(R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

The Legal Actions provision applicable to residents of Florida as follows: No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of 5 years after the time written proof of loss is required to be furnished. Exclusion (l) does not apply to residents of Florida for inquiries, investigation, and defense coverage or for assistance in resolving complaints call: 1.800.826.1300.

Notice to North Carolina residents: In North Carolina, insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, PA, on Policy series 52735MO.

Notice to Texas residents: The policy may provide a duplication of coverage already provided by the insured's personal auto insurance, homeowner's, personal liability policy, or other source of coverage.

Travel Guard — a wholly owned subsidiary of AIG Travel Services Inc., a member company of American International Group, Inc.

TRAVEL GUARD® ASSIST
All benefits provided are secondary benefits, not financial benefits. Any costs associated with benefits not purchased will be paid by the named insured.

24-Hour Medical Assistance
24-Hour Medical Monitoring: Physicians monitor the Insured's condition by maintaining close contact with the attending Physicians, his/her family Physician, and Immediate Family Members.

Medical Evacuation: Arrangements for any and all means necessary to transport the insured back home when medically necessary.

Emergency Medical Payments: If a Hospital demands a cash deposit or settlement prior to leaving, Travel Guard will assist in arranging the advancement of funds to cover on-site Medical Expenses.

Prescription Assistance: Replacement of lost or stolen medication, through a local pharmacy, if available.

Transportation of Dependents: In the event of hospitalization, arrangements will be made for unattended minors traveling with the insured to be flown home.

Family Visit: If the Insured is hospitalized for ten or more days, Travel Guard will arrange transportation for an immediate Family Member or close friend to visit him/her.

Transportation of Mortal Remains: In the event of death while traveling, arrangements and payment for the return of remains to the place of burial.

24-Hour Legal Assistance
In a legal emergency, referral to a local legal advisor and advance of funds for bail and legal fees.

24-Hour Travel Assistance
Travel Documents Assistance: Travel Guard will help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer: Travel Guard will, whenever possible, coordinate with the insured and a wire agency, in obtaining funds in local currency for medical or travel emergencies.

Emergency Message Center: Transmission of emergency messages to family and business associates.

Interpretative Services: Travel Guard will provide emergency language support or referral to the appropriate local services.

24-HOUR LIVETRAVEL ASSISTANCE
Provides 24-hour assistance for emergency travel needs. Allows you to make emergency travel changes such as rebooking flights, making hotel reservations, tracking lost luggage, and replacing lost credit cards. Call 1.800.826.8597 for assistance.

Live Messaging — Relay of e-mail or phone message to family, friends, or business associates.

Emergency Cash Transfer — Assistance in coordinating an emergency cash advance.

Pre-Trip Travel Advice — Around-the-clock access to passport, visa, inoculation, and vaccine requirements; travel advisories; embassy and consulate contacts; travel health advisories; weather and currency information - all for the insured's planned Destination.

Non-insurance services through Travel Guard® Assist are provided by Travel Guard®.

Make sure you call Travel Guard (1.800.826.1300 or 1.715.345.0505) before you seek medical care while traveling. Where available, we can arrange direct payment to a member of our Preferred medical network, saving you the time and paperwork associated with reimbursement of medical expenses. Our assistance coordinators also can help you locate the nearest and most appropriate medical provider, monitor your care, and provide updates to your family and/or employer.
SCHEDULE OF BENEFITS

The benefits are described in detail under "Description of Coverages." All coverages are per person.

DEFINITIONS

"Actual Cash Value" means purchase price less depreciation.

"Baggage" means luggage and personal possessions, whether owned, borrowed, or rented, taken by the Insured on the Trip.

"Business Partner" means an individual who: (a) is involved with the Insured or the Insured's Traveling Companion in a legal partnership; and (b) is actively involved in the day-to-day management of the business.

"Common Carrier" means any vehicle, conveyance, or service under a license for the transportation of passengers for hire.

"Complication of Pregnancy" means a condition whose diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy to a condition associated with the management of a difficult pregnancy not consisting of a classifiable distinct Complication of Pregnancy.

"Contracted Departure Date" means the date on which the Insured is originally scheduled to leave on his/her specified trip.

"Contracted Return Date" means the date on which the Insured is scheduled to return to the point where the Trip started, or to a different specified Return Destination.

"Default" means any failure of a provider of travel-related services (including any tour operator) to provide the bargained-for travel services or to refund money due the Insured.

"Destination" means the place where the Insured expects to travel on his/her Trip, as shown on the enrollment form.

"Domestic Partner" means an opposite- or same-sex partner who is at least 18 years of age and who is not a dependent of the Insured, and who satisfies the following requirements for at least 6 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; the Insured may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

"Experimental Investigational Treatment" means a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as acceptable medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

"Financial Default" means either (1) the complete suspension of operations due to financial circumstances, whether or not a bankruptcy petition is filed; or (2) a partial suspension of the operations following a filing of a bankruptcy petition.

"Hospital" means a place that: (a) holds a valid license, and (b) is run mainly for the care and treatment of sick or injured persons as patients; (c) has a staff of one or more Physicians available at all times; (d) provides 24-hour nursing service and has at least one registered nurse on duty at all times; (e) has organized diagnostic departments; (f) is on the premises or on a contract basis with another Hospital; and (f) is not mainly a clinic, or facility for nursing, rest or convalescence, or a place for aged.

"Immediate Family Member" means the Insured's or Traveling Companion's spouse, Domestic Partner, child, spouse's child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, or legal ward.

"Inclement Weather" means a severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

"Injury" means a bodily injury caused by an accident occurring while this Policy is in force as to the Insured whose injury is the basis of a claim, and resulting directly and independently of all other causes of loss covered by the Policy. The injury must be verified by a Physician.

"Insured" means the person named on the individual enrollment form.

"Insured's" means American Home Assurance Company.

"Medically Necessary" means that a treatment, service, or supply: (1) is essential for diagnosis, treatment, or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; (3) is ordered by a Physician and performed under his or her care, supervision, or order; (4) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

"Natural Disaster" means a flood, hurricane, tornado, earthquake, or blizzard that is due to natural causes.

"Physician" means a licensed practitioner of the healing arts including accredited Christian Science Practitioners, acting within the scope of his/her license. The treating Physician may not be the Insured, Immediate Family Member, or a Traveling Companion.

"Reasonable Additional Expenses" means any expenses for meals and lodging which were necessary incurred as the result of a Trip Interruption or Travel Delay and which are not provided by the Common Carrier or any other party free of charge.

"Reasonable and Customary Charges" means an expense which: (a) is charged for treatment, supplies, or medical services medically necessary to treat the Insured's condition; (b) does not exceed the usual level of charges for similar treatment, supplies, or medical services in the locality where the expense is incurred; and (c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

"Return Destination" means the place to which the Insured expects to return from his/her Trip.

"Sickness" means an illness or disease diagnosed or treated in the Covered Area by a Physician.

"Strike" means a stoppage of work (a) announced, organized, and sanctioned by a labor union and (b) which interferes with the normal departure or arrival of a Common Carrier. Included in the definition of Strike are work slowdowns and sickouts.

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

"Travel Agent" means the travel agent, tour operator, or other entity from which the Insured purchases his/her coverage or travel arrangements, and includes all officers, employees, and affiliates of the Travel Agent or tour operator.

"Traveling Companion" means a person or persons with whom you have coordinated travel arrangements and intend to travel during the Trip. A group or tour leader is not considered a Traveling Companion, unless you are sharing room accommodations with the group or tour leader.

"Trip" means a period of round-Trip travel away from home to a Destination outside the Insured's city of residence, the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has define departure and return dates specified when the Insured applies; the Trip does not exceed 365 days; and the Insured's Destination is not to another home, travel is primarily by Common Carrier and only incidentally by private conveyance.
(m) medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment or traveling expressly for the purpose of obtaining medical treatment;
(n) elective or non-emergency treatment or surgery except for any necessary treatment or surgery due to covered Injury or Sickness;
(o) Experimental or Investigative treatment or procedures;
(p) an Injury or Sickness which occurs at a time when this coverage is not in effect.

MAXIMUM LIMIT OF LIABILITY: All limits are applied per Trip.

The Insurer’s maximum limit of liability resulting from the same occurrence will be $10,000,000 under the Travel Guard Program Policies (TGP Policies). If loss for all insureds from such occurrence exceeds $10,000,000 the Insurer will pay each insured’s proportion of the Benefits stated which $10,000,000 bears to the total loss of all persons the Insurer insures under all travel and flight insurance in force, under the TGP Policies. The Insurer will pay no more than $500,000 per occurrence, under the TGP Policies, to or on account of any person insured under the TGP Policies.

TRIP CANCELLATION AND INTERRUPTION

The Insurer will not pay the benefit shown on the Schedule of Benefits if a Trip is canceled or interrupted for the Insured due to any of the following unforeseen circumstances:
(a) Sickness, Injury or death of an Insured, Immediate Family Member, Traveling Companion, or Business Partner.
(b) Injury or Sickness which occurs at a time when the Insured’s coverage is expired or canceled, or TGP Policies.

Cancellations due to the death of an Immediate Family Member or Traveling Companion are covered;
(b) Financial Default of an airline, cruise line, or tour operator resulting in the complete cessation of services. Excludes the organization in the purchase of the Insured’s trip and this coverage. Financial Default occurring on or before the Insured’s coverage effective date or less than fourteen days after the Insured’s coverage effective date will not be covered;
(c) Inclement Weather causing delay or cancellation of travel;
(d) Strike resulting in complete cessation of Travel services at the point of departure or Destination;
(e) The Insured’s principal residence or Destination being made uninhabitable by fire, flood, or similar Natural Disaster, vandalism, or burglary;
(f) The Insured, a Traveling Companion being subpoenaed, required to serve on a jury, hijacked, or quarantined;
(g) The Insured being called into active military service or having leave revoked or being reassigned;
(h) A Terrorist Incident in a City listed on the Insured’s itinerary within 30 days of the Insured’s scheduled arrival. “City” means an incorporated municipality surrounded by bordered and does not include the high seas, uninhabited areas, or airspace.

Trip Cancellation Benefits: The Insurer will reimburse this benefit up to the Maximum Limit shown on the Schedule of Benefits for trips that are canceled before the scheduled Contracted Departure Date due to the beginning of this section. The Insurer will reimburse for the following:

(a) forfeited, non-refundable, unused prepaid payments, made prior to your Contracted Departure Date;
(b) additional transportation expenses incurred by the Insured, either (i) to the Return Destination; or (ii) from the place that the Insured left the Trip to the place that the Insured may complete the Trip, or
(c) additional transportation expenses incurred by the Insured to reach the original Trip Destination if the Insured is delayed, and leaves after the Contracted Departure Date.

However, the benefit payable under (b) and (c) above will not exceed the cost of the Insured’s original tickets (for first class if the Insured’s original tickets were first class) by the most direct route, less any refunds paid or payable;
(d) the Insured additional cost as a result of a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion Trip is interrupted, and the Insured’s Trip is continued.

Trip Interruption – Return Air Only: Applies only if the $0 Trip cost option was selected at time of purchase. The Insurer will reimburse the additional air transportation expenses incurred by the Insured after the Return Destination. However, the benefit payable above will not exceed the cost of economy airfare (or first class if the Insured’s original tickets were first class) by the most direct route, less any refunds paid or payable. Only applies if zero Trip cost option is selected.

The Insured Must: Contact LiveTravel (1.800.826.8597) as soon as he/she knows his/her Trip is going to be delayed more than 12 hours. Failure to do so may affect coverage.

LOSS OF BAGGAGE AND PERSONAL EFFECTS

The Insurer will reimburse this benefit up to the Maximum Limit shown on the Schedule of Benefits. The Insurer will pay for loss, theft, or damage to the Insured’s Baggage, passports, and visas during the Insured’s Trip.

Continuation of Coverage: If the covered Baggage, passports, and visas are in the charge of a charter or Common Carrier, and delivery by the Insurer is delayed, this coverage will continue until such property is delivered to the Insured. This coverage does not include loss caused by the delay.

Property Not Covered: The Insurer will not pay for damage or loss of:
(a) animals;
(b) bicycles (except when checked with a Common Carrier);
(c) motor vehicles, aircraft, and other conveyances;
(d) artificial limbs, false teeth, any type of eyeglasses, sunglasses, contact lenses, or hearing aids;
(e) tickets, keys, money, notes, securities, accounts, bills, currency, deeds, food stamps or other evidences of debt, credit cards, and other travel documents (except passports and visas);
(f) money, stamps, stocks and bonds, postal or money orders;
(g) property shipped as freight, or shipped prior to the Contracted Departure Date; or
(h) contraband.

Special Limitations: The Insurer will not pay more than $500 for the first item and thereafter, no more than $250 per item up to the limit of coverage as defined on the Schedule of Benefits. The Insurer will not pay more than $500 aggregate on all losses to jewelry, watches, cameras and camera equipment, binoculars, sporting equipment, computers, and other electronic devices. Items over $150 must be accompanied by original receipts. If receipts are not provided, benefits will be reduced.

Additional Exclusions: In addition to the General Exclusions, the Insurer will not pay for damage or loss due to: (a) defective materials or craftsmanship; (b) normal wear and tear; (c) deterioration; or (d) rodents, animals, or insects.

Payment of Loss: The Insured Must: (a) report theft losses to police or other local authorities as soon as possible; (b) take reasonable steps to protect his/her Baggage from further damage and make necessary and reasonable temporary repairs. The Insurer will reimburse the Insured for those expenses. The Insurer will not pay for further damage if the Insured failed to protect his/her Baggage;
(c) allow the Insurer to examine the damaged Baggage; and/or
(d) the Insured may require the damaged item to be sent in the event of payment; and
(e) send sworn proof of loss as soon as possible from date of loss, proving amount of loss, date, time, and cause of loss, and a complete list of damaged items; or (f) is the event of theft or unauthorized use of the Insured’s credit cards, the Insured must notify the credit card company immediately to reduce his/her loss. Any items $150 or more must be accompanied by the original receipt.
Benefits for Baggage and Personal Effects will be the excess of any amount paid or payable by a common carrier or other third party responsible for the loss.

**BAGGAGE DELAY**

The Insurer will reimburse up to the Maximum Limit shown on the Schedule of Benefits for the cost of necessary personal effects purchased by the Insured during the Trip, if the insured's Baggage is delayed for 24 hours or more. Incurable medical expenses must be accompanied by receipts. This benefit does not apply if Baggage is delayed after the Insured reaches his/her Return Destination.

**Payment of Loss:** The insured must provide documentation of the delay or misdirection of Baggage by the Common Carrier and receipts for the emergency purchases.

**MEDICAL EXPENSE BENEFIT**

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits. The Insurer will pay for reasonable medical expenses incurred by the Insured within one year from the date of Injury or Sickness provided initial treatment was received during the Trip. The injury must occur or Sickness must begin while the Insured is covered by the policy.

**Covered Expenses:** The Insurer will cover any emergency medical treatment only during a Trip. Dental coverage does not apply if treatment or expenses are incurred after the Insured has returned to his/her Return Destination, regardless of the reason. The treatment must be given by a Physician or dentist. The Insurer will pay for professional nursing, hospital charges, X-ray, and ambulance services and prosthetic devices. Physical therapy will be covered up to 90 days after the Insured reaches his/her Return Destination.

**Additional Expenses:** In addition to the General Exclusions, coverage is not provided for: (a) routine physical examinations, (b) dental exams, (c) replacement of hearing aids, eye glasses, contact lenses, sunglasses, and artificial teeth; (d) routine dental care, (e) any service provided by the Insured, an Immediate Family Member, or the Insurer's Travel Companion.

**Payment of Loss:** The Insured must provide the Insurer with: (a) all medical bills and reports for medical expenses claimed, and (b) a signed patient authorization to release medical information to the Insurer.

**EMERGENCY MEDICAL TRANSPORTATION**

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits. Travel Guard Assist will arrange for emergency medical transportation services required by the Insured as the result of any Injury or Sickness during a Trip.

**Covered Expenses:** The Insurer will pay: (a) reasonable charges for transportation in the form of ground transportation, and (b) up to $5,000 for reasonable and necessary charges for escort services required by the Insured, if the Insured is disabled during a Trip and an escort is recommended, in writing, by a Physician, (c) reasonable and necessary charges for escort services for transportation of the Insured's relatives to his/her place of residence if he/she dies during a Trip. Service must be provided by a provider designated by Travel Guard Assist. Timely notification by the Insured to the Insurer's designated provider is required, with regard to emergent medical evacuation.

**Additional Benefits:** In addition to the above covered expenses, if the Insured has previously entered into and paid for a medical facility, the Insurer will pay his/her airfare costs from that facility to the Insurer's Return Destination, within one year from the Insurer's Original Return Date, less refunds from the Insurer's unused transportation tickets. Airfare costs will be paid only if the Insurer's original tickets are first class. This benefit is available only if it is not provided under another coverage in the policy.

**The Insured Must:** Contact TRAVEL GUARD *(1.800.826.1300 or 1.715.345.0505)* prior to arranging emergency medical transportation. Failure to do so may affect coverage.

**PAYMENT OF CLAIMS**

**Claim Procedures:** Notice of Claim: The Insurer must mail Travel Guard as soon as reasonably possible, and be prepared with what coverage the loss was under (i.e., Medical Expenses), the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates, and the amount that the Insured paid. Travel Guard will fill in the claim form and forward it to the Insured for his/her review and signature.

The completed form should be returned to Travel Guard Group, Inc., 1145 Clark Street, Stevens Point, Wisconsin 54481 *(telephone 1.715.345.0505 or 1.800.826.1300)*. All California claims will be administered by Mercury Claims Administrator Services, LLC.

**Claim Procedures: Proof of Loss:** The claim forms must be sent back to the Insurer no more than 90 days after a covered loss occurred. All claims under the policy must be submitted to Travel Guard no later than one year after the date of the loss or occurrence or as soon as reasonably possible. All claims under the policy must be submitted to Travel Guard no later than one year after the date of the loss or occurrence or as soon as reasonably possible. All claims under the policy must be submitted to Travel Guard no later than one year after the date of the loss or occurrence or as soon as reasonably possible. All claims under the policy must be submitted to Travel Guard no later than one year after the date of the loss or occurrence or as soon as reasonably possible.

**Payment of Premium:** Claims will be paid as soon as Travel Guard receives complete proof of loss and verification of age.

**Payment of Claims:** To Whom Paid: The Insurer will pay claims on account of an Insured's death or if the Insured becomes a beneficiary of the policy.

**(1)** To his/her spouse, if living.

**(2)** If there are none, to his/her children.

**(3)** If there are none, in equal shares to his/her parents.

**(4)** If there are none, in equal shares to his/her brothers and sisters.

**(5)** If there are none, to his/her estate.

All other benefits will be paid to the Insured. However, if he/she has assigned his/her benefits, Insurer will honor the assignment, if Insurer has a signed copy of the assignment. A payment made pursuant to such an assignment shall discharge Insurer from further liability under the policy. Under no circumstances shall Insurer be responsible for the validity or sufficiency of any such assignment.

**GENERAL PROVISIONS**

**Acts of Agents:** No act or any person or entity has authority to accept service of the required proof of loss or demand arbitration on the Insurer's behalf nor to alter, modify, or waive any of the provisions of the policy.

**Aviation:** The Insurer at its own expense, may require an aviation when necessary.

**Concealment or Fraud:** The Insurer does not provide coverage for the Insured if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the policy or claim.

**Insurer's Insurable Rights:** In the event of a payment under the policy, the Insurer is entitled to all rights of recovery for the Insured, or the person to whom payment was made, against another.

The Insurer must sign and deliver to the Insurer any papers relating to that recovery, for which recovery is necessary to help the Insurer exercise those rights, and do nothing after the loss to harm the Insurer's rights. When an Insured has been paid benefits under the policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the Insurer by the Insured and reimbursed to the Insurer in the amount of the Insurer's payment. This provision does not apply in North Carolina.

**Legal Actions:** No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 3 years (or the minimum period of time permitted by state law, if greater) after the date claim becomes due.

**Payment of Premium:** Coverage is not effective unless all premium due has been paid to Travel Guard prior to a date of loss or insured occurring.

**Termination of the Policy:** Termination of the policy will not affect a claim for loss which occurs while the policy is in force.

**Transfer of Coverage:** Coverage under the policy cannot be transferred by the Insurer to anyone else.

**Notice to California residents:** The plan contains disability insurance benefits or health insurance benefits, or both, that only apply during your covered Trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

**Notice to Florida residents:** The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.

Notice: Your homeowners policy, if any, may provide coverage for loss of personal effects provided by any Baggage/Personal Effects coverage provided by this policy. This insurance is not required in connection with the Insurer's purchase of travel tickets.

The definition of "Hospital" applicable to residents of Florida is as follows: Hospital means a facility that: (1) is operated according to law for the care and treatment of injured persons; (2) has qualified facilities for diagnosing and surgically or in facilities available to it on a prearranged basis or it is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities. (3) has 24 hour nursing service by registered nurses.