, unless it rises to the level of *political risk*;
8. A *traffic accident*; or
9. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

This does not apply to a delay resulting from a *travel supplier's* cancellation prior to *your departure date*.

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

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

TRIP CHANGE PROTECTOR COVERAGE

Your travel insurance *policy* includes the following additional coverage:

I. DESCRIPTION OF COVERAGES, the following coverage is added:

TRIP CHANGE PROTECTOR COVERAGE

IMPORTANT: Please refer to *your* Coverage Summary to confirm the applicable limit. If the change takes place prior to the original *departure date*, *you* must contact *us* to update the *policy* dates with the new travel dates before the start of the *trip* to be covered. The rest of the *policy* remains in effect after a claim is filed under this benefit.

If *you* must cancel or change *your* airline, rail, cruise, or tour ticket(s) due to one of the following reasons, *we* will reimburse *you* for any fee or additional expense *you* are charged by a *travel carrier* or *travel supplier*, up to the maximum benefit for Trip Change Protector listed in the Coverage Summary:

1. Any of the *covered reasons* under Trip Cancellation Coverage or Trip Interruption Coverage.
2. *You* or a *traveling companion* is delayed because roads are closed or impassable due to *severe weather*.
3. *Your* tour operator or cruise supplier changes *your* itinerary.
4. Death or hospitalization of the person *you* are traveling to visit.
5. Military obligations of the person *you* are traveling to visit.
6. The cancellation or rescheduling of a special event *you* were planning to attend such as a wedding, business meeting, family reunion, graduation, concert, or theater event.

The following condition applies:

- a. *You* must provide documentation of original date, plus cancellation or change.

The following conditions apply:

- a. The fees and additional expenses must be triggered by the cancellation or interruption of or change to *your trip*;
- b. If *you* have received reimbursement for canceled or changed *trip* arrangements under the Trip Cancellation or Trip Interruption benefit, reimbursement under this benefit is not available for any change or rebooking fees or costs related to such canceled or changed *trip* arrangements.

There are no other changes to *your policy*.

Jefferson Insurance Company



Jeff Wright, President

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

BAGGAGE COVERAGE

Your travel insurance *policy* includes the following additional coverage:

I. DEFINITIONS, the following definitions are added:

High value items	Collectibles, jewelry, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment</i> , mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
Sporting equipment	Equipment or goods used to participate in a sport.

II. DESCRIPTION OF COVERAGES, the following coverage is added:

BAGGAGE COVERAGE

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

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

- i. Cost to repair the damaged *baggage*; or
- ii. Cost to replace the lost, damaged, or stolen *baggage* with the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

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 and retained a copy of 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 or another proof of purchase for each lost, damaged, or stolen item. For items without an original receipt or a proof of purchase, we will only cover up to 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item; and
- d. *You* must report theft or loss of a cellular device to *your* network provider and request to block the device.

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, prescription eyewear, and contact lenses;
5. Artificial teeth, prosthetics, and orthopedic devices;
6. Wheelchairs and other mobility devices;
7. Consumables, medicines, medical equipment/supplies, and perishables;
8. Tickets, passports, deeds, blueprints, stamps, and other documents;

9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travelers cheques, securities, bullion, and keys;
10. Rugs and carpets;
11. Antiques and art objects;
12. Fragile or brittle items;
13. Firearms and other weapons, including ammunition;
14. Intangible property, including software and electronic data;
15. Property for business or trade;
16. Property *you* do not own;
17. *High value items* stolen from a car, locked or unlocked; and
18. *Baggage* while it is:
 - a. Shipped, unless with *your travel carrier*;
 - b. In or on a car trailer;
 - c. Unattended in an unlocked motor vehicle; or
 - d. Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside.

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

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

BAGGAGE DELAY COVERAGE

Your travel insurance policy includes the following additional coverage:

I. DESCRIPTION OF COVERAGES, the following coverage is added:

BAGGAGE DELAY COVERAGE

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

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* Coverage Summary for Baggage Delay Coverage.

The following conditions apply:

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

There are no other changes to *your policy*.

Jefferson Insurance Company



Jeff Wright, President

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

EMERGENCY MEDICAL/DENTAL COVERAGE

Your travel insurance *policy* includes the following additional coverage:

I. DEFINITIONS, the following definitions are added:

Hospital	A short-term, acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i> . It must: <ol style="list-style-type: none">1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;2. Have organized departments of medicine and major surgery; and3. Be licensed where required.
Medically necessary	Treatment that is required for <i>your</i> illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
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.

II. DESCRIPTION OF COVERAGES, the following coverage is added:

EMERGENCY MEDICAL/DENTAL COVERAGE

IMPORTANT:

- Please refer to *your* Coverage Summary to confirm the applicable limit.
- If *your* emergency is immediate or life threatening, seek local emergency care at once.
- *We* are not, and shall not be deemed to be, a provider of medical or emergency services, nor are *we* a substitute for such providers or responsible for the services of such providers.
- *Our* services may be subject to approvals by appropriate local authorities and active travel and legal or regulatory restrictions.

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* Coverage Summary (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 (including being diagnosed with an *epidemic* or *pandemic* such as COVID-19).
2. While on *your trip*, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

If *you* need to be admitted to a *hospital* as an inpatient, *we* may be able to guarantee or advance payments, where accepted, up to the limit of *your* Emergency Medical/Dental Coverage.

The following conditions and additional 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*);
 - 7. Experimental treatment; and
 - 8. Any other non-emergency medical or dental care.
- d. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

There are no other changes to *your policy*.

Jefferson Insurance Company

A handwritten signature in black ink, appearing to read 'Jeff Wright', is positioned above the printed name.

Jeff Wright, President

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

EMERGENCY TRANSPORTATION COVERAGE

Your travel insurance *policy* includes the following additional coverage:

I. DEFINITIONS, the following definitions are added:

Hospital	A short-term, acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i> . It must: <ol style="list-style-type: none">1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;2. Have organized departments of medicine and major surgery; and3. Be licensed where required.
Medical escort	A professional person contracted by <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
Medically necessary	Treatment that is required for <i>your</i> illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.

II. DESCRIPTION OF COVERAGES, the following coverage is added:

EMERGENCY TRANSPORTATION COVERAGE

IMPORTANT:

- Please refer to *your* Coverage Summary to confirm the applicable limit.
- If *your* emergency is immediate or life threatening, seek local emergency care at once.
- *We* are not, and shall not be deemed to be, a provider of medical or emergency services, nor are *we* a substitute for such providers or responsible for the services of such providers.
- *Our* services may be subject to approvals by appropriate local authorities and active travel and legal or regulatory restrictions.

Emergency Evacuation (Transporting *you* to the nearest appropriate medical facility)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* such as COVID-19) while on *your trip*, *we* will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility. If *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 available *hospital* or other appropriate available 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 conditions apply:

- 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.
- b. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.
- c. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

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

If *you become* seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* such as COVID-19) 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 regularly scheduled service on a common carrier in the same class of service that *you* originally booked, unless a different class of service is 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 team 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.
- c. One or more common carriers must be willing and able to transport *you* on regularly scheduled service from *your* current location to *your* chosen destination.
- d. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

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* or that *your* condition is immediately life-threatening, *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 conditions apply:

- 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.
- b. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

Return of Dependents (Getting minors and dependents home)

If *you* die or 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 are 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 *your* country of residence.

We will arrange and pay for an adult *family member* to accompany *your traveling companions* who are under the age of 18 or are dependents requiring *your* full-time supervision and care, if *we* determine that it is necessary.

Transportation will be on a *travel carrier* in the same class of service that was 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, or if *you* die, and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the *traveling companions* under the age of 18 or 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.
- c. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

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 *your* country of residence.

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*.

If a *family member* decides to make funeral, burial, or cremation arrangements for *you* at the location of *your* death, *we* will reimburse the associated expenses up to the amount it would have cost *us* to transport *your* remains to a funeral home near *your primary residence*.

There are no other changes to *your policy*.

Jefferson Insurance Company



Jeff Wright, President

We're only a click away!

Visit www.allianztravel.com:

- To file a claim
- To check claim status

TRAVEL SERVICES DURING YOUR TRIP PROVIDED BY AGA SERVICE COMPANY

If you need travel or medical assistance related to your trip, we are available 24 hours a day. With our global reach and multi-lingual staff, we are here to help you anytime, anywhere. Throughout this document, the words “you” and “your” refer to the person or people insured under the attached travel insurance plan. The words “we”, “us”, and “our” refer to AGA Service Company.

IMPORTANT: You are responsible for the cost of any expenses incurred as a result of the services provided. If you have purchased insurance, please review your plan to determine whether any of the costs you have incurred may be eligible for coverage.

To Reach Us:

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

800-654-1908

All other locations, call:

804-281-5700

We will accept collect calls, or call you back.

Flight Assistance

If you miss your flight or it is delayed or canceled, we can assist you with finding a new flight or alternate transportation.

Accommodation Assistance

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

Destination Information

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

Lost Travel Documents Assistance

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

Emergency Language Translation

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

Emergency Cash Assistance

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

Emergency Legal Referrals

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

Emergency Message Delivery

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

Finding a Doctor or Medical Facility

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

Monitoring Your Care

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

Prescription Replacement

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

Medical Equipment Arrangements

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

Personal Effects Collection and Return

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

Child Care Equipment Assistance

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

Care of Your Pet While on Your Trip

If you need assistance in locating a facility to board your pet or locating a veterinarian, we can provide you with referral options and assist you in making reservations.

Lost Baggage Assistance

If your baggage is lost by your travel supplier, we can work with the carrier to locate your baggage. We can provide you status updates, inform you when the baggage is found, and coordinate delivery of your baggage.

Rental Car Assistance

We can assist you with the booking of a rental car before your trip or assist with the return of a rental car during a trip.

CONCIERGE SERVICES

PROVIDED BY AGA SERVICE COMPANY

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

To Reach Us:

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

800.654.1908

All other locations, call:

804.281.5700

We will accept collect calls, or call you back.

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

Activity/Entertainment Planning

When you are traveling or planning your trip, we can assist you with referrals, reservations, or ticketing for:

- Restaurants
- Sports events, shows, and festivals
- Theater and concert events
- Health Clubs
- Golf courses and tee times
- Tours
- Museums
- Shopping
- Hobby or special interest classes
- Other such activities/entertainment

Destination Information

Get information on your destination, such as:

- Highlights and sightseeing
- Airport and mass transportation
- Health and security
- Local customs and duty
- Exchange rates
- Visa and passport requirements
- ATM locations

Business Services

When traveling on business, we can assist with:

- Computer and mobile device rental
- Audio/visual equipment rental
- Translation service
- Messenger service
- Location of banquet or private meeting venues
- Arranging catering, banquet, and event services

Specialty Services

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

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

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

IMPORTANT PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW PERSONAL DATA AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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 or protected health information ("PHI") as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); 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 our underwriters.
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: We collect Personal Data from you, or from your agents, representatives, suppliers and providers, or other party from whom you have authorized us to collect it on your behalf. This may include:
 - (i) Identifiers and other identifying personal information (e.g. name, contact information like address, email address, 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 use of location-based website or mobile application 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); or
 - (xiii) 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.

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

- (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 services you request;
- (v) to protect 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
- (vi) for purposes to which you've otherwise consented.

This may in some cases include disclosing your Personal Data to Agents. 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).

Should you be 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 are confirming that you have obtained the insured's consent to provide this personal information for this use.

Where we are subject to HIPAA, we must notify you of our duties and practices with respect to PHI. Except as described here or allowed or required by law, we will only use or disclose your PHI or health records with your prior express consent. Under HIPAA, we may use and disclose your PHI for one or more of the following purposes:

- (1) monitoring the health care treatment you receive (e.g. we may send or receive PHI to or from a doctor regarding your condition and treatment so we can see that your treatment is appropriate);
- (2) payment for health services (e.g. we may use your PHI to make payments to a hospital that has treated you);
- (3) to help run our company (e.g. we may use your PHI to conduct quality audits of the services we provided to you. However, we may not use or disclose genetic information about you for underwriting purposes); or
- (4) for other purposes as required to administer your insurance or assistance product (e.g. we may use PHI to determine coverage for a claim made under an insurance policy).

We may also in some cases need to use or disclose information about you which may include your PHI for one or more of the following purposes:

- (1) for public health and safety issues;
- (2) to comply with legal or regulatory requirements;
- (3) to address or comply with workers' compensation, law enforcement, or other legal or government mandates or requests; or
- (4) to respond to lawsuits or legal actions.

Cookies are text files on your computer. When you access our website or use our mobile application, we use cookies, among other things, to collect data about your web usage. We also use Google, Inc.'s Google Analytics and AdWords services, iAdvize and Jacada's chat and monitoring service, and other similar third-party vendor services. These services use cookies to transmit your IP address and other 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. iAdvize also uses JavaScript to provide its chat and monitoring services. 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, website 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. By using our website, you consent to this use of cookies and data for these purposes. You can refuse cookies by disabling them in your browser (this may affect the content available to you). Our websites do not respond to "Do Not Track" requests from browsers.

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, maps, and translation services, and other similar services, or for purposes to which you otherwise consent or as described here.

Last, 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.

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. Choice. We reserve the right to disclose Personal Data to third parties as described above. 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 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.

Except as allowed by law, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes, or use or disclose your PHI in a way that would constitute a sale of PHI under HIPAA unless you expressly authorize us to do so. You may revoke this consent at any time. Such revocation will not apply to actions we have already taken based on that consent. You may request restrictions on our use and disclosure of certain health information for treatment, payment, or our operations. However, we are not required to agree to your request, except as required by HIPAA.

We may need to disclose Personal or Sensitive Data if we have a good-faith belief that it is needed to protect or defend our or your rights, interests or property or comply with any law or legal mandate, or if it is otherwise required or allowed by law. We will take reasonable care to disclose only as much of such data as is needed.

3. Accountability for Onward Transfer. We may disclose your Personal Data to our Agents, but only for the limited and specified purposes described here, consistent with the consent you have provided. We will take reasonable and appropriate steps to obtain assurances from our Agents that they will effectively process and safeguard your Personal Data consistent with our obligations under this Notice. Upon discovery, we will take reasonable steps to stop and remediate any unauthorized processing inconsistent with this Notice.

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. These measures take into account the risks involved in the processing and the nature of the Personal Data. To help maintain the security of your data, we use administrative, physical, and technical safeguards. These include utilizing policies to take reasonable precautions to (a) securely and confidentially maintain your Personal Data; (b) assess and protect against threats and hazards to the security or integrity of such data; and (c) prevent unauthorized access to or use of such data. Also, except where required or allowed by law, we limit use of your Personal Data to the minimum necessary to accomplish the purposes for which that data was collected and to be used as described here. We restrict access to your Personal Data to only those who need to access it to accomplish those purposes. We use encryption to make your online transaction with us safe and secure. We protect the privacy of your credit card information with a high degree of care and in compliance with PCI. We are required by law to maintain the privacy and security of your PHI. If there is a breach as defined under HIPAA of your unsecured PHI, we are required by law to notify you.
5. Data Integrity. We will only collect Personal Data to the extent it is relevant to the purposes for which it was collected. We will not process Personal Data in a way that is incompatible with the purposes for which it has been collected or as you later authorize. To help maintain the integrity of your data, we will take reasonable steps to ensure that Personal Data is reliable for its intended use, relevant, accurate, complete, and current. We will adhere to these principles for as long as we retain this data. We retain Personal Data according to our data retention policy.

6. **Access.** If you discover the 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. Where we are subject to HIPAA, you have the right to request to receive confidential communications of your PHI, as applicable. In accordance with and as allowed by HIPAA, at your request, you may inspect, amend, and copy PHI we maintain about you and receive an accounting of certain disclosures of your PHI (e.g. health payment records).
7. **Recourse, Enforcement, Liability.** You can send complaints about how we handle your Personal Data to us at the contact information below. If the data is PHI, complaints can be made to us or to the U.S. Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

Links. Our websites provide links (including social media plugins (“Plugins”)) that connect to third party websites. Clicking such link establishes 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 or comments 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

Opt Out/Exercise of Rights. To opt out of non-essential marketing communications or non-essential unaffiliated third party information sharing, please contact our Chief Privacy Officer as noted above 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. We will not unfairly discriminate against any person who chooses to opt out, or exercise any of their rights as described in this Notice.

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. In addition to as defined above, Personal Data may also include information (other than information that is publicly available, de-identified or aggregated), that identifies, relates to, describes, is reasonably capable of being associated with, or could be reasonably linked to a particular California resident or household.

We have collected the following categories of Personal Data from consumers from the sources and for the purposes as described in this Notice in the past 12 months: identifiers, personal information, characteristics of protected classifications, commercial information, biometric information, internet or other electronic network activity information, geolocation data, audio/electronic/visual information, and professional or employment-related information. We use these categories data for purposes as described in Section 1 of this Notice. We do not sell Personal Data. We have disclosed the following categories of Personal Data for business purposes as described in this Notice to the categories of third parties identified in this Notice in the past 12 months: identifiers, personal information, characteristics of protected classifications, commercial information, biometric information, internet or other electronic network activity information, geolocation data, audio/electronic/visual information, and professional or employment-related information.

You may in some cases have certain rights under California law. However, these rights are not available in all cases, and they are subject to applicable exceptions, exemptions, and limitations as provided by law (including without limitation with respect to Personal Data collected pursuant to the Gramm-Leach-Bliley Act). Please contact the Chief Privacy Officer for more information. These rights may include the following: (1) the right to request that we disclose to you the categories and specific pieces of your Personal Data we have collected over the past 12 months; the categories of sources from which that data is collected; the business or commercial purpose for collecting or selling that data; the categories of third parties with whom we share that data; and the specific pieces of that data we have collected about you in that period; the categories of Personal Data sold about you during that period and the categories of third parties to whom that information was sold, by category of Personal Data for each category of third parties to whom the Personal Data was sold; and the categories of Personal Data we disclosed about you for a business purpose during that period; (2) the right to request that we delete Personal Data we have collected about you; (3) the right that we will not discriminate against you for exercising any of these rights, including without limitation by denying goods or services to you; charging a different price or rates for goods or services, including through the use of discounts or other benefits or imposing penalties; providing a different level or quality of goods or services to you; or suggesting that you will receive a different price or rate for, or a different level of quality of, goods or services. You can submit a request to exercise these rights by contacting the Chief Privacy Officer as described above. Upon verification of your request, we will respond to you with the information requested or confirmation of deletion, or with an explanation for why the information will not be provided or why the data will not be deleted, as applicable.

Effective Date. This Notice was last revised on, and is effective as of, December 1, 2020.