



**Non-Participating  
GROUP BLANKET TRAVEL INSURANCE POLICY**

**PLEASE READ THIS DOCUMENT CAREFULLY!**

This Policy is issued in consideration of Your enrollment and payment of the premium due. This Policy of Insurance describes the insurance benefits underwritten by CG United Insurance Ltd. herein referred to as the Company (also referred to as “We”, “Us” and “Our”. The insurance benefits are administered AeroMD (herein referred to as the “Administrator”).

“You” and “Your” refer to Eligible Visitors who are Certificate Holders under the Policy.

This Policy is a legal contract between You and the Company. It is important that You read Your Policy carefully. Please refer to the Schedule of Benefits, which provides You with specific information about the Travel Protection Program You purchased. The insurance benefits vary in accordance with the plan. Please refer to the accompanying Certificate of Insurance specific information about the Travel Protection Program You purchased. Please contact the Administrator immediately if You believe that any of the information provided is incorrect.

This Policy of insurance is issued in consideration of application and payment of any premium due. All statements in the application are representations and not warranties. Only statements contained in a written application format will be used to void insurance, reduce benefits or defend a claim.

All premium is refundable only during the fourteen (14) day review period from the date of purchase provided You have not already departed on Your Trip and You have not incurred any claimable losses during that time. If You depart on Your Trip prior to the expiration of the review period, the review period shall automatically end upon Your departure.

Eligibility Restrictions: (also see other eligibility restrictions contained in the LIMITATIONS AND EXCLUSIONS section of this Policy).

You are not eligible to purchase coverage or receive benefits under this Policy if You are unable to travel, are limited from travel, are medically restricted from travel, or are experiencing and/or are under treatment for any illness or injury that limits or restricts Your ability to travel on the date of purchase.

You are not eligible to purchase coverage or receive benefits under this Policy if You have other insurance coverage for the loss(es) for which this Policy is intended to insure against. Multiple recovers for the same loss covered by other insurance coverage is not available under this Policy.

Maximum number of Eligible Visitors per reservation is limited to six (6) persons per room.

**NO DIVIDENDS WILL BE PAYABLE UNDER THIS POLICY.**

**United Insurance (Grenada Agents) Ltd.** PO Box 3997, ‘Kerrsdale’, The Villa, St George’s, Grenada  
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Agent for CG United Insurance Ltd.

**INSURANCE**



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## SCHEDULE OF BENEFITS

The following Schedule of Benefits shows the Maximum Benefit Amounts available through this Travel Protection Program.

SCHEDULE OF BENEFITS	PREMIER
COVERAGES	MAXIMUM BENEFIT PER PERSON PER TRIP
Trip Interruption Maximum Benefit	\$25,000
Single Supplement	Included
Additional Trip Interruption You or Traveling Companion Hospitalization	\$200/Day; 5 days maximum
Trip Delay Maximum Benefit, after 12 hours	\$7,000
Maximum Benefit Per Day	\$700
Daily Quarantine/Isolation	\$200/day; 5 days maximum
Accidental Death & Dismemberment - 24 Hour Principal Sum	\$25,000
Emergency Accident and Sickness Medical Expense Maximum Benefit - Primary	\$75,000
Dental Expenses	\$750
Emergency Evacuation Maximum Benefit	\$500,000
Visit to Bedside	Included
Visit to Bedside Expenses	\$200/day; 7 days maximum
Return of Dependent	Included
Hospital of Choice	Included
Epidemic/Pandemic Transport	Included
Repatriation of Remains Maximum Benefit	\$250,000
Non-Medical Emergency Transportation Maximum Benefit	\$25,000
Baggage/Personal Effects Maximum Benefit	\$2,000
Per Article Limit	\$300
Combined Article Limit	\$600
Replacement of Passport/Visa	\$100
Lost, stolen or replacement of Credit Cards	\$100
Baggage Delay Maximum Benefit, after 24 hours	\$500
Return of Delayed Baggage	\$100
Missed Connection, after 3 hours	\$1,000

There are also Non-Insurance and Emergency Travel Assistance Services provided in this Travel Protection Program. The details of these services including important phone numbers can be found at the end of this document.



## GENERAL DEFINITIONS

Throughout this document, when capitalized, certain words and phrases are defined as follows:

**Accident** means a sudden, unexpected, unintended, 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) that: 1) occurs while Your coverage is in effect under this Policy; and 2) requires physical examination and medical treatment by a Physician. The Injury must be the direct cause of loss, must be independent of all other causes, and must not be caused by or resulting from Your Sickness. The injury must be verified by a Physician in a format acceptable to the Company.

**Administrator** means AeroMD.

**Actual Cash Value** means the lesser of the replacement cost and the purchase price less Depreciation.

**Adventure Sports** means non-professional and non-competitive sports activities that are generally performed for recreation and leisure, and which are not a Bodily Contact Sport or Extreme Sport. Adventure Sports include but are not limited to: cycling, fishing, swimming, scuba diving for certified divers up to a maximum depth of eighty (80) feet and for uncertified divers up to a maximum depth of forty (40) feet, snorkeling, white or black water rafting Grades 1-3, canoeing, kayaking, zip-lining, water skiing, camping, hiking, backpacking, sailing, boating, resort-sponsored activities, and approved activities of the Travel Supplier.

**Assistance Provider** means the service provider listed on Your Certificate of Insurance.

**Bodily Contact Sports** means any competitive team sport in which players or participants may have direct physical contact with an opponent. Bodily Contact Sports include but are not limited to: football, soccer, baseball, wrestling, ice hockey, rugby and lacrosse. Bodily Contact Sports do not include Adventure Sports or Extreme Sports.

**Bodily Injury** means identifiable physical injury that 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 with You; and (b) is actively involved in the day-to-day management of the business.

**Certificate Holder** means the Eligible Visitor who applied for coverage and paid premium and was issued a Certificate of Insurance under the Policy.

**Child Caregiver** means an individual providing basic childcare service needs for Your minor children under the age of eighteen (18) while You are on the Trip without Your minor children. The arrangement of being the Child Caregiver while You are on the Trip must be made thirty (30) or more days prior to the Scheduled Check In Date.

**Checked Baggage** means Personal Effects brought by You for planned use on Your Trip for which a claim check has been issued to You by a Common Carrier.



**Common Carrier** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire. Taxis, limousines, and ride share services are not Common Carriers as defined herein.

**Company** means CG United Insurance Ltd.

**Complications of Pregnancy** means conditions requiring hospital confinement whose diagnoses are distinct from the pregnancy, but are adversely affected by the pregnancy, including, but not limited to: acute nephritis, nephrosis, cardiac decompression, missed abortion, pre-eclampsia, intrauterine fetal growth retardation, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also includes termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible. Complications of Pregnancy do not include elective abortion, elective cesarean section, false labor, occasional spotting, morning sickness, physician prescribed rest during the period of pregnancy, hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy not constituting a distinct complication of pregnancy.

**Cruise** means any pre-paid sea arrangements made by You.

**Depreciation** means a reduction in value of ten percent (10%) per year from date of purchase for items accompanied by original receipts. For items not accompanied with a receipt, a reduction in value of twenty five percent (25%) the first year and ten percent (10%) per year thereafter. Depreciation will be calculated up to a maximum of eighty 80% from the estimated date of purchase as provided by You. There will be no reduction in value for an item less than one (1) year old and accompanied by an original receipt.

**Domestic Partner** means a person who is at least eighteen (18) years of age with whom You reside and can show evidence of cohabitation and shared financial assets and obligations 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 a one-way economy ticket.

**Effective Date** means 12:01 A.M. local time on Your Scheduled Check In Date.

**Eligible Visitor** means a person who is listed on Your Certificate of Insurance, is scheduled to take a Trip, and is included in the hotel reservation booking confirmation.

**Epidemic/Pandemic** means a contagious disease recognized as an epidemic, or an epidemic that is recognized or referred to as a pandemic, by a representative of the World Health Organization (WHO) or an official government authority.

**Extreme Sports** means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear. Extreme Sports include but are not limited to: skydiving, BASE jumping, hang gliding, Parachuting, bungee jumping, caving, rappelling, spelunking, white or black water rafting above Grade 3, , Mountaineering, Rock Climbing, any high-altitude activity, personal combat or fighting sports, racing or practicing to race any motorized vehicle, bicycle or watercraft, free diving, cliff diving, and scuba diving at a depth greater than eighty (80) feet or without a dive master. Extreme Sports do not include Adventure Sports or Bodily Contact Sports.



**Family Member** means Your legal or common law spouse, 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, Business Partner, or Domestic Partner who reside in Your Home Country.

**Hazard** means:

1. Any delay of a Common Carrier (including Inclement Weather);
2. Any delay by a traffic Accident en route to a departure, in which You or Your Traveling Companion is not directly involved;
3. Any delay due to lost or stolen passports, travel documents or money, Quarantine or hijacking, unannounced Strike, Natural Disaster, civil commotion or riot;
4. A closed roadway causing cessation of travel to the destination of the Trip (substantiated by the department of transportation, police, etc.);
5. A government-mandated shutdown of an airport or air traffic control system for reasons other than terrorism or an act of war;
6. Any delay due to a positive Epidemic/Pandemic test which delays Your return to Your original point of origin due to mandated Quarantine or Isolation.

**Home** means Your true, fixed and permanent place of residence and principal establishment, to which You have the intention of returning to at the end of Your Trip.

**Home Country** means the country where You have Your true, fixed and permanent place of residence and principal establishment.

**Hospital** means a facility that:

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

**Inclement Weather** means any severe weather condition that delays the scheduled arrival or departure of a Common Carrier.

**Isolation** means You have tested positive for Epidemic/Pandemic, even if You don't have symptoms and are required to remain separated from others who are not sick.

**Loss** means Bodily Injury, Sickness or damage sustained by You, while coverage is in effect, 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 that the Company will pay under any one benefit for You, as shown on the Schedule of Benefits and subject to any applicable sub-limits for certain types of activities.



**Mountaineering** means the sport, hobby or profession of walking, hiking, climbing and Rock Climbing up mountains that requires the use of ropes, harnesses, crampons or ice axes, and involves ascending beyond an altitude of four thousand five hundred (4,500) meters.

**Natural Disaster** means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar event that: 1. is due to natural causes; and 2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Covered Person's Trip occurs and the area is deemed to be uninhabitable or dangerous. Natural Disaster does not include the direct or indirect effect of rain, wind or water associated with named storms meeting the definition of hurricane or typhoon, except in instances where:

1. the path of the named storm deviates by a distance of greater than two hundred (200) miles within a seventy-two (72) hour period from the path forecast by a national recognized meteorological service; or
2. less than seventy-two (72) hours advanced notice of a potential landfall for a named storm exists.

**Necessary Treatment** means medical services and/or supplies recommended by the treating Physician that must be performed during the Trip due to the serious and acute nature of the Sickness or Accidental Injury.

**Occurrence** means any of the following situations involving an Eligible Visitor: 1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of Your Home Country or citizens of the Host Country should leave the Host Country; 3. deliberate physical harm to You confirmed by documentation or physical evidence or a threat against Your health and safety as confirmed by documentation and/or physical evidence; 4. Natural Disaster in the area You are traveling to and occurring after Your Effective Date; 5. You have been deemed kidnapped or a Missing Person by local or international authorities and, when found, Your safety and/or well-being are in question within seven days of being found.

**Parachuting** means an activity involving the breaking of a free fall from an airplane using a parachute.

**Personal Computer** means a small, general purpose electronic device for storing and processing data that is created to be utilized by one individual at a time and can perform multiple functions. The size and capabilities of the computer allow it to be operated for personal purposes. Personal Computers shall include desktop computers and laptop computers. Personal Computers shall also include:

- tablets
- Personal Digital Assistant (PDA)
- handheld devices and smartphones
- e-readers

**Personal Effects** means Your privately-owned articles including clothing and toiletry items brought by You for planned use on Your Trip.

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

**Policy** means this document, and any endorsements, riders or amendments that will attach during the period of coverage.



**Pre-Existing Condition** means an illness, disease, or other condition during the sixty (60) day period immediately prior to the Effective Date of Your Policy for which You, Your Traveling Companion, or a Family Member booked to travel with You: 1. exhibited symptoms that would have caused a typical person 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 prescription for drugs or medicine. Item 3. of this definition does not apply to a condition that 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 sixty (60) day period before the Effective Date of Your Policy.

**Quarantine** means Your strict isolation imposed by a government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

**Reasonable Expenses** means any meal, lodging, local transportation, and essential phone call expense that were necessarily incurred as the result of a covered event, and that were not provided free of charge or otherwise reimbursed by a Common Carrier, Travel Supplier or other party.

**Rock Climbing** means the activity of climbing up, down or across artificial rock walls or natural rock formations under the supervision of a guide and utilizing approved safety equipment.

**Scheduled Check In Date** means the date on which You are originally scheduled to check in to Your hotel accommodations as shown on Your booking confirmation.

**Scheduled Check Out Date** means the date on which You are originally scheduled to check out of Your hotel accommodations as shown on Your booking confirmation.

**Sickness** means an illness or disease of the body that: 1. requires a physical examination and medical treatment by a Physician and 2. commences, worsens, or presents new symptoms while Your coverage is in effect.

**Sound Natural Teeth** means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Policy, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

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

**Time Sensitive Period** means no later than sixty (60) days prior to the Scheduled Check In Date, or if Your Trip is initially booked within sixty (60) days of the Scheduled Check In Date.

**Travel Arrangements** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the Trip. Air arrangements covered by this definition also include any direct round trip air flights booked by others, to and from the scheduled Trip departure and return cities, provided the dates of travel for the air flights are within seven (7) total days of the scheduled Trip dates.

**Travel Supplier** means a Cruise line, airline, hotel, etc., who has made the land, air and/or sea arrangements.





**Traveling Companion** means a person who has coordinated Travel Arrangements or vacation plans with You and intends to travel with You during the Trip. Note, a group or tour leader is not considered Your Traveling Companion unless You are sharing room accommodations with the group or tour leader.

**Trip** means scheduled travel with a defined itinerary away from Your Home for which coverage is purchased under this Policy and premium is paid.

**Unforeseen** means not anticipated or expected and occurring after the Effective Date of Your Policy.

**Uninhabitable** means that, as determined by a qualified examiner selected by the Company in its sole discretion: 1) the building structure itself is unstable and there is a risk of collapse in whole or in part; 2) there is exterior or structural damage to the building allowing elemental intrusion, such as rain, wind, hail or flood; 3) immediate safety hazards affecting the building have yet to be cleared, such as debris on roofs or downed electrical lines; or 4) the building is without electricity or water and/or is not suitable for human occupancy.

**You or Your** means the Eligible Visitor.

## GENERAL PROVISIONS

The following provisions apply to all coverages:

**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.

**CONTROLLING LAW** - Any part of this Policy that conflicts with the law of the jurisdiction where the Policy is issued is changed to meet the minimum requirements of that law.

**GOVERNING JURISDICTION** – This Policy shall be governed in accordance with the laws of Barbados.

**MISREPRESENTATION AND FRAUD** – This Policy was issued in reliance on the information You provided at the time of application. The Company may deny all coverage under this Policy, or, at the Company's election, assert any other remedy available under applicable law, if You or and Traveling Companion seeking coverage under this Policy knowingly concealed, misrepresented or omitted any material fact or engaged in fraudulent conduct at the time of application, at any time during the Policy period, or in connection with the filing or settlement of any claim.

**DUTY OF COOPERATION** - You agree to fully cooperate with the Company in the event the Company determines that an investigation is warranted regarding any claim for coverage under this Policy. You agree to comply with all requests by the Company to provide information and/or documentation related to any claim under this Policy. You agree to cooperate with the Company in the investigation and assessment of any loss and/or circumstances giving rise to a loss under this Policy.

**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 require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.



**ASSIGNMENT** - This Policy and all coverages provided are not assignable, whether by operation of law or otherwise, but benefits may be assigned.

**WHEN YOUR COVERAGE BEGINS** - Provided:

1. coverage has been elected; and
2. the required premium has been paid; and
3. on Your Scheduled Check In Date.

All coverage will begin on the later of the Effective Date or upon Your departure from Your Home Country. Coverage will not begin before the Effective Date shown on Your Certificate of Insurance.

No coverage can be purchased after a person departs on a trip.

**WHEN YOUR COVERAGE ENDS:**

Coverages will end the earliest of the following:

1. the Scheduled Check Out Date;
2. the date and time You return to Your origination point if prior to the Scheduled Check Out Date;
3. the date and time You deviate from, leave or change the original Trip itinerary (unless due to Unforeseen and unavoidable circumstances covered by the Policy);
4. if You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Check Out Date, unless otherwise authorized by the Company in advance of the Scheduled Check Out Date;
5. when Your Trip exceeds thirty (30) days;
6. upon Your return to Your Home Country.

**OPTIONAL EXTENDED COVERAGE** - If, while traveling on Your Trip, You decide, after Your Scheduled Check In Date, to extend Your Trip beyond Your Scheduled Check Out Date, You may obtain an extension of coverage, subject to the Company's approval, by contacting the Company's authorized representative before Your coverage is scheduled to end. The Company will extend Your coverage under this Policy from Your Scheduled Check Out Date as long as:

1. Your new or extended booking will be with the same property as the original booking.
2. You have not experienced an Accidental Injury or Sickness, or have not had medical treatment during Your Trip;
3. coverage under the Certificate of Insurance is in force at the time You request an extension;
4. You pay any additional required premium for such extension; and
5. Your entire Trip length does not exceed thirty (30) days.

Failure to make medical information known will render this coverage extension null and void.

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

**The following provisions apply to all benefits except Baggage/Personal Effects and Baggage Delay:**

**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 designated by You at the time of purchase, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:



1. Your spouse;
2. Your child or children jointly;
3. Your parents jointly if both are living or the surviving parent if only one survives;
4. Your brothers and sisters jointly; or
5. 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 or other qualified representative.

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

All benefits payable under this Policy shall be reduced by the amount of any credit, voucher or refund provided by any Common Carrier, Travel Supplier or any other third party.

**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 seven (7) days after a covered Loss first begins. Notice should include Your name and the Plan number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of the Policy, or to the Company's designated representative.

**PROOF OF LOSS** - You 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 possible to give proof within such time, provided such proof is furnished and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. Where possible and/or required by this Policy, independent validation of Proof of Loss must be proved to the Company within the foregoing time periods.

**PHYSICAL EXAMINATION AND AUTOPSY** - The Company, or its designated representative, at its own expense, have the right to have You examined as often as necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

**EXAMINATION UNDER OATH** – The Company, or its designated representative, at its own expense, have the right to have You questioned under oath as often as necessary while a claim is pending.

**TIME OF PAYMENT OF CLAIMS** - Benefits payable under this Policy for any Loss other than Loss for which this Policy provides any periodic payment will be paid upon receipt of due written Proof of Loss in accordance with applicable law. Subject to due written Proof of Loss, all accrued indemnities for Loss for which this Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof.

**The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:**

**NOTICE OF LOSS** - If Your property covered under this Policy is lost, stolen or damaged, You must:

1. notify the Company, or its authorized representative within 60 days of the date of loss.
2. take immediate steps to protect, save and/or recover the covered property;
3. give immediate notice to the carrier, Travel Supplier, property manager or bailee who is or may be liable for the Loss or damage and provide a copy of such notification to the Company;
4. notify the police or other authority in the case of robbery or theft within twenty-four (24) hours and provide a copy of such report to the Company; and



5. complete all steps required by local police or authorities to pursue investigation of the claim in the case of robbery or theft.

**SETTLEMENT OF LOSS** - Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Property will be considered lost if it has not been recovered within thirty (30) days of the event. You must present acceptable Proof of Loss and the value involved to the Company.

**DISAGREEMENT OVER SIZE OF LOSS:** 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 their 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 two (2) of the three (3) (the appraisers and the arbitrator) will be binding. The appraiser selected by You will be 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.

## COVERAGES

No Coverage is intended to duplicate or overlap any other Coverage or benefit provided under this Policy. Should there be an inadvertent duplication of benefit or coverage, the Company will only provide payable benefits under the Coverage with the highest Maximum Benefit or largest scope of coverage subject to any applicable sub-limits.

## TRIP INTERRUPTION

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if You interrupt Your Trip after Your departure or if You join Your Trip after Your Scheduled Check In Date due to any of the following Unforeseen reasons that occur while this coverage is in effect for You:

1. Your Sickness, Accidental Injury or death, that results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Trip. A Physician must advise to cancel the Trip on or before the Scheduled Check Out Date;
2. Sickness, Accidental Injury or death of a Family Member, Business Partner, Child Caregiver or Traveling Companion booked to travel with You that a.) occurs while You are on Your Trip; b.) requires Necessary Treatment at the time of interruption; and c.) as certified by a Physician, results in medically imposed restrictions as to prevent that person's continued participation on the Trip;
3. Sickness, Accidental Injury or death of a non-traveling Family Member;
4. You or Your Traveling Companion being hijacked, Quarantined, required to serve on a jury or subpoenaed during the Trip; having Your Home made Uninhabitable by Natural Disaster; or burglary of Your principal place of residence during the Trip;
5. A documented theft of passports or visas;
6. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;
7. Your previously granted military leave is revoked or reassigned for reasons due to war or an act of war while You are on the Trip and You have to interrupt the Trip. Official written notice of the revocation or re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required. The military leave for the dates of travel must have been approved prior to the Effective Date of Trip Interruption coverage and the leave revoked or reassigned after the Effective Date of Trip Interruption coverage;
8. You or Your Traveling Companion is in the military and called to emergency duty for a national disaster other than war;



9. Mechanical breakdown that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
10. Unannounced Strike that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
11. Inclement Weather that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
12. A Interruption of Your Trip if Your Trip is interrupted and causes You to lose 50% or more of the scheduled Trip duration due to the reasons covered under the Trip Delay Benefit. Benefits are not payable if the event occurs or if a storm is named prior to Your Trip.

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for the following:

1. pre-paid unused, non-refundable land or sea expenses to the Travel Suppliers;
2. the airfare paid less the value of applied credit from an unused travel ticket, to return Home, join or rejoin the original Travel Arrangements limited to the cost of one-way economy airfare or similar quality as originally issued ticket by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets. In no event will the Company reimburse You for the cash value of Your airline ticket(s) purchased with frequent flier miles.

If Your Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation and local transportation expenses incurred by You to remain with Your Traveling Companion up to \$200 per day, limited to 5 days.

If You cannot continue travel due to a covered Injury or Sickness not requiring hospitalization and You must extend Your Trip due to medically imposed restrictions, as certified by a Legally Qualified Physician, benefits will be paid for additional hotel nights, meal(s) and local transportation expenses up to \$200 per day, limited to 5 days.

In no event shall the amount reimbursed exceed the amount You pre-paid for the Trip.

**SPECIAL CONDITIONS:** You must advise the Company or its authorized representative 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 Company, its authorized representative and Your Travel Supplier as soon as reasonable possible.

#### **TRIP DELAY**

The Company will reimburse You for Covered Trip Delay Expenses, up to the Maximum Benefit shown on the Schedule of Benefits, if You are delayed, while coverage is in effect, en route to or from the Trip for twelve (12) or more hours due to a defined Hazard.

Covered Trip Delay Expenses:

1. Any Reasonable Expenses incurred;
2. An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip;
3. A one-way Economy Fare to return You to Your originally scheduled return destination;
4. Any pre-paid, unused, non-refundable land and water accommodations;
5. The flat per day stipend for positive Epidemic/Pandemic test that requires Quarantine or Isolation.

You must provide the following documentation when presenting a claim for these benefits:

1. Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the Loss, including but not limited to, scheduled departure and return times and actual departure and return times.



**ACCIDENTAL DEATH AND DISMEMBERMENT**

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 Trip, sustain a Loss shown in the Table below. The Loss must occur within three hundred sixty-five (365) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Schedule of Benefits.

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.

TABLE OF LOSSES	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%

"Loss" with regard to:

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

**EXPOSURE**

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

**DISAPPEARANCE**

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to an Accident.

**EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE**

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits, if You incur Covered Medical Expenses for Necessary Treatment of an Accidental Injury or a Sickness that occurs during the Trip.

Covered Medical Expenses are limited to the list below:

1. the services of a Physician;
2. charges for Hospital confinement and use of operating rooms; Hospital or ambulatory medical-surgical center services;
3. charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
4. ambulance service;
5. drugs, medicines and therapeutic services.

The Company will pay benefits up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for dental Necessary Treatment for Accidental Injury to Sound Natural Teeth. Both the Accidental Injury and the dental Necessary Treatment must occur during the Trip.



The Company will not pay benefits in excess of reasonable and customary charges. The Company will not cover any expenses provided by another party at no cost to You, or already included within the cost of the Trip.

If You are hospitalized due to an Accidental Injury or a Sickness, which first occurs during the Trip, beyond the Scheduled Check Out Date, coverage will be extended for up to ninety (90) days, or until You are released from the Hospital or until You have exhausted the Maximum Benefits payable under this coverage, whichever occurs first.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure Your admission or discharge to/from a Hospital, because of a covered Injury or covered Sickness. The Travel Protection Program Medical Advisor will coordinate advance payment to the Hospital.

### **EMERGENCY EVACUATION**

The Company will pay benefits for Covered Evacuation Expenses incurred, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if an Accidental Injury or Sickness (including being diagnosed with an Epidemic/Pandemic such as Covid-19) commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation and verified and arranged by the Assistance Provider.

Emergency Evacuation means:

1. Your medical condition warrants immediate Transportation from the Hospital where You are first taken when injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
2. after being treated at a local Hospital, Your medical condition warrants Transportation to Your Home where You reside, to obtain further medical treatment or to recover; or
3. both 1. and 2., above.

Covered Evacuation Expenses are reasonable and customary expenses for necessary Transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for Transportation must be:

1. ordered by the attending Physician;
2. required by the standard regulations of the conveyance transporting You; and
3. authorized in advance by the Company or its authorized Assistance Provider and arranged by the Company's authorized Assistance Provider.

Medical Escort:

We will also pay a benefit for Usual and Customary expenses incurred for a Medical Escort's transportation and accommodations if an onsite attending Physician recommends in writing that a Medical Escort accompany You.

Medical Escort means a medically trained professional who is approved by Us or Our designated Assistance Provider and is contracted to accompany and provide medical care to a sick or injured person while they are being transported.

Return of Dependent:

If You are expected to be in the Hospital for more than seven (7) days following a covered Emergency Evacuation, or pass away during the Trip, the Company will return Your unattended minor child(ren) (under the age of eighteen (18)) who is/are accompanying You on the scheduled Trip, to the domicile of a person nominated by You or Your next of kin with an attendant if necessary.



**Visit to Bedside:**

Transportation to Join You: If You are traveling alone and are in a Hospital alone for more than seven (7) consecutive days or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside provided that repatriation is not imminent.

**Reasonable Expenses:**

The Company will also pay for Reasonable Expenses incurred by the person up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits.

**Hospital of Choice:**

Subject to the terms and conditions, You may choose to be transported to a Hospital in a city within Your Home Country other than Your primary place of residence, but the maximum amount payable is limited to the cost of transportation to Your primary place of residence.

**Endemic/Pandemic Related Medical Transport Services:**

Arrangement and provision of medical transport if You test positive for an Endemic/Pandemic while traveling away from home and need to be transported due to medical recommendation because age, symptoms of the Endemic/Pandemic and co-morbidities puts You at high risk of severe complications and You are hospitalized for greater than 24-hours, where transport falls under emergency transport guidelines. The Assistance Provider will coordinate and provide medical transport service up the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits.

The Assistance Provider shall not be under any obligation to provide Services to You or Your Family Members if the following conditions are not met:

- (a) You must be medically fit and cleared for air, sea, or land evacuation by Assistance Provider's medical staff;
- (b) You must possess the valid documentations to enter Home Country and depart Location Country to include passport, visa, residency card or other required documentation.

**Please note that due to occasional issues such as distance, location, time, or operational safety neither the Assistance Provider nor its providers can be responsible for the availability, use, cost, or results of any medical, transportation, or other services. You are responsible for the cost of any actual medical, transportation, or other services or goods not coordinated and provided by the Assistance Provider as outlined above.**

The Company shall not be obligated under any circumstances to reimburse You or any third party service provider for any transport costs which have been arranged by You or on behalf of any third party.

Transportation services are provided if authorized in advance and arranged by the Company or the Company's Assistance Provider and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You, or already included within the cost of the Trip.





### **REPATRIATION OF REMAINS**

The Company will pay up to the Maximum Benefit shown on the Schedule of Benefits for the Covered Repatriation Expenses incurred to return Your body to Your Home Country if You die during the Trip. This benefit is provided only if authorized in advance and arranged by the Company or the Company's Assistance Provider.

Covered Repatriation Expenses include, but are not limited to, expenses for embalming, cremation, minimal casket container and transportation.

### **NON-MEDICAL EMERGENCY TRANSPORTATION**

#### **POLITICAL EVACUATION**

Benefits are payable for Your extrication from the Host Country due to an Occurrence which could result in grave physical harm or death. The Occurrence must take place while coverage is in effect, and while You are traveling outside of Your Home Country. Benefits will be paid for Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure Your safety and well-being as determined by the Designated Security Consultant. Benefits will not be payable unless the Company (or Our authorized Assistance Provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the Assistance Provider. The Assistance Provider is not responsible for the availability of transport services. Where a Political Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with You until a Political Evacuation occurs. Political Evacuation Benefits are payable only once for any one Occurrence. If, after a Political Evacuation is completed, it becomes evident that You are an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related costs from You. Benefits will be payable for evacuation during a period of civil unrest, insurrection or Natural Disasters that could not have been foreseen prior to Your departure from Your Home Country of origin.

#### **NATURAL DISASTER EVACUATION**

Benefits are payable for Your extrication due to a Natural Disaster Evacuation that results in You being placed in imminent physical danger. Natural Disaster Event results in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate local government authorities of the Host Country, and the area is deemed to be Uninhabitable or dangerous.

The Company will pay, up to the Maximum Benefit Amount shown in the Schedule of Benefits, to transport You to the Nearest Place of Safety necessary to ensure Your safety and well-being as determined by the Company or Our designated Assistance Provider. The Company will also pay reasonable expenses incurred at the place of safety for lodging and meals, up to the Amount shown in the Schedule of Benefits, if You have been evacuated by the Assistance Provider. The Natural Disaster Evacuation must occur within two (2) days of the Natural Disaster Event, and the arrangements will be by the most appropriate and by most efficient, practical and economical means available and consistent with Your health and safety.

### **BAGGAGE/PERSONAL EFFECTS**

This coverage is subject to any coverage provided by a Common Carrier and shall apply only when such other benefits are exhausted. In order for a claim to be processed under this Coverage, a loss or theft report must be filed with local law enforcement authorities, the Common Carrier, Travel Supplier, tour leader or with a representative of the venue or location where the loss or theft took place.

#### **PERSONAL EFFECTS AND PROPERTY**

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if You sustain Loss, theft or damage to baggage and Personal Effects during the Trip, provided You have taken all measures possible to protect, save and/or recover the property at all times. The baggage and Personal Effects must be owned by and accompany You during the Trip.



The Company will pay the lesser of the following:

1. Actual Cash Value at time of Loss, theft or damage to baggage and Personal Effects; or
2. the cost of repair or replacement in like kind and quality.

There will be a per article limit as shown on the Schedule of Benefits.

There will be a combined Maximum Benefit as shown on the Schedule of Benefits for the following:  
jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; Personal Computers; cameras and their accessories and related equipment.

A maximum of \$100 will be paid for the cost of replacing a passport or visa.

A maximum of \$100 will be paid for the cost associated with the unauthorized use or replacement of lost or stolen credit cards, subject to verification that You have complied with all conditions of the credit card company.

#### EXTENSION OF COVERAGE

If You have checked property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers Your property or declares such property lost, whichever occurs first.

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

#### **BAGGAGE DELAY (En Route to Destination Only)**

The Company will reimburse You for the expense to replace Your Necessary Personal Effects in Your Checked Baggage up to the Maximum Benefit shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours, while on a Trip.

You must be a ticketed passenger on a Common Carrier.

All claims must be verified by the Common Carrier who must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

Necessary Personal Effects means replacement for clothing, toiletry, prescriptions or eyewear, which are included in Your Baggage and Personal Effects and are required for Your Trip.

We will also reimburse You up to \$100 for expenses incurred during Your Trip to expedite the return of Your delayed Baggage. This coverage terminates upon Your arrival at the return destination of Your Trip.

#### **MISSED CONNECTION**

If You miss Your Trip departure because Your arrival at Your Trip destination is delayed for at least 3 consecutive hours, due to:

1. Mechanical breakdown of regularly scheduled Common Carrier; must be documented by the Common Carrier;
2. Quarantine or hijacking.



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

1. Additional Transportation Cost incurred by You to join the departed Trip; and
2. unused, forfeited, prepaid non-refundable Payments or Deposits paid to the Travel Supplier for the land or water Travel Arrangements You purchased for Your Trip.

This benefit may not be combined with Trip Interruption benefits.

#### **LIMITATIONS AND EXCLUSIONS**

**The following exclusions apply to: Trip Interruption, Trip Delay, Accidental Death & Dismemberment, Emergency Accident and Sickness Medical Expense and Missed Connection:**

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section;  
The Pre-Existing Condition exclusion will be waived provided:
  - a) Your premium is received within the Time Sensitive Period; and
  - b) You insure all pre-paid Trip costs that are subject to cancellation penalties or restrictions, and also insure the cost of any subsequent arrangements (or any other arrangements not made through Your travel agent) added prior to Your Trip; and
  - c) You are medically able to travel on Your Effective Date.
2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
3. intentionally self-inflicted injuries;
4. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war.
5. participation in any military maneuver or training exercise, or any Loss starting while You are 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 You pro-rata any premium paid, less any benefits paid, for any period during which You are in such service;
6. piloting or learning to pilot or acting as a member of the crew of any aircraft;
7. mental or emotional disorders, unless Hospitalized;
8. participation as an athlete in professional sports;
9. being under the influence of drugs or intoxicants, unless prescribed and used in accordance with the instructions provided by a Physician;
10. intentional commission of or the attempt to commit any dishonest or fraudulent act, or criminal activity (as defined in the jurisdiction where the loss occurred);
11. Participation in Bodily Contact Sports or Extreme Sports;
12. dental treatment except as a result of an injury to Sound Natural Teeth except as explicitly offered under Emergency Accident and Sickness Medical Expense;
13. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
14. pregnancy and childbirth (except for Complications of Pregnancy);
15. curtailment or delayed return for other than covered reasons;
16. traveling for the purpose of securing medical treatment;
17. services not shown as covered;
18. 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;



19. confinement or treatment in a government Hospital;
20. services and/or supplies that do not meet the definition of Necessary Treatment;
21. Accidental Injury or Sickness when traveling against the advice of a Physician;
22. cosmetic surgery or reconstructive surgery;
23. canyoning or canyoneering (traveling in canyons using a variety of techniques that may include walking, scrambling, climbing, jumping, abseiling and/or swimming);
24. a Loss that results from an illness, disease, or other condition, event or circumstance that occurs at a time when Your coverage is not in effect.

**The following exclusions apply to Emergency Evacuation and Repatriation of Remains:**

Loss caused by or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
2. intentionally self-inflicted injuries;
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 You are 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 You pro-rata any premium paid, less any benefits paid, for any period during which You are 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 an athlete in professional sports or amateur sports;
8. being under the influence of drugs or intoxicants, unless prescribed and used in accordance with the instructions provided by a Physician;
9. intentional commission of or the attempt to commit any dishonest or fraudulent act, or criminal activity (as defined in the jurisdiction where the loss occurred);
10. participating in Bodily Contact Sports or Extreme Sports;
11. dental treatment except as a result of an injury to Sound Natural Teeth except as explicitly offered under Emergency Accident and Sickness Medical Expense;
12. traveling for the purpose of securing medical treatment;
13. 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;
14. curtailment or delayed return for other than covered reasons;
15. services and/or supplies that do not meet the definition of Necessary Treatment;
16. services not shown as covered;
17. 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;
18. canyoning or canyoneering (traveling in canyons using a variety of techniques that may include walking, scrambling, climbing, jumping, abseiling and/or swimming).
19. Accidental Injury or Sickness when traveling against the advice of a Physician;
20. a Loss that results from an illness, disease, or other condition, event or circumstance that occurs at a time when Your coverage is not in effect.



**The following exclusions apply to Baggage/Personal Effects and Baggage Delay:**

The Company will not provide benefits for any Loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft and drones;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishing;
10. antiques and collectors' items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. artificial limbs and other prosthetic devices;
15. prescribed medications;
16. keys, cash, stamps, securities and documents;
17. Tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. cell phones; Personal Computer hardware or software;
21. sporting equipment if loss or damage results from the use thereof;
22. musical instruments;
23. retainers and orthodontic devices.

Any Loss caused by or resulting from the following is excluded:

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
7. theft or pilferage while left unattended in any vehicle;
8. mysterious disappearance;
9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Check Out Date.

**The following exclusions apply to Non-Medical Emergency Transportation:**

The Company will not pay Political Evacuation benefits for expenses and fees:

1. payable under any other provision of the Policy;



2. We will not pay for any loss or expense recoverable under any other valid and collectible insurance or recoverable through an employer;
3. The Company will not pay for any loss or expense arising from or attributable to:
  - a. fraudulent, dishonest or criminal act(s) committed or attempted by You, acting alone or in collusion with other persons;
  - b. alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent; or
  - c. failure to maintain and possess duly authorized and issued required travel documents and visas;
  - d. violation of the laws of Your Home Country;
4. for repatriation of remains expenses;
5. for common or endemic or epidemic diseases or global pandemic diseases as defined by the World Health Organization;
6. for medical services;
7. for monies payable in the form of a ransom, if a missing person case evolves into a kidnapping;
8. arising from or attributable, in whole or in part, to:
  - a. a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
  - b. non-compliance by You with regard to any obligation specified in a contract or license;
9. due to military or political issues if Your Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.
10. The benefits and services described herein are provided to You only if authorized, arranged and coordinated by The Company or Our designated Assistance Provider;
11. The Company or Our designated Assistance Provider has sole discretion regarding the means, methods and timing of a Political Evacuation. However, the decision to travel is Your sole responsibility;
12. The Company is not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond our control. This includes The Company's inability to provide You an evacuation or any additional services when United States of America law, local laws or regulatory agencies prohibit the rendering of such evacuation or service. The Company will not cover a Political Evacuation from OFAC designated countries;
13. resulting from 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, regardless of contributory cause;
14. We will not pay any costs or expenses arising from:
  - a. Political Evacuation from Your Home Country
  - b. Political Evacuation when the Occurrence precedes Your arrival in the Host Country;
15. The Company will not pay Political Evacuation Benefits more than one (1) time per Policy Period:

The Company will not pay **Natural Disaster** benefits for expenses and fees:

1. Payable under any other provision of the Policy;
2. We will not pay for any loss or expense recoverable under any other valid and collectible insurance or recoverable through an employer;
3. The Company will not pay for any loss or expense arising from or attributable to:



- a. fraudulent, dishonest or criminal act(s) committed or attempted by You, acting alone or in collusion with other persons;
  - b. alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent; or
  - c. failure to maintain and possess duly authorized and issued required travel documents and visas;
  - d. violation of the laws of Your Home Country
4. for repatriation of remains expenses;
  5. for common or endemic or epidemic diseases or global pandemic diseases as defined by the World Health Organization;
  6. for medical services;
  7. for monies payable in the form of a ransom, if a missing person case evolves into a kidnapping;
  8. arising from or attributable, in whole or in part, to:
    - a. debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
    - b. Non-compliance by You with regard to any obligation specified in a contract or license;
  9. due to military or political issues if Your Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.
  10. The benefits and services described herein are provided to You only if authorized, arranged and coordinated by The Company or Our designated Assistance Provider;
  11. The Company or Our designated Assistance Provider has sole discretion regarding the means, methods and timing of a Natural Disaster Evacuation. However, the decision to travel is Your sole responsibility;
  12. The Company is not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond our control. This includes The Company's inability to provide You an evacuation or any additional services when United States of America law, local laws or regulatory agencies prohibit the rendering of such evacuation or service. The Company will not cover a Natural Disaster Evacuation from OFAC designated countries;
  13. resulting from 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, regardless of contributory cause;
  14. We will not pay any costs or expenses arising from:
    - i. Natural Disaster from Your Home Country
    - ii. Natural Disaster when the Occurrence precedes Your arrival in the Host Country.
  15. The Company will not pay for more than one (1) Natural Disaster Evacuation from a country or territory per Policy Period;
  16. If You do not evacuate an area due to a Natural Disaster Event within two (2) days of the Natural Disaster Event;



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## Travel Assistance Services Description Provided by AeroMD

### Emergency Transportation Services

Emergency Medical Evacuation/Medically Necessary Repatriation • Repatriation of Mortal Remains • Transportation after Stabilization • Visit by Family Member/Friend • Return of Dependent Children

### Travel Support Services

Medical Monitoring • Hotel Arrangements for Convalescence • Medical and Dental Search and Referral • Advance of Emergency Medical Expenses • Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses • Transfer of Insurance Information and Medical Records • Assistance with Emergency Travel Arrangements • Interpretation/Translation • Locating Lost or Stolen Items • Emergency Cash Advance

### FOR 24/7 TRAVEL ASSISTANCE SERVICES ONLY

CALL TOLL FREE:

855-AEROMD4

855-237-6634

### Travel Assistance Services Details

#### *Travel Support Services*

- Interpretation/Translation: Upon request, AeroMD will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, AeroMD will refer you to local translators.
- Locating Lost or Stolen Items: AeroMD will assist in locating lost luggage, and help you coordinate the replacement of transportation tickets, travel documents or credit cards.
- Medical Monitoring: During the course of a medical emergency resulting from an accident or sickness, AeroMD will monitor your case to determine whether the care is adequate from a Western Medical perspective.
- Medical and Dental Search and Referral: AeroMD will assist you in finding physicians, dentists and medical facilities in the area where you are traveling.
- Advance of Emergency Medical Expenses: AeroMD will advance on-site emergency inpatient medical payments to secure admit or discharge upon receipt of satisfactory assignment of benefits from you, a family member or friend.
- Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses: AeroMD will arrange to fill a prescription that has been lost, forgotten, or requires a refill, subject to local law, whenever possible. AeroMD will also arrange for shipment of replacement eyeglasses/corrective lenses or medical devices. You are responsible for payments of all costs related to these services.
- Transfer of Insurance Information and Medical Records: Upon your request, AeroMD will help relay insurance information during your hospital admission and assist with transferring your medical information and records to your treating physician.





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- Assistance with Vaccine and Blood Transfers: If based upon your physician's prescription, needed vaccines or blood products are not available locally, AeroMD will coordinate the transfer where possible and permissible by law. You are responsible for all expenses related to this service.

***Non-Insurance Personal Assistance Services***

These are Non-Insurance Services provided by AeroMD:

- Pre-Trip Information: Upon request, AeroMD will provide information services such as: visa and passport requirements, health hazard advisories, currency exchange, inoculation and immunization requirements, temperature and weather conditions and embassy and consulate referrals.
- Interpretation/Translation: If during your Trip you need an interpretation, AeroMD will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, AeroMD will refer you to local translators.
- Legal Referral/Bail: Upon request, AeroMD will provide you with referrals to a local lawyer. All costs associated with this service are your responsibility. In case of your incarceration, AeroMD will notify the proper embassy or consulate, arrange the receipt of funds from third party sources and locate an attorney and bail bonds, where permitted by law, with satisfactory guarantee of reimbursement from you, family member or friend. You are responsible for associated fees.
- Emergency Cash Advance: AeroMD will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.



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## **FILING A CLAIM**

Contact the Carrier Plan Administrator

Customer Service: 441-296-3200

Mailing Address: CG Coralisle Group Ltd.

Or E-mail your information/queries to: [TravelClaims.Grenada@cgcoralisle.com](mailto:TravelClaims.Grenada@cgcoralisle.com)

[mail to:](mailto:TravelClaims.Grenada@cgcoralisle.com) 33-35 Reid Street, Hamilton, Bermuda

**IMPORTANT:** To facilitate prompt claims settlement, You will be asked to provide proof of Your loss. Therefore, be sure to obtain the following as applicable: 1.) For medical claims - detailed medical statements from treating physicians/Hospitals or other service provider, where and when the accident or Sickness occurred as well as itemized receipts for medical services and supplies; 2.) For baggage and baggage delay claims - reports from parties responsible (i.e. airline, cruiseline, etc.) for loss, theft, damage or delay. Some claims may also require a police report. Please obtain receipts for lost or damaged items; 3.) For trip delay claims - a statement from party causing delay and receipts for expenses; 4.) For cancellation/interruption claims - Your travel invoice, the cancellation or interruption date, original unused tickets/vouchers, the travel organizer's cancellation clause with regard to nonrefundable losses. You will also be asked to provide proof of payment if not initially submitted.

**END OF POLICY**