

SERFF Tracking Number: LDRA-126079912 State: Arkansas  
Filing Company: Old Republic Insurance Company State Tracking Number: 41856  
Company Tracking Number:  
TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel  
Product Name: Travel Accident Product  
Project Name/Number: /

## Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Travel Accident Product

TOI: H19G Group Health - Travel

Sub-TOI: H19G.000 Health - Travel

Filing Type: Form

SERFF Tr Num: LDRA-126079912

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Sandra Mack

Date Submitted: 03/18/2009

State: ArkansasLH

State Tr Num: 41856

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 03/19/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/19/2009

Deemer Date:

Filing Description:

OLD REPUBLIC INSURANCE COMPANY

Group Travel Protection Programs

Enhancements

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Group Market Type: Trust

Explanation for Other Group Market Type:

State Status Changed: 03/19/2009

Corresponding Filing Tracking Number:

AR0208101F01

Attached, for approval, are the enclosed Group Travel Insurance certificate inserts. These paragraph inserts are

<i>SERFF Tracking Number:</i>	<i>LDRA-126079912</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>41856</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
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<i>Project Name/Number:</i>	<i>/</i>		

designed to augment our previously filed certificate, ORTA-C. The certificate is available to residents of your state via the Old Republic Travel Insurance Trust, domiciled in Ohio.

This short-term limited benefit group travel coverage is designed for individuals taking trips for a short duration. Coverage is made available directly to customers through third-party travel agents, or via the web.

The Forms Listing provides a brief description of all of the paragraph inserts that comprise this enhancements filing. Also enclosed is an updated forms listing of the entire travel accident library.

Underlined items are being filed as variable. Bracketed items are optional; they may be omitted or used as alternates, depending on the client's needs. For issuance purposes, we request the right to change the format of the form without changing the intent.

## Company and Contact

### Filing Contact Information

Sandra Mack, Compliance Analyst	smack@oldrepublic.com
307 N. Michigan Avenue	(312) 762-4537 [Phone]
Chicago,, IL 60601	(312) 762-4950[FAX]

### Filing Company Information

Old Republic Insurance Company	CoCode: 24147	State of Domicile: Pennsylvania
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago, IL 60601	Group Name:	State ID Number:
(800) 621-0365 ext. [Phone]	FEIN Number: 25-0410420	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Forms Filing fee
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	03/18/2009	26509860

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/19/2009	03/19/2009

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## Disposition

Disposition Date: 03/19/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRA-126079912 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Forms Listing	Approved-Closed	Yes
<b>Supporting Document</b>	Memo of Variability	Approved-Closed	Yes
<b>Supporting Document</b>	Complete Certificate Forms Listing	Approved-Closed	Yes
<b>Form</b>	Matrix Library Enhancements	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** TADEF-16BB

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	TADEF-16BB	Matrix	Matrix Library Enhancements	Initial		42	2009 Grp Cert Inserts 3-09.pdf

## DEFINITIONS SECTION

**Maximum Waiver Amount** means maximum limit of benefits for Trip Cancellation, as stated on Your Confirmation of Coverage, where the Pre-existing Conditions Exclusion is not applied.

TADEF-16BB

**Pre-Existing Condition** means a condition occurring during the 60 day period immediately prior to Your Effective Date:

- 1) for which medical advice, care or treatment was received or recommended by a Physician regardless of whether or not a diagnosis was made and;
- 2) which produced symptoms or whose onset or manifestation occurred during such 60 day period. Such symptoms must have been significant enough to establish manifestation or onset which would have: a) caused an ordinarily prudent person to seek diagnosis or treatment; or b) enabled a Physician to diagnosis such illness, disease, injury or other condition.

A Pre-Existing Condition does not include any condition which is solely controlled through the taking of prescription medication and which has remained stable or controlled without any adjustment or change in the required prescription throughout the 60 day period immediately prior to Your Effective Date.

TADEF-22BA

**Scheduled Airline** means any aircraft operated by an airline licensed for the transportation of passengers for hire, and which maintains regular published schedules (including any chartered flights by such airlines).

TADEF-36AA

**Terrorist Incident** means the unsanctioned and illegal use of violence (excluding general civil disturbance, rioting, an act of war whether declared or undeclared or the intentional release of a biological material) which caused destruction of property, injury, or death by an individual or group for the express or implied purpose of achieving a political, ethnic or religious goal or result.

PCDEF-13BB

**Traveling Companion** means a person with whom You: 1) have coordinated Travel Arrangements; and 2) intend to travel with during Your Covered Trip. Your Traveling Companion(s), up to a maximum of 4 people, must be listed on Your enrollment form. A Traveling Companion does not include a group or tour leader, unless You are sharing travel accommodations with such group or tour leader.

TADEF-30BB

**Traveling Companion** means a person with whom You: 1) have coordinated Travel Arrangements; and 2) intend to travel with during Your Covered Trip (up to a maximum of 4 persons including You). [A group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.]

TADEF-30CC

## YOUR COVERAGE PERIOD SECTION

### YOUR COVERAGE PERIOD

#### Effective Dates

- 1) **[Trip Cancellation:** Coverage shall take effect at 12:01 a.m. on the date stated on Your Confirmation of Coverage.]
- 2) **[All Coverages Other Than Trip Cancellation:]** Coverage shall take effect at 12:01 a.m. on: a) the date You start your Covered Trip; or b) Your Scheduled Departure Date, whichever is later.

#### Termination Dates

- 1) **[Trip Cancellation:** coverage ends the earlier of: a) the point and time of departure on Your Scheduled Departure Date; or b) cancellation of Your Covered Trip.]
- 2) **[All Coverages Other Than Trip Cancellation] [and Rental Vehicle Damage Protection]:** Coverage ends the earlier of: a) the point and time You return from Your Covered Trip; or b) on Your Scheduled Return Date.]
- 3) **[Rental Vehicle Damage Protection** coverage ends on the earliest of the following:
  - a) [the Rental Vehicle Return Date as shown on Your Confirmation of Coverage;]
  - b) [31 days following the date You were scheduled to pick up the Rental Vehicle from the Commercial Rental Vehicle Agency;]
  - c) the date You return the Rental Vehicle to the Commercial Rental Vehicle Agency; or
  - d) the date the Rental Vehicle was scheduled to be returned to the Commercial Rental Vehicle Agency as stipulated in the rental agreement.]

TACP-1BB

## **TRIP CAN/TRIP INTERRUPTION SECTION**

### **TRIP CANCELLATION / TRIP INTERRUPTION**

Whenever You are prevented from taking or completing a Covered Trip as a result of any of the **unforeseen events** listed below, We will reimburse You up to the Maximum Benefit Amount for Trip Cancellation or Trip Interruption, for the following expenses:

- 1) any unused non-refundable prepaid expenses for Travel Arrangements;
- 2) any Published Penalties You incur as a result of a trip cancellation;
- 3) one way Economy Transportation, less the value of any unused return travel ticket, to return to the Point of Origin or to continue on Your Covered Trip when an interruption in Your Covered Trip occurs; [or]
- 4) up to \$150 for any reissue fee charged by the airline for Your airfare if Your Travel Supplier cancels Your Covered Trip [or repositions the cruise ship or departure location]. You must have covered the entire cost of the Covered Trip including the airfare [; or] [.]
- 5) [accommodations and transportation expenses for up to \$150/day for 10 additional days when:
  - a) an Injury or Sickness not requiring hospitalization prevents You from continuing travel; and
  - b) You must extend Your Covered Trip with additional hotel nights due to medically imposed restrictions by a Physician.]

Trip Cancellation must result from an **unforeseen event** that occurs after Your Effective Date and before Your Scheduled Departure Date. Trip Interruption must result from an **unforeseen event** that occurs after Your Scheduled Departure Date.

TACI-1BB

### **OPTIONAL [TRIP CANCELLATION] / [TRIP INTERRUPTION] ALL EVENTS UPGRADE**

If You [or Your Traveling Companion] are prevented from [taking] [or] [completing] Your Covered Trip for any reason:

- 1) that is unforeseen on the Effective Date of Your coverage under the Policy and this upgrade; and
- 2) not otherwise covered under the Policy;

We will reimburse You up to 95% of the Maximum Benefit Amount for [Trip Cancellation] [or] [Trip Interruption]. Coverage is subject to the "Exclusions Applicable to the Optional All Events Upgrade" below. Coverage under the Policy and this upgrade must have been purchased within 15 days of the initial Covered Trip payment.

Coverage under this provision provides reimbursement for the following expenses:

- 1) [95% of any unused non-refundable prepaid expenses for travel arrangements;]
- 2) [95% of any Published Penalties You incur as a result of a trip cancellation; ]
- 3) [95% one way Economy Transportation to return to the Point of Origin or to continue on Your Covered Trip when an interruption in Your Covered Trip occurs;] or
- 4) [95% of any additional reasonable expenses incurred for an unplanned overnight stay resulting from an interruption in Your Covered Trip.]

For this upgrade, the "Exclusions Applicable to the Optional All Events Upgrade" replaces the "General Exclusions and Limitations". All other certificate provisions apply unless specifically amended.

#### **EXCLUSIONS APPLICABLE TO THE OPTIONAL ALL EVENTS UPGRADE**

No coverage is provided for any loss caused by or resulting from:

- 1) any event that is reasonably foreseeable at the time this coverage was purchased;
- 2) [cancellation] [or] [interruption] of Your Covered Trip for any discretionary reason including fear of travel or loss of enjoyment;
- 3) Your [or Your Travelling Companion's] participation in a felony, riot or insurrection; or
- 4) a governmental regulation or prohibition.

TAAUEC-1AA

**[OPTIONAL] [CANCEL] [OR] [INTERRUPT] FOR BUSINESS REASONS [UPGRADE]**

[If this upgrade is added to Your coverage with Us,] You will be covered under the [Trip Cancellation] [and] [Trip Interruption] provisions for the following additional events that were unforeseen on Your Effective Date. This [upgrade] [option] [coverage] must be purchased within 15 days of the initial Covered Trip payment.

TCIBU-1AA

**TRIPCAN/TRIP INTERRUPTION UNFORESEEN EVENTS SECTION**

7) Your [or Your Traveling Companion's] [business] [work] location [being] [is] [made] unsuitable for [business] [work] during Your Covered Trip by [fire,] [or] [vandalism,] [or] [burglary] [or] Natural Disaster.]

TCIUE-7BA

14) You [or Your Traveling Companion] are hijacked, quarantined, called for jury duty, or called for a court ordered appearance as a witness (except law enforcement officers) in a [legal action] [trial] in which You [or Your Traveling Companion] are not a party.

TCIUE-14BB

15) Burglary of Your [or Your Traveling Companion's] residence within 10 days of Your Scheduled Departure Date [or during Your Covered Trip].

TCIUE-15BB

16) [For other than military personnel,] You [or Your Traveling Companion] are required to work during Your Covered Trip. [Proof, such as a notarized statement signed by an officer of Your [or Your Traveling Companion's] employer must be provided.]

TCIUE-16AA

17) Revocation of military leave that was granted prior to the purchase of this [option] [coverage], or, military re-assignment after the purchase of this [option] [coverage]. [Proof, such as a notarized statement signed by Your commanding officer [or the commanding officer of Your Traveling Companion] must be provided.]

TCIUE-17AA

19) You [or Your Traveling Companion] are directly involved in an acquisition or merger of Your [or Your Traveling Companion's] employer, provided You [or Your Traveling Companion] are an active full-time employee [of Your employer] at the time of such acquisition or merger.

TCUE-4BA

## TRIP DELAY SECTION

### TRIP DELAY

We will reimburse You, subject to the Maximum Benefit Amounts for Trip Delay, for the following expenses incurred as a result of a trip delay of 6 or more hours duration occurring on or after Your Scheduled Departure Date as a result of one of the **unforeseen events** listed below:

- 1) Additional Transportation Cost incurred by You while You are traveling to:
  - a) continue on Your Covered Trip; or
  - b) return to Your Point of Origin;
- 2) additional expenses incurred for an unplanned overnight stay resulting from such trip delay. Coverage includes expenses incurred for reasonable travel accommodations and meals;
- 3) [Pet Care Expenses (excluding any veterinary fees or charges) incurred for additional animal boarding fees charged by a licensed boarding kennel or animal shelter, if You are unable to return on Your Scheduled Return Date due to:
  - a) Your or Your Traveling Companion's unexpected hospitalization; or
  - b) the Common Carrier on which You were scheduled to travel ceases operations due to an unannounced Organized Labor Strike or unforeseen Natural Disaster.

We will pay up to the Maximum Benefit Amount payable for the additional animal boarding fees incurred if such fees:

- a) are incurred after the first 24 hour period immediately following Your Scheduled Return Date; and
  - b) exceed the cost quoted for the pre-booked boarding period by the kennel, cattery or animal shelter through which the initial boarding accommodations were made;]
- 4) [up to \$25 per meal to maximum of \$100 for the cost of meals at the airport resulting from a delay caused by an overbooked flight].
  - 5) unused, non-refundable portion of the prepaid expenses as long as such expenses are supported by proof of purchase and are not reimbursable by any other source.

#### Unforeseen Events

As used in this provision, **unforeseen events** are as follows:

- 1) Delay of the Common Carrier upon which You are traveling as certified by such Common Carrier [;] [.] [Delay due to [a schedule change made prior to the day of departure by a specific Common Carrier] [or] [overbooking] is not covered;]
- 2) [An overbooked flight;]
- 3) You are involved in a traffic accident while enroute to the Point of Origin as documented by a police report;
- 4) Documented adverse weather conditions prevent You from getting to the Point of Origin;
- 5) Organized Labor Strike, Natural Disaster, Terrorist Incident, riot or You [or Your Traveling Companion] being hijacked or quarantined; or
- 6) Your passports, travel documents or money are lost or stolen as documented by a police report.

The Maximum Benefit Amount for Trip Delay will be reduced by any amounts paid or payable by any Common Carrier responsible for such trip delay.

#### Your Duties in the event of a Trip Delay

To qualify for reimbursement under this provision, You must submit to Us with Your claim:

- 1) a statement documenting the circumstances surrounding the trip delay from the Common Carrier upon which You were traveling or any other party responsible for the trip delay;
- 2) receipts for any expenses, charges or costs incurred by You as a result of the trip delay; and
- 3) any other information We deem necessary to properly adjudicate Your claim.

TATD-1BB

## ***EMERGENCY MEDICAL BENEFITS SECTION***

**RETURN OF CHILDREN:** This benefit is payable if You are confined to a Hospital for more than 5 consecutive days. We will pay for the transportation expenses incurred, up to the cost of one way Economy Transportation less the value of any unused return travel ticket, for the return trip home of any dependent children under age 18 who are accompanying You.

TARC-1BB

## ***GENERAL EXCLUSIONS AND LIMITATIONS SECTION***

5) service in the Armed Forces or units auxiliary thereto [except as provided under the "[Optional] [Cancel] [or] [Interrupt] For Business Reasons [Upgrade]"];

XLPA-3CA

6) participation in maneuvers or training exercises of an armed service [except as provided under the "[Optional] [Cancel] [or] [Interrupt] For Business Reasons [Upgrade]"];

XLPA-3DA

32) traveling to, in or from outer space;

XLPA-29AA

33) any sub-orbital or orbital space flights;

XLPA-29BA

### **PRE-EXISTING CONDITIONS EXCLUSION**

The Policy does not cover [Trip] [Cancellation] / [Trip] [Interruption] [and] [Emergency Medical Benefits] losses or expenses if they result from a Pre-existing condition.

### **PRE-EXISTING CONDITIONS LIMITATIONS**

If You have purchased a program where the Pre-existing Conditions Exclusion is waived, We cover these Pre-existing Conditions up to the Maximum Waiver Amount provided:

- 1) Your insurance was purchased within 15 days of the initial Covered Trip payment;
- 2) You had not filed a claim with any insurer for Trip Cancellation/Interruption due to a sickness or injury within 90 days prior to the purchase of the Policy; and
- 3) The condition is not excluded by the GENERAL EXCLUSIONS AND LIMITATIONS.

The Pre-Existing Condition Exclusion applies to all amounts over the Maximum Waiver Amount shown on the Confirmation of Coverage [except for Medical Evacuation/Repatriation benefits which are not subject to the Maximum Waiver Amount].

If You do not meet the above criteria, You will still be covered for [Trip] [Cancellation] / [Trip] [Interruption] [and] [Emergency Medical Benefits] caused by reasons other than those related to the Pre-existing Condition.

TAPXC-1BB

## GENERAL PROVISIONS/UNIFORM PROVISIONS SECTIONS

### GENERAL PROVISIONS

Any statement made by You, in the absence of fraud, will be deemed a representation and not a warranty. No statement will be used to void or reduce benefits, or be used in defense to a claim unless:

- 1) it is in writing;
- 2) it was signed by You; and
- 3) a copy has been given to You, Your beneficiary or Your personal representative.

TAGPC-1AA

**Medical Records:** In the event of a claim, We reserve the right to review any and all medical records relating to Your claim(s).

TAGP-2AA

**Subrogation for Property and Casualty Benefits** ([Trip Cancellation]/[Trip Interruption], [Trip Delay], [Baggage and Personal Effects], [Baggage Delay] [and] [Rental Vehicle Damage Protection]): We will, upon making any payment or assuming liability thereon under the Policy, be subrogated to all rights of recovery against any person or corporation and may bring action in Your name to enforce such rights.

TAGPC-3AA

**Errors or Mis-payments:** If any benefit is paid in error or payment is made in excess of the amount allowed under the provisions of the Policy, We reserve the right to recover the excess or ineligible payment from You, Your estate, any institution, insurer or person to whom the payment was made.

TAGPC-4AA

**Currency:** All monies described in the Policy are expressed in United States of America currency.

TAGPC-5AA

**Conformity With State Statutes:** Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such laws.

TAGPC-6AA

**Clerical Error:** Clerical Error on Our part or that of a Travel Supplier in keeping records or furnishing information will not void coverage if it is otherwise validly in force; nor will it continue coverage if it is otherwise validly terminated under the terms of the Policy.

TAGPC-7AA

**Misstatement of Age:** In the event Your age has been misstated, and the premium paid for insurance is less than the required premium for coverage at the correct age benefits will be paid in direct proportion of the actual premium paid to the required premium due.

TAGP-8AA

**Assistance Provision:** We and our contracted suppliers are not responsible for the availability, quality or results of any treatment or transportation, or failure of You to obtain treatment.

TAGP-9AA

**Sworn Statements:** At Our expense, We have the right to have You examined under oath with respect to any claim documents submitted. We also have the right to require a sworn statement be submitted before any loss under the Policy is payable.

TAGPC-10AA

## UNIFORM PROVISIONS

**Notice of Claim:** Written notice of claim must be given to Us within 20 days after any loss covered by the Policy. If notice cannot be given within that time, it must be given as soon as reasonably possible.

Notice should identify You and Your beneficiary, if applicable, and provide the identification number as stated on Your Confirmation of Coverage. Notice must be sent to Us at 4600 Witmer Industrial Estates- Suite 6, Niagara Falls, NY 14305, or given to Our agent.

TAUPC-1AA

**Claim Forms:** When We receive written notice of claim, We will furnish claim forms within 15 days. If We do not, You will be considered to have met the requirements for written proof of loss if We are sent written proof as described below. The proof must describe the occurrence, extent and nature of the loss.

TAUP-2AA

**Written Proof of Loss:** Written proof of loss must be given to Us within 90 days after the date of such loss. If it is not reasonably possible to give the proof within that time frame, the claim is not affected if the proof is given as soon as possible. Unless You are legally incapacitated, written proof must be given within one year of the time it is otherwise due.

TAUP-3AA

**Time of Payment of Claims:** Benefits payable under the Policy for any loss will be paid immediately upon receipt of due written proof of such loss.

TAUPC-4AA

**Payment of Claims:** Benefits for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at time of payment. If no such designation or provision is then effective, such benefit shall be payable to Your estate.

Any other accrued benefits unpaid at Your death may, at Our option, be paid either to such beneficiary or to such estate. All other benefits will be payable to You.

If any benefit of the Policy shall be payable to Your estate, or to You or Your beneficiary who is a minor or otherwise not competent to give a valid release, We may pay such benefit, up to an amount not exceeding \$1,000, to any relative by blood or connected to You by marriage or Your beneficiary who is deemed by Us to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision shall fully discharge Us to the extent of such payment.

Subject to Your written direction, all or a portion of the benefits payable for any Hospital nursing, medical, or surgical services may, at Our option and unless You request otherwise in writing not later than the time of filing proofs of loss, be paid directly to the Hospital or person rendering such services; but is not required that the service be rendered by a particular Hospital or person.

TAUPC-5AA

**No Benefit to Bailee:** The Policy shall not benefit any Common Carrier or bailee.

TAUPC-6AA

**Physical Examination and Autopsy:** At Our expense, We have the right to have You examined as often as is reasonable while the claim is pending. We have the right to have an autopsy performed at the Our expense, unless forbidden by law.

TAUP-7AA

**Legal Actions:** No legal action at law or in equity can be brought against Us until after 60 days after written proof of loss was given. No such action can be brought after 3 years after the date written proof of loss is required.

TAUP-8AA

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

TAUPC-9AA

**Other Insurance With Us:** Insurance effective at any one time on You under a like policy with Us, is limited to one such policy as elected by You, Your beneficiary or Your estate. We will then return all premium paid (less claims paid) for all other such policies.

TAUP-10AA

**Coverage/Recovery From Other Sources:** [Unless stipulated otherwise] if benefits are payable under the Policy and coverage is available from any other source, coverage under the Policy is supplemental to coverage or recovery available from any other source.

TAUPC-11AA

**Insurance With Other Insurers:** If You have other valid coverage, not with Us, which:

- 1) provides benefits for the same loss on a "per service" or an "expense incurred" basis; and
- 2) have not been given written notice prior to the time the loss occurred of the existence of such coverage; then

Our only liability under any "expense incurred" coverage provision of Our Policy shall be for:

- 1) such proportion of the loss as the amount which would otherwise have been payable under Our Policy; and
- 2) the total of the like amounts under all such other valid coverages for the same loss of which We had notice bears to the total like amount under all valid expense incurred coverages under Our Policy for such loss, and
- 3) the return of such portion of the premiums paid as shall exceed the pro rata portion for the amount so determined under Our Policy.

For the purpose of applying this provision when other coverage is on a "per 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 other valid coverage.

TAUP-12AA

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*State: Arkansas*

*Filing Company: Old Republic Insurance Company*

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*Company Tracking Number:*

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*Sub-TOI: H19G.000 Health - Travel*

*Product Name: Travel Accident Product*

*Project Name/Number: /*

## **Rate Information**

Rate data does NOT apply to filing.

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State: Arkansas

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## Supporting Document Schedules

<b>Satisfied -Name:</b> Flesch Certification	<b>Review Status:</b> Approved-Closed	03/19/2009
<b>Comments:</b> Flesch Score Certification attached.		
<b>Attachment:</b> Generic Cert.pdf		
<b>Bypassed -Name:</b> Application	<b>Review Status:</b> Approved-Closed	03/19/2009
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		
<b>Satisfied -Name:</b> Forms Listing	<b>Review Status:</b> Approved-Closed	03/19/2009
<b>Comments:</b> Forms Listing attached		
<b>Attachment:</b> Forms Listing Group Cert.pdf		
<b>Satisfied -Name:</b> Memo of Variability	<b>Review Status:</b> Approved-Closed	03/19/2009
<b>Comments:</b> Memo of Variability attached		
<b>Attachment:</b> Group Memo of Variability 3-09.pdf		
<b>Satisfied -Name:</b> Complete Certificate Forms Listing	<b>Review Status:</b> Approved-Closed	03/19/2009
<b>Comments:</b>		
<b>Attachment:</b> Forms Listing Group Cert - Complete.pdf		



307 N. Michigan Avenue  
Chicago, Illinois 60601-5382  
312/346-8100

### FLESCH SCORE CERTIFICATION

Form No.	Form Title	Flesch Score
ORTA-C	Group Certificate of Insurance	41.5

I hereby certify that the Flesch Reading Ease Scores of the inserts when combined with the above Form is as stated above. I further certify that the type size of the text of the forms is not less than 10 point type, one point leaded.

\_\_\_\_\_  
Signature of Company Officer

Deborah J. Matthews, CCP, ARC  
\_\_\_\_\_  
Name (print)

Assistant Vice President - Compliance  
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Title

March 10, 2009  
\_\_\_\_\_  
Date

**GROUP TRIP TRAVEL PROTECTION  
MATRIX LIBRARY  
ENHANCEMENTS 3/09  
FORMS LISTING**

<u><b>FORM#</b></u>	<u><b>INSERT#</b></u>	<u><b>DESCRIPTION</b></u>
ORTA-C		
		<u><b>DEFINITIONS</b></u> – (Standard)
	TADEF-16BB	<i>Maximum Waiver Amount</i>
	TADEF-22BA	<i>Pre-existing Condition</i>
	TADEF-36AA	<i>Scheduled Airline</i>
	PCDEF-13BB	<i>Terrorist Incident</i>
	TADEF-30BB	<i>Traveling Companion</i>
	TADEF-30CC	<i>Traveling Companion (Alternate)</i>
		<u><b>YOUR COVERAGE PERIOD</b></u> – (Standard)
	TACP-1BB	<i>Effective Dates/Termination Dates</i>
		<u><b>PROPERTY AND CASUALTY</b></u>
	TACI-1BB	<i>TRIP CANCELLATION/TRIP INTERRUPTION – used when both Trip Cancellation &amp; Trip Interruption are part of the program design.</i>
	TAAUEC-1AA	<i>OPTIONAL TRIP CANCELLATION/TRIP INTERRUPTION ALL EVENTS UPGRADE - used when this option is part of the program design</i>
	TCIBU-1AA	<i>OPTIONAL CANCEL OR INTERRUPT FOR BUSINESS REASONS UPGRADE - used when this option is part of the program design</i>
		<u><b>UNFORESEEN EVENTS</b></u>
	TCIUE-7BA	<i>Destruction of place of business (Alternate)</i>
	TCIUE-14BB	<i>Hijacking, quarantine</i>
	TCIUE-15BB	<i>Burglary of residence</i>
	TCIUE-16AA	<i>Required to Work</i>
	TCIUE-17AA	<i>Military leave revocation, re-assignment</i>
	TCUE-4BA	<i>Employer merger (Alternate)</i>
		<u><b>YOUR DUTIES</b></u>
	TATD-1BB	<i>TRIP DELAY - Description of coverage and benefit conditions.</i>
		<u><b>TRAVEL ACCIDENT AND HEALTH COVERAGE</b></u>
	TARC-1BB	<i>RETURN OF CHILDREN BENEFIT</i>
		<u><b>GENERAL EXCLUSIONS AND LIMITATIONS</b></u>
	XLPA-3CA	<i>Service in the armed forces (Alternate)</i>

<b><u>FORM#</u></b>	<b><u>INSERT#</u></b>	<b><u>DESCRIPTION</u></b>
	XLPA-3DA	<i>Service in the armed forces (Alternate)</i>
	XLPA-29AA	<i>Traveling Outer Space</i>
	XLPA-29BA	<i>Orbital Space Flights (Alternate)</i>
	TAPXC-1BB	<i>Pre-existing Conditions Exclusions/Limitation</i>
		<b><u>GENERAL PROVISIONS</u></b> - (Standard)
	TAGPC-1AA	<i>Statements</i>
	TAGP-2AA	<i>Medical Records</i>
	TAGPC-3AA	<i>Subrogation for Property and Casualty Benefits</i>
	TAGPC-4AA	<i>Errors or Mis-payments</i>
	TAGPC-5AA	<i>Currency</i>
	TAGPC-6AA	<i>Conformity with State Laws</i>
	TAGPC-7AA	<i>Clerical Error</i>
	TAGP-8AA	<i>Misstatement of Age</i>
	TAGP-9AA	<i>Assistance Provision</i>
	TAGPC-10AA	<i>Sworn Statements</i>
		<b><u>UNIFORM PROVISIONS</u></b> - (Standard)
	TAUPC-1AA	<i>Notice of Claim</i>
	TAUP-2AA	<i>Claim Forms</i>
	TAUP-3AA	<i>Written Proof of Loss</i>
	TAUPC-4AA	<i>Time of Payment of Claims</i>
	TAUPC-5AA	<i>Payment of Claims</i>
	TAUPC-6AA	<i>No Benefit to Bailee</i>
	TAUP-7AA	<i>Physical Examination and Autopsy</i>
	TAUP-8AA	<i>Legal Action</i>
	TAUPC-9AA	<i>Concealment and Misrepresentation</i>
	TAUP-10AA	<i>Other Insurance With Us</i>
	TAUPC-11AA	<i>Coverage/Recovery From Other Sources</i>
	TAUP-12AA	<i>Insurance with Other Insurers</i>

**GROUP TRIP TRAVEL PROTECTION  
MEMO OF VARIABILITY**

**Underlined text** indicates variable material – the fill-ins are listed below.

**[Bracketed text]** indicates optional material – the wording which appears within the brackets will either be in or out. No other wording is available for use other than what appears in those brackets.

**FORM #**      **INSERT#**      **DESCRIPTION**

ORTA-C

**DEFINITIONS**

- |            |   |
|------------|---|
| TADEF-16BB | <b>Maximum Waiver Amount</b> – The fill-in will be “Trip Cancellation”, “Trip Interruption” and/or “Emergency Medical Expenses” |
| TADEF-22BA | <b>Pre-Existing Condition</b> - Fill-in will be 30, 60, 90, 120 or 180 days with 60 days as standard.                           |
| TADEF-30BB | <b>Traveling Companion</b> - Fill-in range will be 4 to 12 people with 4 people as standard.                                    |
| TADEF-30CC | <b>Traveling Companion</b> - Fill-in will be 2, 4, 5, 6, 8, or 10 people with 4 people as standard.                             |

**YOUR COVERAGE PERIOD**

- |          |   |
|----------|---|
| TACP-1BB | <b>Termination Dates</b> – Item 3) b) Fill-in range will be 1 to 180 days with 31 days as standard. |
|----------|---|

**PROPERTY AND CASUALTY**

- |            |  |
|------------|--|
| TACI-1BB   | <p><b>Trip Cancellation/Trip Interruption</b></p> <p>Item 4) - Fill-in range will be \$150 to \$250 with \$150 as standard.</p> <p>Item 5):</p> <p style="padding-left: 20px;">1<sup>st</sup> Fill-in range will be \$150 to \$250 with \$150 as standard.</p> <p style="padding-left: 20px;">2<sup>nd</sup> Fill-in range will be 7 days to 15 days with 10 as standard</p> |
| TAAUEC-1AA | <p><b>Optional Trip Cancellation/Trip Interruption All Events Upgrade</b></p> <p>The maximum benefit amount payable will be in a range of 75% to 100% with 95% as standard.</p> <p>Upgrade coverage must be purchased within a range of 5 to 31 days of the initial covered trip payment with 15 days as standard.</p>   |
| TCIBU-1AA  | <p><b>Optional Cancel or Interrupt for Business Reasons Upgrade</b></p> <p>The first fill-in will be “Policy”.</p> <p>Upgrade coverage must be purchased within a range of 5 to 31 days of the initial covered trip payment with 15 days as standard.</p>  |

**UNFORESEEN EVENTS**

- |            |  |
|------------|--|
| TCIUE-7BA  | <b>Destruction of place of business</b> – Fill-in wording will be “during Your Covered Trip” or “prior to Your Scheduled Departure Date” |
| TCIUE-15BB | <b>Burglary of residence</b> – Fill-in will be 5, 10, 15, 21 or 30 days with 10 days as standard.  |

<b><u>FORM #</u></b>	<b><u>INSERT#</u></b>	<b><u>DESCRIPTION</u></b>
		<b><u>UNFORESEEN EVENTS (cont.)</u></b>
TCIUE-16AA		<b>Required to work</b> – Fill-in wording will be “during Your Covered Trip” or “prior to Your Scheduled Departure Date”
		<b><u>YOUR DUTIES</u></b>
TATD-1BB		<b>TRIP DELAY</b> First fill-in range will be 4 to 12 hours with 6 as standard. Item 3) – Fill-in range will be 24 to 48 hours with 24 as standard. Item 4) 1 <sup>st</sup> Fill-in range will be \$25 to \$50 per meal with \$25 as standard. 2 <sup>nd</sup> Fill-in range will be \$100 to \$200 with \$100 as standard.
		<b><u>TRAVEL ACCIDENT AND HEALTH COVERAGE</u></b>
TARC-1BB		<b>RETURN OF CHILDREN BENEFIT</b> 1 <sup>st</sup> Fill-in range will be 5 to 7 days with 5 days as standard. 2 <sup>nd</sup> Fill-in range will be 18 to 21 years of age with 18 years of age as standard.
		<b><u>GENERAL EXCLUSIONS and LIMITATIONS</u></b>
TAPXC-1BB		<b>PRE-EXISTING CONDITIONS EXCLUSION/LIMITATION</b> Item 1) – Fill-in range will be 5 to 30 days with 15 as standard. Item 2) - Fill-in range will be 90 to 180 days with 90 days as standard.
		<b><u>UNIFORM PROVISIONS</u></b>
TAUPC-1AA		<b>Notice of Claim</b> - Fill-in will be the office where notice of claim needs to be sent, as updated from time to time.

**GROUP TRIP TRAVEL PROTECTION  
MATRIX LIBRARY**

<b><u>FORM#</u></b>	<b><u>INSERT#</u></b>	<b><u>DESCRIPTION</u></b>
<b>ORTA-C</b>		<b>GROUP CERTIFICATE OF INSURANCE</b>
	TAC-1AA	<b><u>FACE PAGE</u></b> – (Standard) - Names the underwriting company and includes a listing of the benefits covered under the policy. <i>Insuring Clause 10 – Day Right to Examine Your Certificate</i>
	TOC-C	<b><u>TABLE OF CONTENTS</u></b>
<b>ORCOC</b>		<b><u>CONFIRMATION OF COVERAGE</u></b> – (Standard) <i>Insured's confirmation of coverage purchased under the policy. It includes the coverage effective dates, a list of coverages purchased, the maximum benefit amounts payable for each coverage and who is covered.</i>
		<b><u>DEFINITIONS</u></b> – (Standard)
	TADEF-1AA	<b>Accident</b>
	TADEF-2AA	<b>Business Partner</b>
	TADEF-2BA	<b>Business Partner</b> – (Alternate)
	TADEF-3AA	<b>Common Carrier</b>
	TADEF-4AA	<b>Confirmation of Coverage</b>
	TADEF-5AA	<b>Covered Trip</b>
	TADEF-6AA	<b>Destination</b>
	TADEF-7AA	<b>Economy Transportation</b>
	TADEF-8AA	<b>Emergency</b>
	TADEF-9AA	<b>Emergency Medical Expenses</b>
	TADEF-10AA	<b>Family Member</b>
	TADEF-11AA	<b>Hospital</b>
	TADEF-12AA	<b>Injury</b>
	TADEF-13AA	<b>Insured</b>
	TADEF-14AA	<b>Key Person</b>
	TADEF-15AA	<b>Maximum Benefit Amount</b>
	TADEF-16BB	<b>Maximum Waiver Amount</b>
	TADEF-17AA	<b>Medical Treatment</b>
	TADEF-18AA	<b>Medically Necessary</b>
	TADEF-19AA	<b>Other Valid and Collectible Group Insurance</b>
	TADEF-20AA	<b>Physician</b>
	TADEF-21AA	<b>Point of Origin</b>
	TADEF-22BA	<b>Pre-existing Condition</b>
	TADEF-23AA	<b>Primary Residence</b>
	TADEF-36AA	<b>Scheduled Airline</b>
	TADEF-24AA	<b>Scheduled Departure Date</b>

<b><u>FORM#</u></b>	<b><u>INSERT#</u></b>	<b><u>DESCRIPTION</u></b>
	TADEF-25AA	<b>Scheduled Return Date</b>
	TADEFC-26AA	<b>Sickness</b>
	PCDEF-13BB	<b>Terrorist Incident</b>
	TADEF-27AA	<b>Transportation Expense</b>
	TADEF-28AA	<b>Travel Accommodations</b>
	TADEF-29AA	<b>Travel Arrangements</b>
	TADEF-30BB	<b>Traveling Companion</b>
	TADEF-30CC	<b>Traveling Companion (Alternate)</b>
	TADEF-31AA	<b>Travel Supplier</b>
	TADEF-32AA	<b>Trip Cost</b>
	TADEF-33AA	<b>Usual and Customary Charges</b>
	TADEF-34AA	<b>We, Our and Us</b>
	TADEFC-35AA	<b>You, Your and Yours</b>
		<b><u>YOUR COVERAGE PERIOD</u></b> – (Standard)
	TACP-1BB	<b>Effective Dates/Termination Dates</b>
	MCTL-1AA	<b>Maximum Covered Trip Length</b>
	MCTL-2AA	<b>Maximum Covered Trip Length</b> - may be used concurrently with MCTL-1AA depending upon the program design.
		<b><u>EXTENSION OF YOUR COVERAGE</u></b>
	TAAEC-1AA	<b>Automatic Extension of Coverage</b>
	TAOEC-1AA	<b>Optional Extension of Coverage</b>
		<b><u>PROPERTY AND CASUALTY</u></b>
	TACI-1BB	<b>TRIP CANCELLATION/TRIP INTERRUPTION</b> – used when both Trip Cancellation & Trip Interruption are part of the program design.
	TATC-1AA	<b>TRIP CANCELLATION</b>
	TATI-1AA	<b>TRIP INTERRUPTION</b>
	TAAUEC-1AA	<b>OPTIONAL TRIP CANCELLATION/TRIP INTERRUPTION ALL EVENTS UPGRADE</b> - used when this option is part of the program design
	TCIBU-1AA	<b>OPTIONAL CANCEL OR INTERRUPT FOR BUSINESS REASONS UPGRADE</b> - used when this option is part of the program design
	TASSU-1AA	<b>Single Supplement Upgrade</b>
		<b><u>UNFORESEEN EVENTS</u></b>
	TCIUE-1AA	<b>Injury or Sickness</b>
	TCIUE-2AA	<b>Death</b>
	TCIUEC-3AA	<b>Bankruptcy or Default</b>
	TCIUE-4AA	<b>Terrorist Incident</b>
	TCIUE-5AA	<b>Theft of travel documents</b>
	TCIUE-6AA	<b>Traffic accident</b>
	TCIUE-7AA	<b>Destruction of place of Business</b>
	TCIUE-7BA	<b>Destruction of place of Business (Alternate)</b>

<b><u>FORM#</u></b>	<b><u>INSERT#</u></b>	<b><u>DESCRIPTION</u></b>
	TCIUE-8AA	<b>Felonious Assault</b>
	TCIUE-9AA	<b>Host incapacitation</b>
	TCIUE-10AA	<b>Mandatory evacuation</b>
	TCIUE-11AA	<b>University or college course examinations</b>
	TCIUE-12AA	<b>University or college rescheduling of classes</b>
	TCIUE-13AA	<b>Vaccinations</b>
	TCIUE-14BB	<b>Hijacking, quarantine</b>
	TCIUE-15BB	<b>Burglary of residence</b>
	TCIUE-16AA	<b>Required to work</b>
	TCIUE-17AA	<b>Military leave revocation, re-assignment</b>
	TCUE-1AA	<b>Job relocation</b>
	TCUE-2AA	<b>Emergency service</b>
	TCUE-3AA	<b>Destination delay</b>
	TCUE-4AA	<b>Employer merger</b>
	TCUE-4BA	<b>Employer merger (Alternate)</b>
	TCUE-5AA	<b>Involuntary termination of employment</b>
	TCUE-6AA	<b>Cancellation of business meeting</b>
	TCUE-7AA	<b>Non-issuance of travel documents</b>
	TCUE-8AA	<b>Legal Adoption</b>
	TCUE-9AA	<b>Normal pregnancy</b>
	TCUE-10AA	<b>Complications of pregnancy</b>
	TCUE-11AA	<b>Birth of child</b>
	TCUE-12AA	<b>Hurricane warning</b>
	TCUE-13AA	<b>Airport shutdown</b>
	TIUE-1AA	<b>Organized Labor Strike</b>
	TIUE-2AA	<b>Inclement Weather</b>
	TIUE-3AA	<b>Destruction of Residence or Destination</b>
		<b><u>YOUR DUTIES</u></b>
	TADCI-1AA	<b>Your Duties in the event of Trip Cancellation or Trip Interruption</b> - can be customized to fit the program design.
	TATD-1BB	<b>TRIP DELAY</b> - Description of coverage and benefit conditions.
	TAMC-1AA	<b>MISSED CONNECTION</b> – Description of coverage and benefit conditions.
	TAIC-1AA	<b>ITINERARY CHANGE</b> – Description of coverage and benefit conditions.
	BGDLC-1AA	<b>BAGGAGE AND PERSONAL EFFECTS – BAGGAGE DELAY</b> Description of coverage and benefit conditions. Can be customized to fit the program design.
	RVDMC-1AA	<b>RENTAL VEHICLE DAMAGE PROTECTION</b> Description of coverage and benefit conditions.
		<b>DEFINITIONS – PROPERTY/CASUALTY PROVISIONS</b>
	PCDEF-1AA	<b>Actual Cash Value</b>

<b><u>FORM#</u></b>	<b><u>INSERT#</u></b>	<b><u>DESCRIPTION</u></b>
	PCDEF-2AA	<b>Additional Transportation Cost</b>
	PCDEF-3AA	<b>Baggage and Personal Effects</b>
	PCDEF-4AA	<b>Bankruptcy</b>
	PCDEF-5AA	<b>Commercial Rental Vehicle Agency</b>
	PCDEF-6AA	<b>Default</b>
	PCDEF-7AA	<b>Host at Destination</b>
	PCDEF-8AA	<b>Inclement Weather</b>
	PCDEF-9AA	<b>Natural Disaster</b>
	PCDEFC-10AA	<b>Organized Labor Strike</b>
	PCDEF-11AA	<b>Published Penalties</b>
	PCDEF-12AA	<b>Rental Vehicle</b>
<b><u>TRAVEL ACCIDENT AND HEALTH COVERAGE</u></b>		
TACC-1AA		<b>TRAVEL ACCIDENT COVERAGE</b> - Describes coverage conditions. Used if Common Carrier coverage is part of the program design.
TACC-1BA		<b>TRAVEL ACCIDENT COVERAGE</b> - Used if Common Carrier coverage is not part of the program design.
CCTA-1AA		<b>COMMON CARRIER TRAVEL ACCIDENT COVERAGE</b>
FACC-1AA		<b>FLIGHT ACCIDENT COVERAGE</b>
ADDBC-1AA		<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT BENEFIT</b> - Describes the benefits payable for AD&D losses. Use if Travel Accident Coverage, Common Carrier Travel Accident Coverage or Flight Accident Coverage is part of the program design.
TAMEC-1AA		<b>EMERGENCY MEDICAL BENEFIT</b>
TAMEC-2AA		<b>MEDICAL EVACUATION/REPATRIATION BENEFIT</b>
TARC-1BB		<b>RETURN OF CHILDREN BENEFIT</b>
TABV-1AA		<b>BEDSIDE VISIT BENEFIT</b>
TARR-1AA		<b>REPATRIATION OF REMAINS BENEFIT</b> - Describes benefits payable.
TARR-1BA		<b>REPATRIATION OF REMAINS BENEFIT (Alternate)</b> - Describes benefits payable.
TARBE-1AA		<b>RETURN OF YOUR BAGGAGE AND PERSONAL EFFECTS – MEDICAL EVACUATION</b> - Describes benefits payable.
TARRV-1AA		<b>RETURN OF YOUR RENTAL VEHICLE MEDICAL EMERGENCY</b> - Describes coverage conditions and benefits payable.
<b><u>GENERAL EXCLUSIONS AND LIMITATIONS</u></b> – (Standard)		
XLPA-1AA		<b>Suicide</b>
XLPA-2AA		<b>War or act of war</b>
XLPA-3AA		<b>Service in the armed forces</b>
XLPA-3BA		<b>Service in the armed forces</b> - (Alternate)
XLPA-3CA		<b>Service in the armed forces</b> - (Alternate)
XLPA-3DA		<b>Service in the armed forces</b> - (Alternate)
XLPA-4AA		<b>Aviation</b>

<b><u>FORM#</u></b>	<b><u>INSERT#</u></b>	<b><u>DESCRIPTION</u></b>
	XLPA-4BA	<b>Aviation - (Alternate)</b>
	XLPA-5AA	<b>Intoxication or under the influence of drugs</b>
	XLPA-6AA	<b>Alcoholism or drug addiction</b>
	XLPA-7AA	<b>Participation in a felony</b>
	XLPA-7BA	<b>Commission of a felony; illegal occupation - (Alternate)</b>
	XLPA-8AA	<b>Participation in a riot or insurrection</b>
	XLPA-9AA	<b>Mental or emotional disorders</b>
	XLPA-10AA	<b>Pre-Existing Condition</b> – used if the Pre-Existing Conditions Limitation is not part of the program design.
	XLPA-11AA	<b>Medical advice against travel</b>
	XLPA-12AA	<b>Elective medical treatment</b>
	XLPA-13AA	<b>Pregnancy</b>
	XLPA-14AA	<b>Travel warning</b>
	XLPA-15AA	<b>Participation in races; speed or endurance contests</b>
	XLPA-16AA	<b>Mountaineering</b>
	XLPA-17AA	<b>Participation in organized sporting events; professional athlete</b>
	XLPA-18AA	<b>Sky diving, hang gliding, bungee cord jumping etc.</b>
	XLPA-18BA	<b>Sky diving, hang gliding, bungee cord jumping etc. – (Alternate)</b>
	XLPA-19AA	<b>Governmental prohibition</b>
	XLPA-20AA	<b>Terminal Illness</b>
	XLPA-21AA	<b>Childbirth, pregnancy, voluntary abortion</b>
	XLPA-22AA	<b>Dental treatment</b>
	XLPA-23AA	<b>Travel for the purpose of receiving medical care</b>
	XLPA-24AA	<b>Pandemics and/or epidemics</b>
	XLPA-25AA	<b>Extreme skiing</b>
	XLPA-26AA	<b>Caving or spelunking</b>
	XLPA-27AA	<b>Hot-air ballooning</b>
	XLPA-29AA	<b>Traveling Outer Space</b>
	XLPA-29BA	<b>Orbital Space Flights (Alternate)</b>
	TAML-1AA	<b>Maximum Limit of Liability - (Standard)</b> Describes the maximum amount payable for all losses under the policy.
	TAPXC-1BB	<b>PRE-EXISTING CONDITIONS EXCLUSION/LIMITATION</b>
		<b><u>GENERAL PROVISIONS</u> - (Standard)</b>
	TAGPC-1AA	<b>Statements</b>
	TAGP-2AA	<b>Medical Records</b>
	TAGPC-3AA	<b>Subrogation for Property and Casualty Benefits</b>
	TAGPC-4AA	<b>Errors or Mis-payments</b>
	TAGPC-5AA	<b>Currency</b>
	TAGPC-6AA	<b>Conformity with State Laws</b>
	TAGPC-7AA	<b>Clerical Error</b>
	TAGP-8AA	<b>Misstatement of Age</b>
	TAGP-9AA	<b>Assistance Provision</b>

<b><u>FORM#</u></b>	<b><u>INSERT#</u></b>	<b><u>DESCRIPTION</u></b>
	TAGPC-10AA	<b>Sworn Statements</b>
		<b><u>UNIFORM PROVISIONS</u></b> – (Standard)
	TAUPC-1AA	<b>Notice of Claim</b>
	TAUP-2AA	<b>Claim Forms</b>
	TAUP-3AA	<b>Written Proof of Loss</b>
	TAUPC-4AA	<b>Time of Payment of Claims</b>
	TAUPC-5AA	<b>Payment of Claims</b>
	TAUPC-6AA	<b>No Benefit to Bailee</b>
	TAUP-7AA	<b>Physical Examination and Autopsy</b>
	TAUP-8AA	<b>Legal Action</b>
	TAUPC-9AA	<b>Concealment and Misrepresentation</b>
	TAUP-10AA	<b>Other Insurance With Us</b>
	TAUPC-11AA	<b>Coverage/Recovery From Other Sources</b>
	TAUP-12AA	<b>Insurance with Other Insurers</b>
<b>OREF</b>		<b>ENROLLMENT FORM</b> Used by individuals to enroll for coverage.
<b>OREFB</b>		<b>ENROLLMENT FORM</b> Used for alternate program design.