



Hi Amit,

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 Declaration of Coverage, your Policy/Certificate of Insurance, and a description of the Travel Assistance Services available to you. The total amount paid was \$90.00, which includes \$76.00 for insurance and \$14.00 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 give you 10 days to review your plan. If, during this 10-day period, you are not completely satisfied for any reason, you may cancel your plan and receive a full refund. Please note that this refund is only available if the trip has not started and if a claim has not been initiated. After this 10-day period, your plan is nonrefundable. Some states provide for longer periods or different terms for refunds. For more information, please refer to the plan documents that begin on the next page.

Please note, the following exclusions will not apply to coverage under your plan:

FORM 101-P-WA-702.06-2017 PC: mental or nervous health disorders; suicide

FORM 101-P-WA-010.01-2017 AH: alcoholism or drug addiction; suicide

## DECLARATION OF COVERAGE

Product Name:	OneTrip Emergency Medical
Policy Number:	EUSP2337704055
Number of People Insured:	2
Insured(s):	Amit Dey
Insured(s):	Anushree Pai
Date of Purchase:	April 26, 2023
Coverage Effective Date:	April 30, 2023
Coverage End Date:	May 8, 2023
Departure Date:	April 30, 2023
Return Date:	May 8, 2023
Total Insurance Cost for All Insureds:	\$76.00

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
<b>Travel Delay Coverage</b>	<b>Your travel plans are delayed while you are on your trip.</b> Maximum reimbursement per 24-hour period of delay: Daily Limit - \$200.00 Minimum Required Delay - 6 hours	<b>\$1,000.00</b>
<b>Baggage Loss Coverage</b>	<b>Your baggage is lost, damaged, or stolen while on your trip.</b> Maximum benefit for all high value items, per policy - \$500.00	<b>\$2,000.00</b>
<b>Baggage Delay Coverage</b>	<b>Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.</b> Minimum Required Delay - 12 hours	<b>\$750.00</b>
<b>Emergency Transportation Coverage</b>	<b>Transportation is needed following a medical emergency while on your trip.</b>	<b>\$250,000.00</b>

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.

### Important Notices:

- If not otherwise specified, the benefit limits shown above are per named insured.
- AGA Service Company is the licensed producer and administrator for this policy.
- Insurance coverage is provided under Form 101-P-WA-702.06-2017 PC issued by Jefferson Insurance Company.

## OUR PROMISE TO YOU

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

### For customer service, please call:

**1-866-884-3556**

(From U.S.)

**1-804-281-5700**

(Outside U.S./Collect)

### To file a claim, please visit:

<http://www.allianztravelinsurance.com>

WELCOME\_LTR \* TRDEC\_JICPC\_2017 \* TI\_702\_S5\_P\_WA\_V4PC \* TRDEC\_JICAH\_2017 \* TI\_702\_S5\_P\_WA\_V4AH \*  
101\_POE\_14\_2017 \* JICPRIVNOT \* \* \* \* \* \* \* \* \* \* \* \*



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](http://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**  
**(A STOCK COMPANY)**

**ABOUT THIS POLICY**

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

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

**WHAT THIS POLICY INCLUDES AND WHOM IT COVERS**

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

*Your policy* consists of two parts:

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

**NOTE:**

- If a certain type of coverage is described in this *policy* document, but it is NOT listed in the Declarations, *your policy* does not include that coverage.
- Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this *policy* may be covered.

**OUR PROMISE TO YOU**

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

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










**Jeff Wright, President**



**Jack Zemp, Secretary**

**INDIVIDUAL TRAVEL INSURANCE POLICY**

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## TRAVEL SERVICES DURING YOUR TRIP

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

### To Reach Us:

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

**800.654.1908**

All other locations, call:

**804.281.5700**

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

### Flight Assistance

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

### Accommodation Assistance

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

### Destination Information

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

### Lost Travel Documents Assistance

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

### Emergency Language Translation

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

### Emergency Cash Assistance

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

### Emergency Legal Referrals

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

### Emergency Message Delivery

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

### Finding a Doctor or Medical Facility

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

### Monitoring Your Care

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



## DEFINITIONS

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

<b><i>Accident</i></b>	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
<b><i>Accommodation</i></b>	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
<b><i>Actual cash value</i></b>	The amount an item is reasonably worth based on its fair market value, age, usage, and condition immediately prior to the loss.
<b><i>Baggage</i></b>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<b><i>Climbing sports</i></b>	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<b><i>Cohabitant</i></b>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old. <i>You</i> must be able to show evidence that <i>you</i> have lived together for 12 consecutive months.
<b><i>Covered reasons</i></b>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<b><i>Criminal act</i></b>	An act that is a felony.
<b><i>Departure date</i></b>	The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary and on <i>your</i> Declarations.
<b><i>Doctor</i></b>	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 injured person's <i>family member</i> .
<b><i>Epidemic</i></b>	A contagious disease that spreads rapidly and widely among the population in an area and which is recognized as an epidemic by the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC).
<b><i>Family member</i></b>	<p><i>Your:</i></p> <ol style="list-style-type: none"> <li>1. Spouse (by marriage, common law, domestic partnership, or civil union);</li> <li>2. <i>Cohabitants</i> (defined above);</li> <li>3. Parents and stepparents;</li> <li>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;</li> <li>5. Siblings;</li> <li>6. Grandparents and grandchildren;</li> <li>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;</li> <li>8. Aunts, uncles, nieces, and nephews;</li> <li>9. Legal guardians and wards;</li> <li>10. Paid, live-in caregivers; and</li> <li>11. Service animals (as defined by the Americans with Disabilities Act).</li> </ol>
<b><i>High-altitude activity</i></b>	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.
<b><i>High value items</i></b>	Collectibles, jewelry, watches, gems, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, <i>sporting equipment</i> , electronic mobile devices, smartphones, computers, radios, drones, robots, and other electronic items.

<b>Hospital</b>	A short-term, acute care facility that has a primary function of diagnosing and treating sick and injured people under the supervision of <i>doctors</i> . It must: <ol style="list-style-type: none"> <li>1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;</li> <li>2. Have organized departments of medicine and major surgery; and</li> <li>3. Be licensed where required.</li> </ol>
<b>Injury</b>	Physical bodily harm.
<b>Mechanical breakdown</b>	A mechanical issue which prevents the vehicle from being driven normally, including flat tires or running out of fuel, fluids, or power.
<b>Medical escort</b>	A professional person contracted by <i>our</i> medical team to accompany a seriously ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
<b>Medically necessary</b>	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.
<b>Natural disaster</b>	A large-scale extreme weather or environmental event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
<b>Policy</b>	The travel insurance coverage purchased. The <i>policy</i> includes this policy document, any amendments and endorsements attached to it, and the Declarations.
<b>Primary residence</b>	<i>Your</i> permanent, fixed home address for legal and tax purposes.
<b>Pre-existing medical condition</b>	<p>An <i>injury</i>, illness, or medical condition that, within the 120 days prior to the purchase date of this <i>policy</i>:</p> <ol style="list-style-type: none"> <li>1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>;</li> <li>2. Presented symptoms; or</li> <li>3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed).</li> </ol> <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 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>
<b>Quarantine</b>	Mandatory confinement, intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> may have been exposed.
<b>Refund</b>	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.
<b>Severe weather</b>	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
<b>Sporting equipment</b>	Equipment or goods used to participate in a sport.

<b><i>Travel carrier</i></b>	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> <li>1. Rental vehicle companies;</li> <li>2. Private, chartered, or non-commercial transportation carriers; or</li> <li>3. Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 100 miles.</li> </ol>
<b><i>Travel supplier</i></b>	A travel agent, tour operator, airline, cruise line, hotel, or other travel service provider.
<b><i>Traveling companion</i></b>	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.
<b><i>Trip</i></b>	<i>Your</i> travel to, within, and/or from a location at least 100 miles from <i>your primary residence</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.
<b><i>We, Us, or Our</i></b>	Jefferson Insurance Company and its agents, including AGA Service Company.
<b><i>You or Your</i></b>	All persons listed as insureds on the Declarations.

## DESCRIPTION OF COVERAGES

In this section, we will describe the many different types of insurance coverages which may be included in *your policy*. We explain each type of coverage and the specific conditions that must be met for the coverage to apply. If a certain type of coverage is described in this *policy* document, but it is NOT listed in the Declarations, *your policy* does not include that coverage.

### A. TRAVEL DELAY COVERAGE

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

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

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

1. A *travel carrier* delay;
2. A strike, unless threatened or announced prior to the purchase of *your policy*;
3. *Quarantine*;
4. A *natural disaster*;
5. Roads are closed or impassable due to *severe weather*;
6. Lost or stolen travel documents;
7. Hijacking;
8. Civil disorder; or
9. A traffic *accident*.

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

### B. BAGGAGE LOSS COVERAGE

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

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

The following conditions apply:

- a. *You* have taken reasonable steps to keep *your baggage* safe and intact and to recover it;
- b. *You* have filed a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;

- c. *You* must provide original receipts for the lost items. For items without an original receipt, we will cover up to 75% of the *actual cash value*; and
- d. *High value items* are covered up to the maximum benefit for *high value items* shown in *your* Declarations.

The following items are not covered:

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

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

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

## C. BAGGAGE DELAY COVERAGE

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

The following condition applies:

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

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

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

## D. EMERGENCY TRANSPORTATION COVERAGE

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

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

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

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

The following condition applies:

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

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

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

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

The following conditions apply:

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

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

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

The following condition applies:

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

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

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

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

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

The following conditions apply:

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

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

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

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

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

The following conditions apply:

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

**IMPORTANT:** The most *we* will pay for benefits under *your* Emergency Transportation Coverage is the maximum benefit listed for Emergency Transportation Coverage on *your* Declarations. Please refer to *your* Declarations to confirm *your policy* includes this coverage, and if so, the applicable limit.

## GENERAL EXCLUSIONS

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

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

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



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

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

1. *Your travel carrier* tickets do not show travel date(s);
2. The travel dates on *your* Declarations do not represent when *you* actually intended to travel; or
3. *You* intend to receive health care or medical treatment of any kind while on *your trip*.

### PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

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

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

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

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

## WHEN YOUR COVERAGE BEGINS AND ENDS

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

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

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

*Your policy* ends on the Coverage End Date listed in *your* Declarations. However, there are situations where *your policy* may end on a different date. *Your policy* will end on the earliest of:

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

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

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

## CLAIMS INFORMATION

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

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

### To File *Your* Claim Online:

- Go to [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com) and click on File a Claim.
- Provide *policy* details.
- Determine which forms and documentation are required.
- File *your* claim and track *your* claim status.

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

- Email: [claimsinquiry@allianzassistance.com](mailto:claimsinquiry@allianzassistance.com)
- Toll-Free: 800.334.7525

## GENERAL PROVISIONS AND CONDITIONS

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

### Proof of Loss

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

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

### Assignment

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

### Benefits Payable

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

### Changes and Cancellation

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

**Duplicate Coverage**

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

**Fraud and Misrepresentation**

*You* are responsible for all statements or other representations *you* make. Any materially misleading or inaccurate information in any statements or representations *you* or someone acting on *your* behalf, make with the intent to deceive may result in *us* voiding *your policy* or reducing benefits, or *we* may use them to defend *our* decision about a claim.

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

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

**Medical Examinations and Autopsy**

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

**Recovery**

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

**Resolving Disputes**

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

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

**Subrogation**

When someone is responsible for *your* loss, *we* have the right to recover any payments *we* have made to *you* or someone else in relation to *your* claim, as permitted by law. In such case, *we* may require any person receiving payment from *us* to assign their rights to recover such payment, including signing and providing any documents reasonably required allowing *us* to do so. Everyone eligible to receive payment for a claim submitted to *us* must cooperate with this process and must refrain from doing anything that would adversely affect *our* rights to recover payment. *Our* right to subrogation will not exceed the amount of *our* payment.

**Travel Requirements**

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

**Waiver or Amendment**

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

## TRAVEL SERVICES DURING YOUR TRIP

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.

### To Reach Us:

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

**800.654.1908**

All other locations, call:

**804.281.5700**

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

### Prescription Replacement

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

### Medical Equipment Arrangements

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

### Personal Effects Collection and Return

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

### Child Care Equipment Assistance

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

### Care of *Your Pet While on Your Trip*

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

## CONCIERGE SERVICES

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.

### To Reach Us:

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

**800.654.1908**

All other locations, call:

**804.281.5700**

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

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

### Activity/Entertainment Planning

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

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

### Destination Information

Get information on *your* destination, such as:

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

### Business Services

When traveling on business, we can assist with:

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



**Specialty Services**

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

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

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

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

Visit [www.allianztravel.com](http://www.allianztravel.com):

- To file a claim
- To check claim status

## DECLARATION OF COVERAGE

Product Name:	OneTrip Emergency Medical
Policy Number:	EUSP2337704055
Number of People Insured:	2
Insured(s):	Amit Dey
Insured(s):	Anushree Pai
Date of Purchase:	April 26, 2023
Coverage Effective Date:	April 30, 2023
Coverage End Date:	May 8, 2023
Departure Date:	April 30, 2023
Return Date:	May 8, 2023
Total Insurance Cost for All Insureds:	\$76.00

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Emergency Medical/Dental Coverage	You have to pay for emergency medical or dental while on your trip. Dental Care maximum sublimit - \$750.00	\$50,000.00

## ENDORSEMENTS:

Travel Accident Coverage	You are in an accident while on your trip resulting in your death or loss of limb or vision.	\$10,000.00
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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.

### Important Notices:

- Emergency Medical/Dental Coverage is primary.
- If not otherwise specified, the benefit limits shown above are per named insured.
- AGA Service Company is the licensed producer and administrator for this policy.
- Insurance coverage is provided under Form 101-P-WA-010.01-2017 AH issued Jefferson Insurance Company.

## OUR PROMISE TO YOU

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

### For customer service, please call:

**1-866-884-3556**      **1-804-281-5700**  
(From U.S.)      (Outside U.S./Collect)

### To file a claim, please visit:

<http://www.allianztravelinsurance.com>

WELCOME\_LTR \* TRDEC\_JICPC\_2017 \* TI\_702\_S5\_P\_WA\_V4PC \* TRDEC\_JICAH\_2017 \* TI\_702\_S5\_P\_WA\_V4AH \*  
101\_POE\_14\_2017 \* JICPRIVNOT \* \* \* \* \* \* \* \* \* \* \* \*



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](http://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**  
**(A STOCK COMPANY)**

**ABOUT THIS POLICY**

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

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

**WHAT THIS POLICY INCLUDES AND WHOM IT COVERS**

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

*Your policy* consists of two parts:

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

**NOTE:**

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

**OUR PROMISE TO YOU**

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

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









**Jeff Wright, President**



**Jack Zemp, Secretary**

**INDIVIDUAL TRAVEL INSURANCE POLICY**

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## DEFINITIONS

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

<b><i>Climbing sports</i></b>	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<b><i>Cohabitant</i></b>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old. <i>You</i> must be able to show evidence that <i>you</i> have lived together for 12 consecutive months.
<b><i>Covered reasons</i></b>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<b><i>Criminal act</i></b>	An act that is a felony.
<b><i>Departure date</i></b>	The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary and on <i>your</i> Declarations.
<b><i>Doctor</i></b>	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 injured person's <i>family member</i> .
<b><i>Family member</i></b>	<p><i>Your</i>:</p> <ol style="list-style-type: none"> <li>1. Spouse (by marriage, common law, domestic partnership, or civil union);</li> <li>2. <i>Cohabitants</i> (defined above);</li> <li>3. Parents and stepparents;</li> <li>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;</li> <li>5. Siblings;</li> <li>6. Grandparents and grandchildren;</li> <li>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;</li> <li>8. Aunts, uncles, nieces, and nephews;</li> <li>9. Legal guardians and wards;</li> <li>10. Paid, live-in caregivers; and</li> <li>11. Service animals (as defined by the Americans with Disabilities Act).</li> </ol>
<b><i>High-altitude activity</i></b>	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.
<b><i>Hospital</i></b>	<p>A short-term, acute care facility that has a primary function of diagnosing and treating sick and injured people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> <li>1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;</li> <li>2. Have organized departments of medicine and major surgery; and</li> <li>3. Be licensed where required.</li> </ol>
<b><i>Injury</i></b>	Physical bodily harm.
<b><i>Medically necessary</i></b>	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.
<b><i>Policy</i></b>	The travel insurance coverage purchased. The <i>policy</i> includes this policy document, any amendments and endorsements attached to it, and the Declarations.
<b><i>Primary residence</i></b>	<i>Your</i> permanent, fixed home address for legal and tax purposes.



<b>Pre-existing condition</b>	<b>medical</b>	<p>An <i>injury</i>, illness, or medical condition that, within the 120 days prior to the purchase date of this <i>policy</i>:</p> <ol style="list-style-type: none"> <li>1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>;</li> <li>2. Presented symptoms; or</li> <li>3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed).</li> </ol> <p>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to 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>
<b>Reasonable customary costs</b>	<b>and</b>	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.
<b>Travel carrier</b>		<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"> <li>1. Rental vehicle companies;</li> <li>2. Private, chartered, or non-commercial transportation carriers; or</li> <li>3. Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 100 miles.</li> </ol>
<b>Travel supplier</b>		A travel agent, tour operator, airline, cruise line, hotel, or other travel service provider.
<b>Traveling companion</b>		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.
<b>Trip</b>		<i>Your</i> travel to, within, and/or from a location at least 100 miles from <i>your primary residence</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.
<b>We, Us, or Our</b>		Jefferson Insurance Company and its agents, including AGA Service Company.
<b>You or Your</b>		All persons listed as insureds on the Declarations.

## DESCRIPTION OF COVERAGES

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

### A. EMERGENCY MEDICAL/DENTAL COVERAGE

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

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

The following conditions and exclusions apply:

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

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

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

## GENERAL EXCLUSIONS

This section describes the general exclusions applicable to Emergency Medical/Dental Coverage and Travel Accident Coverage under *your policy*. An “exclusion” is something that is not covered by this insurance *policy*, and therefore no reimbursement would be available.

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

1. Any loss, condition, or event that was known, intended, or expected when *your policy* was purchased;
2. *Pre-Existing medical conditions*, except as waived under the Pre-Existing Medical Condition Exclusion Waiver;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal pregnancy or childbirth;
5. Fertility treatments or elective abortion;
6. Alcoholism or drug addiction, or any related physical symptoms;
7. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
8. Participating in extreme, high-risk sports and activities, including but not limited to:
  - a. Skydiving, BASE jumping, hang gliding, or parachuting;
  - b. Bungee jumping;
  - c. Caving, rappelling, or spelunking;
  - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
  - e. *Climbing sports* or free climbing;
  - f. *Any high-altitude activity*;
  - g. Personal combat or fighting sports;
  - h. Racing or practicing to race any motorized vehicle or watercraft;
  - i. Free diving; or
  - j. Scuba diving at a depth greater than 60 feet or without a dive master.
9. A *criminal act* resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act;
10. War (declared or undeclared) or acts of war;
11. Military duty; or
12. Civil disorder or unrest.

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

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

1. *Your travel carrier* tickets do not show travel date(s);
2. The travel dates on *your* Declarations do not represent when *you* actually intended to travel; or
3. *You* intend to receive health care or medical treatment of any kind while on *your trip*.

## PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

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

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

- a. *Your policy* was purchased within 14 days of the date of the first *trip* payment or deposit;
- b. *You* were a U.S. resident when the *policy* was purchased;
- c. *You* were medically able to travel when the *policy* was purchased; and
- d. On the *policy* purchase date, *you* insured the full non-refundable cost of *your trip* with *us*. This includes *trip* arrangements that will become non-refundable or subject to cancellation penalties between the *policy* purchase date and the *departure date*.

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

## WHEN YOUR COVERAGE BEGINS AND ENDS

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

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

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

*Your policy* ends on the Coverage End Date listed in *your* Declarations. However, there are situations where *your policy* may end on a different date. *Your policy* will end on the earliest of:

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

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

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

## CLAIMS INFORMATION

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

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

### To File *Your* Claim Online:

- Go to [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com) and click on File a Claim.
- Provide *policy* details.
- Determine which forms and documentation are required.
- File *your* claim and track *your* claim status.

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

- Email: [claimsinquiry@allianzassistance.com](mailto:claimsinquiry@allianzassistance.com)
- Toll-Free: 800.334.7525

## GENERAL PROVISIONS AND CONDITIONS

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

### Proof of Loss

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

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

### Assignment

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

### Benefits Payable

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

### Changes and Cancellation

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

**Duplicate Coverage**

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

**Fraud and Misrepresentation**

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

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

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

**Medical Examinations and Autopsy**

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

**Recovery**

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

**Resolving Disputes**

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

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

**Subrogation**

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

**Travel Requirements**

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

**Waiver or Amendment**

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



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

Visit [www.allianztravel.com](http://www.allianztravel.com):

- To file a claim
- To check claim status

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

**ENDORSEMENT**

**TRAVEL ACCIDENT COVERAGE**

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

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

**TRAVEL ACCIDENT COVERAGE**

**Death Benefit**

If *you* are in an *accident* during *your trip* that results in *your* death, we will pay *your* estate or beneficiary 100% of the maximum benefit listed for Travel Accident on *your* Declarations.

The following condition applies:

- a. The death is a direct result of the *accident* and occurs within 365 days of the *accident*.

**Dismemberment Benefit**

If *you* are in an *accident* during *your trip* that results in the total and permanent loss of vision in one eye, or the full and permanent amputation or paralysis of *your* hand or foot, we will pay *you* 50% of the maximum benefit listed for Travel Accident on *your* Declarations. If the accident results in *your* loss of more than one of these, we will pay *you* 100% of the maximum benefit.

The following condition applies:

- a. The loss is a direct result of the *accident* and the loss occurs within 365 days of the *accident*.

**IMPORTANT:** The most we will pay for benefits under *your* Travel Accident Coverage is the maximum benefit listed for Travel Accident Coverage on *your* Declarations.

There are no other changes to *your policy*.

Jefferson Insurance Company



Jeff Wright, President

# 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](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](mailto: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](mailto: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

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**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.