

{INSERT PROGRAM NAME}
Arch Insurance Company
Administrative Office: 300 Plaza Three
Jersey City, NJ 07311

CALIFORNIA INDIVIDUAL TRAVEL PROTECTION [PLAN] [POLICY]

This policy describes the travel insurance benefits underwritten by Arch Insurance Company, herein referred to as the "Company" or as "We", "Us" and "Our". Please refer to the Schedule of Benefits shown on the Declarations or Confirmation of Benefits, which provides the Insured, also referred to as "You" or "Your", with specific information about the program You purchased.

[If You are not satisfied for any reason, You may return Your policy to [Us] [or] [the Program Administrator Name] [the Property Management Company] within {10-14} days after receipt. Your [premium] [plan payment] will be refunded, provided You have not already departed on the Trip or filed a claim. When so returned, all coverages under the policy are void from the beginning.]

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IN WITNESS WHEREOF, The **Company** has caused this policy to be executed and attested.

{  }

{Michael Murphy
President}

{  }

{Patrick Nails
Secretary}

[SECTION I] – COVERAGES

No benefit will duplicate any other benefit or coverage provided under this policy. Should there be a duplication of coverage or benefits, then We will pay the benefit providing the largest amount of coverage.

[PART A – TRAVEL ARRANGEMENT PROTECTION] [COVERAGE FOR YOUR ARRANGEMENTS]

[[OPTIONAL] [TRIP] [VACATION RENTAL] [TIMESHARE EXCHANGE] CANCELLATION [FOR ANY REASON]

[We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for [the amount of] {25-75%} [the percentage shown in the Cancellation Penalty Schedule below] of the unused non-refundable prepaid Payments or Deposits for the Travel Arrangements You purchased for [Your Trip] [the Air Ticket Cost], when You cancel Your Trip prior to departure [for a covered Unforeseen reason]].

[We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for [the amount] {25-75%} [the percentage shown in the Cancellation Penalty Schedule below] of the unused non-refundable prepaid Payments or Deposits for the [vacation rental] [Timeshare Exchange] Travel Arrangements You purchased or were assessed for Your Trip, when You cancel Your Trip for a covered Unforeseen reason; including [Exchange Fees,] [Maintenance Charges,] [cancellation or change fees,] [tuition,] [program fees,] [Timeshare Points] [and] [/] [or] [Guest Fees] [imposed by the Property Management Company].

[Trip] [Vacation Rental] [Timeshare Exchange] Cancellation must be due to one of the following Unforeseen reasons:

- [1. Your, a Family Member's, [or] a Traveling Companion's, [or] a Traveling Companion's Family Member's, [or] [a Business Partner's] death, that occurs before departure on Your Trip[;][.] [or]]
- [2. Your, a Family Member's,[or] a Traveling Companion's, [or] a Traveling Companion's Family Member's, [or] [a Business Partner's] covered Sickness or Injury, that: [a] occurs before departure on Your Trip; b) requires Medical Treatment at the time of cancellation; and c) as certified by a Physician, results in medical restrictions so disabling as to cause Your Trip to be cancelled[;][.] [or]]
- [3. for **Other Covered Events**, as defined;]

provided any such covered Unforeseen reason occur while coverage is in effect for You.]

[any [Unforeseen] reason not otherwise covered by this [plan] [policy], provided:

- [1. Your payment for this [policy] [plan] [optional benefit] has been received within the Time Sensitive Period;] and
- [2. You insure [all] [100%] of the cost of all Travel Arrangements that are subject to cancellation penalties or restrictions [by the Travel Supplier] [;] [and insure within {10-15} days of the payment for those Travel Arrangements, the cost of any subsequent Travel Arrangements (or any other Travel Arrangements not made through Your travel agent) added to the Trip]; and]
- [3. the full cost of all Travel Arrangements for Your Trip have been paid prior to Your cancellation of the Trip;] [and]
- [4. You cancel Your Trip [{one (1) - sixty (60)} days or more] [{24-72} hours or more] before Your Scheduled Departure [Date].]

[Cancellation Penalty Schedule

If Cancellation Penalty Amount is:	Percentage of Penalty Payable is:
Up to 25% of Trip Cost ...	100% of Penalty Amount
26% to 50% of Trip Cost ...	{25-90%} of Penalty Amount
Over 50% of Trip Cost.....	{25-75%} of Penalty Amount]

[This Cancel For Any Reason Benefit does not cover [penalties associated with any [air] [or] [other] travel arrangements not provided by Your {Insert Travel Supplier Name}] [or] [the failure of {Insert Travel Supplier Name} to provide the bargained-for Travel Arrangements due to cessation of operations for any reason.]

[This benefit is only available for Trips with a per person cost of {\$250-100,000} or less.]

[[OPTIONAL] CANCEL FOR WORK REASONS

We will reimburse you, up to the Maximum Benefit Amount show in the Schedule of Benefits, for the amount of the unused non-refundable prepaid Payments or Deposits for the Travel Arrangements You purchased for Your Trip, when you cancel Your Trip for one of the following Unforeseen reasons [, provided payment for this [policy][plan][optional benefit] is received within the Time Sensitive Period]:

- [a) Your or Your Traveling Companion's transfer of employment [of {100-250} miles or more] [that occurs within {10-30} days of the Scheduled Departure Date of Your Trip] by the employer with whom You or Your Traveling Companion are employed on Your Effective Date that requires Your or Your Traveling Companion's principal residence to be relocated[;][.]]
- [b) You or Your Traveling Companion, neither of whom is a company owner or partner or is self-employed are required to work during the scheduled Trip, as attested in writing by an unrelated company official and/or the company's Human Resources Department[;][.]]
- [c) Your [or Your Traveling Companion's] company is directly involved in either a merger with another company or is being acquired by another company. You [or Your Traveling Companion] must be an active, full-time employee and cannot be a company owner or partner or self-employed, and You or Your Traveling Companion must be directly involved in such merger or acquisition[;][.]]
- [d) Your or Your Traveling Companion's place of employment is rendered unsuitable for business or company operations or is interrupted due to burglary, vandalism or a Natural Disaster[,] [product recall,] [Bankruptcy or Default] and You and/or Your Traveling Companion are required to work as a result[;]]

provided any such covered Unforeseen reason occurs while coverage is in effect for You.]

[Additional [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation Benefits: We will reimburse You for the following:

[If You use frequent traveler awards (frequent flyer miles or hotel rewards) for any part of Your Trip, We will reimburse You for the fees You incur [up to {\$100-500}] for re-depositing those awards in Your account if Your Trip is canceled for any of the covered Unforeseen reasons.]

[If Your Travel Supplier cancels Your Trip] [or] [You must reschedule Your Trip due to a covered Unforeseen reason], We will reimburse You [up to {\$100-500}] for the reissue fee charged by the airline to change Your tickets. You must have covered the entire cost of Your Trip including the airfare.]]

[Reimbursement for Maintenance Charges will only be made in the event Your scheduled Trip must be canceled due to closure of the [Timeshare] [vacation rental] property by the Property Management Company [or] [federal, state or local authorities] due to a Natural Disaster.]

[Timeshare Points will only be reimbursed if the Trip cannot be rescheduled by [You] [or] [the Property Management Company].]

[SPECIAL CONDITIONS: You must advise the [Travel Supplier] [Property Management Company] and [Us] [{Insert Name of Program Administrator }] as soon as possible in the event of a claim. We will not pay benefits for any additional charges incurred that would not have been charged had You notified the [Travel Supplier] [Property Management Company] and [the] [Us] [{Insert Name of Program Administrator }] as soon as reasonably possible.]]

[[OPTIONAL] [TRIP] [VACATION RENTAL] [TIMESHARE EXCHANGE] INTERRUPTION [AND DELAYED ARRIVAL]

[We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for [unused, prepaid non-refundable Payments or Deposits for Your land or water [vacation rental] [Timeshare Exchange] Travel Arrangements] [.]

[plus] [the Additional Transportation Cost paid] [and] [fees imposed in accordance with The Jones Act up to {\$100-300}] to [either:]

[a)] [join Your Trip if You must depart after Your Scheduled Departure Date or travel via alternate travel[:].] [or]]

[b)] [rejoin Your Trip from the point where You interrupted Your Trip] [or] transport You to Your originally scheduled return destination;]

for a covered Unforeseen reason.]

[Trip] [Vacation Rental] [Timeshare Exchange] Interruption must be due to one of the following Unforeseen reasons:

- [1. Your, a Family Member's, a Traveling Companion's, [or] a Traveling Companion's Family Member's, [or] [a Business Partner's] death, which occurs while You are on Your Trip[:].] [or]]
- [2. Your, a Family Member's, [or] a Traveling Companion's, [or] a Traveling Companion's Family Member's, [or] [a Business Partner's] covered Sickness or Injury which: a) occurs while You are on Your Trip, b) requires Medical Treatment at the time of interruption; and c) as certified by a Physician, results in medical restrictions so disabling as to prevent Your continued participation on the Trip [:].] [or]]
- [3. for **Other Covered Events** as defined;

provided any such covered Unforeseen reason occurs while coverage is in effect for You.]

[Delayed Arrival must be due to one of the following Unforeseen reasons which occur within {5-7 days} of Your Scheduled Departure Date:

- [1. Your, a Family Member's, a Traveling Companion's [or] [a Business Partner's] death [:].] [or]]
- [2. Your, a Family Member's, [or] a Traveling Companion's [or] [a Business Partner's] covered Sickness or Injury which: a) requires Medical Treatment at the time of occurrence; and b) as certified by a Physician, results in medical restrictions so disabling as to prevent You from departing on Your Trip on Your Scheduled Departure Date [:].] [or]]
- [3. for **Other Covered Events** as defined;

provided any such covered Unforeseen reason occurs while coverage is in effect for You.]]

[Additional [Trip] [Vacation Rental] [Timeshare Exchange] Interruption Benefits:

- [If You have [no Insured] [insured \$0] Trip cost, and You interrupt Your Trip for a covered Unforeseen reason, We will reimburse You for the additional cost incurred for one-way airfare (using the same class of fare as the original travel ticket) to return You to Your originally scheduled return destination, up to the Maximum Benefit Amount in the Schedule of Benefits.]
- [If You interrupt Your Trip for a covered Unforeseen reason, We will also reimburse You, up to {\$150-1,000}, for the amount of Your unused prepaid non-refundable payments for shore excursions; theater, concert or event tickets or fees; or sightseeing if such arrangements are made during Your Trip and are to be used prior to the Scheduled Return Date of Your Trip.]
- [If Your [sporting competition][:] [or] [concert][:] [or] [entertainment event][or] [festival] is rescheduled or canceled due to a documented weather condition, We will reimburse You, [up to {\$250-2,500}], for Your unused, prepaid non-refundable hotel cancellation charges and Your return air expenses.]
- [We will pay up to {\$25-50} per day, up to a Maximum Benefit Amount of {\$100-300} for the cost of transport organized by Your [Travel Supplier] [tour operator] to an alternate site if lack of snow, avalanche or threat of avalanche results in the closure of skiing facilities [excluding cross country skiing] in Your resort and it is not possible to ski there. This coverage only applies to the resort that You have pre-booked for a period exceeding {6-12} hours and for so long as conditions causing closure of Your resort prevail, but not exceeding the pre-booked period of Your Trip.]
- [If You are unable to Ski during Your Trip due to {25-50%} or more of the Trails closing for at least {four (4) - eight (8)} consecutive hours, (excluding night Skiing), from lack of snow, severe weather or trail conditions, or Natural

Disaster during Your Trip, We will reimburse You for the pro-rata value of Your prepaid Ski lift tickets for each lost day of Skiing during Your Trip.

The following conditions must be met for this benefit to be payable:

- a) coverage begins on the later of the date You arrive at Your pre-booked ski resort or the date Your Ski lift ticket is valid for;
- b) a minimum of {25-50%} of the Trails must be open on the date you arrive at the Ski resort;
- c) season passes and night Skiing are not covered by this benefit;
- d) this coverage is available from December 15 through March 30 for Ski resorts in the Northern Hemisphere and June 15 through September 30 for ski resorts in the Southern Hemisphere;
- e) If Your Ski lift ticket applies to multiple Ski mountains and one of the mountains meets the conditions noted above, this benefit does not apply;
- f) coverage is only available if the Ski resort has snow makers and is more than 3,000 feet above sea level, or if the Ski resort does not have snow makers and is more than 4,500 feet above sea level; and
- g) coverage is only available if You purchase the insurance at least {10-21} days prior to Your departure date.]

[You must provide a copy of the pre-paid Ski lift ticket receipts and written reports from the Ski resort stating the date, length of time, number and reason of Trail closures for which You are submitting a claim.]

- [We will also reimburse You for the cost incurred [up to {\$100-250}] [in the Schedule of Benefits] to drive [or transport] Your Covered Vehicle to Your Home if: 1) You are using Your Covered Vehicle on the Trip; 2) the Covered Vehicle is with You at the place where the Trip is interrupted; 3) the place where the Trip is interrupted is {100-250} miles or more away from Your Home, and 4) You are [medically] unable to drive Home.]]

["Other Covered Events" means:

- [a. You [or Your Traveling Companion] being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers) [;][.]]
- [b. You [or Your Traveling Companion] is the victim of a felonious assault within {10-30} days of the Scheduled Departure Date of Your Trip[;][.]]
- [c. Your [or Your Traveling Companion's] primary place of residence [or destination] is made Uninhabitable and remains Uninhabitable during Your scheduled Trip, by fire, flood, or other Natural Disaster, vandalism [,] [or burglary of Your principle place of residence within {10-30} days of departure[;][.]]
- [d. Your [or Your Traveling Companion's] place of employment is rendered unsuitable for business or company operations or is interrupted due to burglary, vandalism or a Natural Disaster[,] [product recall,] [Bankruptcy or Default] and You or Your Traveling Companion are required to work as a result[;][.]]
- [e. a documented theft of Your [or Your Traveling Companion's] passports or visas[;][.]]
- [f. Your [or Your Traveling Companion's] transfer of employment [of {100-250} miles or more] [that occurs within {10-30} days of the Scheduled Departure Date of Your Trip] by the employer with whom You or Your Traveling Companion are employed on Your Effective Date which requires Your or Your Traveling Companion's principal residence to be relocated[;][.]]
- [g. You [or Your Traveling Companion] being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure[;][.]]
- [h. Strike that causes complete cessation of services for at least {12-48} consecutive hours of the [Common] [Air] Carrier on which You [or Your Traveling Companion] are scheduled to travel [;][.]]
- [i. Inclement Weather that causes complete cessation of services for at least {12-48} consecutive hours of the [Common] [Air] Carrier on which You [or Your Traveling Companion] are scheduled to travel [;][.]]
- [j. mechanical breakdown of the aircraft on which You are scheduled to travel that causes a cancellation or delay of Your [or Your Traveling Companion's] flight for at least {12-48} consecutive hours provided no alternative flights are available[;][.]]
- [k. a government-mandated shutdown of an airport or air traffic control system due to a Natural Disaster [or a Terrorist Incident][;][.]]

- [l. You [or Your Traveling Companion] who are military, police or fire personnel being called into emergency service to provide aid or relief for a Natural Disaster [or a Terrorist Incident];[.]]
- [m. Your [or Your Traveling Companion's] involuntary employment termination or layoff [which occurs {30-60} days or more after Your Effective Date]. Employment must have been with the same employer for at least {1-5} continuous year[s] [.]]
- [n. a Terrorist Incident that occurs within {15-60} days of Your Scheduled Departure Date in a city listed on the itinerary of Your [or Your Traveling Companion's] Trip;[.]]
- [o. revocation of Your [or Your Traveling Companion's] previously granted military leave or re-assignment, [including war] [except war]. Official written notice of the revocation or re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;[.]]
- [p. Bankruptcy or Default of [a] [an] [airline,] [or] [cruise line,] [tour operator] [or other [travel,] [Vacation Rental] [Timeshare Exchange] [camp or program provider] [(other than {Insert Travel Supplier name})] [(other than an organization or firm from whom You [or Your Traveling Companion] purchased Travel Arrangements supplied by others))] causing a complete cessation of travel services provided the Bankruptcy or Default occurs more than {7-14} days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. [Coverage for this Other Covered Event only applies if Your payment for this [plan] [policy] is received within the Time Sensitive Period];[.]]
- [q. the death or hospitalization of Your Host at Destination;[.]]
- [r. You [or Your Traveling Companion], neither of whom is a company owner or partner, are required to work during the scheduled Trip, as attested in writing by an unrelated company official and/or the company's Human Resources Department;[.]]
- [s. Your [or Your Traveling Companion's] company is directly involved in either a merger with another company or is being acquired by another company. You or Your Traveling Companion must be an active, full-time employee and cannot be a company owner or partner and You or Your Traveling Companion must be directly involved in such merger or acquisition;[.]]
- [t. a cancellation of Your Trip within 24 hours of Your Scheduled Departure Date and time if Your Trip departure or destination city is under a hurricane warning issued by the NOAA National Hurricane Center provided the cancellation occurs more than 14 days following Your Effective Date of coverage for [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation;[.]]
- [u. mandatory evacuation ordered by local government authorities at Your Trip destination due to a Natural Disaster or a hurricane named after the Effective Date of Your coverage. You must have [{2-4} days or] {25-50%} or less of Your Trip length remaining at the time the mandatory evacuation ends in order to cancel or interrupt Your Trip and for this benefit to be payable[.];[.]] [This benefit only applies if this [plan] [policy] has been purchased within the Time Sensitive Period];[.]]
- [v. a cancellation of Your Trip if Your arrival on the Trip is delayed and causes You to lose 50% or more of the scheduled Trip duration due to the reasons covered under the [Travel] [Trip] Delay Benefit;[.]]
- [w. the primary or secondary school that Your [or Your Traveling Companion's] Dependent child(ren) attends continues classes beyond the predefined school year, due to Unforeseen circumstances that: 1) occur after Your Effective Date for [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of Your Trip. Extensions due to extra-curricular or athletic events are not covered;[.]]
- [x. Your [or Your Traveling Companion's] pregnancy, provided the pregnancy occurs after Your Effective Date for [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation, as verified by medical records;[.]]
- [y. You [or Your Traveling Companion] are attending the childbirth of Your Family Member, provided the pregnancy occurs after Your Effective Date for [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation, as verified by medical records;[.]]
- [z. Your [or Your Traveling Companion's] final scheduled destination accommodations are made Uninhabitable by a hurricane named after Your Effective Date for [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation for the greater of: 1) {2-4} days; or 2) {25-50%} of Your scheduled Trip length. We will only pay benefits for a [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation occurring within {15-45} days after the named hurricane makes Your destination accommodations Uninhabitable[.];[.]] [This coverage applies only if [coverage][the Protection Plan] [policy] was purchased within the Time Sensitive Period];[.]]
- [aa. loss or theft of Your [or Your Traveling Companion's] ski pass;[.]]

[ab. You [or Your Traveling Companion] [are legally separated or divorced] [file for legal separation or divorce] after Your Effective Date for [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation under the policy. Cancellation must occur within {10-21} days of the [filing for] legal separation or divorce[;][.].]

[ac. the US State Department issues a [defer travel recommendation] [or] [travel warning] for Your destination after Your Effective Date of coverage[;][.].]

[ad. a road closure causing a delay in reaching Your scheduled Trip destination for at least {6-12} hours.]]

[In no event shall the amount reimbursed for [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation [and [Trip] [Vacation Rental] [Timeshare Exchange] Interruption] exceed the lesser of the amount You prepaid for Your Trip or the Maximum Benefit Amount shown in the Schedule of Benefits.

[In no event shall the amount reimbursed for [Trip] [Vacation Rental] [Timeshare Exchange] Interruption exceed {125-250%} of the amount You prepaid for Your Trip.]

[[OPTIONAL] OCCUPANCY UPGRADE

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits [for [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation], for the additional cost You incur as the result of a change in the per person occupancy rate for Your Travel Arrangements if Your Traveling Companion's Trip is [canceled] [or] [interrupted] for a covered Unforeseen reason and You do not [cancel] [or] [interrupt] Your Trip.]

[[OPTIONAL] CHANGE OF MIND COVERAGE

We will reimburse You for [up to {\$100-500}] of the cancellation penalties You incur for Your Trip because of a change in Your plans prior to the Scheduled Departure Date provided this [plan] [policy] has been purchased within the Time Sensitive Period. This Change of Mind Coverage benefit will not be paid in combination with any other benefit, and no other benefits are payable as a result of You changing Your plans.]

[[OPTIONAL] ITINERARY CHANGE

If Your Travel Supplier makes a change in Your Trip itinerary after [Your Scheduled Departure Date] [Your Effective Date] which prevents You from participating in a prepaid event or activity, We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for Your unused non-refundable event or activity expenses, provided the event or activity was:

- [1. prepaid prior to departure;]
- [2. scheduled on Your Trip itinerary; and]
- [3. no comparable event or activity of equivalent cost was rescheduled during the course of the Trip.]

Verification by Your Travel Supplier of the change in the scheduled Trip itinerary will be necessary for claim payment.]

[[OPTIONAL] MISSED CONNECTION

If You miss Your [cruise or tour] [Trip] departure because Your arrival at Your Trip destination is delayed for {3-12} or more hours, due to:

- a) any delay of a [Common] [Air] Carrier [(the delay must be documented by the [Common] [Air] Carrier)][;][.].]
- b) documented weather condition preventing You from getting to the point of departure for Your Trip[;][.].]
- [c) quarantine, hijacking, Strike, Natural Disaster, terrorism or riot.]

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for:

- [1) Your Additional Transportation Cost to join the departed Trip[;][.].] [and]
- [2) Your prepaid expenses for the unused land or water Travel Arrangements[.]

[[OPTIONAL] [TRAVEL] [TRIP] DELAY

If You are delayed for {3-12} hours or more while en route to, during or returning from Your Trip due to a covered Travel Hazard, We will reimburse You up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the expenses You incur for additional hotel nights, [meals], [telephone calls] and local transportation while You are delayed.

[We will also reimburse You for the following:

- [1.] [up to {\$25-100} per day], to cover the necessary additional kennel fees, if Your delay is to Your final destination and You have placed Your cat or dog in a kennel for the duration of the Trip and are unable to collect Your cat or dog on the day previously agreed with the kennel[;] [.]]
- [2.] [up to {\$25-100} for airline club admission at the airport where You are experiencing a flight delay [of {4-6} hours or more][;] [.]]
- [3.] [up to {\$25-100} for expenses You incur for internet usage fees at the airport where You are experiencing a flight delay [of {4-6} hours or more][;] [.]]
- [4.] [up to {\$5-25} for one movie rental, in the event Your delay results in an unscheduled overnight stay other than in Your home city [;][.]]

For the purposes of this benefit:

“Travel Hazard” means delay caused by or resulting from:

- a) any delay of [a] [Your] [Common] [Air] Carrier [(the delay must be documented by the [Common] [Air] Carrier)];
- b) a traffic accident in which You or Your Traveling Companion are directly involved while en route to departure (must be substantiated by a police report);
- c) Your or Your Traveling Companion’s lost or stolen passports, travel documents or money (must be substantiated by a police report);
- d) quarantine, hijacking, Strike, Natural Disaster, terrorism or riot;
- e) a road closure (substantiated by the department of transportation, state police, etc.) due to severe storms preventing You from getting to the point of departure for Your Trip;
- f) Your Sickness or Injury or the Sickness, Injury or death of Your Traveling Companion, or Family Member traveling with You.]

[[Travel] [Trip] Delay Benefits will not be paid for: 1) any expenses which have been reimbursed, or 2) for any services that have been provided, by a Common Carrier or travel services provider.]]

[[OPTIONAL] [SPORTS COVERAGE

If Your Trip is canceled or interrupted due to a covered Unforeseen reason, coverage is provided for the costs of unused non-refundable deposits and payments that were arranged separately from the vacation for pre-paid lift tickets, green fees, equipment rentals and lessons up to the amount shown in the Schedule of Benefits.]

[[OPTIONAL] LOST GOLF ROUNDS

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, if You are unable to Golf during Your Trip due to the inability to complete play on at least nine (9) holes of an eighteen (18) hole round due to inclement weather during the round causing the Club Management to cancel, delay or suspend Your round for more than {three (3) – five (5)} hours on the day of play, for the pro-rata value of Your prepaid Golf tickets or greens fees for each lost day of Golf during Your Trip.

This Lost Golf Rounds benefit does not cover loss, delay, or suspension of Golf due to actual and/or tangible damage to the course from any reason whatsoever, regardless of cause.

[You must provide a copy of Your prepaid Golf receipts and reports from Club Management stating the date, length of time, and reason for course closure, delay or suspension for which You are submitting a claim.]

The following conditions must be met for this benefit to be payable:

- a) You must have made a confirmed reservation, including a prepaid deposit, at least 48 hours in advance of Your tee time with the Club Management;
- b) You must incur a cancellation charge by the Club Management if You do not play, or lose the value of Your Golf fees if play is suspended. If the Club Management issues You a credit, there is no loss.

“Golf” or “Golfing” means the recreation of playing Golf on an officially registered golf course measuring over 4,000 yards with a par rating of at least sixty-eight (68) for eighteen (18) holes of play, or that has multiple eighteen (18) hole courses of at least 4,000 yards each, within a resort and operated by the same Club Management, that is accessed by a prepaid use ticket for rounds, play time, and/or use or admission. Golf or Golfing does not include miniature, executive or par-3 courses, or Golf that takes place where discounted rates are in effect for “twilight,” early evening, winter season, or nighttime play.

“Club Management” means owner or operator of a golf course.

[[OPTIONAL] HOTEL OVERBOOKING]

[If a room guaranteed or confirmed for You through Your travel agent is unavailable because the hotel is oversold and Your hotel is unable to provide reasonable alternative accommodations, We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the additional expenses to provide reasonable alternative accommodations per room for one night’s lodging for each such guaranteed or confirmed room.]

[[OPTIONAL] PET CARE HOME ALONE]

We will pay You up to the Maximum Benefit Amount shown in the Schedule of Benefits, for any one claim to cover additional boarding fees incurred after the first {12-24 hours} of Your delayed return from Your Trip due to inpatient treatment overseas which results in Your pet exceeding a pre-booked period of accommodation within a recognized boarding kennel, cattery, or animal shelter. We will not pay for the following in addition to the Policy Limitations and Exclusions: 1) claims which are not substantiated by a written report from the boarding kennel, cattery, or animal shelter; 2) any fees incurred in the first {12-24 hours} or which did not form part of the original pre-booked duration for Your pet.]

[COVERAGE FOR YOU]

[PART B – TRAVEL INSURANCE BENEFITS]

[[OPTIONAL] [24-HOUR] [24-HOUR OTHER THAN AIR FLIGHT] [24-HOUR OTHER THAN COMMON CARRIER] ACCIDENTAL DEATH AND DISMEMBERMENT]

We will pay the percentage indicated in the Table of Losses of the Maximum Benefit Amount shown in the Schedule of Benefits when You, as a result of an Injury caused by an Accident occurring during Your Trip [(other than while covered for Air Flight Only benefits)] [(other than while covered for Common Carrier Only benefits)], sustain a Loss shown in the Table of Losses below. The Loss must occur within {one hundred eighty (180) - three hundred sixty five (365)} days after the date of the Injury causing the Loss.]

[[OPTIONAL] [AIR FLIGHT ONLY] [COMMON CARRIER ONLY] ACCIDENTAL DEATH AND DISMEMBERMENT]

We will pay the percentage indicated in the Table of Losses of the Maximum Benefit Amount shown in the Schedule of Benefits, when You sustain an Injury caused by an Accident occurring during Your Trip [while riding solely as a passenger in or on, boarding or alighting from, any aircraft operated under a license for the transportation of passengers for hire of a regularly scheduled airline or regularly scheduled charter company] [while riding solely as a passenger in or on, boarding or alighting from, any public conveyance provided by a Common Carrier] that results in a Loss shown in the Table of Losses below. The Loss must occur within {one hundred eighty (180) - three hundred sixty five (365)} days after the date of the Injury causing the Loss.]

TABLE OF LOSSES	
[Loss of:	Percentage of Maximum Benefit Amount Payable:
[Life	100%]
[Both hands or both feet	100%]
[Sight of both eyes	100%]
[One Hand and One Foot	100%]
[Either hand or foot and sight of one eye	100%]

[Either hand or foot	50%]
[Sight of one eye	50%]

"Loss" with regard to: 1) hand or foot, means actual complete severance through and above the wrist or ankle joints; and 2) eye means an entire and irrecoverable Loss of sight.

If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.]

[Exposure and Disappearance:

We will pay benefits for covered Losses that result from You being unavoidably exposed to the elements because of an Accident occurring during Your Trip. The Loss must occur within {180-365} days after the event that caused the exposure.

If, while on Your Trip, You are in an Accident resulting in the disappearance, sinking or damaging of a covered air or water conveyance on which You are traveling, and if Your body has not been found within {180-365} days from the date of the Accident, it will be presumed, unless there is evidence to the contrary, that You suffered Loss of life.]]

[MEDICAL EXPENSE/EMERGENCY ASSISTANCE]

[[OPTIONAL] [[EMERGENCY] [ACCIDENT] [SICKNESS] [ACCIDENT & SICKNESS] MEDICAL EXPENSE

[Benefits will be paid for covered Medical Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, subject to the following: 1) covered Medical Expenses will only be payable at the Usual and Customary level of charges; 2) benefits will be payable only for covered Medical Expenses resulting from [a Sickness that first manifests itself] [or] [an Injury that occurs] [an Emergency Condition that first manifests itself or occurs] while on Your Trip; [and] 3) only Medical Expenses incurred during Your Trip will be reimbursed. Medical Expenses incurred after You return from Your Trip are not covered[;].]] [and] [4) benefits are subject to a {\$0-2,500} deductible for each occurrence.]]

[Benefits will be paid for covered Medical Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, subject to the following: 1) covered Medical Expenses will only be payable at the Usual and Customary level of charges; 2) benefits will be payable only for covered Medical Expenses resulting from [a Sickness that first manifests itself] [or] [an Injury that occurs] [an Emergency Condition that first manifests itself or occurs] while on Your Trip; [and] 3) only Medical Expenses incurred by You [during Your Trip will be reimbursed. Medical Expenses incurred after You return from Your Trip are not covered] [within {30-365} days of the date of onset of Your [Injury] [Sickness] [Injury or Sickness] [Emergency Condition]] [{10-30} days after the Scheduled Return Date of Your Trip] will be reimbursed] [;].]] [and] [4) benefits are subject to a {\$0-2,500} deductible for each occurrence.]]

[Benefits will include up to {\$750-2,500} for expenses incurred during Your Trip for emergency dental treatment [due to an Accidental Injury to sound natural teeth]. Dental expenses incurred after Your Trip is completed are not covered.]

["Emergency Condition" means an Injury or Sickness diagnosed by a Physician for which You have sudden and unexpected severe or acute symptoms requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of Your condition or place Your life in jeopardy. The severe or acute symptoms must occur while on Your Trip.]

"Medical Expenses" means expenses incurred only for the following:

1. medical services (including charges for anesthetics, x-ray examinations or treatments, and laboratory tests) and supplies, prescription drugs, and therapeutic services ordered or prescribed by a Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services (including expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Trip, if recommended by Your attending Physician and approved by [Us] [or] [Our Program Assistance Provider] as a substitute for a hospital room for recovery from Your [Injury] [Sickness] [Injury or Sickness] [Emergency Condition];
3. local Transportation Expense to and/or from a Hospital.

We will not pay benefits in excess of the Usual and Customary level of charges. We will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

We will advance payment to a Hospital, up to the Maximum Benefit Amount shown on the Schedule of Benefits, if needed to secure Your admission to a Hospital because of a covered [Injury] [Sickness] [Injury or Sickness] [Emergency Condition].]

[[OPTIONAL] MEDICAL EVACUATION AND REPATRIATION OF REMAINS

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, when You suffer a covered Sickness, Injury, or Loss of life, during Your Trip, for the following:

[Emergency Medical Evacuation

We will pay the Usual and Customary level of charges for Transportation Expense for an emergency Medical Evacuation to the nearest Hospital or medical facility where suitable Medically Necessary treatment is available, provided: 1) Your local attending Physician and [We] [or] [Our Program Assistance Provider] determine that Your condition is acute, severe or life threatening; and 2) that adequate Medically Necessary treatment is not available in Your immediate area.]

[Non-Emergency Medical Evacuation] [Medically Necessary Repatriation]

[Following a covered emergency Medical Evacuation or a covered [Injury] [Sickness] [Injury or Sickness] [Emergency Condition], We will pay for a Medical Evacuation to return to You to Your point of origin, Your primary place of residence, or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment, if Your local attending Physician and [We] [or] [Our Program Assistance Provider] determine that it is Medically Necessary.

We will pay for one of the following methods of transportation, as pre-approved by [Us] [or] [Our Program Assistance Provider]:

- 1) commercial air upgrade to Business or First Class, less refunds from Your unused transportation tickets;
- 2) other Transportation Expense.

Transportation must be via the most direct and economical route.]

[Hospital of Choice: You may choose to be transported to a Hospital in a city within the United States of America other than the city of Your primary place of residence. The maximum amount payable is limited to the cost of transportation to Your primary place of residence.]

[Repatriation of Remains

Benefits will be paid for covered Repatriation Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, to return Your body to Your city of primary residence in the United States of America if You die during Your Trip.

“Repatriation Expenses” means expenses for embalming, local cremation, minimally necessary casket for transport and air transportation of Your remains and any other expenses required to comply with local laws or regulations to arrange transport of Your remains.

All Repatriation Expenses must be approved in advance by Us or Our Program Assistance Provider.]

[Additional Medical Evacuation Benefits:]

[The following are additional benefits that do not reduce the Maximum Benefit Amount payable under the [Medical Expense/Emergency Benefit] [Medical Evacuation and Repatriation of Remains Benefit].]

[Transportation to Join You: If You are or will be hospitalized for more than {3-7} days, We will pay, up to the cost of a single round-trip Economy Transportation ticket [and, up to {\$100-250} per day up to 5 days for expenses for hotel nights, [meals], [telephone calls] and local transportation] for one person chosen by You to visit Your bedside, provided You are traveling alone and emergency Medical Evacuation or non-emergency Medical Evacuation is not imminent.]

[Transportation of Dependent Children: If You die or are hospitalized for more than {3-7} days, We will pay, up to the cost of a single one-way Economy Transportation ticket (less the value of applied credit from any unused return travel tickets) per person, to return Your Dependent children (and any accompanying minor persons under Your care) who are left unattended by Your death or hospitalization to their home (with an attendant, if considered necessary by [Us] [or] [Our Program Assistance Provider].]

[RV Return

We will arrange and pay for the return of Your [RV][vehicle] to Your permanent primary residence if We approve transporting You to Your permanent primary residence under either the Medical Evacuation or Repatriation of Remains benefits. The vehicle must be in good condition and capable of being safely driven on the highway in compliance with local laws. We will also return an additional vehicle if it was hitched to Your RV. You must pay any costs required to maintain the safe operation of the vehicle during the return. The return must be approved and coordinated by Our Program Assistance Provider and must be performed by a contracted service providers. Alternatively, You may choose to have Your vehicle returned by a friend or Family Member. In such instance, and provided the vehicle is returned directly and expediently to Your permanent primary residence, We will provide reasonable transportation for that person to the location of the vehicle, and We will reimburse You for gas and tolls during the return. In addition, We will provide a {\$50-250} benefit per day for incidental expenses while driving.]]

[[OPTIONAL] POLITICAL OR SECURITY EVACUATION

We will pay, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for all reasonable evacuation expenses incurred for Your transportation to the nearest safe haven, if You must leave Your Trip for a covered Political or Security Event.

Evacuation must occur within {7-10} days of any Political or Security Event. Arrangements will be by the most appropriate and economical means available and consistent with Your health and safety. Benefits are only payable for arrangements made by Our Program Assistance Provider.

[Following an evacuation due to a Political or Security Event and when safety allows, We will pay for one-way Economy Transportation to return You to either the Host Country or Your Home Country, whichever country You designate.]

POLITICAL OR SECURITY EVACUATION COVERAGE DEFINITIONS

“Home Country” means the country or territory as shown on Your passport.

“Host Country” means a country or territory You are visiting or in which You are living which is not Your Home Country.

“Political or Security Event” means: 1) a Natural Disaster; 2) civil, military or political unrest for which a formal written recommendation from the appropriate local government authorities, or the U.S. State Department, for You to leave a country is issued; or 3) You being expelled or declared a persona non-grata by a country You are visiting on Your Trip.

POLITICAL OR SECURITY EVACUATION COVERAGE CONDITIONS AND LIMITATIONS

1. The benefits and services described herein are provided to You only if Our Program Assistance Provider arranges or coordinates Your evacuation.
2. We will not pay for any loss or expense recoverable under any other insurance or through an employer.
3. Our Program Assistance Provider has sole discretion regarding the means, methods and timing of a Political or Security Evacuation. However, the decision to travel is Your sole responsibility.
4. You will be responsible for all transportation and living costs while located at the safe haven.
5. We are not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond our control. This includes Our inability to provide You an evacuation or any additional services when the rendering of such evacuation or service is prohibited by United States of America law, local laws or regulatory agencies. A Political or Security Evacuation is not covered from Afghanistan, Iraq [,] [or] Somalia [,] [or] [{insert other country names}].
6. We will not pay any costs or expenses arising from:
 - a. Political or Security Evacuation from Your Home Country.
 - b. Political or Security Evacuation when the Political or Security Event precedes Your arrival in the Host Country.
 - c. Political or Security Evacuation when the evacuation notice has been issued or posted by the recognized government of Your Home Country or the Host Country for a period of more than seven (7) days and You have failed to notify Our Program Assistance Provider regarding Your need to be evacuated.

- d. the actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.
7. [We will not pay for more than one (1) Political or Security Evacuation from a country or territory per individual [per annual term] [per Trip].]
8. We will not pay for any loss or expense arising from or attributable to: a) fraudulent or criminal acts committed or attempted by You; b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent; or c) failure to maintain required documents or visas.
9. We will not pay for any loss or expense arising from or attributable to: a) debt, insolvency, business or commercial failure; b) the repossession of any property; or c) Your non-compliance with a contract, license or permit.
10. We will not pay for any loss or expense arising from or due to liability assumed by You under any contract.]

[COVERAGE FOR YOUR BELONGINGS AND [PROPERTY OF OTHERS]]

[[OPTIONAL] [PERSONAL PROPERTY] [BAGGAGE AND PERSONAL EFFECTS] [MUSICAL INSTRUMENTS] [SPORTS] [GOLF] EQUIPMENT]

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, less any amount paid or payable by a party responsible for Your loss, for Your [Baggage][,] [musical instruments][,] [or] [and] [[sports] [golf] equipment] which is permanently lost, stolen, damaged or destroyed [during Your Trip] [while checked with a Common Carrier], provided You have taken all reasonable measures to protect, save and/or recover Your property at all times.

We will also reimburse You for fees associated with the replacement of Your passport and visas which are lost, stolen, damaged or destroyed during Your Trip.

We will also reimburse You for charges and interest incurred due to unauthorized use or replacement of Your lost or stolen credit cards if such use or loss occurs during Your Trip and if You have complied with all credit card conditions imposed by the credit card companies.]

Valuation and Payment of Loss:

The lesser of the following amounts will be paid:

- 1) the Actual Cash Value at the time Your Baggage is lost, stolen, damaged or destroyed;
- 2) the cost to repair or replace the item with material of a like kind and quality; or
- 3) {\$250-1,000} per item [for Baggage][,] [{\$500-2,500} per item for musical instruments][,] [or] [and] [{\$500-2,500} per item for [sports] [golf] equipment].]

[For claimed items without original receipts, payment of loss will be calculated based upon {25-75%} of the Actual Cash Value at the time of loss, not to exceed {\$250-500} per item [for Baggage][,] [{\$500-2,500} per item for musical instruments][,] [or] [and] [{\$500-2,500} per item for [sports] [golf] equipment].]

[We may take all or part of Your damaged [Baggage][,] [musical instruments][,] [or] [and] [{\$500-2,500} per item for [sports] [golf] equipment] as a condition for payment of loss. In the event of a loss to a pair or set of items, We will:

- 1) repair or replace any part to restore the pair or set to its value before the loss; or
- 2) pay the difference between the value of the property before and after the loss.]

[Items Subject To Special Limitations: a combined maximum of {\$500-1,000} (without a per item limit) will be paid for jewelry; precious or semi-precious stones; watches; articles consisting in whole or in part of silver, gold or platinum; furs or articles trimmed with fur; cameras (and their accessories and related equipment); [laptop or tablet computers;] [cell phones, PDA's and similar mobile devices;] [and other digital or electronic equipment or media] [sports equipment].]

[If You have checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage will be extended until the Common Carrier delivers the property.]]

[[OPTIONAL] BAGGAGE DELAY]

[We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the cost of reasonable additional clothing and personal items purchased by You while Your [checked] Baggage is delayed [or misdirected by a Common Carrier] {6-24} hours or more from Your time of arrival at a destination other than Your return destination.]

[We will also reimburse You, up to {\$25-100}, for expenses You incur during Your Trip to expedite the return of Your delayed Baggage.]

This coverage terminates upon Your arrival at the return destination of Your Trip.]

[[OPTIONAL] [BUSINESS EQUIPMENT RENTAL] [SPORTS EQUIPMENT RENTAL] [MUSICAL INSTRUMENTS RENTAL]

If Your [Business Equipment][,] [or] [sports equipment] [or] [musical instrument] is lost, stolen, damaged, destroyed or delayed by a Common Carrier for {6-12} hours or more during Your Trip for the reasons covered by the Baggage and Baggage Delay benefits, We will reimburse You on a one-time basis, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the reasonable costs of renting [Business Equipment][,] [or] [sports equipment] [or] [a musical instrument] during Your Trip.

[A police report is required if Your [Business Equipment][,] [or] [sports equipment] [or] [musical instrument] is stolen. Documentation from the Common Carrier is required for proof of damage, delay, or loss by a Common Carrier. Original receipts and list of stolen, damaged or lost [Business Equipment][,] [or] [sports equipment] [or] [musical instrument] must be provided along with proof of loss providing amount of loss, date, time and cause of loss, and a repair estimate, if the [Business Equipment][,] [or] [sports equipment] [or] [musical instrument] is damaged.]]

[For claimed items without original receipts, payment of loss will be calculated based upon {25-75%} of the Actual Cash Value at the time of loss, not to exceed {\$250-500} per item [for Business Equipment] [,] [{\$500-2,500} per item for sports equipment] [,] [or] [and] [{\$500-2,500} per item for musical instruments].]

[[The following exclusions and limitations apply to [Personal Property] [Baggage and Personal Effects] [Musical Instruments] [Sports] [Golf] Equipment] [and] [Baggage Delay] [Business Equipment Rental] [and] [Sports Equipment Rental]:

We will not provide benefits for any loss or damage to:

- 1) animals;
- 2) automobiles and automobile equipment; boats or other vehicles or conveyances; motorcycles; trailers; motors; or aircraft;
- 3) bicycles, except when checked as baggage with a Common Carrier;]
- 4) household effects and furnishings; antiques and collector items;
- 5) [eyeglasses,] [sunglasses,] contact lenses, artificial teeth, dentures, dental bridges, [or] retainers, [or] [other orthodontic devices] [or] [hearing aids];
- 6) artificial limbs or other prosthetic devices;
- 7) keys, money, and credit cards (except as otherwise specifically covered herein); securities, stamps, tickets, and documents (except as coverage is otherwise specifically provided herein);
- 8) sporting equipment if the loss results from the use thereof [:] [:] [or]]
- 9) professional or occupational equipment or property, whether or not electronic business equipment [:] [:] [or]]
- 10) cell phones, PDAs and similar mobile devices, laptop or tablet computers.]]

[We will not provide benefits for any loss or damage caused by or resulting from:

- 1) breakage of brittle or fragile articles [(except musical instruments)];
- 2) wear and tear or gradual deterioration;
- 3) confiscation or appropriation by order of any government or custom's rule;
- 4) theft or pilferage while left in any unlocked [or unattended] vehicle;

- 5) property illegally acquired, kept, stored or transported;
- 6) Your negligent acts or omissions;
- 7) property shipped as freight or shipped prior to the Scheduled Departure Date;
- 8) electrical current, including electric arcing that damages or destroys electrical devices or appliances;
- 9) insects, vermin or inherent vice.]

We will not provide benefits for any loss or damage to Your Baggage which has been reimbursed by a Common Carrier, hotel or Travel Supplier.]

[[OPTIONAL] RENTAL CAR DAMAGE

If You rent a Rental Car while on Your Trip and while in Your possession the car is: 1) damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not in Your control; or 2) stolen and not recovered, We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the lesser of:

- a. the cost of repairs and rental charges imposed by the rental company while the car is being repaired;
- b. the Actual Cash Value of the Rental Car; or
- c. the Maximum Benefit Amount shown in the Schedule of Benefits.

Coverage is provided to You, provided You are a licensed driver and are listed on the rental agreement.]

The following exclusions and limitations apply to Rental Car Damage

We do not cover loss arising from or due to:

1. any obligation of You, a Traveling Companion or Family Member traveling with You assumed under any agreement (except insurance collision deductible);
2. rentals of trucks, campers, trailers, motor bikes, motorcycles, off road vehicles, recreational vehicles or Exotic Vehicles;
3. any loss that occurs if You or anyone traveling with You are in violation of the rental agreement;
4. failure to report the loss to the proper local authorities and the rental car company;
5. damage to any other vehicle, structure or person as a result of a covered loss;
6. any loss as the result of or attributed to driving the Rental Car: while under the influence of alcohol or any illegal substance or the abuse of a legal substance; while using any medication that recommends abstinence from driving; in a speed competition; for compensation for hire; for illegal trade purposes, or transporting contraband;
7. any loss as the result of physical damage or loss attributed to: mechanical failure or breakdown of the Rental Car; wear and tear, gradual deterioration, corrosion, rust or freezing; any neglect or abuse of the Rental Car; any dishonest act or conversion; any consequence of war (declared or otherwise); or contamination by a radioactive material.]

The following duties in the event of loss apply to Rental Car Damage:

1. You must take all reasonable, necessary steps to protect the Rental Car and prevent further damage to it;
2. You must report the loss to the appropriate local authorities and the rental company as soon as possible;
3. You must obtain all information on any other party involved in an Accident, such as name, address, insurance information and driver's license number;
4. You must provide Us all documentation such as rental agreement, police report and damage estimate.]

[[OPTIONAL] PROPERTY DAMAGE LIABILITY

If You rent or are otherwise booked to stay in an apartment; condominium; or other vacation or time share residential unit during Your Trip, We will reimburse You up to the Maximum Benefit Amount shown in the Schedule of Benefits, for Your liability for damage to any such unit or its contents, subject to the following:

- 1) the damage to any such unit or its contents must be caused by an accident beyond Your control that occurs during Your occupancy of the unit on Your Trip; and
- 2) this benefit applies only to any liability or obligation You expressly assume under a written agreement for the rental or use of any such unit by You during Your Trip, provided the agreement is executed by You prior to Your occupancy of the unit; and
- 3) the owner, lessor or legal representative of any such unit has made formal written demand to You for loss or damage to such unit or its contents; and
- 4) You are adjudged or determined to be responsible for the loss or damage to any such unit.]

[[OPTIONAL] SECURITY DEPOSIT WAIVER

If, while checked-in at a Rental Property, an Insured Person, as a result of his/her inadvertent acts or omissions, causes any damage to, or theft of, real or personal property of the Rental Property, We will reimburse the Property Management Company on Your behalf for the cost of repair or replacement of such property, up to Maximum Benefit Amount shown on the Schedule of Benefits.

The following definitions, terms, conditions and exclusions apply only with respect to Security Deposit Waiver Benefit:

Security Deposit Waiver Definitions

["Coverage"] means any other fund or insurance policy except this policy and any fund or insurance policy providing the Property Management Company with coverage for any claims, causes of action or rights You or such other person may have against the Property Management Company.]

["Insured Person"] [as used in this coverage only], means a person who: (a) is a registered guest at a Rental Property; (b) completes any required enrollment form for Security Deposit Waiver coverage; and (c) for whom premium has been paid by check-in at the Rental Property, also referred to as "You" or "Your". Insured Person includes the person named on the rental agreement and his/her Family Member and accompanying Traveling Companion if occupying the rental property premises with the Insured Person. Insured Person does not mean invited guest, unless the guest accompanies the Insured Person to and from the vacation rental property destination and resides there with the Insured Person for the duration of the rental agreement period.]

["Property Management Company"] means the Property Management Company who remits the required premium to Us.]

["Rental Property"] means a property [owned][managed] by the Property Management Company].

Security Deposit Waiver Coverage Effective and Termination Dates

Effective Dates. The Security Deposit Waiver coverage will take effect on the date and time You check-in as a registered guest at the Rental Property, provided the appropriate premium has been paid by check-in.

Termination Dates. The Security Deposit Waiver coverage will end on the earlier of: (1) the normal checkout time on Your scheduled check-out date from the Rental Property; or (2) the actual date of Your departure from the Rental Property.

In no event will the policy cover a rental period longer than {30-180} days from the date of check-in as a registered guest at a Rental Property.

Security Deposit Waiver Coverage Exclusions

Benefits will not be provided for any loss or damage due to:

- (a) Natural Disaster;
- (b) intentional acts of an Insured Person;
- (c) gross negligence, willful or wanton conduct by an Insured Person;
- (d) [any cause, if You do not report the loss or damage to the staff of the Rental Property by the Termination Date;]
- (e) normal wear and tear of the Rental Property unit;

- (f) [damage caused by any pet or other animal brought into the Rental Property unit;]
- (g) [loss of use of the Rental Property unit;]
- (h) [damage or theft to any property owned by or brought by an Insured Person onto the Rental Property premises;]
- (i) [damage or theft caused by anyone [visiting]][other than] an Insured Person;]
- (j) [theft without a valid police report;]
- (k) [damage without a valid police report][unless the damage is caused by an Insured Person;]]
- (l) [damage to or theft in a Rental Property unit if the number of persons occupying the unit exceeds that unit's occupancy limit.]
- (m) damage or theft of boats, or damage to docks, piers, pools or other structures not part of the dwelling unit

Security Deposit Waiver Provisions

Notice of Claim

All damage or theft for which a claim may be made under this coverage must be reported to the [Property Management Company] [Rental Property staff] no later than the coverage Termination Date.

Dispute Resolution

All suits, actions or legal proceedings seeking determination of the rights and liabilities of the parties under this coverage shall be submitted to binding arbitration in accordance with the Federal Rules of Civil Procedure. A written demand for arbitration hereunder must be made by You and served on Us on or before three years from the date of the loss or be barred. No demand for arbitration can be brought to recover benefits unless 60 days have elapsed following written submission to Us of the Proof of Loss information required.

Subrogation and Right of Recovery

As a condition to receiving Security Deposit Waiver benefits under this coverage You or, if You are deceased, Your authorized representative or the person to whom payment was made, agrees, except as may be limited or prohibited by applicable law:

1. To reimburse Us for any such benefits paid to You or on Your behalf to the person to whom payment was made, if such benefits are recovered, in any form, from any Third Party or Coverage; and
2. Without limiting the preceding, that We are subrogated, for the purpose of Our recovery of any such benefits paid to You or on Your behalf to the person to whom payment was made, to any and all claims, causes of action or rights that You or such other person has or that may arise against any Third Party who has or may have caused, contributed to or aggravated the condition for which You claim an entitlement to policy benefits, and to any claims, causes of action or rights You or such other person may have against any Coverage for the condition for which You claim an entitlement to policy benefits.

We will not pay or be responsible, without Our written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on Your behalf or such other person against any Third Party or Coverage.]]

[OPTIONAL EMERGENCY EVACUATION UPGRADE

When You purchase this Emergency Evacuation Upgrade, the following coverage changes apply:

- [1. Additional Benefits will be paid up to the Maximum Benefit Amount shown in the Schedule of Benefits;
- [2. If it is determined that Your hospitalization can be completed at a facility near Your permanent residence, We will arrange and pay for a medically supervised evacuation to a Hospital of Your choice near Your permanent residence. However, if it is determined based on Your medical condition and situation, that transporting You to a Hospital near Your permanent residence could jeopardize Your health, We will arrange and pay for a medically supervised evacuation to the nearest medical facility capable of providing appropriate medical treatment.]
- [3. The Excess Insurance Provision does not apply.]]

[OPTIONAL MEDICAL COVERAGE UPGRADE

When You purchase this Medical Coverage Upgrade, the following coverage changes apply:

1. [Additional Benefits will be paid up to the Maximum Benefit Amount shown in the Schedule of Benefits;
2. [the deductible is waived;] and
3. [the Excess Insurance Provision does not apply.]]

[[OPTIONAL] VEHICLE BREAKDOWN OR DISABLEMENT

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, on a onetime basis, if You are delayed for {6-12} hours or more due to a collision or mechanical breakdown that prevents continued driving of: (a) Your Covered Vehicle; or (b) a Rental Car You rent while on Your Trip for:

- a) reasonable additional expenses You (or a Family Member or a Traveling Companion traveling with You in the vehicle during Your Trip) incur for additional hotel nights, meals, telephone calls and local transportation; and
- b) Rental Car expenses to return You to Your primary residence if Your Covered Vehicle is disabled and cannot be repaired within {24-72} hours.

This benefit ceases the earlier of: 1) the time Your vehicle is repaired or substituted, or 2) Your return to Your primary residence.

You must provide documentation of the collision or mechanical breakdown causing Your delay from the rental car agency and/or emergency road service provider and submit all receipts for all covered expenses incurred during the delay.]

[[OPTIONAL] HAZARDOUS SPORTS COVERAGE

Benefits will be paid up to the Maximum Benefit Amount shown in the Schedule of Benefits under the [[Emergency] Accident Medical Expense] [,] [Trip Interruption] [,] [and] [[Travel] [Trip] Delay] coverage[s], if You become injured while participating in any of the following sports: mountaineering where ropes or guides are normally used (not to exceed a height of 15,000 feet), skydiving or parachuting, hang gliding, bungee jumping, scuba diving, if PADI or NAUI certified, to depths below 130 feet, and spelunking.]

[[OPTIONAL] BAGGAGE UPGRADE

When You purchase this Baggage Upgrade, the following coverage changes apply:

1. the Excess Insurance Provision does not apply to [Baggage and Personal Effects] [and] [Baggage Delay]; and
2. Benefits will be paid up to the Maximum Benefit Amount shown in the Schedule of Benefits under the Baggage Delay coverage, if Your [Checked] Baggage is delayed [or misdirected by a Common Carrier] for more than {six (6) - twelve (12) hours}, while on Your Trip [(except for travel to Your final return destination or place of residence)].]

[[OPTIONAL] EXTENDED PERSONAL PROPERTY PAC

1. Under **Coverage for Your Belongings and [Property of Others]**, the following Baggage and Personal Effects exclusions are deleted:

- 9) professional or occupational equipment or property, whether or not electronic business equipment; or
- 10) cell phones, PDAs and similar mobile devices, laptop or tablet computers.

2. The Baggage Delay section is amended to read as follows:

If, while on a Trip, Your [checked] Baggage is delayed [or misdirected by a Common Carrier] for more than {6-24} hours from Your time of arrival at a destination other than at Your place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the actual expenditure for necessary personal items (including rental of [Business Equipment] [or] [,] [sports equipment] [or] [musical instruments] to replace delayed [Business Equipment] [or] [,] [sports equipment] [or] [musical instruments]). [You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection.] Receipts for the purchases must accompany any claim.

Coverage on property listed in item #1 above is subject to a {\$0-500} deductible per occurrence.

[SECTION II -] DEFINITIONS

["Accident"] means a sudden, unexpected, unusual, specific event that occurs at an identifiable time and place, and shall also include exposure resulting from a mishap to a conveyance in which You are traveling.]

["Actual Cash Value"] means current replacement cost for items of like kind and quality less depreciation.]

["Additional Transportation Cost"] means the actual cost incurred for one-way Economy Transportation (or for the original class of fare, if the original tickets were for a higher class of fare) by Common Carrier by the most direct route, less any refunds paid or payable, for unused original tickets.]

["Air Carrier"] means any air conveyance operating under a valid license for the transportation of passengers for hire.]

["Baggage"] means luggage and personal effects (whether owned, borrowed or rented) taken by You on Your Trip.]

["Bankruptcy or Default"] means the total cessation of operations due to financial insolvency, with or without the filing of a bankruptcy.]

["Business Equipment"] means property used in trade, business, or for the production of income; or offered for sale or trade or components of goods offered for sale or trade.]

["Business Partner"] means an individual who: (a) is involved in a legal general partnership with You; and (b) is actively involved in the day to day management of Your business.]

["Caregiver"] means an individual employed for the purpose of providing assistance with activities of daily living to You or to Your Family Member who has a physical or mental impairment. The Caregiver must be employed by You or Your Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or a person employed by any service, provider or facility to supply assisted living or skilled nursing personnel.]

["Child Caregiver"] means an individual providing basic childcare service needs for Your minor children under the age of 18 while You are on the Trip without the minor children. The arrangement of being the Child Caregiver while You are on the Trip must be made {15-30} or more days prior to the Scheduled Departure Date.]

["Common Carrier"] means any [land,] [sea,] [or] [air] conveyance operating under a valid license for the transportation of passengers for hire [, not including taxicabs or rented, leased or privately owned motor vehicles.]

["Complications of Pregnancy"] means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.]

["Covered Vehicle"] means a private passenger vehicle [(including mini-vans, pickup trucks and sport utility vehicles)] owned by or under long term lease ({1-5} year[s] or more) to You.]

["Dependent"] means lawful spouse [,Your children including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 26 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance].]

["Domestic Partner"] means an opposite or same-sex partner who is at least eighteen (18) years of age and qualifies as a domestic partner under state law.]

["Economy Transportation"] means the lowest published available transportation rate for a ticket on a Common Carrier.]

["Effective Date"] means the date and time Your coverage begins, as indicated in [Section IV-] Coverage Provisions, When Coverage Begins and Ends.]

["Elective Treatment and Procedures"] means any medical treatment or surgical procedure that is not medically required, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority to be research or experimental or that is not recognized as a generally accepted medical practice.]

["Eligible Person"] means a citizen or resident of the United States of America [or Canada].]

["Exchange Fees"] means the pre-trip assessment paid to the Property Management Company to reserve Timeshare Exchange accommodations for another time or vacation property.

["Exotic Vehicles"] means any antique, limited production, or collectible car or any other private passenger vehicle with a Manufacturer's Suggested Retail Price (MSRP) over {\$25,000-50,000}.

["Family Member"] means any of the following: Your or Your Traveling Companion's legal spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner, Caregiver, or Child Caregiver.]

["Guest Fees"] means the fees associated with the issuance of a guest certificate on behalf of You to another person when such guest certificate has been used for an exchange.]

["Home"] means Your primary place of residence.]

["Home Resort"] means a resort at which You own Timeshare Exchange vacation time.]

["Hospital"] means (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident in-patients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; [(d) other than a residence, a place where treatment in a Hyperbaric chamber can be received]. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.]

["Hospitalized"] means admitted to a Hospital for a period of at least 24 hours or where the patient is charged by the Hospital for a minimum of one day of inpatient charges.]

["Host at Destination"] means a person with whom You are sharing pre-arranged overnight accommodations at the host's usual principal place of residence.]

["Inclement Weather"] means any weather condition that delays the scheduled arrival or departure of a Common Carrier.]

["Individual Coverage Term"] means the period of time beginning when the Insured has been enrolled for coverage under the policy for which the required premium has been paid.]

["Injury"] means bodily harm caused by an Accident that: 1) occurs while Your coverage is in effect under the [policy] [plan]; and 2) requires examination and treatment by a Physician. The Injury must be the proximate cause of loss and must not be caused by, or result from, Sickness.]

["Insured"] means

[the person named on the rental agreement and his/her Family Member and accompanying Traveling Companion if occupying the rental property premises with the Insured. Insured does not mean an invited guest, unless the guest accompanies the Insured to and from the vacation rental property destination and resides there with the Insured for the duration of the rental agreement period.]

[the person named on the Declarations, Schedule of Benefits or Confirmation of Benefits that: is scheduled to participate on a Trip, provided the required premium has been paid.]

[the person named on the Declarations, Schedule of Benefits or Confirmation of Benefits [who: (a) is scheduled to participate on a Trip; (b) completes any required enrollment form; and (c) for whom the required premium has been paid.]

Insured also means “You” and “Your”.]

["Intoxicated"] mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.]

["Maintenance Charges"] means the annual assessment paid for maintenance, taxes, dues, and management fees for the Home Resort owned by You[,excluding special assessments, club dues, interest, or late fee penalties by your Property Management Company].]

["Maximum Benefit Amount"] means the maximum amount payable for coverage provided to You as shown in the Schedule of Benefits.

["Medical Evacuation"] means Physician-ordered Transportation Expense which is arranged and approved by Our Program Assistance Provider. An unscheduled return by the same or like mode of transportation as originally scheduled without additional transportation requirements is not a Medical Evacuation.]

["Medically Necessary"] means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.]

["Medical Treatment"] means examination and treatment by a Physician.]

["Natural Disaster"] means earthquake, flood, fire, [hurricane,] [blizzard,] [avalanche,] tornado, tsunami, volcanic eruption, or landslide that is due to natural causes.]

["Payments or Deposits"] means the cash, check, [or] credit card amounts[,] [or the cash value of [Timeshare Points] [,] [[frequent traveler] [or] [credit card] rewards, miles or points;] actually paid [or used] for Your Trip. [Certificates, vouchers, discounts and/or credits applied (in part or in full) towards the cost of Your Travel Arrangements are not Payments or Deposits as defined herein.]]

["Physician"] means a person licensed as a medical doctor in the jurisdiction where the services are rendered or a Christian Science Practitioner who is: (a) other than You, a Traveling Companion or a Family Member; and (b) practicing within the scope of his or her license.]

["Pre-Existing Condition"] means an illness, disease, or other condition during the {60-180} day period immediately prior to the Effective Date of Your coverage for which You [or] [Your Traveling Companion,] [Business Partner] [or] Family Member [scheduled or booked to travel with You]: 1) received or received a recommendation for a test, examination, or medical treatment; or 2) took or received a prescription for drugs or medicine[.] [Item [(2)] of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the {60-180} day period before Your coverage is effective under this [policy] [plan]].]

["Program Assistance Provider"] means {Insert Name of Assistance Company}.]

["Property Management Company"] means {Insert the name of the Property Management Company}, developer, association leasing company, rental company, exchange company, or hotel or condominium operator, who has the financial responsibility for maintenance repairs, reservations, and/or operation of the unit used for Your Trip.]

["Rental Car"] means a private passenger vehicle (including mini-vans and sport utility vehicles) rented from a rental car agency and being used solely for transportation on public roads.]

["Scheduled Departure Date"] means the date on which You are originally scheduled to leave on Your Trip [,] [or] [the first day of any Trip taken during the Individual Coverage Term.]]

["Scheduled Return Date"] means the date on which You are originally scheduled to return to the point of origin or the original final destination of Your Trip [,] [or] [the last day of any Trip taken during the Individual Coverage Term.]]

["Sickness"] means an illness or disease of the body that: 1) requires examination and treatment by a Physician, and 2) commences while Your coverage is in effect. An illness or disease of the body that first manifests itself and then worsens or

becomes acute prior to the Effective Date of Your coverage is not a Sickness as defined herein and is not covered by the [policy] [plan].]

["Ski" or "Skiing"] means winter recreation of snow skiing or snowboarding on Trails which are only accessed by a prepaid use ticket for lifts and/or use or admission, but does not include cross country skiing, back country skiing, heli-skiing, extreme skiing, snowcat skiing, ski-jumping, off-piste skiing, tubing, lugging, half-pipes, terrain parks, or other snow play activities either on or off Trails.]

["Ski Equipment"] means skis, ski poles, ski bindings, ski boots, snowboards, snowboard bindings, snowboard boots, snowblades and any other recognized snow sports equipment.]

["Strike"] means any [organized and legally sanctioned] labor disagreement resulting in a stoppage of work: (a) as a result of a combined effort of workers which is unannounced and unpublished at the time Travel Arrangements are purchased: and (b) which interferes with the normal departure and arrival of a Common Carrier.]

["Terrorist Incident"] means an [incident deemed a terrorist attack by the United States government] [or] [act of violence, other than civil disorder or riot (that is not an act of war, declared or undeclared), that results in Loss of life or major damage to person or property, by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government].]

["Third Party(ies)"] means any person, corporation or other entity [except You,] [the Property Management Company] [and] [Us].]

["Time Sensitive Period"] means

[with Your initial deposit/payment for Your Trip.]

[within [24 hours] [{7-21} days] of the date Your initial deposit/payment for Your Trip is received.]

[within {7-21} days of the date Your initial deposit/payment for Your Trip is received and within {7-21} days of payment for any subsequent Travel Arrangements added to Your Trip.]

[at or before the [final payment] [due date] for Your Trip.]

[no later than {30-60} days prior to the Scheduled Departure Date of Your Trip, or if Your Trip is initially booked within {30-60} days of the Scheduled Departure Date of the Trip, Your payment for this plan is received [with] [within {2-7 days of} the initial deposit/payment for Your Trip.]

[within {15-30} days of [specified date of each year] [the date of the acceptance letter from {Insert Travel Supplier Name}]].]

["Timeshare"] means an agreement between an owner of a timeshare property and a timeshare organization whereby confirmed scheduled use of their owner occupied timeshare or transfer of a timeshare takes place.]

["Timeshare Exchange"] means the process pursuant to an agreement between You and the Property Management Company whereby You exchange vacation time in Your Home Resort for a comparable vacation in an exchange property.]

["Timeshare Points"] means the currency or value of the points allocated or used for Your Timeshare Travel Arrangements or Timeshare Exchange by the Property Management Company, in accordance with the club or owner rules filed with the regulatory authorities.]

["Trails"] means named skier paths designated for downhill travel as shown on a ski resort trail map using the international difficulty rating, not including connecting paths or cross-overs between downhill trails, trails that are outside the established marked and patrolled boundaries of a ski resort, or areas designated as unsafe or closed by ski resort management for avalanche control work.]

["Transportation Expense"] means the cost of Medically Necessary conveyance and personnel, including Usual and Customary charges for required medical services [and supplies] [, and fees imposed in accordance with The Jones Act up to {\$100-300}].]

["Travel Arrangement(s)"] means: (a) transportation; (b) accommodations; and (c) other specified services arranged by Your [Travel Supplier] [Property Management Company] [Exchange Company] for Your Trip. [Air arrangements covered

by this definition also include any direct round trip air flights booked by others, to and from the Scheduled Trip Departure and return cities, provided the dates of travel for the air flights are within {7-14} total days of the scheduled Trip dates.]]

["Traveling Companion" means [a person or persons] [up to {1-8} persons] [whose names appear with Yours on the same Travel Arrangements] [and] who, during Your Trip, [will accompany You] [will share accommodations with You in the same room, cabin, condominium unit, apartment unit or other lodging]. [A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with You.]]

["Travel Supplier" means [any entity or organization that coordinates or supplies travel services for You] [{Insert Travel Supplier Name}] [the travel organization: 1) from whom this [policy] [plan] is offered; and 2) with whom You booked Your Travel Arrangements].]

["Trip" means a scheduled trip [of {30-180} days or less in length][;][.] [1)] for which coverage is elected and the premium paid and all Travel Arrangements are arranged prior to the Scheduled Departure Date[;] [.] [and] [2)] [with a per person cost of {\$0-100,000} or less][;][.] [3)] ,and is {100-250} miles or more from Your primary residence]] [of {100-250} miles or more from Your primary residence for which coverage is elected and the premium paid].]

["Unforeseen" means not anticipated or expected and occurring after [the Effective Date [for [Trip] [vacation rental] [Timeshare Exchange] Cancellation]] [Your purchase] of the policy.]

["Uninhabitable" means: (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; (3) immediate safety hazards have yet to be cleared; or (4) the property is without electricity, gas, sewer service or water or under an order of mandatory evacuation by local government authorities.]

["Usual and Customary" means the comparable level of charges for similar treatment, services and supplies in the geographic area where treatment, services or supplies are provided or performed.]

[SECTION III -] POLICY LIMITATIONS AND EXCLUSIONS

Benefits are not payable for any loss due to, arising or resulting from:

- [1. due to a Pre-Existing Condition, as defined in the [policy] [plan]. [This Pre-Existing Condition exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains coverage][;][.]]

[[Waiver of the Pre-Existing Condition Exclusion]

The exclusion for Pre-Existing Condition will be waived provided [;]

- [a)] Your [premium] [payment for this [policy] [plan] [and enrollment form] [is] [are] received within the Time Sensitive Period [;] [and] [.]]
- [b)] You insure [all] [100%] [of the cost of all Travel Arrangements that are subject to cancellation penalties or restrictions [by the Travel Supplier]; [by the Property Management Company] [including the cost of any subsequent Travel Arrangements (or any other Travel Arrangements not made through Your [travel agent] [Property Management Company]) added to the Trip]; and] [.]]
- [c)] [You] [or] [the individual with the Pre-Existing Condition], are not disabled from travel at the time [Your premium is paid] [You make Your payment for this [policy] [plan].]
- [d)] the booking for the Trip is the Insured's first and only booking for this travel period and destination.]]
- [2. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane][;][.]]
- [3. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war][;][.]]
- [4. participating in maneuvers or training exercises of an armed service or police force of any country [;][.]]
- [5. riding or driving in races, or speed or endurance competitions or events][;][.]]
- [6. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment) [;][.]]

- [7. [participating as a member of a team in an organized sporting competition] [or] [participating as a professional in a stunt, athletic or sporting event or competition];[.]]
- [8. participating in [skydiving or parachuting [(except parasailing)],] [hang gliding,] [bungee cord jumping,] [extreme skiing, skiing outside marked trails or heli-skiing] [any race or speed contests [(not including any regatta races)],] [scuba diving if the depth exceeds 130 feet or if You are not PADI or NAUI certified to dive and a dive master is not present during the dive,] [spelunking], or [bodily contact sports];[.]]
- [9. piloting or learning to pilot or acting as a member of the crew of any aircraft];[.]]
- [10. being Intoxicated or under the influence of any controlled substance unless taken as administered or prescribed by a Physician];[.]]
- [11. the commission of or attempt to commit a felony or being engaged in an illegal occupation];[.]]
- [12. normal pregnancy (except complications of pregnancy) and/or resulting childbirth [,except as otherwise covered under [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation or [Trip] [Vacation Rental] [Timeshare Exchange] Interruption,] or voluntarily induced abortion];[.]]
- [13. any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law];[.]]
- [14. a loss or damage caused by detention, confiscation or destruction by customs official];[.]]
- [15. any non-emergent treatment or surgery, routine physical examinations, hearing aids, eye glasses, contacts or any Elective Treatment and Procedures];[.]]
- [16. any loss occurring during a Trip booked or taken for the purpose or intent of securing medical treatment];[.]]
- [17. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements [for reasons other than Bankruptcy or Default] [or to refund money due You]; [.]]
- [18. business, contractual or educational obligations of You, a Family Member, Business Partner, or Traveling Companion];[.]]
- [19. a mental, or nervous or psychological disorder, [unless Hospitalized for that condition while the [policy] [plan] is in effect for You];[.]]
- [20. a loss that results from an illness, disease or other condition, event or circumstance that occurs at a time when the [policy] [plan] is not in effect for You];[.]]
- [21. Bankruptcy or Default or failure to supply services by a Travel Supplier] [;] [.]]
- [22. curtailment or delayed return for other than covered reasons];[.]]
- [23. services not shown as covered];[.]]
- [24. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination];[.]]
- [25. traveling against the advice of a Physician and any loss occurring during such a Trip];[.]]
- [26. expenses resulting from a motor vehicle accident, unless You are properly licensed to operate the vehicle at the place and time of the Accident];[.]]

[SECTION IV –] COVERAGE PROVISIONS

[Who Is Eligible For Coverage

An Eligible Person who is booked to travel on an eligible Trip. [Eligibility for purchase of this [policy] [plan] will be determined at time of claim. If it is determined that a person or Trip is not eligible for coverage, any claim for benefits will be denied and Your [premium] [payment for the [policy] [plan]] will be refunded]. [Coverage is only available for persons under age {70-100}].]

When Coverage Begins and Ends

When Coverage Begins:

[[Optional] [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation [For Any Reason]: Coverage begins

[when the coverage is elected and] the required [premium] [payment] for this [policy] [plan] to cover Your Trip is received by [{Insert Travel Supplier Name}] [{Insert Plan Administrator Name}].]

[at 12:01 a.m. at Your location on the day [after the date] the required [premium] [payment] for this [policy] [plan] to cover Your Trip is received by [{Insert Travel Supplier Name}] [{Insert Plan Administrator Name}].]

[{30-90} days] [{3-72} hours] prior to the scheduled departure time on the Scheduled Departure Date of Your Trip.]

[the earlier of: 1) at 12:01 a.m. at Your location on the day following the date the required [premium] [payment] for this [policy] [plan] to cover Your Trip is received by {Insert Plan Administrator Name}; or 2) if mailed, at 12:01 a.m. at Your location on the day after the postmark date the required [premium] [payment] for this [policy] [plan] to cover Your Trip is received by {Insert Plan Administrator Name}].]

This is Your "Effective Date" and time for [Optional] [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation [For Any Reason].]

[Optional] [Trip] [Vacation Rental] [Timeshare Exchange] Interruption] [and] [Missed Connection]: Coverage begins when You depart on Your first scheduled Travel Arrangement (or if You must use an alternate travel arrangement after Your Scheduled Departure Date to reach Your Trip destination, on the Scheduled Departure Date) for Your Trip. This is Your "Effective Date" and time for [Optional] [Trip] [Vacation Rental] [Timeshare Exchange] Interruption] [and] [Missed Connection].]

[Travel] [Trip] Delay: Coverage begins after You have traveled {100-250} miles or more from home en route to join Your Trip. This is Your "Effective Date" and time for Travel [Trip] Delay.]

[All Other Coverages: Coverage begins [at 12:01 AM on the date] when You depart on the first Travel Arrangement (or alternate travel arrangement if You must use an alternate Travel Arrangement to reach Your Trip destination) for Your Trip. This is Your "Effective Date" and time for all other coverages.]

When Coverage Ends:

[Optional] [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation [For Any Reason]: Your coverage automatically ends on the earlier of: 1) [{1-60} days] [48 hours] prior to] the scheduled departure time on the Scheduled Departure Date of Your Trip; 2) the date and time You depart on Your Trip; or 3) the date and time You cancel Your Trip.]]

[All Other Coverages:] Your coverage automatically ends on the earlier of: 1) the date the Trip is completed; 2) the Scheduled Return Date; 3) Your arrival at the return destination on a round-trip, or the destination on a one-way trip; 4) cancellation of the Trip covered by the [policy] [plan]; 5) the expiration date of the Policy.

[All coverages under the [policy] [plan] will be extended if Your entire Trip is covered by the [policy] [plan] and Your return is delayed due to unavoidable circumstances beyond Your control. If coverage is extended for the above reasons, coverage will end on the earlier of the date You reach Your originally scheduled return destination or {seven (7) – ten (10)} days after the Scheduled Return Date.]]

Termination of the [policy] [plan] will not affect a claim for loss that occurs after [premium] [plan payment] has been paid.

[SECTION V –] CLAIMS PROVISIONS

Your duties in event of a loss:

[For [Optional] [Trip] [Vacation Rental] [Timeshare Exchange] Cancellation [For Any Reason] and [Optional] [Trip] [Vacation Rental] [Timeshare Exchange] Interruption]:

Immediately, or as soon as possible, call Your [Travel Supplier] [Property Management Company] and the Program Administrator (see Where to Report a Claim) to report Your [cancellation] [,interruption] [or] [delayed arrival] to avoid non-covered charges due to late reporting.

If You [are prevented from taking Your Trip as scheduled] [or] [must interrupt your Trip] due to Sickness or Injury, You should obtain medical care immediately. We require a certification by the treating Physician at the time of Sickness or Injury that medically imposed restrictions prevented Your [participation] [or] [continued participation] in the Trip. Provide all unused transportation tickets, official receipts, etc.]

[Travel] [Trip] Delay or Missed Connection:

Obtain any specific dated documentation, that provides proof of the reason for delay (airline or cruise line forms, medical statements, etc).

Submit this documentation along with Your trip itinerary and all receipts for additional expenses incurred].

[Medical Expenses:

Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment. Submit these first to other medical plans. Provide a copy of their final disposition of Your claim.]

[For [Personal Property] [Baggage and Personal Effects] [Musical Instruments] [[Sports] [Golf] Equipment][,] [and] [Baggage Delay] [,] [and] [Business Equipment Rental] [and] [Sports Equipment Rental]:

In case of lost, stolen, damaged, destroyed or delayed [Personal Property] [Baggage and Personal Effects] [Musical Instruments] [[Sports] [Golf] Equipment], You must:

- a) take all necessary and reasonable steps to protect, save or recover the property;
- b) notify, within 48 hours of the loss in writing, the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss;
- c) obtain a copy of the reported loss, damage, delay or theft of the item from the Common Carrier who had possession of the item at the time of the loss to include the Common Carrier's liability for such loss;
- d) produce records needed to verify the claim and its amount, and permit copies to be made;
- e) provide Us, within 90 days from the date of loss, a detailed proof of loss signed and sworn to; and
- f) allow the property to be examined, if requested.]

[For Rental Car Damage:

You must:

- a) Take all necessary and reasonable steps to protect the Rental Car and prevent further damage to it;
- b) Report the loss to the appropriate local authorities and the rental car company as soon as possible;
- c) Obtain all information on any other party involved in the Accident, such as name, address, insurance information and driver's license number;
- d) Provide Us all documentation such as rental agreement, police report and damage estimate.]

Where to Report a Claim: {Insert Name/Contact Information}

Notice of Claim: Notice of claim must be reported to Us within 30 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You.

Claim Forms: When notice of claim is received by Us or Our designated representative, [{Insert claims administrator name}] forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

[Obtain claim forms from the [Property Management Company] [{Insert claims administrator name}] or at {insert website url} which will provide all the details for filing Your claim appropriately. Please read the instructions carefully. The instructions will direct You toward filing all the correct, necessary documentation and following the appropriate procedures in order to have Your claim settled as quickly as possible.]

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Payment of Claims: Benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.

Benefits for Loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) Your spouse;
- b) Your child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your estate.

All other benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the [policy] [plan] may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

[If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) Your estate, We may pay any amount due under the [policy] [plan]] to Your beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.]

Unless the insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

[SECTION VI -] GENERAL PROVISIONS

Entire Contract, Changes: This policy, including the [Declarations,] [Schedule of Benefits] [or] [Confirmation of Benefits], 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 Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

[Excess Insurance: Insurance provided by this policy shall be in excess of all other valid and collectible insurance or indemnity [(except for {Insert Applicable Benefit Name(s)}] or as required by state law. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.]

Physician Examination and Autopsy: We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense) where it is not forbidden by law.

Legal Actions: No legal action for a claim can be brought against Us until 60 days after We receive proof of loss. No legal action for a claim can be brought against Us more than 3 years after the time required for giving proof of loss. This 3 year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been intentionally concealed or misrepresented.

Other Insurance with Us: You may be covered under only one travel insurance [policy] [plan] with Us for each Trip. If You are covered under more than one such [policy] [plan], You may select the coverage that is to remain in effect. In the event of death, the selection will be made by Your beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

[Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss.]

Reductions in the Amount of Insurance: The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this coverage for this Trip.

The following provisions apply to [Personal Property] [Baggage/Personal Effects] [Musical Instruments] [[Sports] [Golf] Equipment] [and] [Baggage Delay] coverage[s]:

[Proof of Loss: You must furnish Us, or Our designated representative, with proof of loss. This must be a detailed statement. It must be filed with Us, or Our designated representative within ninety (90) days from the date of loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.]

[Settlement of loss: Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to Us and We have determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to Us.]

[Benefit to bailee: This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.]

[[SECTION VII -] COORDINATION OF BENEFITS

Applicability

The Coordination of Benefits ("COB") provision applies to This Plan when an Insured has health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.

If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another Plan. The benefits of This Plan:

- (a) will not be reduced when, under the order of benefit determination rules, This Plan determines its benefits before another Plan; but
- (b) may be reduced when, under the order of benefit determination rules, another Plan determines its benefits first. This reduction is described further in the section entitled Effect on the Benefits of This Plan.

Definitions

"Plan" is a form of coverage written on an expense incurred basis that provides benefits or services for, or because of, medical or dental care or treatment. "Plan" includes:

- (a) group insurance and group remittance subscriber contracts;
- (b) uninsured arrangements of group coverage;
- (c) group coverage through HMO's and other prepayment, group practice and individual practice Plans; and
- (d) blanket contracts, except blanket school accident coverages or a similar group when the [group] [individual] [policy] [plan] pays the premium;
- (e) Medicaid or Medicare.

"Plan" does not include individual or family: (a) insurance contracts; (b) direct payment subscriber contracts; (c) coverage through HMO's; or (d) coverage under other prepayment, group practice and individual practice Plans.

"This Plan" is the parts of this blanket contract that provide benefits for health care expenses on an expense incurred basis.

"Primary Plan" is one whose benefits for a person's health care coverage must be determined without taking the existence of any other Plan into consideration. A Plan is a Primary Plan if either:

- (a) the Plan either has no order of benefit determination rules, or it has rules which differ from those in the contract; or
- (b) all Plans that cover the person use the same order of benefits determination rules as in this contract, and under those rules the Plan determines its benefits first.

“Secondary Plan” is one that is not a Primary Plan. If a person is covered by more than one Secondary Plan, the order of benefit determination rules of this contract decide the order in which their benefits are determined in relation to each other. The benefits of each Secondary Plan may take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan, which, under the rules of this contract, has its benefits, determined before those of that Secondary Plan.

“Allowable Expense” is the necessary, reasonable, and customary item of expense for health care when the item of expense is covered at least in part under any of the Plans involved.

The difference between the cost of a private hospital room and a semi-private hospital room is not considered an Allowable Expense under the above definition unless the patient’s stay in a private hospital room is medically necessary in terms of generally accepted medical practice.

When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered both an Allowable Expense and a benefit paid.

“Claim” is a request that benefits of a Plan be provided or paid. The benefits claimed may be in the form of: (a) services (including supplies); (b) payment for all or a portion of the expenses incurred; or (c) a combination of (a) and (b).

“Claim Determination Period” is the period of time, which must not be less than 12 consecutive months, over which Allowable Expenses are compared with total benefits payable in the absence of COB, to determine: (a) whether over insurance exists; and (b) how much each Plan will pay or provide.

For the purposes of this contract, Claim Determination Period is the period of time beginning with the Effective date of coverage and ending 12 consecutive months following the date of loss or longer as may be determined by the proof of loss provision.

Order of Benefit Determination Rules

When This Plan is a Primary Plan, its benefits are determined before those of any other Plan and without considering another Plan’s benefits.

When This Plan is a Secondary Plan, its benefits are determined after those of any other Plan only when, under these rules, it is secondary to that other Plan.

When there is a basis for a Claim under This Plan and another Plan, This Plan is a Secondary Plan that has its benefits determined after those of the other Plan, unless:

- (a) the other Plan has rules coordinating its benefits with those of This Plan; and
- (b) both those rules and This Plan’s rules, as described below, require that This Plan’s benefits be determined before those of the other Plan.

Rules. This Plan determines its order of benefits using the first of the following rules which applies:

- (a) **Nondependent/Dependent Rule.** The benefits of the Plan which covers the person as an employee, member or subscriber (that is, other than as a dependent) are determined before those of the Plan that covers the person as a dependent.
- (b) **Longer/Shorter Length of Coverage Rule.** The benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

To determine the length of time a person has been covered under a Plan, two Plans shall be treated as one if the claimant was eligible under the second within 24 hours after the first ended. Thus, the start of a new Plan does not include: (a) a change in the amount or scope of a Plan’s benefits; (b) a change in the entity which pays, provides or administers the Plan’s benefits; or (c) a change from one type of Plan to another. The claimant’s length of time covered under a Plan is measured from the claimant’s first date of coverage under that Plan. If that date is not readily available, the date the claimant first became a member of the group shall be used as the date from which to determine the length of time the claimant’s coverage under the present Plan has been in force.

Effect on the Benefits of This Plan When it is Secondary

The benefits of This Plan will be reduced when it is a Secondary Plan so that the total benefits paid or provided by all Plans during a Claim Determination Period are not more than the total Allowable Expenses, not otherwise paid, which were incurred during the Claim Determination Period by the person for whom the Claim is made. As each Claim is submitted, This Plan determines its obligation to pay for Allowable Expenses based on all Claims that were submitted up to that point in time during the Claim Determination Period.

Right to Receive and Release Needed Information

Certain facts are needed to apply these COB rules. We have the right to decide which facts are needed. We may get needed facts from or give them to any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give Us any facts We need to pay the Claim.

Facility of Payment A payment made under another Plan may include an amount that should have been paid under This Plan. If it does, We may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term “payment made” includes providing benefits in the form of services, in which case “payment made” means reasonable monetary value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by Us is more than We should have paid under this COB provision, We may recover the excess from one or more of: (a) the persons We have paid or for whom We have paid; (b) insurance companies; or (c) other organizations.

Non-complying Plans

This Plan may coordinate its benefits with a Plan that is excess or always secondary or which uses order of benefit determination rules which are inconsistent with those of This Plan (non-complying Plan) on the following basis:

- (a) If This Plan is the Primary Plan, This Plan will pay its benefits on a primary basis;
- (b) if This Plan is the Secondary Plan, This Plan will pay its benefits first, but the amount of the benefits payable will be determined as if This Plan were the Secondary Plan. In this situation, Our payment will be the limit of This Plan's liability; and
- (c) if the non-complying Plan does not provide the information needed by This Plan to determine its benefits within 30 days after it is requested to do so, We will assume that the benefits of the non-complying Plan are identical to This Plan and will pay benefits accordingly. However, We will adjust any payments made based on this assumption whenever information becomes available as to the actual benefits of the non-complying Plan.]]