

Cruise Protection Plan



Standard Plan

**For Coverage Questions or
Customer Service, Call:**

1-800-888-7292

PLEASE NOTE: This Cruise Protection Plan contains a Pre-Existing Conditions Exclusion. Please read the Definitions and Exclusions Sections of Your Description of Coverage carefully.



SCHEDULE OF BENEFITS

| Benefit | Maximum Benefit Amount |
|--|------------------------|
| Trip Cancellation | Up to Cruise Cost |
| Trip Interruption | Up to Cruise Cost |
| One Call 24-Hour Assistance Services | Included |

Plan # N701S

CERTIFICATE OF INSURANCE

Nationwide Mutual Insurance Company
One Nationwide Plaza
MR-05-10
Columbus OH 43215

This Certificate of Insurance describes all of the travel insurance benefits, underwritten by Nationwide Mutual Insurance Company and herein referred to as the Company, and assistance services provided by One Call Worldwide Travel Services Network, Inc. The insurance benefits and assistance services vary from program to program.

This Certificate of Insurance is issued in consideration of the payment of any premium due.

NO DIVIDENDS WILL BE PAYABLE UNDER THE GROUP POLICY.

The President and Secretary of Nationwide Mutual Insurance Company witness the Group Policy.



Secretary



President

BENEFITS

Trip Cancellation & Trip Interruption

The Company will pay a benefit, up to the maximum shown on the Schedule of Benefits, if You are prevented from taking or unable to continue Your Covered Trip for any of the following reasons that take place after the Effective Date:

- Sickness, Accidental Injury or death of You, Traveling Companion, or Family Member; which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Covered Trip. A Physician must advise cancellation of the Covered Trip on or before the Scheduled Departure Date.
- You or a Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, the victim of felonious assault within ten (10) days of departure; or having Your principal place of residence made uninhabitable by fire, flood or other natural disaster; or burglary of Your principal place of residence within ten (10) days of departure.
- You or a Traveling Companion being directly involved in a traffic accident substantiated by a police report, while en route to departure.
- A transfer of You by the employer with whom You are employed on the Effective Date that requires Your principal residence to be relocated.
- The death or hospitalization of Your Host at Destination.
- Strike that causes complete cessation of services for at least twenty-four (24) consecutive hours.
- You are terminated, or laid off from employment subject to three (3) years of continuous employment at the place of employment where terminated.
- Bankruptcy and/or Default of Your Travel Supplier which occurs more than fourteen (14) days following Your Effective Date. Coverage is not provided for the Bankruptcy or Default of the agency from whom You purchased the Land/Sea Arrangements. Your Scheduled Departure Date must be no more than twenty-four (24) months beyond 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.
- Weather that causes complete cessation of services of Your Common Carrier for at least twenty-four (24) consecutive hours.
- A cancellation of Your Covered Trip if Your arrival on the Covered Trip is delayed and causes You to lose 50% or more of the scheduled Covered Trip duration due to a defined Hazard (Trip Cancellation Only).

- (k) A Terrorist Incident that occurs in a city listed on Your Covered Trip itinerary and within thirty (30) days prior to Your Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the ninety (90) days prior to the Terrorist Incident that is causing the cancellation of Your Covered Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary. Your Scheduled Departure Date must be no more than twenty-four (24) months beyond Your Effective Date. This benefit only applies if the plan has been purchased within fourteen (14) days of Your initial payment for the Covered Trip and for the full cost of the Covered Trip.
- (l) Your Traveling Companion or Family Member, who are military personnel, and are called to emergency duty for a natural disaster other than war.
- (m) Natural disaster at the site of Your destination that renders the destination accommodations uninhabitable.
- (n) Your or Your Traveling Companion's company being made unsuitable for business by fire, flood, burglary, vandalism or other natural disaster and You or Your Traveling Companion is responsible for policy and decision making with the company and directly involved as a member of the disaster recovery team.
- (o) You or Your Traveling Companion have a previously approved military leave revoked or experience a military re-assignment.

Trip Cancellation

The Company will reimburse You for the following:

the amount of prepaid, forfeited, non-refundable Payments or Deposits that You paid for Your Covered Trip.

In no event shall the amount reimbursed exceed the amount You prepaid for the Covered Trip up to the maximum benefit shown on the Schedule of Benefits.

Special Conditions: You must advise the Travel Supplier and the Company as soon as possible in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had You notified the Travel Supplier as soon as reasonably possible.

Trip Interruption

The Company will pay for the following:

- (a) Unused, non-refundable land or sea expenses prepaid to Travel Suppliers;
- (b) The airfare paid less the value of applied credit from an unused travel ticket to return home, join or rejoin the original Land/Sea Arrangements limited to the cost of one-way economy airfare or similar quality as the originally issued ticket by scheduled carrier.

The Company will pay for reasonable additional accommodation and transportation expenses incurred by You (up to \$100 a day) if a Traveling Companion must remain hospitalized, or if You must extend the Covered Trip with additional hotel nights due to a Physician certifying that You cannot fly home due to an Accident or a Sickness but does not require hospitalization.

In no event shall the amount reimbursed exceed the maximum benefit shown on the Schedule of Benefits.

Single Occupancy Coverage

The Company will reimburse You, up to the maximum shown on the Schedule of Benefits for Trip Cancellation, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a person booked to share accommodations with You has his/her Covered Trip delayed, canceled, or interrupted for a covered reason and You do not cancel.

GENERAL DEFINITIONS

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

Accidental Injury: means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the Loss.

Bankruptcy: means the filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 L.S.C. Subsection 101 et seq.

Bodily Injury: means identifiable physical injury which is caused by an Accident and is independent of disease or bodily infirmity.

Business Partner: means an individual who: (a) is involved in a legal partnership; and/or (b) is actively involved in the day-to-day management of the business.

Common Carrier: means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

Company: means Nationwide Mutual Insurance Company.

Covered Trip: means any class of scheduled trips, tours or cruises for which You request coverage and remit the required premium.

Cruise: means any prepaid sea arrangements made.

Default: means a material failure or inability to provide contracted services due to Financial Insolvency.

Domestic Partner: means a person with whom You reside and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

Economy Fare: means the lowest published rate for an economy ticket.

Effective Date: means 12:01 AM local time, at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

Family Member: means Your or Your Traveling Companion's legal or common law spouse, ex-spouse, Domestic Partner, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, or Business Partner.

Financial Insolvency: means the total cessation of operations due to insolvency, with or without the filing of a Bankruptcy petition by a tour operator, cruise line, or airline provided the Financial Insolvency occurs more than 14 days following the Effective Date. There is no coverage for the Financial Insolvency of any person, organization, agency or firm from whom You purchased Travel Arrangements supplied by others.

Hospital: means a facility that (a) holds a valid license if it is required by the law; (b) operates primarily for the care and treatment of sick or injured persons as in-patients; (c) has a staff of one or more Physicians available at all times; (d) provides twenty-four (24)-hour nursing service and has at least one registered professional nurse on duty or call; (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

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 severe weather condition that delays the scheduled arrival or departure of a Common Carrier.

Individual Coverage Term: means the period of time beginning when You have been enrolled for coverage under the Policy and for which the required premium has been paid.

Insured: means the person who has enrolled for and paid for coverage under the Policy.

Land/Sea Arrangements: means any activities undertaken by You while on a Covered Trip.

Loss: means injury or damage sustained by You in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

Maximum Benefit: means the largest total amount of Covered Expenses that the Company will pay for Your covered Losses.

Participating Organization: means a travel agency, tour operator, cruise line, airline or other organization that applies for the Group Policy and remits the required premium to the Company.

Payments or Deposits: means the cash, check, or credit card amounts actually paid for Your Covered Trip. Payments made in the form of a certificate, voucher or discount are not Payments or Deposits as defined herein.

Physician: means a licensed practitioner (including a Christian Science Practitioner) of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion or a Family Member.

Pre-Existing Condition: means an illness, disease, or other condition during the 60 day period immediately prior to the Effective Date for which You, Your Traveling Companion or Family Member booked to travel with You: 1) exhibited symptoms which would have caused one to seek care or treatment; or 2) received or received a recommendation for a test, examination, or medical treatment or 3) took or received a prescribed for drugs or medicine. Item (3) 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 day period before the Effective Date.

Reasonable and Customary: charges mean charges commonly used by Physicians in the locality in which care is furnished.

Scheduled Departure Date: means the date on which You are originally scheduled to leave on the Covered Trip.

Scheduled Return Date: means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

Sickness: means an illness or disease of the body which: 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. An illness or disease of the body which begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by the policy unless it suddenly worsens or becomes acute after the Effective Date.

Strike: means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

Terrorist Incident: means an incident deemed a terrorist act by the United States Government that causes property damage or Loss of life.

Travel Arrangements: means (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the Covered Trip.

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

Travel Supplier: means tour operator, cruise line, hotel, airline, etc., that has made the land and/or sea arrangements.

You or Your: refers to the Insured.

LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Trip Cancellation & Trip Interruption:

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section;
2. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only) unless results in the death of a non-traveling immediate Family Member;
3. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
4. Participation in any military maneuver or training exercise;
5. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
6. Mental or emotional disorders, unless hospitalized;
7. Participation as a professional in athletics;
8. Participation in underwater activities (does not include recreational swimming);
9. Being under the influence of drugs or intoxicants, unless prescribed by a Physician or unless results in the death of a non-traveling immediate Family Member;
10. Commission or the attempt to commit a criminal act;
11. Participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest (speed contest shall not include any of the regatta races); scuba diving if the depth exceeds 50 feet (unless accompanied by a dive master and unless You are certified to dive); spelunking or caving; heliskiing or extreme skiing. Bodily contact sports means any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate;
12. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses;
13. Pregnancy and childbirth (except for complications of pregnancy) except if hospitalized;
14. Traveling for the purpose of securing medical treatment;
15. Services not shown as covered;
16. Directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
17. Care or treatment that is not medically necessary;

18. Injury or Sickness when traveling against the advice of a Physician;

19. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.

CLAIMS PROCEDURES

To facilitate prompt claims settlement:

Trip Cancellation / Interruption Claims

Immediately Call Your Travel Supplier and the Claims Administrator to report Your cancellation and avoid non-covered expenses due to late reporting. The Claims Administrator will then advise You on how to obtain the appropriate forms to be completed by You and the attending Physician. Provide all unused transportation tickets, official receipts, etc. If appropriate, obtain medical statements from the doctors in attendance in the country where Sickness or Accident occurred. These statements should give complete diagnosis, stating that the Sickness or Accident prevented traveling on the dates contracted.

WHERE TO PRESENT A CLAIM

Present all claims to the Program Administrator:

Trip Mate, Inc.*

9225 Ward Parkway, Suite 200

Kansas City, Missouri 64114

Tel: 1-800-888-7292

Plan Number: N701S

Claims may also be reported/completed online at:

www.tripmate.com

*In CA, dba Trip Mate Insurance Agency

ACCESS YOUR MEDICAL RECORDS ONLINE

With our exclusive **Free Global Xpi Service**, you can assure that your important medical records are available to you or any Physician chosen by you, at any time, anywhere in the world, quickly, wherever there is internet access available.

Register at www.globalxpi.com or call, toll free:

1-800-379-9887 Use Program Code N701S

These Services are Provided by: Global Xpi, Inc.

GENERAL PROVISIONS

The following provisions apply to all coverages:

When Your Coverage Begins

Provided: (a) coverage has been elected; and (b) the required premium has been paid, all coverage (except Trip Cancellation) will begin on the Scheduled Departure Date when You depart for the first Travel Arrangement (or alternate Travel Arrangement if You must use an alternate Travel Arrangement to reach Your Covered Trip destination) for Your Covered Trip. Trip Cancellation coverage will begin on Your Effective Date. If coverage is purchased on the Scheduled Departure Date, such coverage will take effect at 12:01 A.M. local time at Your location on the day after the Scheduled Departure Date.

When Your Coverage Ends

Your coverage will end at 11:59 P.M. local time on the date that is the earliest of the following:

- (a) the Scheduled Return Date of Your Covered Trip;
- (b) the date You return to Your origination point if prior to the Scheduled Return Date;
- (c) the date You leave or change Your Covered Trip (unless due to unforeseen and unavoidable circumstances covered by the Policy);
- (d) if You extend the return date, Your coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date;
- (e) the date You cancel the Covered Trip.

Extended Coverage

Coverage will be extended under the following conditions:

- (a) if You are a passenger on a scheduled Common Carrier that is unavoidably delayed in reaching the final destination coverage will be extended for the period of time needed to arrive at the final destination;
- (b) if You are unavoidably delayed in traveling on the Scheduled Return Date due to a reason covered under this policy, benefits will be extended for the period of time needed to arrive at the point of origin or to a different final destination;
- (c) if: (a) Your entire Covered Trip is covered by the policy; and (b) Your return is delayed by an event specified under Trip Cancellation and Interruption or Trip Delay. This extension of coverage will end on the earlier of: (a) the date You reach Your return destination; or (b) ten (10) days after the date the Covered Trip was scheduled to be completed.

In no event will coverage be extended for unscheduled extensions to Your Covered Trip for which premium has not been paid in advance.

Arbitration

Notwithstanding anything in this Policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with the Uniform Arbitration Act (710 ILCS 5/1 et seq.) except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Such arbitration will be voluntary, will be by mutual consent by all parties, and may be binding upon all parties or non-binding on the Insured. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

Legal Actions

No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than two (2) years after the time required for giving proof of Loss.

Controlling Law

Any part of the Policy that conflicts with the state law where the Policy is issued is changed to meet the minimum requirements of that law.

Subrogation

To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

Payment of Claims

The Company, or its designated representative, will pay a claim after receipt of acceptable proof of Loss. Benefits for Loss of life are payable to Your 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 claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by the Policy may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

Notice of Claim

Written notice of claim must be given by the Claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins, or as soon as reasonably possible. Notice should include Your name and be sent to the Company's administrative office at: 9225 Ward Parkway, Suite 200, Kansas City, Missouri 64114



One Call

Worldwide Travel Services Network

Medical Assistance - Our multi-lingual professionals are available 24 hours a day to provide help, advice and referrals for medical emergencies. We will help You locate local physicians, dentists, or medical facilities.

Medical Consultation and Monitoring - If you are hospitalized, we will contact you and your treating physician to monitor your condition to assure you are receiving appropriate care and assess the need for further assistance. We will also contact your personal physician and family at home when necessary or requested to keep them informed of your situation.

Medical Evacuation - When medically necessary, we will arrange and pay for appropriate transportation, including an escort, if required, to a suitable hospital, treatment facility or home. Payment for Medical Evacuation is available only for covered claims and up to the amount of coverage provided in the policy. All medical transportation services must be authorized and arranged by One Call. In the event of an unauthorized Medical Evacuation, reimbursement may be limited or coverage may be invalidated.

Emergency Medical Payments - We will assist you in the advancement of funds or guarantee payments (up to the policy limits) to a hospital or other medical provider, if required, to secure your admission, treatment or discharge.

Prescription Assistance - We will assist you with replacing medications that are lost, stolen or spoiled during your Trip, either locally or by special courier.

Repatriation of Remains - In the event of death while on a Trip, we will arrange for the preparation and transportation required to return your remains to your Home.

24 Hour Legal Assistance - If while on your Trip you encounter legal problems, we will help you find a local legal advisor. If you are required to post bail or provide immediate payment of legal fees, we will assist you in arranging a funds transfer from family or friends.

Nurse Helpline - Registered nurses are available 24-Hours a day before and during your Trip to provide general health information, clinical assessment, and health counseling to give you assistance in making appropriate healthcare decisions.

While we strive to provide help and advice for problems encountered by travelers wherever or whenever they occur, situations may arise beyond our control when immediate resolution is not possible. We will make every reasonable effort to refer You to appropriate medical and legal providers, but neither the Insurer nor One Call Worldwide Travel Services Network, Inc. may be held responsible for the availability, quality or results of any medical treatment or Your failure to obtain medical treatment.

One Call Travel Solutions

24-Hour Worldwide Travel Services

Message Services - We will transmit emergency messages to family, friends or business associates and let you know that the message has been received.

Language Interpretation Services - We provide interpretation services in major languages and will refer you to appropriate local services, if needed.

Emergency Cash Transfer - We will help arrange an emergency cash transfer (wire transfer, travelers checks, etc.) of your funds from home or from friends or family in medical or travel emergency situations where additional funds are required.

Pre-Trip Travel Services - We provide 24-Hour information, help and advice for your planned Trip such as: passport and visa information, requirements and replacement; travel health information or advisories; vaccine recommendations and requirements; government agency contact information (i.e. embassies, consulates, and other departments or agencies); weather and currency information.

Travel Document and Ticket Replacement - When important travel documents (such as passports and visas) are lost or stolen, we will help you to secure replacements. We will also help you when airline or other travel tickets are lost or stolen. We will assist you with reporting your loss, reissuing tickets and obtaining the money required for this purpose (you are responsible for providing the funds).

One Call Concierge Services

- Restaurant, shopping, hotel recommendations/reservations
- Local transport (rental car/limousine, etc.) information and reservations
- Sporting, theatre, night life and event information (sports scores, stock quotes, gift suggestions, etc.), recommendations and ticketing
- Golf course information, referrals, recommendations and tee times
- Tracking and assisting with the return of lost or delayed baggage

Business Services

- emergency correspondence and business communication assistance
- assistance with locating available business services such as: express/overnight delivery sites, internet cafes, print/copy services
- assistance with or arrangements for telephone and web conferencing
- emergency messaging to customers, associates, and others (phone, fax, e-mail, text, etc.)
- real time weather, travel delay and flight status information
- worldwide business directory service for equipment repair/ replacement, warranty service, etc.
- emergency travel arrangements

CONTACTING ONE CALL'S 24-HOUR SERVICE CENTER

When outside the USA or Canada, call us collect through a local operator (you will first have to enter the International Access Code of the country you are calling from). Within the USA or Canada, use the toll free number.

Within U.S.A. & Canada Outside U.S.A. & Canada
1-800-555-9095 1-603-894-4710

YOUR PLAN NUMBER: N701S

The 24-Hour Assistance Services are provided by:
One Call Worldwide Travel Services Network, Inc.

State Exceptions to the Certificate of Insurance or Policy

Benefits vary from program to program and some of the State Exceptions may reference benefits not included in Your specific Certificate of Insurance or Policy, in which case, these provisions are not applicable to Your Certificate of Insurance or Policy.

CONNECTICUT:

Form SRTC 2200-1 CT

If you reside in the state of CONNECTICUT:

With regard to the Emergency Accident and Sickness Medical Expense Benefits, Emergency Evacuation and Repatriation of Remains Benefits, and the Accidental Death and Dismemberment Benefits ONLY, the certificate to which this rider is attached is amended as follows:

1. In the **GENERAL DEFINITIONS** section: The definition of "Pre-existing Condition" is amended to read: "**Pre-Existing Condition** means any injury, sickness or condition of You, or Your Traveling Companion for which any medical advice, diagnosis, care or treatment was recommended or received, within the sixty (60) day period prior to the effective date of Trip Cancellation coverage under the Policy. Routine follow-up care to determine whether a breast cancer has reoccurred in a person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment for purposes of this section unless evidence of breast cancer is found during or as a result of such follow-up. Genetic information shall not be treated as a condition in the absence of a diagnosis of the condition related to such information. Pregnancy shall not be considered a preexisting condition with regard to the accident and sickness medical expense benefits only."

Form SRTC 2700-3 CT

2. In the **EMERGENCY ACCIDENT MEDICAL EXPENSE BENEFIT**, the Emergency Sickness Medical Expense Benefit, and the Emergency Evacuation and Repatriation of Remains Benefits are amended by the deletion of provision entitled "Excess Insurance Limitation" in their entirety.

3. In the **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**, the following is eliminated: "The maximum benefits for any one single accident is limited to \$15,000,000 for all persons insured under the Policy."

4. The following is added to the **BENEFITS** section: Coverage for treatment of Lyme disease will include at least thirty (30) days of intravenous antibiotic therapy, sixty (60) days of oral antibiotic therapy, or both and shall provide further treatment if recommended by a board certified rheumatologist, infectious disease specialist or neurologist licensed in accordance with Connecticut requirements or licensed in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of the State of Connecticut.

5. In the **GENERAL PROVISIONS** section:

- a. The provision entitled Arbitration is amended to read: **ARBITRATION** - Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Such arbitration will be by mutual consent by all parties and is nonbinding. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.
- b. the provision entitled **SUBROGATION** is amended by the addition of the following sentence: **Subrogation** will take place only as provided by law.

6. In the **EXCLUSIONS** Section, exclusion 9 related to drugs and intoxicants as it applies to the accidental death benefit under the Accidental Dismemberment Benefit is amended to read: No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by Your physician. Exclusion 10 is amended to read: 10. commission or the attempt to commit a felony.

Exclusion 13 is amended to read: 13. any nonemergency treatment or surgery, routine physical examinations, hearing aids (except to the extent otherwise specifically covered under the certificate), eye glasses or contact lenses.

The following exclusions are deleted in their entirety: Exclusion 6 related to mental or emotional disorders; Exclusions 17 that states: "directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination."

7. The following is added to the **GENERAL PROVISIONS** Section: "THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS FOR EACH COVERAGE PROVIDED ARE OUTLINED IN THE SCHEDULE OF BENEFITS."

FLORIDA

Form SRTC-2200 FL

If you reside in the state of FLORIDA:

1. This Policy is an individual Policy underwritten by Allied Property Casualty Insurance Company.

2. The section noted as ARBITRATION is amended to read as: **ARBITRATION** - Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. Any arbitration will be by mutual agreement by all parties. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

GEORGIA

Form SRTC 2200 (GA)

If you reside in the state of GEORGIA:

1. The second paragraph on page 4 is amended to read: This Policy is issued in consideration of the enrollment form and payment of any premium due. All statements in the enrollment forms are representations and not warranties. Only statements contained in a written enrollment form will be used to cancel insurance, reduce benefits or defend a claim. The entire coverage will be cancelled, if before, during or after a Loss, any material fact or circumstance relating to this insurance has been concealed or materially misrepresented.

HAWAII

Form SRTC-2200-HI

If you reside in the state of HAWAII:

1. In the section entitled General Provisions, the provision entitled "Arbitration" is deleted in its entirety.

2. In the section entitled LIMITATION AND EXCLUSIONS, the exclusions related to the actual, alleged, or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination or Loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion, or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto, are hereby deleted from the certificate.

IDAHO

Form SRTC-2200-ID

If you reside in the state of IDAHO:

The definition of **Hospital** is amended to read:

Hospital means a provider that is a short-term, acute, general hospital that: (1) is a duly licensed institution; (2) in return for compensation from its patients, is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick person by or under supervision of Physicians; (3) has organized departments of medicine and major surgery; (4) provides 24-hour nursing service by or under the supervision of registered graduate nurses; and (5) is not other than incidentally: (a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, or place for the aged; (b) a place for the treatment of mental illness; (c) a place for the treatment of alcoholism or drug abuse, place for the provision of hospice care; or (d) a place for the treatment of pulmonary tuberculosis.

KANSAS

Form SRTC-2200-KS

If you reside in the state of KANSAS:

1. Please note that: **THIS IS A LIMITED POLICY - READ IT CAREFULLY**

2. The provision entitled "Subrogation" does not apply to medical or dental expense benefits payable under the Policy.

3. The provision entitled "Legal Actions" is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than five (5) years after the time required for giving proof of Loss.

4. The "Payment of Claims" provision is amended to state: The Company or its designated representative will pay the claim immediately after receipt of due and acceptable proof of Loss.

5. The provision entitled "Arbitration" is amended to read: After a dispute has arisen, an appraisal or arbitration may take place if You and the Company fail to agree on the amount of the Loss. However, an appraisal or arbitration will take place only if both You and the Company agree, voluntarily, to have the Loss appraised or arbitrated.

LOUISIANA

Form SRTC-2000 (LA) 07/04

If you reside in the state of LOUISIANA:

1. This Policy is an Individual Policy underwritten by National Casualty Company.

2. **INSURANCE WITH OTHER INSURERS:** If there be other valid coverage, not with this Company, providing benefits for the same Loss on a provision of service basis or on an expense incurred basis and of which this Company has not been given written notice prior to the occurrence or commencement of Loss, the only liability under any expense incurred coverage of this Policy shall be for such proportion of the Loss as the amount which would otherwise have been payable hereunder plus the total of the like amounts under all such other valid coverages for the same Loss of which this insurer had notice bears to the total like amounts under all valid coverages for such Loss, and for the return of such portion of the premiums paid as shall exceed the pro-rata portion for the amount so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the "like amount" of such other coverage shall be taken, as the amount which the services rendered would have cost in the absence of such coverage.

3. In the **GENERAL DEFINITIONS** section:

- a. The following is amended to read as follows: "**Bodily Injury** means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of Your death or dismemberment within twelve months from the date of the Accident."

4. In the **GENERAL PROVISIONS** section:

- a. The **VALUATION** section is amended to read as follows: "The Company will not pay more than the Actual Cash Value of the property at the time of Loss. Damage will be estimated according to Actual Cash Value as determined by the Company. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality."
- b. The **DISAGREEMENT OVER SIZE OF LOSS** shall read as follows: "If there is a disagreement about the amount of the Loss either You or the Company can make a written demand for an appraisal. After the demand, You and the Company will each select Your Loss. If they do not agree, they will select an arbitrator. The appraisal will set the amount of the Loss. The appraiser selected by You is paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process."

5. The start of the **ACCIDENTAL DEATH AND DISMEMBERMENT** section shall read as follows: "The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a Loss shown in the Table below. The Loss must occur within 181 days after the date of the Accident causing the Loss. The Principal Sum is shown on the Confirmation of Coverage. 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."

6. In **EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE:**

- a. Section (b) had been amended to read: "(b) charges for Hospital confinement and use of operating rooms; Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a hospital room for recovery from an Accidental Injury or Sickness."
- b. The following is added: "(f) emergency dental treatment for the relief of pain."

7. In the **BAGGAGE/PERSONAL EFFECTS** section, under the "Company will pay the lesser of the following," point (a) is amended to read: "(a) Actual Cash Value at time of Loss, theft or damage to baggage and personal effects, as determined by the Company."

8. In the **COLLISION DAMAGE WAIVER** section, point (b) is amended to read: "(b) the purchase price less depreciation."

9. Under **LIMITATIONS AND EXCLUSIONS:**

- a. Point 3 shall read: "3. war or act of war (whether declared or not)."
- b. The following is added: "21. This Policy does not insure against Loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto."
- c. In the "Any Loss caused by or resulting from the following is excluded" section the following is added: "Radioactive contamination."

MAINE

Form SRTC 2200-1 ME

If you reside in the state of MAINE:

The following warnings are added to the face of the certificate:

With regard to the accidental death and dismemberment benefits and the medical expense benefits: This certificate excludes the following hazardous activities: participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest (speed contest shall not include any of the regatta races), scuba diving, spelunking or caving, heliskiing, or extreme skiing.

With regard to the medical expense benefits: **THIS IS A LIMITED BENEFIT CERTIFICATE. THIS PROGRAM PROVIDES SHORT-TERM LIMITED MEDICAL EXPENSE BENEFITS AND IS NOT A COMPREHENSIVE HEALTHCARE PLAN. YOU SHOULD READ YOUR CERTIFICATE CAREFULLY.**

In the **GENERAL DEFINITIONS** section: The definition of accidental injury is amended to read:

Accidental Injury means Bodily Injury caused by an accident (of external origin) being the direct and independent cause in the loss. The definition of sickness is amended to read:

Sickness means illness or disease of an insured person and is subject to any pre-existing condition limitations.

The following exclusions apply to Accidental Death & Dismemberment, Emergency Sickness Medical Expense, and Emergency Accident Medical Expense:

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section (except Emergency Evacuation and Repatriation of Remains) unless the insurance is purchased within 30 days of the initial Trip deposit unless coverage was purchased at time of guaranteed payment; 2. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane unless results in the death of a non-traveling immediate Family Member. 3. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war; 4. Participation in any military maneuver or training exercise or any loss starting while the Insured is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the armed forces. Upon notice to the Company of entering the armed forces, the Company will return to the Insured prorata any premium paid, less any benefits paid, for any period during which the Insured is in such service; 5. Piloting or learning to pilot or acting as a member of the crew of any aircraft; 6. Mental or emotional disorders, unless hospitalized; 7. Participation as a professional in athletics or interscholastic sports; 8. Being under the influence of drugs or intoxicants, unless prescribed by a Physician or unless results in the death of a non-traveling immediate Family Member; 9. Commission or the attempt to commit felony or participating in a riot; 10. Dental treatment except as a result of an injury to sound natural teeth limited to \$750; 11. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses; 12. Participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest (speed contest shall not include any of the regatta races), scuba diving, spelunking or caving, heliskiing, or extreme skiing. 13. Pregnancy and childbirth (except for complications of pregnancy) except if hospitalized; 14. Traveling for the purpose of securing medical treatment; 15. Services not shown as covered; 16. Confinement or treatment in a government Hospital; however the United States government may recover or collect benefits under certain conditions; 17. Care or treatment that is not medically necessary; 18. Care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation; 19. Injury or Sickness when traveling against the advice of a Physician; 20. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.

MICHIGAN

Form SRTC 2700 MI

If you reside in the state of MICHIGAN:

1. The Legal Actions section under General Provisions in the Policy will read as follows: No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than two (2) years after the time required for giving proof of Loss unless otherwise required by law.

MINNESOTA

Form SRTC 2200 (MN)

If you reside in the state of MINNESOTA:

1. The definition of Pre-existing Condition is amended so that the phrase: "or exhibited symptoms which would have caused one to seek diagnosis, care or treatment" in item (a) does not apply to the section Emergency Accident & Sickness Medical Expense provided under this Plan.

2. In the section entitled "General Exclusions"

a. The following exclusion: "being under the influence of drugs or intoxicants unless prescribed by a licensed Physician" is amended for the following benefits only: Emergency Accident & Sickness Medical Expense and Accidental Death & Dismemberment (24 Hour) to read as follows: "substance abuse and related illnesses and intoxication (blood alcohol level over the legal limit) while operating a motorized vehicle." The exclusion remains as stated under General Exclusions for all other benefits.

b. The following exclusion: "participating in bodily contact sports;" includes the following: "Bodily contact sports means any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate".

3. In the General Provisions section, the provision entitled "Payment of Claims" is amended by the addition of the following sentence: The Company will pay the claim within 5 business days after agreement with You as to the amount of Loss.

4. In the General Provisions section, the provision entitled "Subrogation" is amended by the addition of the following sentence: The Company's rights do not apply against any person insured under this or any other Policy/coverage part the Company issues with respect to the same occurrence or Loss.

5. In the General Provisions section, the provision entitled "Notice of Claim" is amended to provide for oral notification of claims, Losses, or suits under the Policy.

MISSISSIPPI

Form SRTC-2200 MS

If you reside in the state of MISSISSIPPI:

1. A provision entitled **TIME OF PAYMENT OF CLAIM** is amended to read: Benefits payable for any Loss will be paid within 35 days after

receipt of due written proof of such Loss. Benefits due are overdue if not paid within 35 days after the Company or We receive proof of Loss and the necessary information to adjudicate the claim and the necessary medical information and other information essential for Us to administer any coordination of benefits and subrogation provisions. If such information is not supplied as to the entire claim, the amount supported by reasonable proof is overdue if not paid within 35 days after the Company receives such proof. Any part or all of the remainder of the claim that is later supported by such proof is overdue if not paid within 35 days after the Company receives such proof. To calculate the extent to which any benefits are overdue, payment shall be treated as made on the date a draft or other valid instrument was placed in the United States mail to the last know address of the claimant or beneficiary in a properly addressed, postpaid envelope, or if not so posted, on the date of delivery. If the claim is not denied for valid and proper reasons by the end of such period of 35 days, the Company must pay You interest on accrued benefits at the rate of one and one-half percent (1½%) per month on the amount of such claim until it is finally settled or adjudicated. In the event the Company fails to pay benefits when due, the person entitled to such benefits may bring action to recover such benefits, any interest that may accrue as provided above and any other damages as may be allowable by law.

2. The provision entitled **Physical Examination and Autopsy** is re-titled Physical Examination and amended to read: **Physical Examination:** The Company has the right to physically examine You as often as reasonably needed while a claim is pending. The Company will bear all costs for this.

3. The provision entitled Subrogation is amended to read: **SUBROGATION** - To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company. No subrogation will occur until You have been made whole for Your damages.

MISSOURI

Form SRTC-2200 MO

If you reside in the state of MISSOURI:

1. In the Definitions Section: The definition of **Accidental Injury** is amended to read: Accidental Injury means Bodily Injury caused by an Accident being the direct and independent cause in the Loss. The definition of Hospital is amended to read: **Hospital** means a facility that: (a) holds a valid license if it is required by the law; (b) operates primarily for the care and treatment of sick or injured persons as in-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 professional nurse on duty or call; (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

The definition of Pre-existing Condition is amended to read: **Pre-Existing Condition** means any injury, sickness or condition of You, or Your Traveling Companion for which within the sixty (60) day period prior to the Effective Date of Trip Cancellation coverage under the Policy such person received diagnosis or treatment for such injury, sickness or condition. **The Pre-Existing Conditions exclusion is waived for You if You enroll in the Policy at the time You pay the deposit required for Your Covered Trip (or within 30 days of the initial deposit) and You purchased the coverage under the Policy for the full cost of their Covered Trip.**

2. The Subrogation provision and the Arbitration provision are deleted in their entirety.

3. With regard to the medical expense and Accidental Death and Dismemberment Benefits, the Legal Actions provision is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of Loss. With regard to all other benefits, the Legal Actions provision is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than ten (10) years after the time required for giving proof of Loss.

4. The section entitled Limitations and Exclusions is amended as follows: The exclusions related to the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination or Loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto are amended so that they do not apply if considered a Terrorist Act.

5. With regard to medical expenses, the Payment of Claims provision is amended by the addition of the following provision: If You utilize a public hospital or clinic, and such hospital or clinic submits a claim for benefits, whether or not such person has made an assignment of benefits, the Company will pay the benefits provided by the Policy directly to the hospital or clinic. If, however, a claim for benefits provided by the Policy is paid and then such public hospital or clinic files a claim for benefits, the Company will not be liable for the duplicate payment of such benefits to such hospital or clinic.

6. With regard to Proofs of Loss for the medical expense and Accidental Death and Dismemberment benefits, the provision is amended to read: **PROOF OF LOSS:** Written proof of Loss must be furnished to the Company within 90 days after the date of such Loss. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish such 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 of the claimant, later than one year from the time proof is otherwise required.

With regard to all other benefits, the Proofs of Loss Provision is amended to read: **PROOF OF LOSS** - You must furnish the Company, or its designated representative, with proof of Loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative within ninety (90) days from the date the Company requests such proof of Loss. Failure to comply with these conditions shall invalidate any claims under the Policy. However, no claim will be denied based upon Your failure to provide notice within the specified time frame, unless this failure operates to prejudice the Company's rights, as per 20CSR100-1.020.

MONTANA

Form SRTC 2200-MT

If you reside in the state of MONTANA:

1. The definition of sickness is amended to read: **Sickness** means an illness or disease, including pregnancy, that is diagnosed or treated by a Physician after the Effective Date of insurance and while You are covered under the Policy.

2. The provision entitled Controlling Law is amended to read: Conformity with Montana statutes: The provisions of this certificate conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which You reside on or after the Effective Date of this certificate.

3. The exclusion related to pregnancy and childbirth is deleted in its entirety.

NEVADA

Form SRTC-2200-NV

If you reside in the state of NEVADA:

1. For Effective Dates of coverage and termination dates of coverage, the references to 12:01 A.M and 11:59 PM are amended to read "12:00 midnight."

2. The definition of Pre-existing Condition is amended to read: **Pre-Existing Condition** means any injury, sickness or condition of You, Your Traveling Companion, Your Family Member booked to travel with You, for which, within the 60 day period prior to the Effective Date of Trip Cancellation coverage under the Policy, medical advice, diagnosis, care or treatment was recommended or received. Such an Injury or Sickness will continue to be a Pre-Existing Condition until the expiration of 12 consecutive months, beginning with the Effective Date of coverage. The Pre- Existing Conditions exclusion is waived for You if You enroll in the Policy at the time You pay the deposit required for Your Covered Trip (or within 30 days of the initial deposit) and You purchase the coverage under the Plan for the full cost of Your Covered Trip.

NEW JERSEY

Form SRTC 2500 IL

If you reside in the state of NEW JERSEY:

1. This Policy is underwritten by Nationwide Life Insurance Company.

NEW MEXICO

Form SRTC-2200-NM

If you reside in the state of NEW MEXICO:

1. The definition of Physician is amended to read: **Physician** means a licensed practitioner of the healing arts acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion or a Family Member.

2. The provision entitled Arbitration is deleted in its entirety.

NORTH CAROLINA

Form SRTC-2200-NC

If you reside in the state of NORTH CAROLINA:

1. The provision entitled Arbitration is amended to read: **ARBITRATION** Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Arbitration will take place in the county and state where You reside, unless otherwise agreed to by You and the Company. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

2. In the Section entitled GENERAL PROVISIONS, the following apply to the Emergency Accident & Sickness Medical Expense Benefit, Flight Accidental Death and Dismemberment and Accidental Death & Dismemberment:

- a. "Legal Actions" is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of Loss.
- b. "Proof of Loss" is amended to read: **PROOF OF LOSS** - The Claimant must send the Company, or its designated representative, proof of Loss within 180 days after a covered Loss occurs or as soon as reasonably possible.
- c. The "Subrogation" provision does not apply to the above mentioned accident and sickness benefits.

3. In the Section entitled EXCLUSIONS, the following exclusions are deleted: 17. directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination.

NORTH DAKOTA

Form SRTC-2200-ND

If you reside in the state of NORTH DAKOTA:

1. Under the section entitled GENERAL PROVISIONS, Arbitration and Legal Actions are amended to read:

ARBITRATION - Notwithstanding anything in the Plan to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. Arbitration will be by mutual consent by all parties and the local courts must have jurisdiction. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Plan and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

LEGAL ACTIONS - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of Loss.

OHIO

Form SRTC-2200-OH

If you reside in the state of OHIO:

1. The following Notices are added:

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

COORDINATION OF BENEFITS

Notice: if you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Read all of the rules very carefully, including the coordination of benefits section, and compare them with the rules of any other plan that covers you or your family.

2. Item 2 under Part VII entitled "General Provisions Related to Insurance Benefits" is amended to read:

ARBITRATION - Notwithstanding anything in the Plan to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any Ohio court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. In addition, such arbitration must be by mutual consent by all parties. Each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Plan and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

3. The provision entitled "Legal Actions" is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of Loss.

4. If you have a complaint related to a claim, You should contact the Company or its Agent at 1-888-493-5378. If you disagree with the company's decision, you have the right to file a complaint with the Ohio Department of Insurance, Consumer Services Division, 2100 Stella Court, Columbus, Ohio 43215-1067, (614)-644-2673, toll free in Ohio 1-800-686-1526.

OKLAHOMA

Form SRTC 2200-OK

If you reside in the state of OKLAHOMA:

1. The following provision is added: **FRAUD STATEMENT: Warning:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for proceeds of an insurance Policy containing any false, incomplete or misleading information is guilty of felony.

2. In the section entitled "When Coverage Ends" the references to 11:59 PM are amended to read "12:01 A.M."

3. In the section entitled "Limitations and Exclusions", the following changes are being made:

- a. The exclusion related to war is amended to read: war or any act of war, whether war is declared or not while serving in military service or any auxiliary thereto.
- b. The exclusion related to directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination is deleted in its entirety.

c. The exclusion related to the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto is deleted in its entirety.

4. Under Trip Cancellation, Trip Interruption, Trip Delay, Emergency Evacuation, Repatriation of Remains, Baggage/Personal Effects, Baggage Delay, Collision Damage Waiver:

a. The provision entitled "Arbitration" is amended to read: **ARBITRATION** - Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Arbitration shall be by mutual agreement by all parties. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

b. The provision entitled "Legal Actions" is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until six months after the Company receives proof of loss. No legal action for a claim can be brought against the Company more than two (2) years after the time required for giving proof of loss.

c. The provision entitled Controlling Law is amended to read: **CONTROLLING LAW** - Any part of the certificate that conflicts with the state law of Oklahoma is changed to meet the minimum requirements of that law.

5. In the section entitled "Definitions":

a. The definition of **Family Member** is clarified to include adopted children from the moment of placement for adoption with You or a child from the date of placement for adoption with You.

b. **Pre-Existing Condition** means any injury, sickness or condition of You, an Insured's Traveling Companion for which within the sixty (60) day period prior to the Effective Date under the Policy (a) first manifested itself or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment or treatment was recommended by a Physician. The Pre-Existing Conditions exclusion is waived for You if You enroll in the Policy at the time You pay the deposit required for Your Covered Trip (or within 21 days of the initial deposit) and You purchase the coverage under the Policy for the full cost of Your Covered Trip.

6. Under Emergency Accident & Sickness Medical Expense, and Flight Accidental Death & Dismemberment:

- a. The provision entitled Legal Actions is amended to read: **LEGAL ACTIONS** – No action at law or in equity shall be brought to recover on this Policy prior to the expiration of (60) days after written proof of loss has been furnished. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.
- b. The provision entitled Controlling Law is amended to read: **CONTROLLING LAW** - Any part of the certificate that conflicts with the state law of Oklahoma is changed to meet the minimum requirements of that law. Where the Policy and certificate differ, the certificate will govern.
- c. The provision entitled Proof of Loss is amended to read: **PROOF OF LOSS** - The Claimant must send the Company, or its designated representative, proof of loss within ninety (90) days after a covered loss occurs. 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 given as soon as reasonably possible and in no event, except in the case of legal incapacity, later than one year from the time proof of loss is otherwise required.

7. With regard to the medical and dental expense benefits and the accidental death and dismemberment benefits, the provisions entitled "Arbitration" is deleted in its entirety.

OREGON

Form SRTC 2000 (OR) 04/05

If you reside in the state of OREGON:

1. Please note that: In Oregon this is an individual Policy.
2. The exclusion "being under the influence of drugs or intoxicants unless prescribed by a licensed Physician" is amended to read as follows: "being under the influence of drugs, unless such drug is prescribed by a Physician or while intoxicated according to the legal limits where the Loss takes place."

3. Under FLIGHT ACCIDENTAL DEATH AND DISMEMBERMENT: Benefits will be paid equal to the amount purchased for accidental death or dismemberment when the You sustain Injuries resulting in any of the following Losses within 181 days from the date of the Accident.

4. In the GENERAL DEFINITIONS section:

a. The following is amended to read as follows: "**Bodily Injury**" means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of Your death or dismemberment within twelve months from the date of the Accident."

b. The following definition is deleted in its entirety: "**Exotic Vehicles**"

5. In the **GENERAL PROVISIONS** section:

a. Section (e) of **WHEN YOUR COVERAGE ENDS** is amended to read as follows: "(e) the time this Policy terminates. If insurance was purchased prior to the date of termination, insurance will continue to the end of the Individual Coverage Term."

b. The **ARBITRATION** section has been amended to read as follows: "Notwithstanding anything in this Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. Binding arbitration must be by mutual agreement by all parties, must occur in Oregon and be handled according to Oregon Law. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble, or exemplary damages, however so denominated."

c. The **DISAGREEMENT OVER SIZE OF LOSS** section has been amended to read as follows: "If there is a disagreement about the amount of the Loss either You or the Company can make a written demand for an appraisal. Such appraisal must be my mutual agreement by all parties to be binding, must occur in Oregon and be handled according to Oregon law. After the demand, you and the Company will each select Your own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the Loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. They Company will pay the appraiser they choose. You will share equally with the Company the cost of the arbitrator and the appraisal process."

6. Under the **EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE** benefit:

a. Section (b) is amended to read as follows: "(b) charges for Hospital confinement and use of operating rooms. Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a hospital room for recovery from an Accidental Injury or Sickness."

b. The following is added: "(f) emergency dental treatment for the relief of pain."

7. Under **LIMITATIONS AND EXCLUSIONS**:

a. Item (9) is amended to read as follows: "(9) being under the influence of drugs, unless such drug is prescribed by a Physician or while intoxicated according to the legal limits where the Loss takes place unless results in the death of a non-traveling immediate Family Member."

b. After the phrase, "Any Loss caused by or resulting from the following is excluded," the following is added: "21. radioactive contamination"

PENNSYLVANIA

Form SRTC-2200-PA

If you reside in the state of PENNSYLVANIA:

1. With regard to the Accidental Death and Dismemberment Benefit, the second sentence of the first paragraph is amended to read: With the exception of Loss of life, the Loss must occur within 181 days after the date of the Accident causing the Loss. For Loss of life, the death must be directly caused by an Accident that occurs while insurance under the policy is in effect.

RHODE ISLAND

Form SRTC-2200-RI

If you reside in the state of RHODE ISLAND:

1. Under the section entitled **GENERAL PROVISIONS**, the provision entitled "Arbitration" is deleted in its entirety.
2. Under the section entitled **GENERAL PROVISIONS**, the provisions entitled proofs of Loss are amended to read: **PROOF OF LOSS** - The Claimant must send the Company, or its designated representative, proof of Loss within ninety (90) days after a covered Loss occurs. 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.

SOUTH CAROLINA

Form SRTC-2200-SC

If you reside in the state of SOUTH CAROLINA:

For Emergency Accident & Sickness Medical Expense and Accidental Death & Dismemberment:

1. The Legal Action provision is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than six (6) years after the time required for giving proof of Loss.
2. The Physical Examinations and Autopsy provision is amended to read: **Physical Examinations and Autopsy:** The Company, or its designated representative, at its own expense, has the right to have You examined as often as reasonably necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made at its own expense unless prohibited by law. The autopsy will be performed in South Carolina.
3. The provision entitled Arbitration is deleted in its entirety.
4. The provision entitled Subrogation is amended to read: **SUBROGATION** - To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company. We may not subrogate for more than the amount of insurance benefits that We have previously paid in relation to Your Loss by the liable third party. Subrogation is not permitted if the Director of Insurance determines that the exercise of subrogation by Us is inequitable and commits an injustice to You. Attorneys' fees and costs must be paid by Us from the amounts recovered. Subrogation only applies to injury, You have the right to petition the Administrative Law Judge Division and it applies to liable third parties only.
5. The Definition of Pre-existing conditions is amended to read: **Pre-Existing Condition** means any injury, sickness or condition of You, or Your Traveling Companion, for which within the sixty (60) day period prior to the Effective Date under the Policy such person received medical advice or treatment or medical advice or treatment was recommended.
6. The Exclusions section is amended to delete exclusion 17.

SOUTH DAKOTA

Form SRTC 2200 SD

If you reside in the state of SOUTH DAKOTA:

In the GENERAL PROVISIONS:

1. The provision entitled Arbitration is amended to read: **ARBITRATION** - Notwithstanding anything in this Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Arbitration will be by mutual consent by all parties and any determination will not be binding on any party. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Plan and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

2. The provision entitled Disagreement Over Size of Loss is amended to read: **DISAGREEMENT OVER SIZE OF LOSS:** If there is a disagreement about the amount of the Loss either You or the Company may make a written demand for an appraisal. After the demand, You and the Company will each select Your own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the Loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process. Such action must be mutually agreed to by all parties and any determination made is not binding on either party.
3. The provision entitled "Legal Actions" is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than six (6) years after the time required for giving proof of Loss.

Under the EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE provision, the first paragraph as it relates to Sickness is amended to read: The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness that manifests itself during the Covered Trip.

The paragraph under the EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE provision that begins with "If You are hospitalized due to an Accidental Injury or Sickness" is amended to read: "If You are hospitalized due to an Accidental Injury or Sickness (which occurred during the course of the scheduled Covered Trip) beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under this Policy have been paid."

Under the section entitled LIMITATIONS AND EXCLUSIONS: Exclusion 9 is amended to read: "9. being under the influence of drugs or intoxicants, unless prescribed by a Physician and only if You are committing felony at the time of the Loss unless results in the death of a non-traveling immediate Family Member."

TENNESSEE

Form SRTC 2200-TN

If you reside in the state of TENNESSEE:

1. In the section entitled DEFINITIONS, the following definitions are amended to read:

Bodily Injury means identifiable physical injury which: (a) is caused by an Accident; (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of Your death or dismemberment within twelve months from the date of the Accident; and (c) is not a Pre-existing Condition.

Pre-Existing Condition means, regardless of the cause of the condition, any injury, sickness or condition of Yours, Your Traveling Companion for which, within the sixty (60) day period prior to the Effective Date of Trip Cancellation coverage under the Policy, such person: (a) received or had recommended medical advice, diagnosis, care, or treatment for such condition, injury or sickness; or (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription. The Pre-Existing Conditions exclusion is waived for You if You enroll in the Policy at the time You pay the deposit required for Your Covered Trip (or within 30 days of the initial deposit) and You purchase the coverage under the Plan for the full cost of Your Covered Trip.

Sickness means: (a) an illness or disease which is diagnosed or treated by a Physician after the Effective Date of insurance and while You are covered under the Policy; and (b) is not a Pre-existing Condition.

2. In the Section entitled GENERAL PROVISIONS, the provision entitled Arbitration is amended to read:

ARBITRATION - Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

3. In the Accidental Death and Dismemberment Benefits, the following sentence is deleted in its entirety: The maximum benefits for any one single Accident is limited to \$15,000,000 for all persons insured under the Plan.

TEXAS

Form SRTC 2200 TX

If you reside in the state of TEXAS:

1. Please note that: In Texas this is an individual Policy.
2. In the provision entitled **WHEN YOUR COVERAGE ENDS**, the following sentence is added:

Coverage will not end solely because a person becomes an elected official in Texas.

3. In the provision entitled **LEGAL ACTIONS** in the **GENERAL PROVISION**, the reference to “2 years” is amended to read “2 years and one day.”

4. The provision entitled **NOTICE OF CLAIM** in the **GENERAL PROVISIONS** is amended by the addition of the following paragraphs: The Company shall, not later than the 15th day after receipt of such notice of a claim:

- a. acknowledge receipt of the claim;
- b. commence any investigation of the claim; and
- c. request from the Claimant all items, statements, and forms that the Company reasonably believes, at that time, will be required from the claimant. Additional requests may be made if during the investigation of the claim such additional requests are necessary.

If the acknowledgement of the claim is not made in writing, the insurer shall make a record of the date, means, and content of the acknowledgement. The Company shall notify a claimant in writing of the acceptance or rejection of the claim not later than the 15th business day after the date the Company receives all items, statements, and forms required by the Company, in order to secure final proof of Loss. If the company rejects the claim, the Company will inform the Claimant of the reasons for the rejection. If the Company is unable to accept or reject the claim within 15 business days after the date the Company receives all items, statements, and forms required by the Company, the Company shall notify the claimant within such 15 business day period. The notice provided must give the reasons that the Company needs additional time. Not later than the 45th day after the date the Company notifies a Claimant of the need for additional time to investigate a claim, the Company shall accept or reject the claim.

Except as otherwise provided, if the Company delays payment of a claim following its receipt of all items, statements, and forms reasonably requested and required for more than 60 days, the Company shall pay, in addition to the amount of the claim, 18 percent per annum of the amount of such claim as damages, together with reasonable attorney fees. If suit is filed, such attorney fees shall be taxed as part of the costs in the case.

5. The provision entitled **PAYMENT OF CLAIM** in the **GENERAL PROVISION** is amended by the addition of the following paragraph: If the Company notifies a claimant that the insurer will pay a claim or part of a claim, the Company shall pay the claim not later than the fifth business day after the notice has been made. If payment of the claim or part of the claim is conditioned on the performance of an act by the claimant, the Company shall pay the claim not later than the fifth business day after the date the act is performed.

6. The **PROOF OF LOSS** provision in the **GENERAL PROVISIONS** is amended to read: The Claimant must send the Company, or its designated representative, proof of Loss within ninety-one (91) days after a covered Loss occurs or as soon as reasonably possible.

7. The following provision is added to the Policy: You may cancel the Policy by giving the Company or its agent written notice within either 10 days from the date of issuance of Your Policy, or Your Departure Date, whichever occurs first. If You do this, the Company will refund Your plan cost in full, excluding the administrative fee.

8. The **COLLISION DAMAGE WAIVER** benefit is deleted in its entirety.

UTAH

Form SRTC 2200 (UT)

If you reside in the state of UTAH:

1. In the General Provisions section, both provisions entitled Proof of Loss are deleted and replaced with the following: **PROOF OF LOSS** - The Claimant must send the Company, or its designated representative, proof of Loss within ninety (90) days after a covered Loss occurs or as soon as reasonably possible.

2. In the section entitled Limitations and Exclusions, the exclusions related to excluding Loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto or Losses directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination are not excluded to the extent that they are caused by terrorism.

VERMONT

Form SRTC-2200 VT P&C

If you reside in the state of VERMONT:

1. In the GENERAL PROVISIONS section, the first sentence of the provision entitled “When Your Coverage Ends” is amended to read: **WHEN YOUR COVERAGE ENDS** - Your coverage will end at 11:59 P.M. local time on the date that is the earliest of the following:

2. The following disclosure is added to the certificate:

THIS TRAVEL PROGRAM IS A LIMITED BENEFIT PROGRAM. READ YOUR CERTIFICATE CAREFULLY.

3. This endorsement is part of the certificate to which it is attached and provides benefits under the certificate for parties to a civil union. Vermont law requires that insurance policies offered to married persons and their families be made available to parties to a civil union and their families. In order to receive benefits in accordance with this endorsement, the civil union must be established in the state of Vermont according to Vermont law.

It is understood that Policy definitions and provisions designating

- an insured
- named insured
- who is insured
- who is a named insured
- covered person(s)
- you and/or your
- spouse
- family member

and any other Policy or certificate definitions and provisions designating an insured under this certificate, are amended, wherever appearing, where terms denoting a marital relationship or family relationship arising out of a marriage are used, to indicate parties to a civil union and their families under Vermont law.

4. The provision entitled “Arbitration” is amended to read: **ARBITRATION** - Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. All parties must mutually agree to such arbitration. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration.

Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

5. The following items apply to the Accidental Death & Dismemberment benefits and Emergency Medical Expense benefits ONLY:

- a. The definition of Accidental Injury is amended to read: Accidental Injury means Bodily Injury caused by an Accident being the direct and independent cause in the Loss.
- b. The section entitled exclusions is amended to read: With regard to the Accidental Death & Dismemberment benefits and Accident and Sickness Medical Expense benefits, if provided, no benefits are payable due to Loss caused by or resulting from: Pre-Existing Conditions, as defined in the Definitions section unless the insurance is purchased within 30 days of the initial Covered Trip deposit; Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane unless results in the death of a nontraveling immediate Family Member; War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war; Participation in any military maneuver or training exercise; Piloting or learning to pilot or acting as a member of the crew of any aircraft; Participation as a professional in athletics; Being under the influence of drugs or intoxicants, unless prescribed by a Physician unless results in the death of a non-traveling immediate Family Member; Commission or the attempt to commit a criminal act; Dental treatment except as a result of an injury to sound natural teeth limited to \$750; Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses; Pregnancy and childbirth (except for complications of pregnancy) except if hospitalized; Curtailment or delayed return for other than covered reasons; Traveling for the purpose of securing medical treatment; Services not shown as covered; Care or treatment that is not medically necessary; Injury or Sickness when traveling against the advice of a Physician; or Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.

VIRGINIA

Form SRTC-2200 VA

If you reside in the state of VIRGINIA:

1. Under the section entitled "General Provisions" the following changes are made:

The provision entitled "Subrogation" is amended to read: **SUBROGATION** - To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company. (This provision does not apply to the Emergency Accident & Sickness Medical Expense Benefit.)

WISCONSIN

Form SRTC-2200-WI

If you reside in the state of WISCONSIN:

1. In the Legal Actions Provision, the reference to "two (2)" years is amended to read "three (3) years."
2. The provision entitled Subrogation is amended to read: **SUBROGATION** - To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company. The Company's ability to recover is limited to the amount remaining after You have been made whole.
3. Both Proofs of Loss provisions are deleted and replaced with the following: **PROOF OF LOSS:** The claimant must provide to the Company, or its designated representative, notice of proof of loss within ninety (90) days from the date of loss. The claimant must provide satisfactory proof of loss must be furnished as soon as possible and within one year after the time it was required by the Policy.

WYOMING

Form SRTC 2200-1 WY

If you reside in the state of WYOMING:

Under the section entitled "General Provisions" the following changes are made:

The provision entitled "Arbitration" is amended to read: **ARBITRATION** - Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. In addition, such arbitration must be by mutual consent by all parties.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses. The provision entitled "Legal Actions" is amended to read:

No legal action for a claim can be brought against the company until 60 days after the Company received proof of loss. No legal action for a claim can be brought against the Company more than 48 months after the time for giving proof of loss.