

**BCS INSURANCE COMPANY**  
**[2 MID AMERICA PLAZA, SUITE 200, OAKBROOK TERRACE, IL 60181]**

**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 BCS INSURANCE COMPANY**  
**[2 MID AMERICA PLAZA, SUITE 200, OAKBROOK TERRACE, IL 60181]**

  
PRESIDENT

  
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>[Accident]</b>	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.]
<b>Accommodation</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>[Actual cash value]</b>	The amount an item is reasonably worth based on its fair market value, age, usage, and condition immediately prior to the loss.]
<b>Baggage</b>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<b>Climbing sports</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>Cohabitant</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>Covered reasons</b>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<b>Criminal act</b>	An act that is criminally unlawful.
<b>Departure date</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>Doctor</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>Epidemic</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>Family member</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>High-altitude activity</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>[High value items]</b>	Collectibles, jewelry, watches, gems, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, sporting equipment, electronic mobile devices, smartphones, computers, radios, drones, robots, and other electronic items.]
<b>[Hospital]</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>[Mechanical breakdown]</i></b>	A mechanical issue which prevents the vehicle from being driven normally, including flat tires or running out of fuel, fluids, or power.]
<b><i>[Medical escort]</i></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><i>Natural disaster</i></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><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><i>Pre-existing medical condition</i></b>	<p>An <i>injury</i>, illness, or medical condition that, within the 120 days prior to and including the purchase date of this <i>policy</i>:</p> <ol style="list-style-type: none"> <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 and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p>
<b><i>[Quarantine]</i></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><i>[Reasonable and customary costs]</i></b>	The amount usually charged for a specific service in a particular city. 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><i>[Refund]</i></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><i>[Severe weather]</i></b>	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.]
<b><i>Terrorist event</i></b>	An act carried out by an organized terrorist group recognized by the U.S. State Department that injures people or damages property to achieve a political, ethnic, or religious result. It does not include general civil protest, unrest, rioting, or acts of war.
<b><i>Travel carrier</i></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> </ol>

3. Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport *you* or a *traveling companion* less than 100 miles.

<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>Uninhabitable</i></b>	A <i>natural disaster</i> , fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use.
<b><i>We, Us, or Our</i></b>	BCS Insurance 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 are included in *your policy*. We explain each type of coverage and the specific conditions that must be met for the coverage to apply.

### A. TRIP CANCELLATION COVERAGE

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

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

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

#### Covered reasons:

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition.

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person cancel their trip; and
- b. A *doctor* advises *you* or a *traveling companion* to cancel *your trip* before *you* cancel it. If that isn't possible, a *doctor* must either examine or consult with *you* or the *traveling companion* within 72 hours after the cancellation to confirm the decision to cancel.

2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition.

The following condition applies:

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

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

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

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

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

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

The following conditions apply:

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

8. *You* or a *traveling companion* is in a traffic *accident* (not including a *mechanical breakdown*) on the *departure date*.

One of the following conditions must apply:

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

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

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

The following condition applies:

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

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

The following condition applies:

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

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

13. [ *Your destination* is *uninhabitable*. ]

14. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least [24] consecutive hours from the originally scheduled arrival time due to one of the following reasons:

- a. A *natural disaster*;
- b. *Severe weather*; [ or ]
- c. A strike, unless threatened or announced prior to the purchase of *your policy*; [ or ]
- d. [An FAA or foreign equivalent mandate].

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

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

The following conditions apply:

- a. Coverage for a strike does not apply when the striking workers are employed by the *travel carrier*, or an affiliate of the *travel carrier*, from which *you* purchased *your policy*.



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

15. [Your tour operator cancels your multi-day tour that was purchased prior to your departure date due to:

- a. A natural disaster;
- b. Severe weather; [ or]
- c. A strike, unless threatened or announced prior to the purchase of your policy [; or]
- d. [An FAA or foreign equivalent mandate].

The following condition applies:

- a. Coverage for a strike does not apply when the striking workers are employed by the tour operator, or an affiliate of the tour operator, from which you purchased your policy.]

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

The following condition applies:

- a. A terrorist event must not have occurred within 25 miles of that city any time in the [30 days] prior to your policy's Coverage Effective Date.]

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

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

The following conditions apply:

- a. The termination or layoff is not your or your traveling companion's fault;
- b. The employment must have been permanent (not temporary or contract); and
- c. The employment must have been for at least [12 consecutive months].

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

20. [Your or a family member's military training that was scheduled to be completed prior to your trip is extended or rescheduled due to an illness, injury, or medical condition. This extension or rescheduling must conflict with your original trip dates.]

21. [The National Oceanic and Atmospheric Administration's (NOAA) or foreign equivalent has issued a cyclone, hurricane, or typhoon warning at your destination that is in effect within 24 hours prior to your departure date.

The following condition applies:

- a. The purchase of your policy must be prior to the storm being named by NOAA or a foreign equivalent.]

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

The following condition applies:

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

23. 【*You or a traveling companion's K-12 school officially changes its original published schedule to conflict with your originally scheduled trip dates.*

The following condition applies:

- a. *You or a traveling companion* must be either a full-time employee or a student of the school at the time of the *policy* purchase.】

24. 【*You [or a traveling companion is][ are] medically unable to receive an immunization required for entry into a destination.*】

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

## B. 【TRIP INTERRUPTION COVERAGE

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

- i. The prorated portion of *your* unused non-refundable *trip* payments and deposits.
- ii. Additional *accommodation* fees *you* are required to pay, such as a single supplement fee from a cruise line, if *you* prepaid for shared *accommodations* and *your traveling companion* has to interrupt their *trip*.
- iii. Reasonable transportation expenses *you* incur to continue *your trip* or return to *your primary residence*.
- iv. Additional *accommodation* and transportation expenses if the interruption causes *you* to stay at *your* destination (or the location of the interruption) longer than originally planned. There is a per *policy* maximum of \$250 per day for 5 days.

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

### Covered reasons:

- 1. *You or a traveling companion* becomes ill or *injured*, or develops a medical condition.

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person interrupt their trip; and
- b. A *doctor* must either examine or consult with *you* or the *traveling companion* within 72 hours of the trip interruption to confirm the decision to interrupt the *trip*.

- 2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition.

The following condition applies:

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

- 3. *You, a traveling companion, or family member* dies during *your trip*.

4. *You or a traveling companion is quarantined during your trip.*
5. [Your tour operator, airline, or cruise line ceases all operations due to its financial condition, with or without filing for bankruptcy.]

The following conditions apply:

- a. *Your policy* was purchased within 14 days of the date of the first *trip* payment or deposit;
  - b. The cessation of operations occurs more than seven days after *your policy's* Coverage Effective Date;
  - c. *Your policy* was not purchased directly through the tour operator, airline, or cruise line ceasing operations, or an affiliate of that entity; and
  - d. The tour operator, airline, or cruise line was included in *our* list of covered suppliers on *your policy's* Coverage Effective Date.]
6. [A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition.]
  7. [You miss at least [30-50%] of the length of *your trip* due to one of the following:
    - A. A *travel carrier* delay (except for the financial condition of the *travel carrier*, with or without filing for bankruptcy);
    - B. A strike, unless threatened or announced prior to the purchase of *your policy*;
    - C. A *natural disaster*;
    - D. Roads being closed or impassable due to *severe weather*;
    - E. Lost or stolen travel documents;
    - F. Civil disorder; or
    - G. Being involved in or delayed by a traffic *accident*.]
  8. *You or a traveling companion* is in a traffic *accident* (not including a *mechanical breakdown*) on the *departure date* or return date.

One of the following conditions must apply:

- a. *You or a traveling companion* needs medical attention; or
  - b. The vehicle needs to be repaired because it is not safe to operate.
9. [Family or friends outside the U.S. cannot accommodate *you* as planned because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.]
  10. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).
11. *Your primary residence* is *uninhabitable*.
  12. [Your destination is *uninhabitable*.]
  13. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least [24] consecutive hours from the originally scheduled arrival time due to one of the following reasons:
    - A. A *natural disaster*;

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

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

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

The following conditions apply:

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

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

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

The following condition applies:

- a. A *terrorist event* must not have occurred within 25 miles of that city any time in the [30 days] prior to *your policy's* Coverage Effective Date.]

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

17. [The National Oceanic and Atmospheric Administration's (NOAA) or foreign equivalent issues a cyclone, hurricane, or typhoon warning at *your* destination while *you* are on *your trip*.

The following condition applies:

- a. The purchase of *your policy* must be prior to a storm being named by NOAA or a foreign equivalent.]

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

The following condition applies:

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

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

## C. [CHANGE FEE COVERAGE

If *you* must change *your* airline or rail ticket(s) due to one of the following reasons, *we* will reimburse *you* for any fee *you* are charged to change *your* airline or rail ticket, up to the maximum benefit for Change Fee Coverage listed on the Declarations:

- 1. Any of the *covered reasons* listed under [Trip Cancellation Coverage][ or ][Trip Interruption Coverage].
- 2. *You* or a *traveling companion* is delayed because roads are closed or impassable due to *severe weather*.
- 3. *Your* tour operator or cruise supplier changes *your* itinerary.

**IMPORTANT:** Please refer to *your* Declarations to confirm *your* applicable limit. *You* must contact *us* to update the *policy* dates with the new travel dates to be covered. The rest of the *policy* remains in effect after a claim is filed under this benefit. ]

#### D. [LOYALTY PROGRAM REDEPOSIT FEE COVERAGE

If *you* have to redeposit points or miles into *your* loyalty/frequent flyer account because *your trip* is [canceled][ or ][interrupted] for one of the *covered reasons* listed under [Trip Cancellation Coverage][ or ][Trip Interruption Coverage], we will reimburse *you* for any fee *you* are charged to redeposit *your* points or miles, up to the maximum benefit listed for Loyalty Program Redeposit Fee Coverage on *your* Declarations.

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

#### E. [MISSED PORT OF CALL COVERAGE

If *you* are on a cruise that misses a scheduled port of call indicated on *your* original itinerary or replaces it with another port of call, we will pay *you* the per port amount listed on *your* Declarations for each port *you* missed, up to the maximum benefit listed for Missed Port of Call Coverage on *your* Declarations.

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

#### F. [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[. ][:
  - If *you* provide receipts, the With Receipts Daily Limit applies; or
  - If *you* do not provide receipts, the No Receipts Daily Limit applies. ]

The most we will pay per 24 hours of delay is the [With Receipts Daily Limit][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* applicable limit. ]

## G. BAGGAGE LOSS COVERAGE

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

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

The following conditions apply:

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

The following items are not covered:

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

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

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*.]

## H. 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 [conditions apply][condition applies]:

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

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

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

## I. **[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 the local medical facilities are unable to provide appropriate medical treatment:

1. *Our* medical team will consult with the local *doctor*;
2. *We* will transport *you* to 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 required.

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 required) for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
  - a. *Your primary residence*;
  - b. A location of *your* choice in the U.S.; or
  - c. A medical facility near *your primary residence* or in a location of *your* choice in the U.S. In either case, the medical facility must be willing and able to accept *you* as a patient and must be able to provide the required treatment for *your* continued care.
2. Arrange and pay for a *medical escort* if required.

The following conditions apply:

- a. Special accommodations must be required for *your* transportation (for example, if more than one seat is required 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 [72 hours] during *your trip*, we will arrange and pay for round-trip transportation in economy class on a *travel carrier* for one friend or *family member* to stay with *you*.

The following condition applies:

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

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

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

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

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

The following conditions apply:

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

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

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

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

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

The following conditions apply:

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

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

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

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

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

## GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages[, with the exception of 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 from any of the following general exclusions if they affect *you*, a *traveling companion*, or a *family member*:

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

21. Participation in *terrorist events*;
22. Acts, travel alerts/bulletins, or prohibitions by any government or public authority[, except as expressly covered under [Trip Cancellation Coverage]] or [[Trip Interruption Coverage]];
23. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy[, except as expressly covered under [Trip Cancellation Coverage]] or [[Trip Interruption Coverage]];
24. *Travel supplier* restrictions on any *baggage*, including medical supplies and equipment; or
25. 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*.

[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 from any of the following general exclusions if they affect *you*:

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. War (declared or undeclared) or acts of war;
14. Participation in civil disorder or unrest;
15. Participation in *terrorist events*; or
16. *Travel supplier* restrictions on any *baggage*, including medical supplies and equipment.

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

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

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

## WHEN YOUR COVERAGE BEGINS AND ENDS

*You* are only eligible for coverage if *we* accept *your* request for insurance. *Your policy's* Coverage Effective Date and Coverage End Date are indicated on *your* Declarations. [The *policy* is effective on the day after *we* receive both the order and the full premium. If this *policy* was purchased by mail, the *policy* is effective the day after both the order and the full premium are postmarked.][The *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] and click on File a Claim.
- Provide policy details.
- Determine which forms and documentation are required.
- File *your* claim and track *your* claim status.

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

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

## GENERAL PROVISIONS AND CONDITIONS

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

### Proof of Loss

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

1. 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*);
2. Provide to *us* a signed, sworn proof of loss upon *our* request;
3. 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*);
4. Cooperate with *us* in the investigation of *your* claim; and
5. At *our* request, submit to examination under oath and/or provide a sworn affidavit.

[For Emergency Medical/Dental Coverage and Travel Accident Coverage, payment for any loss will be paid immediately upon receipt of all written proof of loss required to adjudicate *your* claim.]

### Assignment

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

### Benefits Payable

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

### Changes and Cancellation

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

**Claim Forms**

Upon receipt of a notice of claim, *we* will furnish *you* such forms as are usually furnished by *us* for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, *you* shall be deemed to have complied with the requirements of this *policy* as to proof of loss upon submitting, within the time fixed in the *policy* for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

**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.

**Entire Contract**

This *policy*, including the endorsements and attached papers, if any, constitutes the entire contract of insurance. No change in this *policy* shall be valid until approved by an executive officer of the insurer and unless the approval is endorsed hereon or attached hereto. No agent has authority to change this *policy* or to waive any of its provisions.

**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. After two years from the date of issue of this *policy* no misstatements, except fraudulent misstatements, made by *you* shall be used to void the *policy* or to deny a claim for loss incurred or disability commencing after the expiration of such two year period.

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

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

**Inquiries or Complaints**

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

BCS Insurance Company  
2 Mid America Plaza  
Suite 200  
Oakbrook Terrace, IL 60181  
[800.621.9215]

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

California Department of Insurance  
Consumer Services Division  
[300 South Spring Street]  
[Los Angeles, CA 90013]  
[800.927.HELP]

Complaints can be filed electronically at [www.insurance.ca.gov](http://www.insurance.ca.gov).



**Medical Examinations and Autopsy**

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

**Notice of Claim**

Written notice of claim must be given to *us* within 90 days after the occurrence or commencement of any loss covered by the *policy*, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to the company at [800.334.7525] or [claimsinquiry@allianzassistance.com], or to any authorized agent of the company, with information sufficient to identify the insured, shall be deemed notice to the company.

**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.

**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.