

SERFF Tracking Number: FRCS-125850992 State: Arkansas  
Filing Company: Virginia Surety Company, Inc. State Tracking Number: EFT \$50  
Company Tracking Number: 5007-F  
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Travel Insurance Policy  
Project Name/Number: VASURETY/62/62

## Filing at a Glance

Company: Virginia Surety Company, Inc.

Product Name: Travel Insurance Policy

TOI: 09.0 Inland Marine

Sub-TOI: 09.0009 Travel Coverage

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

SERFF Tr Num: FRCS-125850992 State: Arkansas

SERFF Status: Closed

Co Tr Num: 5007-F

Co Status: None

Authors: Exselsa Cartwright,  
Johnna Kemp

Date Submitted: 11/14/2008

State Tr Num: EFT \$50

State Status: Fees verified and  
received

Reviewer(s): Alexa Grissom, Betty  
Montesi

Disposition Date: 12/18/2008

Disposition Status: Approved

Effective Date (New): 12/18/2008

Effective Date (Renewal):

## General Information

Project Name: VASURETY/62

Project Number: 62

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 12/18/2008

State Status Changed: 11/20/2008

Corresponding Filing Tracking Number: FRCS-125850993

Filing Description:

The above referenced forms are being submitted for your review and approval. These are new forms and are not intended to replace any forms previously approved by your Department.

Included with the Travel Services Program filing you'll find:

- The Group Master Policy and Schedule of Coverage which will be issued to the policyholder.

Status of Filing in Domicile: Pending

Domicile Status Comments: Submitted at a  
future date.

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

SERFF Tracking Number: FRCS-125850992 State: Arkansas  
Filing Company: Virginia Surety Company, Inc. State Tracking Number: EFT \$50  
Company Tracking Number: 5007-F  
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Travel Insurance Policy  
Project Name/Number: VASURETY/62/62

- The Application for the group policy.
- The Evidence of Coverage and EOC Schedule Page for the benefit of the insured.

The Travel Services Program provides benefits for individual trips (on a per trip basis) as well as annual/multi-trip accounts with multiple passengers. Trips can be sold via direct, retail or wholesale markets as well as blanket with membership in a participating organization or group. Trip duration varies, without majority of the trips being less than 14 days but can be up to one year (a factor that is included in the manual to account of these differences). The coverage is non-renewable.

The coverage is provided to the insured either on a voluntary basis or may be provided on a mandatory or blanket basis. On the mandatory basis where all individuals purchasing travel services through the sponsoring organization or all members of a specific group are automatically insured.

Depending on the selection, benefits for the Travel Services Program can include:

- Accidental Death and Dismemberment
- Accidental Death and Dismemberment-Common Carrier Only
- Accident Medical Expense
- Accident Medical Expense-Emergency Only
- Accidental Injury-Hospital Indemnity
- Baggage Delay
- Baggage and Personal Effects
- Collision Damage Waiver/Loss Damage Waiver
- Emergency Evacuation
- Emergency Helicopter Transport
- Flight Only-Accident Death and Dismemberment
- Hotel/Motel Burglary
- Itinerary Change
- Lost Baggage
- Lost Ski Days
- Missed Connection
- Property Damage
- Rental Car Person Accident

SERFF Tracking Number: FRCS-125850992 State: Arkansas  
Filing Company: Virginia Surety Company, Inc. State Tracking Number: EFT \$50  
Company Tracking Number: 5007-F  
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Travel Insurance Policy  
Project Name/Number: VASURETY/62/62

- Repatriation of Mortal Remains
- Search and Rescue
- Sickness Medical Expense
- Sickness Medical Expense-Emergency Only
- Sickness-Hospital Indemnity
- Ticket Saver/Lost Ticket
- Trip Cancellation
- Trip Cancellation for Any Reason
- Trip Delay
- Trip Interruption
- Trip Interruption-Disablement

All variable information is bracketed. Variable items will never be more than the maximum or less than the minimum required by the laws or regulations of your state. The Company may vary for format (i.e., line spacing, form width, height, etc.) to meet system requirements. However, no items will be added or deleted; only the format may vary.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - FC01)

Exselsa Cartwright, Compliance Specialist  
1020 Central  
Kansas City, MO 64105

exselsa.cartwright@firstconsulting.com  
(800) 927-2730 [Phone]  
(816) 391-2755[FAX]

### Filing Company Information

Virginia Surety Company, Inc.  
175 West Jackson Blvd.  
Chicago, IL 60604  
(800) 209-6206 ext. [Phone]

CoCode: 40827 State of Domicile: Illinois  
Group Code: 4254 Company Type:  
Group Name: The Warranty Group State ID Number:  
FEIN Number: 36-3186541

-----

## Filing Fees

SERFF Tracking Number: FRCS-125850992 State: Arkansas  
Filing Company: Virginia Surety Company, Inc. State Tracking Number: EFT \$50  
Company Tracking Number: 5007-F  
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Travel Insurance Policy  
Project Name/Number: VASURETY/62/62

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: The fee in your state for this type of filing which includes the policy, certificate, schedule page, endorsement and application form is \$50 per filing.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Virginia Surety Company, Inc.	\$50.00	11/14/2008	23948496

SERFF Tracking Number: FRCS-125850992 State: Arkansas  
 Filing Company: Virginia Surety Company, Inc. State Tracking Number: EFT \$50  
 Company Tracking Number: 5007-F  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
 Product Name: Travel Insurance Policy  
 Project Name/Number: VASURETY/62/62

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	12/18/2008	12/18/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	11/20/2008	11/20/2008	Angie Chapman	12/12/2008	12/16/2008
Industry Response						

*SERFF Tracking Number:*      *FRCS-125850992*                      *State:*                      *Arkansas*  
*Filing Company:*              *Virginia Surety Company, Inc.*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *5007-F*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0009 Travel Coverage*  
*Product Name:*                      *Travel Insurance Policy*  
*Project Name/Number:*              *VASURETY/62/62*

## **Disposition**

Disposition Date: 12/18/2008

Effective Date (New): 12/18/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125850992 State: Arkansas  
 Filing Company: Virginia Surety Company, Inc. State Tracking Number: EFT \$50  
 Company Tracking Number: 5007-F  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
 Product Name: Travel Insurance Policy  
 Project Name/Number: VASURETY/62/62

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Authorization	Approved	Yes
Form	Evidence of Coverage	Approved	Yes
Form	EOC Schedule	Approved	Yes
Form	Group Travel Policy	Approved	Yes
Form	Group Application	Approved	Yes
Form	Schedule of Coverage	Approved	Yes
Form (revised)	Endorsement	Approved	Yes
Form	Endorsement	Approved	Yes

SERFF Tracking Number: FRCS-125850992 State: Arkansas  
Filing Company: Virginia Surety Company, Inc. State Tracking Number: EFT \$50  
Company Tracking Number: 5007-F  
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Travel Insurance Policy  
Project Name/Number: VASURETY/62/62

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/20/2008

Submitted Date 11/20/2008

Respond By Date

Dear Exselsa Cartwright,

This will acknowledge receipt of the captioned filing. Please amend the time period for bringing suit to "the time allowed by law." Additionally, the Suit Against Us provision should state the insurer is only entitled to recover after the insured is made whole per the Arkansas Supreme Court's Opinion in Franklin v. Healthsource.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 12/12/2008

Submitted Date 12/16/2008

Dear Alexa Grissom,

### Comments:

### Response 1

Comments: The company has the following comments in response to your objection dated November 20, 2008.

Please refer to the revised Arkansas Amendatory Endorsement that now includes a revised Legal Actions clause and a revised Subrogation clause. These two provisions have been modified to address Arkansas law. With regard to the Legal Actions clause, the company chose to use 5 years rather than "time allowed by law" since it is their understanding that the time allowed by law is 5 years.

Thank you for your continued cooperation in regard to this filing.

### Changed Items:

*SERFF Tracking Number:* FRCS-125850992      *State:* Arkansas  
*Filing Company:* Virginia Surety Company, Inc.      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* 5007-F  
*TOI:* 09.0 Inland Marine      *Sub-TOI:* 09.0009 Travel Coverage  
*Product Name:* Travel Insurance Policy  
*Project Name/Number:* VASURETY/62/62

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Endorsement	TSP-END-9.08 AR (9.08)		Endorsement/Amendment /Conditions	New			TSP-END-AR _9.08_.pdf
<b><i>Previous Version</i></b>							
<i>Endorsement</i>	<i>TSP-END-9.08 AR</i>		<i>Endorsement/Amendment /Conditions</i>	<i>New</i>			<i>TSP-END-AR _9.08_.pdf</i>

No Rate/Rule Schedule items changed.

Sincerely,  
 Exselsa Cartwright, Johnna Kemp

SERFF Tracking Number: FRCS-125850992 State: Arkansas  
 Filing Company: Virginia Surety Company, Inc. State Tracking Number: EFT \$50  
 Company Tracking Number: 5007-F  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
 Product Name: Travel Insurance Policy  
 Project Name/Number: VASURETY/62/62

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Evidence of Coverage	TSP-EOC	9.08	Certificate New		40.20	TSP-EOC (9.08)_Comb o-dist.pdf
Approved	EOC Schedule	TSP-EOC-9.08 SCH		Declaration News/Schedule		45.80	TSP-EOC-SCH (9.08)_Comb o_dist.pdf
Approved	Group Travel Policy	TSP-GMP	9.08	Policy/Coverage New Form		40.50	TSP-GMP (9.08)_Comb o-dist.pdf
Approved	Group Application	TSP-GP-APP	9.08	Application/ New Binder/Enrollment		48.80	TSP-GP-APP (9.08)_Comb o_dist.pdf
Approved	Schedule of Coverage	TSP-SOC	9.08	Declaration News/Schedule		0.00	TSP-SOC (9.08)_Comb o-dist.pdf
Approved	Endorsement	TSP-END-9.08 AR (9.08)		Endorsement/Amendment/Conditions New			TSP-END-AR _9.08_.pdf

**Virginia Surety Company, Inc.**  
[175 W. Jackson Blvd., Chicago, IL 60604]

**[Insert Program Name]**  
**Evidence of Coverage**

**[TABLE OF CONTENTS**

	Page Number
A. DEFINITIONS.....	[21]
B. TERM OF COVERAGE.....	[5]
C. BENEFITS.....	[7]
[ACCIDENTAL DEATH AND DISMEMBERMENT.....	[7]]
[ACCIDENTAL DEATH & DISMEMBERMENT – COMMON CARRIER.....	[8]]
[ACCIDENTAL INJURY – IN HOSPITAL INDEMNITY.....	[9]]
[ACCIDENT MEDICAL EXPENSE.....	[9]]
[ACCIDENT MEDICAL EXPENSE – EMERGENCY ONLY.....	[9]]
[BAGGAGE DELAY [(Outward Journey Only)].....	[10]]
[BAGGAGE/PERSONAL EFFECTS.....	[10]]
[COLLISION DAMAGE WAIVER.....	[10]]
[EMERGENCY EVACUATION.....	[11]]
[EMERGENCY HELICOPTER TRANSPORT.....	[12]]
[FLIGHT ONLY ACCIDENTAL DEATH AND DISMEMBERMENT.....	[12]]
[HOTEL/MOTEL BURGLARY [U.S. & CANADA ONLY].....	[14]]
[ITINERARY CHANGE.....	[14]]
[LOSS DAMAGE WAIVER.....	[15]]
[LOST BAGGAGE.....	[15]]
[LOST SKIER DAYS.....	[16]]
[MISSED CONNECTION.....	[16]]
[PROPERTY DAMAGE.....	[16]]
[RENTAL CAR PERSONAL ACCIDENT.....	[16]]
REPATRIATION OF MORTAL REMAINS.....	[17]]
[SEARCH AND RESCUE.....	[18]]
[SICKNESS – IN HOSPITAL INDEMNITY.....	[18]]
[SICKNESS MEDICAL EXPENSE.....	[18]]
[SICKNESS MEDICAL EXPENSE – EMERGENCY ONLY.....	[19]]
[TICKET SAVER.....	[19]]
[TRIP CANCELLATION.....	[20]]
[TRIP CANCELLATION FOR ANY REASON.....	[23]]
[TRIP DELAY.....	[24]]
[TRIP INTERRUPTION.....	[24]]
[TRIP INTERRUPTION - DISABLEMENT.....	[27]]
D. EXCLUSIONS.....	[28]
E. HOW TO FILE A CLAIM.....	[36]
F. GENERAL PROVISIONS.....	[36]]

## A. DEFINITIONS

Throughout this document, You and Your refer to the named insured as defined on the **EOC Schedule**. We, Us, and Our refer to Virginia Surety Company, Inc. In addition, when in bold certain words and phrases are defined as follows:

[**Accident** means a sudden, unexpected, unusual, specific event which 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 a **Bodily Injury** caused by an **Accident** (of external origin) being the direct and independent cause in the loss.]

[**Actual Cash Value** means purchase price less depreciation.]

[**Administrator** means [insert name]. [You may contact the **Administrator** if You have questions regarding this coverage or would like to make a claim. The **Administrator** can be reached by [phone at [insert #]] [or] [email at [insert e-mail]].]

[**Authorized Driver** means a driver with a valid driver's license issued from his/her state of residence and indicated on the rental car agreement.]

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

[**Bodily Injury** means identifiable physical injury which: (a) is caused by an **Accident**, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by, such injury.]

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

[**Carry-On Baggage** means a piece of baggage that has not been checked and is owned by and accompanies You while traveling on a **Common Carrier**.]

[**Check-In** means the moment You register at the **Hotel/Motel**.]

[**Check-Out** means the moment You vacate the **Hotel/Motel** room and pay the itemized total costs incurred for Your stay.]

[**Checked Baggage** means a piece of baggage for which a claim check has been issued to You by a **Common Carrier**.]

[**City** means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.]

[**Collision** means a disablement resulting from a collision with another vehicle or object which prevents Your vehicle from proceeding safely under its own power and the collision has been reported in writing to the local or state police.]

[**Common Carrier** means any public [scheduled] [land,] [sea,] [or] [air] conveyance operating under a valid license for the transportation of passengers for hire. [**Common Carrier** does not include [helicopters,] [taxis,] [rental cars] [and] [hired cars].]

[**Cruise** means any prepaid sea arrangements made by the **Travel Supplier**.]

[**Default** means a material failure or inability to provide contracted services due to financial insolvency.]

[**Dependent Child(ren)** means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age [nineteen (19)] and primarily dependent on You for support and maintenance; or (2) who is at least age [nineteen (19)] but less than age [twenty-three (23)] and who regularly attends [an institution of learning] [an accredited school or college]; and who is primarily dependent on You for support and maintenance.]

[**Dependent** means a lawful spouse [or **Domestic Partner**] [and/or] unmarried children under [eighteen (18)] years of age.]

[**Domestic Partner** [means a person with whom You resides and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous [six (6)] months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You resides.] [means a person who is at least [eighteen (18)] years of age with whom You resides 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 resides.]]

[**Economy Transportation** means the lowest published available transportation rate for a ticket on a **Common Carrier** matching the original class of transportation that You purchased for Your **Trip**, reduced by the value of an unused return travel ticket.]

[**Effective Date** means the date and time Your coverage begins under this **EOC**. (See B, Term of Coverage.)]

[**Emergency Treatment** means necessary medical treatment, including services and supplies that must be performed during Your **Trip** due to the serious and acute nature of the [**Accidental Injury**] [or] [**Sickness**].]

[**EOC Schedule** means the attached document listing the named insured, [**Traveling Companion(s)**], **Trip**, benefit(s), and limits.]

[**Evidence of Coverage (EOC)** means this document. It describes the terms, conditions, and exclusions that apply to each benefit. The **EOC** is the entire agreement between You and Us. Representations or promises made by anyone that are not contained in this document are not a part of Your benefits. This **EOC** also includes any endorsements, riders, and amendments that are subsequently issued or attached.]

[**Exotic Vehicles** includes Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Clenet, Corvette, Cosworth, De Lorean, Excalibre, Ferrari, Iso, Jaguar, Jensen Healy, Lamborghini, Lancia, Lotus, Maserati, Mercedes Benz, MG, Morgan, Pantera, Panther, Pininfarina, Porsche, Rolls Royce, Rover, Stutz, Sterling, Triumph, and TVR.] [You must call the **Administrator** before renting to obtain confirmation that the vehicle is covered.]

[**Expiration Date** means the date and time coverage ends under this **EOC**. (See B, Term of Coverage.)]

[**Family Member** means Your [and/or] [**Traveling Companion's**] [legal or common law spouse,] [**Domestic Partner**,] [parent, legal guardian, step-parent, step-parents-in-law,] [grandparent, grandchild,] [natural or adopted child, foster child, ward, step-child, children-in-law,] [brother, sister, step-brother, step-sister, brother-in-law, sister-in-law,] [aunt, uncle, niece, nephew,] [or] [cousin,] [who reside in [the United States] [or] [Canada] [or] [Mexico]].]

[**Felonious Assault** means an act of violence against You [,] [Your Family Member traveling with You] [,] or Your **Traveling Companion** requiring medical treatment in a **Hospital**. A **Felonious Assault** may not be inflicted by You, Your **Family Member**, Your **Traveling Companion**, or Your **Traveling Companion's Family Member**.]

**[Hazard** means:

[Delay of a **Common Carrier** (including **Inclement Weather**) which is certified by the **Common Carrier**.]

[Equipment failure of a **Common Carrier** which is certified by the **Common Carrier**.]

[Delay due to a documented weather condition preventing You from getting to the point of departure.]

[Delay by a traffic accident en route to a departure, in which You or Your **Traveling Companion** are not directly involved (must be substantiated by a report to the police or the appropriate authority).]

[Delay due to lost or stolen passports, travel documents or money (must be substantiated by a report to the police or the appropriate authority).]

[Delay due to [quarantine,] [hijacking,] [unannounced strike or other job action,] [natural disaster,] [terrorism,] [civil commotion or riot.]

[A closed roadway causing cessation of travel to the destination of Your **Trip** substantiated by the department of transportation, state police, etc.]]

**[Hospital** means a facility that:

a) Holds a valid license if it is required by the law.

b) Operates primarily for the care and treatment of sick or injured persons as in-patients.

c) Has a staff of one or more **Physicians** available at all times.

d) Provides 24-hour nursing service and has at least one registered professional nurse on duty or call.

e) Has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis.

f) Is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.]

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

**[Hotel/Motel** means a licensed establishment [located in the [United States] [or] [Canada]] that provides lodging for the general public.]

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

**[Loss of Use** means the charges imposed by the **Rental Agency**, for which You are liable due to damage or **Loss** to the **Rented Automobile**, for the period of time the vehicle is being repaired.]

**[Medical Expenses** means expenses incurred by You that are for the necessary services and supplies which are recommended by the attending **Physician**. They include but are not limited to: (a) the services of a **Physician**, surgeon, graduate nurse or osteopath; (b) charges for **Hospital** confinement and use of operating rooms [**Hospital** or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your **Trip**, if recommended as a substitute for a **Hospital** room for recovery from an **Accidental Injury** or **Sickness** that occurs during Your **Trip**); (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests; (d) ambulance service; (e) drugs, medicines, prosthetics and therapeutic services and supplies.]

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

**[Pre-Existing Condition** means any injury, sickness or condition You [,] [or] [Your **Traveling Companion**] [,] [or] [Your **Family Member**] [,booked to travel with You] [and/or] [Your] [or] [Your **Traveling Companion's**] [**Family Member**] [or] [**Business Partner**] for which within the [sixty (60)] day period prior to the **Effective Date** under this **EOC** (a) first manifested itself or exhibited symptoms which would have caused a reasonable person to seek diagnosis, care or treatment; or (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment that was recommended by a **Physician**. Taking maintenance medications for a condition that is considered stable shall not be cause for exclusion.]

[**Rental Agency** means a commercial automobile rental company licensed under the laws of the applicable jurisdiction.]

[**Rented Automobile** means a four-wheeled private passenger type motor vehicle or a mini-van manufactured and designed to transport a maximum of eight passengers and used exclusively to carry passengers. It must be designed for travel on public roads and rented from a licensed **Rental Agency**.]

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

[**Scheduled Return Date** means [the date on which You are originally scheduled to return to the point of origin or to a different final destination.][the last day of any **Trip** taken during the Term of Coverage.]]

[**Sickness** means an illness or disease which is diagnosed or treated by a **Physician** after the **Effective Date** of coverage and while You are covered under this **EOC**.]

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

[**Terrorist Attack** means [an incident deemed an act of terrorism by [the U.S. Department of State.] [the U.S. Government.]] [an act of violence, resulting in loss of life or major property damage, by any person acting on behalf of, or in connection with, any organization that intends to overthrow or influence the control of any government, and which is declared as such by the U.S. State Department or other appropriate U.S. government agency. A Terrorist Act does not include general civil protests, unrest, rioting, or acts of war.]

[**Terrorist Incident** means an incident deemed a terrorist act by the United States Government that causes property damage and loss of life.]

[**Travel Arrangements** means [any travel arrangements made by the **Travel Supplier**.] [any activities undertaken by You during Your **Trip**.]

[**Traveling Companion** means a person who has coordinated his/her travel or vacation plan with You and is further as described in the **EOC Schedule**. Note: a group leader is not considered a **Traveling Companion** unless You are sharing room accommodations with the group or tour leader.]

[**Travel Supplier** means [tour operator [,] [or] [cruise line [,] [or] [hotel] [,] [or] [scheduled airline] who has made the **Travel Arrangements**.]

[**Trip** means a trip or class of trips as described on the **EOC Schedule**.]

**B. TERM OF COVERAGE**

**TRIP CANCELLATION:**

- a) **Effective Date** of Coverage  
Trip Cancellation, described in Section C, will take effect at 12:00:01 A.M. local time, at Your location, on the later of the following:
- [The day after the premium for such coverage is received by Us or Our designated representative.]
  - [The day after the postmark on Your **EOC Schedule** (which includes the premium) for such coverage is received by Us or Our designated representative.]
  - [The day after You apply by phone, fax, or internet and the premium for such coverage is received by Us or Our designated representative.]
  - [The date the **Travel Supplier** receives the [initial deposit] [final payment] for Your **Trip**.]
  - [The date the [initial deposit] [final payment] for Your **Trip** is booked to Your credit card.]

b) **Expiration Date** of Coverage

Trip Cancellation, described in Section C, will end at 11:59:59 p.m. local time on the date that is the earliest of the following:

- [The date the Group Policy is terminated, unless You purchased insurance prior to the date of termination.]
- [The **Scheduled Departure Date** as stated on the travel itinerary.]
- [The date You leave or change Your **Trip** (unless due to unforeseen and unavoidable circumstances covered by the **EOC**).]
- [The date You cancel Your **Trip**.]

---

**[[ALL OTHER COVERAGES]:**

---

a) **Effective Date** of Coverage

All coverages, described in Section C, [other than Trip Cancellation] will take effect at 12:00:01 A.M. local time, at Your location, on the later of the following:

- [The **Scheduled Departure Date** as stated on Your issued ticket.]
- [The day after the premium for such coverage is received by Us or Our designated representative.]
- [The day after the postmark of Your **EOC Schedule** (which includes the premium) for such coverage is received by Us or Our designated representative.]
- [The day after You apply by phone, fax or internet and the premium for such coverage is received by Us or Our designated representative.]
- [The date the **Travel Supplier** receives the [initial deposit] [final payment] for Your **Trip**.]
- [The date the [initial deposit] [final payment] for Your **Trip** is booked to Your credit card.]

b) **Expiration Date** of Coverage

All coverages, described in Section C, [other than Trip Cancellation] will end at 11:59:59 P.M. local time on the date that is the earliest of the following:

- [The **Scheduled Return Date** as stated on the travel tickets.]
- [The date the Group Policy is terminated, unless You purchased insurance prior to the date of termination.]
- [The date You return to Your origination point if prior to the **Scheduled Return Date**.]
- [The date You leave or change Your **Trip** (unless due to unforeseen and unavoidable circumstances covered by the **EOC**).]
- [If the You extend the return date, coverage will terminate local time, at the location of Your **Scheduled Return Date**.]
- [The date You cancel Your **Trip**.]
- [The date You are less than [100] miles from Your primary residence.]
- [[Ninety (90) days] after the start of Your **Trip**.]

c) [Extension of Coverage

Coverage will be extended under the following conditions:

- i. [When You commence air travel from Your origination point: within [two (2)] days before the **Scheduled Departure Date** of Your **Trip**, coverage shall apply from the time of departure from the origination point; or greater than [two (2)] days before the **Scheduled Departure Date** of Your **Trip**, the extension of coverage shall be provided only during Your air travel.]
- ii. [If You return to Your origination point: [within] [(up to)] [two (2)] days after the **Scheduled Return Date** of Your **Trip**, coverage shall apply until the time of return to Your origination point; or [greater than] [(up to)] [two (2)] days after the **Scheduled Return Date** of Your **Trip**, the extension of coverage shall be provided only during Your air travel.]
- iii. [If You [are a passenger on a scheduled **Common Carrier** which] are unavoidably delayed [due to a covered reason] in reaching Your origination point, coverage will be extended for the period of time needed to arrive at Your origination point.]

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

**C. BENEFITS**

**[ACCIDENTAL DEATH AND DISMEMBERMENT**

We will pay benefits for Your Loss, described in the below Table of Losses, resulting directly from an **Accidental Injury** that occurs during Your **Trip**. Such Loss must occur within [one hundred eighty (180) days] of the date of the **Accident** causing the Loss.

Coverage is limited to the principal sum shown on the **EOC Schedule** multiplied by the appropriate percentage shown in the below Table of Losses.

If more than one Loss is sustained as the result of an **Accident**, the amount payable shall be the largest amount payable for all of the sustained Losses arising from this one **Accident**.

The aggregate limit of liability for any one **Accident** for all insureds named in the **EOC Schedule** is limited to the amount shown on the **EOC Schedule**.

**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]%]
[Speech and one: hand, foot or sight of one eye.....	[100]%]
[Speech.....	[50]%]
[Hearing in both ears.....	[50]%]
[Thumb and index finger of same hand.....	[25]%]

“Loss” with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints;
2. eye means an entire and irrecoverable loss of sight;
3. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

**EXPOSURE**

We will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an **Accident** occurring during Your **Trip**. The Loss must occur within [three hundred sixty five (365) days] after the **Accident** that caused the exposure.

**DISAPPEARANCE**

We 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** occurring during Your **Trip**.]

**[ACCIDENTAL DEATH & DISMEMBERMENT – COMMON CARRIER]**

We will pay benefits for Your Loss, described in the below Table of Losses, resulting directly from an **Accidental Injury** that occurs while You are riding as a passenger in or on [, boarding or alighting from,] any [air] **Common Carrier** during Your **Trip** [; or after being struck or run down by an aircraft]. Such Loss must occur within [one hundred eighty (180) days] after the date of the **Accident** causing the Loss.

Coverage is limited to the principal sum shown on the **EOC Schedule** multiplied by the appropriate percentage shown in the below Table of Losses.

If more than one Loss is sustained as the result of an **Accident**, the amount payable shall be the largest amount payable for all of the sustained Losses arising from this one **Accident**.

The aggregate limit of liability for any one **Accident** for all insureds named in the **EOC Schedule** is limited to the amount shown on the **EOC Schedule**.

**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]%
[Speech and one: hand, foot or sight of one eye.....]	[100]%
[Speech.....]	[50]%
[Hearing in both ears .....	[50]%
[Thumb and index finger of same hand.....]	[25]%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints;
2. eye means an entire and irrecoverable loss of sight;
3. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

**EXPOSURE**

We will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an **Accident** occurring during Your **Trip** while You are riding as a passenger in or on [, boarding or alighting from,] any **Common Carrier**. The Loss must occur within [three hundred sixty five (365) days] after the **Accident** that caused the exposure.

**DISAPPEARANCE**

We 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 forced landing, stranding, sinking, or wrecking of [a] [an] [air] **Common Carrier** due to an **Accident** occurring during Your **Trip**.]

**[ACCIDENTAL INJURY – IN HOSPITAL INDEMNITY**

We will pay benefits on a per night basis, up to the maximum shown on the **EOC Schedule**, for each night You are confined to a **Hospital** as a registered inpatient as the result of a covered **Accidental Injury** which first occurs during Your **Trip**.]

**[ACCIDENT MEDICAL EXPENSE**

We will pay **Medical Expenses** [and dental expenses] incurred up to maximum shown on the **EOC Schedule** [,subject to any deductible,] if You incur **Medical Expenses** [and dental expenses] as a result of an **Accidental Injury** that occurs during Your **Trip**. [You must receive initial treatment for an **Accidental Injury** within [ninety (90)] days of the **Accident** which caused it. All services, supplies or treatment must be received within [fifty-two (52)] weeks of the date of the **Accident**].

[We will pay benefits, up to the maximum shown on the **EOC Schedule**, for emergency dental treatment for **Accidental Injury** occurring during Your **Trip** to sound natural teeth within [twelve (12) months] of the **Accidental Injury**.]

[We will advance payment to a **Hospital**, up to the maximum shown on the **EOC Schedule**, if needed to secure Your admission to a **Hospital** because of **Accidental Injury**.]

We will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by **Physicians** in the locality in which care is furnished. We will not cover any expenses provided by another party at no cost to You or already included within the cost of Your **Trip**.]

**[ACCIDENT MEDICAL EXPENSE – EMERGENCY ONLY**

We will pay **Medical Expenses** [and dental expenses] incurred up to the maximum shown on the **EOC Schedule** [subject to any deductible], if You incur **Medical Expenses** [and dental expenses] for **Emergency Treatment** due to an **Accidental Injury** that occurs during Your **Trip**.

[We will pay benefits, up to the maximum shown on the **EOC Schedule**, for emergency dental treatment for **Accidental Injury** occurring during Your **Trip** to sound natural teeth.]

[We will advance payment to a **Hospital**, up to the maximum shown on the **EOC Schedule**, if needed to secure Your admission to a **Hospital** because of **Accidental Injury**.]

[If You are **Hospitalized** beyond the **Scheduled Return Date** due to an **Accidental Injury** which first occurred during the course of Your scheduled **Trip**, coverage will be extended either until You are released from the **Hospital** or maximum benefits under the **EOC** have been paid.]

[The maximum benefit payable if You have Other Insurance, as defined below, and the maximum benefit payable if You do not have Other Insurance, are shown on the **EOC Schedule**. All benefits payable are subject to the exclusions and limitations stated in this **EOC**. The total combined payments under benefits payable with Other Insurance and benefits payable without Other Insurance under this **EOC** will not exceed the maximum benefit amount shown under benefits payable with Other Insurance.]

[For purposes of this benefit, Other Insurance means any one of the following types of policies or plans which provide benefits for **Hospital** confinement for You on Your **Effective Date** of coverage, and such policy or plan may require You to pay a deductible and/or portion of coinsurance: individual, group or blanket insurance plans; group Blue Cross, Blue Shield, or other group prepayment coverage plans; coverage under labor management trustee plans, union welfare plans, employer organization plans, employee benefit organizational plans, or other arrangements of benefits for persons of a group. Other Insurance does not include Medicare or Medicaid.]

[We will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by **Physicians** in the locality in which care is furnished. We will not cover any expenses provided by another party at no cost to You or already included within the cost of Your **Trip**.]

---

**[BAGGAGE DELAY [(Outward Journey Only)]**

---

[We will reimburse You for the expense of necessary personal effects, up to the maximum shown on the **EOC Schedule**, if Your **Checked Baggage** is delayed or misdirected by a **Common Carrier** [up to [twenty-four (24)] hours], while on Your **Trip** [except for travel to final destination or place of residence].

[We will reimburse You for the cost of ski rentals, up to the maximum shown on the **EOC Schedule**, if the skis checked as baggage are delayed or misdirected by a **Common Carrier** [up to twenty-four (24)] hours, while on Your **Trip**, except for travel to final destination or place of residence.]

You must be a ticketed passenger on a **Common Carrier**.

This coverage is secondary to any coverage provided by a **Common Carrier**.

All claims must be verified by the **Common Carrier**.]

---

**[BAGGAGE/PERSONAL EFFECTS**

---

We will reimburse You, up to the maximum shown on the **EOC Schedule**, for loss, theft or damage to baggage and personal effects, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. The baggage and personal effects must be owned by and accompany You during Your **Trip**.

[There will be a per article limit shown on the **EOC Schedule**.]

[We will pay the **Actual Cash Value** at time of loss, theft or damage to baggage and personal effects, less depreciation as determined by Us; or the cost of repair or replacement with material of a like kind and quality.]

[There will be a combined maximum limit shown on the **EOC Schedule** 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.]

[The following reimbursements are included: 1) Lost or stolen passport or visa ([extract\_itex]50] maximum); [and] [or] 2) Lost or stolen credit cards (cost associated with the unauthorized use) – [extract\_itex]50] maximum subject to verification that You have complied with all conditions of the credit card company.]

You are required to:

- a) Take immediate steps to protect, save and/or recover the covered property;
- b) Give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- c) Notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

**[EXTENSION OF COVERAGE**

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

**NOTE:**

This coverage is secondary to any coverage provided by a **Common Carrier** [and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.]]

---

**[COLLISION DAMAGE WAIVER**

---

If You rent a car while on Your **Trip**, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not in Your control while in Your possession, or the car is stolen while in Your possession and is not recovered, We will pay the lesser of:

- [(a) The cost of repairs and rental charges imposed by the **Rental Agency** while the car is being repaired.]
- [(b) The **Actual Cash Value** of the car, meaning purchase price less depreciation.]
- [(c) The maximum shown on the **EOC Schedule** on a [per person] [per reservation] basis.]

[This benefit is provided to You [and Your **Traveling Companion**], provided You [and Your **Traveling Companion**] are [a] licensed driver(s), and listed on the **Rental Agreement**.]

[This benefit is provided for up to [thirty-one (31)] consecutive days.]

The following outlines Your duties in the event of any damage to the vehicle. You must:

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

---

### [**EMERGENCY EVACUATION**]

---

We will pay benefits for Covered Expenses incurred, up to the maximum shown on the **EOC Schedule**, if an **Accidental Injury** that occurs during Your **Trip** or **Sickness** commencing during the course of Your **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.

Emergency Evacuation means:

- a) Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest **Hospital** where appropriate medical treatment can be obtained;
- b) after being treated at a local **Hospital**, Your medical condition warrants transportation to the United States where the You reside, to obtain further medical treatment or to recover; or
- c) both (a) and (b) above.

For purposes of this benefit, Covered Expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. Expenses for medical services and supplies must be recommended by the attending **Physician**. All transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for transportation must be:

- a) recommended by the attending **Physician**;
- b) required by the standard regulations of the conveyance transporting You; and
- c) authorized and arranged in advance by Us or Our designated representative.

[Transportation of **Dependent Children**: If You are in the **Hospital** [for more than [seven (7)] days] [following a covered Emergency Evacuation], We will return Your **Dependent Children**, who are accompanying You on Your **Trip**, [to their home], [to the domicile of a person nominated by You or Your next of kin] with an attendant if necessary, limited to the cost of one-way economy airfare, less the value of applied credit from an unused return travel ticket.]

[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 We will bring a person, chosen by You, for a single visit to and from Your bedside provided that repatriation is not imminent.]

[If You suffer an **Accidental Injury** or **Sickness** while on Your **Trip**, which results in hospitalization and the attending **Physician** advises You against driving Your vehicle, We will pay the charges imposed up to [\$1,000] to

return the unattended vehicle to Your [primary residence] [or] [**Rental Agency**]. This coverage is only afforded to non-commercial vehicles.]

[Return of Vehicle: If You suffer an **Accidental Injury** or **Sickness** while on Your **Trip**, and require an Emergency Evacuation, and Your vehicle is stranded anywhere in the continental United States, We will return the automobile, motorcycle, truck, RV or trailer operated by You, to Your residence or, if applicable, to a designated **Rental Agency**. The vehicle must be in legally drivable condition or transportable by truck or tow. We will pay for fuel, oil, driver (including cost for food and accommodations during the **Trip** for the driver) and tolls en route.]

[Pet Return: If You are in a **Hospital** due to **Accidental Injury** or **Sickness** or if You die while on Your **Trip**, We will make arrangements for any pets traveling with You to be cared for at a local kennel for a maximum of [seven (7) days]. If Your medical condition requires transportation to another **Hospital**, health-care facility, or to Your permanent primary residence, We will return the pet to a family member or friend as chosen by You.]

All services noted above are provided if authorized in advance by Us or Our designated representative, and are limited to necessary **Economy Transportation** 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, but is not limited to, air ambulances, land ambulances and private motor vehicles.

We will not cover any expenses provided by another party at no cost to You or already included within the cost of Your **Trip**.]

---

#### [**EMERGENCY HELICOPTER TRANSPORT**]

---

In the event that You suffer from an **Accidental Injury** that occurs during Your **Trip** that requires emergency medical transportation by helicopter in accordance with Emergency Medical Service protocols, We will pay You up to the maximum benefit shown on the **EOC Schedule** on a per occurrence basis.

Reimbursement includes expenses incurred from the cost of medically necessary or life threatening injuries requiring helicopter transportation from the scene of an **Accident** to the nearest medical facility capable of treating the injuries [or from one medical facility to another]. Claims for medically necessary transports from one medical facility to another are subject to review by Us or Our designated representative.]

---

#### [**FLIGHT ONLY ACCIDENTAL DEATH AND DISMEMBERMENT**]

---

We will pay benefits for Your Loss, described in the below Table of Losses, resulting directly from an **Accidental Injury** that occurs during Your **Trip** and while You are:

- (a) riding solely as a passenger in an aircraft on a regularly scheduled airline flight or regularly scheduled charter operated:
  - (i) in scheduled air transportation pursuant to economic authority issued by the Civil Aeronautics Board; or
  - (ii) by an intrastate scheduled airline of United States registry maintaining regularly published schedules and licensed for the transportation of passengers by a duly constituted authority having jurisdiction over civil aviation in the state in which said airline operates; or
  - (iii) by a scheduled airline of foreign registry maintaining regularly published schedules and licensed for transportation of passengers by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline.
- (b) riding as a passenger in any aircraft, other than a single-engine jet, which at the time is making a flight for the principal purpose of transporting passengers and not for any other operational, tactical or test purpose and which is operated by:
  - (i) the Military Airlift Command of the United States;
  - (ii) the Royal Canadian Air Force Air Transport Command; or
  - (iii) the Royal Air Force Air Transport Command of Great Britain.

- (c) riding as a passenger in any land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this **EOC**.
- (d) riding as a passenger in a vehicle licensed to carry passengers for hire, but only:
  - (i) when going to an airport to board an aircraft on which you are covered by this **EOC**; or
  - (ii) when leaving an airport after alighting from such an aircraft.
- (e) upon airport premises designated for passenger use immediately before boarding or immediately after alighting from an aircraft on which You are covered by this **EOC**.
- [(f) struck or run down by an aircraft.]

The Loss must occur within [one hundred eighty (180) days] after the date of the **Accident** causing the Loss.

Coverage is limited to the principal sum shown on the **EOC Schedule** multiplied by the appropriate percentage shown in the below Table of Losses.

If more than one Loss is sustained as the result of an **Accident**, the amount payable shall be the largest amount payable for all of the sustained Losses arising from this one **Accident**.

The aggregate limit of liability for any one **Accident** for all insureds named in the **EOC Schedule** is limited to the amount shown on the **EOC Schedule**.

#### 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]%]
[Speech and one: hand, foot or sight of one eye.....]	[100]%]
[Speech.....]	[50]%]
[Hearing in both ears .....	[50]%]
[Thumb and index finger of same hand.....]	[25]%]

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints;
2. eye means an entire and irrecoverable loss of sight;
3. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

#### EXPOSURE

We will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an **Accident** of an air conveyance operated under a license for the transportation of passengers for hire occurring during Your **Trip**. The Loss must occur within [three hundred sixty five (365) days] after the **Accident** that caused the exposure.

#### DISAPPEARANCE

We 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 the **Accidental** forced landing, stranding, sinking, or wrecking of an air conveyance operated under a license for the transportation of passengers for hire during Your **Trip** in which You were a passenger.

## ACCIDENT MEDICAL EXPENSE

Flight Only Accidental Death and Dismemberment also includes an “Accident Medical Expense” benefit, as defined below, that provides You a maximum shown on the **EOC Schedule** of Accident Medical Expense benefit limit to [\$50] for each [\$1,000] of chosen Flight Only Accidental Death and Dismemberment benefit. We will pay covered Accident Medical Expenses incurred due to **Accidental Injury** that occurs during Your **Trip** up to the maximum Accident Medical Expense benefit limit, for the following eligible expenses: treatment by a licensed **Physician** or surgeon; care or service from a legally constituted **Hospital**; services and supplies provided by an ambulatory medical-surgical facility; home health care from a licensed home health agency, but only if continued **Hospital** care would have otherwise been required; attendance of a registered graduate nurse; X-ray examination; or, use of an ambulance.

You must receive initial medical treatment within [ninety (90) days] of the date of **Accident**. Eligible **Medical Expenses** must be incurred within [three hundred and sixty five (365) days] of the date of **Accident**. This insurance does not cover injuries received while making a parachute jump (unless to save a life).

To receive benefits, Loss must be independent of **Sickness** and all other causes.]

---

### [HOTEL/MOTEL BURGLARY [U.S. & CANADA ONLY]

---

Upon **Check-In** and until **Check-Out** while on Your **Trip**, We will reimburse You up to the maximum shown on the **EOC Schedule**, if Your personal property is stolen from Your **Hotel/Motel** room.

[We will pay benefits only if:

1. There is evidence of forceful entry.
2. You make a sworn statement to police authorities having jurisdiction within twenty-four (24) hours and furnish a notarized copy of Your statement with Your claim.
3. The **Hotel/Motel** verifies the loss.]

We will reimburse You for the personal property’s **Actual Cash Value** or its depreciated value, if not replaced, less any amounts paid or payable by the **Hotel/Motel** [,or any other valid and collectible insurance available to You, whether such other insurance is stated to be primary, contributing, excess or contingent].

[If the loss is part of a pair or set, We will pay benefits only for the part(s) lost.]

---

### [ITINERARY CHANGE

---

In the event a **Travel Supplier** makes a change in Your **Trip** itinerary which prevents You from participating in an event/activity pre-paid prior to departure and scheduled on Your **Trip** itinerary, We will reimburse You for the nonrefundable pre-paid event/activity expenses up to the maximum shown on the **EOC Schedule**. Benefits will not be paid if the event/activity is rescheduled during the course of Your **Trip**. Verification by the **Travel Supplier** of the change in Your scheduled **Trip** itinerary will be necessary for claim payment.]

---

---

**[LOSS DAMAGE WAIVER**

---

---

We will pay You or the **Rental Agency** for Covered Damages as a result of damage or theft [on a primary basis] to a **Rented Automobile** [in the United States [or Canada]] [worldwide] up to the maximum shown in the **EOC Schedule**. Covered Damages are those amounts on claims for damage or theft to the **Rented Automobile** for which You or any **Authorized Driver** is legally responsible to the **Rental Agency**. In no event will We be liable beyond the amounts actually paid by either You or the **Rental Agency**. In no event will We be liable for any **Loss of Use** charges made or claimed by the **Rental Agency**. Reimbursement will be on an **Actual Cash Value** basis.

[If the purchase of liability coverage for damage or theft is required by the **Rental Agency**, We will be reimbursed for the deductible, which is published and for which You are responsible.]

[This benefit is provided for up to [thirty-one (31)] consecutive days.]

[If payment is made under the Loss Damage Waiver, We are entitled to recover such amounts from other parties or persons. Any party or person to or for whom We make payment must transfer to the Us their rights to recovery against any other party or person. You must do everything necessary to secure these rights and must do nothing that would jeopardize them, or these rights will be recovered from You. However, We will not require reimbursement against Your personal insurance carrier, but You agree to repay Us for any reimbursement, up to the amount of any recovery from Your personal insurance carrier.]]

---

---

**[LOST BAGGAGE**

---

---

We will reimburse You, up to the maximum shown in the **EOC Schedule**, if Your **Checked Baggage** is lost due to theft or misdirection by a **Common Carrier** while on Your **Trip** as a ticketed passenger on a **Common Carrier**.

[Benefits will also be paid for **Carry-On Baggage** that is lost or stolen while You are on Your **Trip** and as a ticketed passenger on a **Common Carrier**.]

We will reimburse You for the cost of replacement of the baggage and its contents up to the maximum shown on the **EOC Schedule**.

[There is a deductible per occurrence as shown on the **EOC Schedule**.]

[There is a per article limit shown on the **EOC Schedule**.]

[We will pay the lesser of the following: **Actual Cash Value** at time of loss, theft or damage to baggage and personal effects, less depreciation as determined by Us; or the cost of repair or replacement.]

[There will be a combined maximum limit shown on the **EOC Schedule** 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.]

[This coverage is secondary to any coverage provided by a **Common Carrier** [and all other valid and collectible insurance indemnity and shall apply only when such other coverage is exhausted].]

#### EXTENSION OF COVERAGE

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

-----  
[LOST SKIER DAYS  
-----

[We will reimburse You, up to the maximum shown on the **EOC Schedule**, for the value of Your ski lift ticket, if You are unable to ski during Your **Trip** due to fifty percent (50%) or more of the mountain trails closing during the time period for which Your ski ticket is in effect.]

[If You are unable to ski during Your **Trip** with fifty percent (50%) or more of the mountain trails closing during Your **Trip**, a pro-rated loss up to [fifty percent (50%)] of the value of Your ski lift ticket for the date/time of the closure only will be paid up to the maximum shown on the **EOC Schedule**.]

The following conditions must be met by You:

- [This coverage begins on the date You arrive at the mountain or the date You have a valid ski lift ticket.]
- [A minimum of [ten (10)] trails must be open on the date of Your arrival at the mountain in order to be eligible for this Benefit.]
- [This Benefit is eligible to **Trips** that take place between [December 1] and [March 31] only.]
- [The maximum ski lift ticket purchase is a [five (5) day] skier ticket.]
- [If You are unable to ski on any particular day of Your **Trip**, for any of the reasons stated above, You must file/report the loss with the ski resort by 10:30 A.M., local time, on the same day.]]

-----  
[MISSED CONNECTION  
-----

We will reimburse You for missed **Cruise** departures (scheduled during Your **Trip**) which results from cancellation or delay [for [three (3)] or more hours] of all regularly scheduled airline flights due to **Inclement Weather** [or any **Common Carrier** caused delay]. Maximum benefits of up to the amount shown in the **EOC Schedule** are provided for:

- [Additional transportation expenses needed for You to join the departed **Cruise**.]
- [Reasonable accommodation and meal expenses (up to the per day amount shown in the **EOC Schedule**).]
- [Non-refundable trip payments for the unused portion of Your **Cruise**.]

[Coverage is secondary to any compensation provided by a **Common Carrier**. Coverage will not be provided , if You are able to meet Your scheduled departure but cancel Your **Cruise** due to **Inclement Weather**.]]

-----  
[PROPERTY DAMAGE  
-----

We will reimburse You for direct physical damage to Covered Real or Personal Property within the unit You [,] [or] [Your **Family Member(s)**] [,] [or] [Your **Traveling Companion(s)**] [traveling with You] are registered in and occupy, up to the maximum shown on the **EOC Schedule**, while on Your **Trip** due to Your [,] [or] [Your **Family Member(s)**] [,] [or] [Your **Traveling Companion(s)**] [traveling with You] ,inadvertent acts or omissions.

For purposes of this benefit, Covered Real and Personal Property are defined as:

1. The alterations, appliances, fixtures and improvements which are contained within the [timeshare] unit; and
2. Items of real property which pertain exclusively to the [timeshare] unit.]

-----  
[RENTAL CAR PERSONAL ACCIDENT  
-----

We will pay benefits for Your Loss, described in the below Table of Losses, resulting directly from an **Accidental Injury**, when You are riding as a passenger in or as the driver of a **Rented Automobile**, occurring as a result of an **Accident** during Your **Trip**. The Loss must occur within [three hundred sixty five (365) days] after the date of the **Accident** causing the Loss.

Coverage is limited to the principal sum shown on the **EOC Schedule** multiplied by the appropriate percentage shown in the below Table of Losses.

[If more than one Loss is sustained as the result of an **Accident**, the amount payable shall be the largest amount payable for all the sustained Losses arising from this one **Accident**.

The aggregate limit of liability for any one **Accident** for all insureds named in the **EOC Schedule** is limited to the amount shown on the **EOC Schedule**.

### 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]%
[Speech and one: hand, foot or sight of one eye.....]	[100]%
[Speech.....]	[50]%
[Hearing in both ears.....]	[50]%
[Thumb and index finger of same hand.....]	[25]%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints;
2. eye means an entire and irrecoverable loss of sight;
3. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

### EXPOSURE

We will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an **Accident** occurring while You were riding as a passenger in or as a driver of a **Rented Automobile** during Your **Trip**. The Loss must occur within [three hundred sixty five (365) days] after the event that caused the exposure.

### DISAPPEARANCE

We 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** occurring while You were riding as a passenger in or as a driver of a **Rented Automobile** during Your **Trip**.]

---

### REPATRIATION OF MORTAL REMAINS

---

We will pay the reasonable Covered Expenses incurred to return Your body to [the United States] [Your primary residence] [Your point of departure of Your **Trip**] if You die during Your covered **Trip**. This will not exceed the maximum shown on the **EOC Schedule**. Arrangements for transport of the body must be authorized in advance by Us or Our designated representative.

For purposes of this benefit, Covered Expenses include, but are not limited to, expenses for embalming, cremation, minimally necessary coffin/casket for transport and transportation.

[Return of Vehicle: If, as a result of Your death and repatriation, Your vehicle is stranded anywhere in the continental United States, We will return the automobile, motorcycle, truck, RV or trailer operated by You, to Your residence or, if applicable, to a designated **Rental Agency**. The vehicle must be in legally drivable condition or transportable by truck or tow. We will pay for fuel, oil, driver (including cost for food and accommodations during Your **Trip** for the driver) and tolls en route.]]

---

#### [SEARCH AND RESCUE

---

Search and Rescue applies to the following persons only: You [,] [or] [Your **Family Member(s)** traveling with You] [,] [or] [Your **Traveling Companion**], referred to below as Person.

If the Person should become lost, disoriented, or be reported missing while on Your **Trip** during a recreational activity that is commensurate with that Person's abilities and expertise, We will pay on the Person's behalf up to the maximum shown on the **EOC Schedule**, not to exceed four (4) days, costs for one (1) organized Search and Rescue by appropriate authorities.

Search and Rescue means within [fifty (50)] miles of the Person's last known location before the loss occurrence, those reasonable costs incurred, but not necessarily limited to: fuel, operating costs, repair and rental of motor vehicles, aircraft or helicopters, hovercraft, snowmobiles, horses, dogs, generators, and any other equipment necessary or deemed appropriate for activities to find, recover, or rescue the Person while performed by individuals who have been appointed or requested by a governmental authority.

This benefit can only be activated when someone makes a formal report of the Person's need for Search and Rescue to an agency or authority who can activate a Search and Rescue, and information is provided to the agency or authority with enough specific and credible details of how, when, where the Person might be located so that an official and organized Search and Rescue can be activated.

[Specific Waiver of Liability for Search and Rescue: If this benefit is requested, We and any affiliated party offering this **EOC**, do not accept any liability from the rescue situation. All interested or disinterested parties agree to forever waive, any and all liability to Us or any rescue team, company, entity, and/or volunteer, for injuries, stress, death, disablement, sickness, or any claims, reason, or cause whatsoever from any Search and Rescue used to attempt to reach the Person, assist the Person, or respond in any way to the Person's Search and Rescue, regardless of whether the Search and Rescue was ever initiated, cancelled, delayed, misdirected, or unable to locate, rescue, or stabilize the Person. If any part of this is held invalid, it does not invalidate the other parts or any other parties' waivers.]

Itemized receipts of services and costs from the authorities who seek payment [, as well as documentation from the resort at Your **Trip** destination] must be provided.]

---

#### [SICKNESS – IN HOSPITAL INDEMNITY

---

We will pay benefits on a per night basis, up to the maximum shown on the **EOC Schedule**, for each night You are confined to a **Hospital** as a registered inpatient as the result of a **Sickness** which first manifests itself during Your **Trip**.]

---

#### [SICKNESS MEDICAL EXPENSE

---

We will pay benefits up to the maximum shown on the **EOC Schedule** [, subject to any deductible,] if You incur **Medical Expenses** [and dental expenses] as a result of a **Sickness** that first manifests itself during Your **Trip**. You must receive initial treatment within [ninety (90)] days of the onset of the **Sickness**. All services, supplies or treatment must be received within [fifty two (52) weeks] following the onset of the **Sickness**.

[We will advance payment to a **Hospital**, up to the limit of this coverage, if needed to secure Your admission to a **Hospital** because of **Sickness**.]

[We will pay benefits, up to the maximum shown on the **EOC Schedule**, for emergency dental treatment within [twelve (12) months] of the onset.]

We will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by **Physicians** in the locality in which care is furnished. We will not cover any expenses provided by another party at no cost to You or already included within the cost of Your **Trip**.]

[**SICKNESS MEDICAL EXPENSE – EMERGENCY ONLY**]

We will pay benefits, up to the maximum shown on the **EOC Schedule**, [, subject to any deductible,] if You incur **Medical Expenses** [and dental expenses] as a result of **Emergency Treatment** of a **Sickness** that first manifests itself during Your **Trip**.

[We will advance payment to a **Hospital**, up to the limit of this coverage, if needed to secure Your admission to a **Hospital** because of **Sickness**.]

[We will pay benefits, up to the maximum shown on the **EOC Schedule**, for emergency dental treatment.]

[If You are hospitalized beyond the **Scheduled Return Date** due to a **Sickness** which first occurred during the course of Your scheduled **Trip**, coverage will be extended until You are released from the **Hospital** or until maximum benefits under the **EOC** have been paid.]

[The maximum benefit payable if You have Other Insurance, as defined below, and the maximum benefit payable if You do not have Other Insurance, are shown on the **EOC Schedule**. All benefits payable are subject to the exclusions and limitations stated in this **EOC**. The total combined payments under benefits payable with Other Insurance and benefits payable without Other Insurance under this **EOC** will not exceed the maximum benefit amount shown under benefits payable with Other Insurance.]

[For purposes of this benefit, Other Insurance means any one of the following types of policies or plans which provide benefits for hospital confinement for You on Your **Effective Date** of coverage, and such policy or plan may require You to pay a deductible and/or portion of coinsurance: individual, group or blanket insurance plans; group Blue Cross, Blue Shield, or other group prepayment coverage plans; coverage under labor management trustee plans, union welfare plans, employer organization plans, employee benefit organizational plans, or other arrangements of benefits for persons of a group. Other Insurance does not include Medicare or Medicaid.]

[We will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges mean charges commonly used by **Physicians** in the locality in which care is furnished. We will not cover any expenses provided by another party at no cost to You or already included within the cost of Your **Trip**.]

[**TICKET SAVER**]

We will reimburse You, up to the maximum benefit amount shown on the **EOC Schedule**, the purchase price of the Ticket, in addition to any applicable processing fees (up to the lesser of ten percent (10%) of the Event Ticket's face value or \$10), of any nonrefundable event Ticket in the Event the Ticketholder is unable to attend a Ticketed Event due to one of the following eligible reasons:

For purposes of this benefit the following definitions are included: Event means an entertainment, theatrical or recreational event for which a Ticket is purchased; Ticket or Ticketed means a ticket issued on paper to an entertainment, theatrical or recreational Event and paid for in full by You; Ticketholder – means You or person who receives a Ticket from You to attend the Event.

- [**Sickness, Accidental Injury** or death of the Ticketholder or Ticketholder's **Family Member**;]
- [Ticketholder is directly involved in a traffic accident while en route to the scheduled Event (as evidenced by a police report);]

- [Ticketholder's **Common Carrier** is delayed due to **Strike**, breakdown or adverse weather conditions causing the Ticketholder to miss the scheduled Event;]
- [Ticketholder is unexpectedly called out of town (more than 100 miles from home or the Event) which requires an overnight stay and prevents the Ticketholder from using the Event Ticket.]

The following provisions apply:

- Coverage begins on the day a Ticket is purchased by You.
- The entire cost of the nonrefundable Event Ticket must be paid for by You with a valid receipt provided.
- For series/season Tickets and multi-day passes, a particular eligible reason may not be used for cancellation of more than one day or Event.
- You must comply with all of the following conditions:
  - [(a) You must not be aware of any Ticketholder's illness at the time a Ticket is purchased that would inhibit the Ticketholder's ability to attend an Event.]
  - [(b) You must not be aware of any material fact, matter or circumstance at the time a Ticket is purchased which is likely to give rise to a claim.]
  - [(c) You shall use due diligence and do and concur in doing all things reasonably practicable to avoid or diminish any refund.]
- You must advise Us or Our designated **Administrator** within [fifteen (15)] days of the missed Event.]

---

**[TRIP CANCELLATION**

---

We will reimburse You, up to the maximum shown on the **EOC Schedule**, if You are prevented from taking Your **Trip** for any of the following reasons that take place after the **Effective Date**:

[**Sickness, Accidental Injury**, or death of You, [Your **Traveling Companion**] [or] [Your **Family Member**] [or] [Your **Business Partner**] [booked to travel with You] which results in medically imposed restrictions as certified by a **Physician** at the time of loss preventing Your participation in Your **Trip**. A **Physician** must advise cancellation of Your **Trip** on or before the **Scheduled Departure Date**.]

[**Sickness, Accidental Injury**, or death of Your [**Family Member**] [or] [**Business Partner**].]

[You or Your **Traveling Companion** being hijacked, quarantined, required to serve on a jury, subpoenaed, court ordered appearance as a witness in a legal action in which You or **Traveling Companion** is not a party (except law enforcement officers).]

[You or Your **Traveling Companion** having Your home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster; or being rendered uninhabitable by unforeseen circumstances or being burglarized within [ten (10) days] of departure.]

[**Felonious Assault** of You or Your **Traveling Companion** within ten (10) days of the **Scheduled Departure Date**.]

[You or Your **Traveling Companion** being directly involved in a traffic accident substantiated by a police report, while en route to departure.]

[**Strike** that causes complete cessation of services for at least [forty-eight (48)] consecutive hours.]

[Natural disaster at the site of Your destination which renders Your destination accommodations uninhabitable [limited to the cost of the airfare of the Your **Trip**;] for a period of [fourteen (14)] days after the date of the natural disaster. This benefit will not apply to purchases made once the potential natural disaster has been forecasted or once a storm has been named.]

[The death or hospitalization of the Your **Host at Destination**.]

[Your family or friends living abroad with whom You were planning to stay, are unable to provide accommodations due to life-threatening illness, life-threatening injury or death of one of them.]

[A cancellation of the Your **Trip** if Your arrival on Your **Trip** is delayed and causes You to lose [fifty percent (50%)] or more of Your scheduled **Trip** duration due to a **Hazard**.]

[If Your **Trip** is delayed or has arrangements cancelled by a **Common Carrier** due to delays resulting from **Inclement Weather**, mechanical breakdown, or organized labor strikes that affect public transportation, provided (a) the scheduled **Common Carrier** connecting times are no less than ninety (90) minutes; and (b) the scheduled time between arrival at Your scheduled **Trip** departure city and Your scheduled **Trip** departure must be four (4) hours or longer.]

[You or Your **Traveling Companion** is delayed or has arrangements cancelled by a **Common Carrier** due to delays resulting from **Inclement Weather**, mechanical breakdown, or organized labor strikes that affect public transportation, provided (a) the scheduled **Common Carrier** connecting times must be no less than [ninety (90)] minutes or longer; and (b) the scheduled time between arrival at the scheduled tour departure city and Your scheduled **Trip** departure must be [four (4)] hours or longer.]

[You or Your **Traveling Companion** being called into active military service to provide aid or relief in the event of a natural disaster.]

[You or Your **Traveling Companion** has a transfer of employment of [250] miles or more.]

[You, Your **Traveling Companion** or **Family Member** traveling with You, who are military personnel, and are called to emergency duty for a natural disaster other than war.]

[Revocation of Your previously granted leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required. [This benefit only applies if the coverage has been purchased within [ten (10)] days of Your initial payment for Your **Trip** and for the full cost of Your **Trip**.]]

[**Bankruptcy** and/or **Default** of Your **Travel Supplier** which occurs more than [ten (10) days] following Your **Effective Date**. [Coverage is not provided for the **Bankruptcy** or **Default** of the agency from whom You purchased Your **Travel Arrangements**.] [Benefits will be paid due to **Bankruptcy** or **Default** of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination;] [This benefit does not apply if the airline, cruise line or tour operator is operating under an active petition for **Bankruptcy** or **Default** at the time of Your **Effective Date**.] [Your **Scheduled Departure Date** must be no more than [fifteen (15)] months beyond the Your **Effective Date**.] [This benefit only applies if You enroll in/purchase this coverage

[at the time You pay the deposit required for Your **Trip**]

[within [ten (10)] days of the time You pay the initial deposit required for Your **Trip**]

[prior to or on the date You make the final payment required for Your **Trip**]

[at the time You make the final payment required for Your **Trip**]

[within [ten (10)] days of the time You make the final payment required for Your **Trip**]

[and insure the full cost of Your **Trip**.]

[Mandatory evacuation ordered by local authorities at Your final destination due to hurricane or other natural disaster. You must have [four (4)] days or [fifty percent (50%)] of Your total **Trip** length or less remaining on Your **Trip**, at the time the mandatory evacuation ends, in order to interrupt Your **Trip**.]

[The airport terminal from which You are scheduled to fly, within [twelve (12)] hours of arrival at the terminal or while You are physically at the terminal, is closed due to a documented security breach.]

[A transfer of You by the employer with whom You are employed on the date coverage had been elected which requires Your principal residence to be relocated.]

[Employer termination or layoff affecting You [or a person(s) sharing the same room with You] [or Your **Traveling Companion**] [or Your **Family Member** booked to travel with You]. Employment must have been with the same employer for at least [three (3)] continuous [years].]

[You are terminated, or laid off from employment after completing [five (5)] years of continuous employment at the place of employment where terminated.]

[Weather [at the departure site] which causes complete cessation of services [of the **Common Carrier**] for at least [forty-eight (48)] consecutive hours [and prevents You from reaching Your destination]. This benefit will not apply if the potential natural disaster has been forecasted or a storm has been named prior to purchase of this coverage.]

[Weather which causes complete cessation of services [of the **Common Carrier**] for at least [twelve (12)] consecutive hours or Your destination is rendered uninhabitable by natural disaster (such as hurricane). This benefit will not apply if the potential natural disaster has been forecasted or a storm has been named prior to purchase of this coverage.]

[**Inclement Weather** or natural disaster resulting in the obstruction of public roadways, or curtailment of public transportation, which prevents Your ability to arrive at Your **Travel Arrangements**. This benefit will not apply if the potential natural disaster has been forecasted or a storm has been named prior to purchase of this coverage.]

[If [, within [forty-five (45) days] of Your departure,] a politically motivated **Terrorist Attack** which causes property damage [and] [or] **Bodily Injury** [and] [or] death occurs within a [fifty (50) mile] radius of the territorial city limits of the [foreign] city to be visited by You. [This benefit only applies if You enroll in/purchase this coverage

[at the time You pay the deposit required for Your **Trip**]  
[within [ten (10)] days of the time You pay the initial deposit required for Your **Trip**]  
[prior to or on the date You make the final payment required for Your **Trip**]  
[at the time You make the final payment required for Your **Trip**]  
[within [ten (10)] days of the time You make the final payment required for Your **Trip**]  
[and insure the full cost of Your **Trip**.]

[A **Terrorist Incident** that occurs in [Your departure **City** or] a **City** listed on the itinerary of the Your **Trip** and within [thirty (30)] days prior to Your **Scheduled Departure Date**. This same **City** must not have experienced a **Terrorist Incident** within the [ninety (90)] days prior to the **Terrorist Incident** which is causing Your cancellation of Your **Trip**. Benefits are not provided if the **Travel Supplier** offers a substitute itinerary. [This benefit only applies if You enroll in/purchase this coverage

[at the time You pay the deposit required for Your **Trip**]  
[within [ten (10)] days of the time You pay the initial deposit required for Your **Trip**]  
[prior to or on the date You make the final payment required for Your **Trip**]  
[at the time You make the final payment required for Your **Trip**]  
[within [ten (10)] days of the time You make the final payment required for Your **Trip**]  
[and insure the full cost of Your **Trip**.]

[Terrorism in a country which is part of Your **Trip** which causes the U.S. Department of State to issue a travel warning that You should not travel within that country for a period of time that would include Your **Trip**.] [This benefit only applies if You enroll in/purchase this coverage

[at the time You pay the deposit required for Your **Trip**]  
[within [ten (10)] days of the time You pay the initial deposit required for Your **Trip**]  
[prior to or on the date You make the final payment required for Your **Trip**]  
[at the time You make the final payment required for Your **Trip**]  
[within [ten (10)] days of the time You make the final payment required for Your **Trip**]  
[and insure the full cost of Your **Trip**.]

We will reimburse You for the following:

- [Non-refundable cancellation charges imposed by the **Travel Suppliers**.]
- [Airfare cancellation charges for flights [arranged by the **Travel Supplier** in connection with Your **Trip**] commencing within [one (1) day] of the **Travel Arrangements**.]
- [Additional cost incurred if the skipper cancels Your **Trip** for a covered reason and You elect to replace him/her with another skipper.]
- [Tuition expenses not refunded by the **Travel Supplier**.]
- [The amount of [forfeited,] [and] [prepaid,] [and] [non-refundable,] and [non-refunded,] [and] [unused] [published] payments or deposits that You paid for Your **Trip** [including the cost of this travel protection plan] [or change fees incurred in lieu of full penalties] [not including travel agency penalties.]]
- [If Your **Travel Supplier** cancels Your **Trip**, You are covered up to [\$100] for the reissue fee charged by the airline for the ticket or up to [\$200] for the cost charged by the airline to retain Your frequent flier miles if You had used them to purchase the airline ticket in conjunction with Your **Trip**. You must have covered the entire cost of Your **Trip** including airfare.]

[Coverage does not include **Default** of a **Travel Supplier** or other organization that results in loss of services.]

In no event shall the amount reimbursed exceed [the amount You prepaid for Your **Trip**] [or] [the maximum benefit shown on the **EOC Schedule**].

**SPECIAL CONDITIONS:**

[You must be medically capable of travel on the day You purchase the coverage. The event which necessitates Your Trip Cancellation must first occur after You pay for the coverage.]

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

**[SINGLE OCCUPANCY COVERAGE:**

We will reimburse You, up to the maximum shown on the **EOC Schedule**, for additional cost incurred during Your **Trip** as a result of a change in the per person occupancy rate for prepaid **Travel Arrangements** if a person booked to share accommodations with You has their **Trip** canceled for a covered reason and You do not cancel.]]

---

**[TRIP CANCELLATION FOR ANY REASON**

---

We will reimburse You, up to the maximum shown on the **EOC Schedule**, if You cancel Your **Trip** for any reason not otherwise covered by this EOC, provided:

- [You enroll in/purchase this coverage  
[at the time You pay the deposit required for Your **Trip**]  
[within [ten (10)] days of the time You pay the initial deposit required for Your **Trip**]  
[prior to or on the date You make the final payment required for Your **Trip**]  
[at the time You make the final payment required for Your **Trip**]  
[within [ten (10)] days of the time You make the final payment required for Your **Trip**]  
[and] [insure the full cost of Your **Trip**;] [insure all prepaid **Trip** costs that are subject to cancellation penalties or restrictions] [and]
- [You insure within [fifteen (15)] days of the payment for those arrangements the cost of any subsequent arrangements (or any other arrangements made through Your travel agent) added to Your **Trip**;] [and]
- [You cancel Your **Trip** [two (2)] days or more before Your **Scheduled Departure Date**;] [and]
- [You are not disabled from travel at the time You [pay the premium] [make Your **Travel Arrangements**] and intend to travel].

We will reimburse You for the following:

- [Non-refundable cancellation charges imposed by the **Travel Suppliers**.]
- [Airfare cancellation charges for flights [arranged by the **Travel Supplier** in connection with Your **Trip**] commencing within [one (1) day] of the **Travel Arrangements**.]
- [Additional cost incurred if the skipper cancels Your **Trip** for a covered reason and You elect to replace him/her with another skipper.]
- [Tuition expenses not refunded by the **Travel Supplier**.]
- [The amount of [forfeited,] [and] [prepaid,] [and] [non-refundable,] and [non-refunded,] [and] [unused] [published] payments or deposits that You paid for Your **Trip** [including the cost of this travel protection plan] [or change fees incurred in lieu of full penalties] [not including travel agency penalties].]

[Coverage does not include **Default** of a **Travel Supplier** or other organization that results in loss of services.]

In no event shall the amount reimbursed exceed [the amount You prepaid for Your **Trip**] [or] [the maximum shown on the **EOC Schedule**].]

---

---

**[TRIP DELAY**

---

---

We will reimburse You for Covered Expenses on a one-time basis, up to the maximum shown in the **EOC Schedule**, if You are delayed en route to or from Your **Trip** [for twelve (12) or more hours] due to a defined **Hazard**.

[You must be a ticketed passenger on the **Common Carrier**.]

For purposes of this benefit, Covered Expenses Include:

[Any prepaid, unused, non-refundable land and water accommodations, or unused portion of the prepaid expenses for Your **Trip**; as long as the expenses are supported by proof of purchase and are not reimbursable by any other source].

[Additional Transportation Cost to join Your **Trip** or return home.]

[Up to [\$150 per day], the maximum benefit limit, for reasonable accommodations, meals and lodging [not provided by the **Common Carrier** or party responsible].]

[**Economy Transportation** from the point where You ended Your **Trip** to a destination where You can catch up to Your **Trip**;] [or] [One-way **Economy Transportation** to return You to Your originally scheduled return destination] [less the value of the original unused return travel ticket].

[If You are delayed by a **Common Carrier** while en route to Your return destination after Your **Trip** is completed and You have placed Your cat or dog in a kennel for the duration of Your **Trip** and You are unable to collect Your pet on the day previously agreed upon with the kennel, benefits will be paid [at] [up to] [\$25 per day], on a one-time basis, up to the maximum in the **EOC Schedule** to cover the necessary additional kennel fees.]]

---

---

**[TRIP INTERRUPTION**

---

---

We will reimburse You, up to the maximum shown on the **EOC Schedule**, if Your **Trip** is interrupted due to one of the following events that take place after the **Effective Date** and while on Your **Trip**:

[**Sickness, Accidental Injury** that occurs during Your **Trip**, or death of You, [Your **Traveling Companion**] [or] [Your **Family Member**] [or] [Your **Business Partner**] [booked to travel with You] which results in medically imposed restrictions as certified by a **Physician** at the time of loss preventing Your continued participation in Your **Trip**. A **Physician** must verify interruption of Your **Trip** before Your **Trip** is terminated.]

[**Sickness, Accidental Injury**, or death of Your [**Family Member**] [or] [**Business Partner**].]

[You or Your **Traveling Companion** being hijacked, quarantined, required to serve on a jury, subpoenaed, court ordered appearance as a witness in a legal action in which You or Your **Traveling Companion** is not a party (except law enforcement officers).]

[You or Your **Traveling Companion** having Your home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster; or being rendered uninhabitable by unforeseen circumstances or being burglarized.]

[**Felonious Assault** of You or Your **Traveling Companion**.]

[You or Your **Traveling Companion** being directly involved in a traffic accident substantiated by a police report, while en route to a departure on Your **Trip**.]

[**Strike** that causes complete cessation of services for at least [forty-eight (48)] consecutive hours.]

[Natural disaster at the site of Your destination which renders Your destination accommodations uninhabitable for the remainder of Your **Trip** [limited to the cost of Your airfare of Your **Trip**.] [This benefit will not apply to purchases made once the potential natural disaster has been forecasted or once a storm has been named.]]

[The death or hospitalization of the Your **Host at Destination**.]

[Your family or friends living abroad with whom You were planning to stay, are unable to provide accommodations due to life-threatening illness, life-threatening injury or death of one of them.]

[If Your **Trip** is delayed or has arrangements cancelled by a **Common Carrier** due to delays resulting from **Inclement Weather**, mechanical breakdown, or organized labor strikes that affect public transportation, provided (a) the scheduled **Common Carrier** connecting times are no less than ninety (90) minutes; and (b) the scheduled time between arrival at Your scheduled **Trip** departure city and Your scheduled **Trip** departure must be four (4) hours or longer.]

[You, Your **Traveling Companion** or Your **Family Member** traveling with You, who are military personnel, and are called to emergency duty for a natural disaster other than war.]

[Revocation of Your previously granted leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required. [This benefit only applies if the coverage has been purchased within [ten (10)] days of the Your initial payment for Your **Trip** and for the full cost of Your **Trip**.]]

[**Bankruptcy** and/or **Default** of Your **Travel Supplier** which occurs more than [ten (10) days] following Your **Effective Date** and during Your **Trip**. [Coverage is not provided for the **Bankruptcy** or **Default** of the agency from whom You purchased Your **Travel Arrangements**.] [Benefits will be paid due to **Bankruptcy** or **Default** of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination;] [This benefit does not apply if the airline, cruise line or tour operator is operating under an active petition for **Bankruptcy** or **Default** at the time of Your **Effective Date**.] [Your **Scheduled Departure Date** must be no more than [fifteen (15)] months beyond Your **Effective Date**.] [This benefit only applies if You enroll in/purchase this coverage

[at the time You pay the deposit required for Your **Trip**]

[within [ten (10)] days of the time You pay the initial deposit required for Your **Trip**]

[prior to or on the date You make the final payment required for Your **Trip**]

[at the time You make the final payment required for Your **Trip**]

[within [ten (10)] days of the time You make the final payment required for Your **Trip**]

[and insure the full cost of Your **Trip**.]

[Mandatory evacuation ordered by local authorities at Your final destination due to hurricane or other natural disaster. You must have [four (4)] days or [fifty percent (50%)] of Your total **Trip** length or less remaining on Your **Trip**, at the time the mandatory evacuation ends, in order to interrupt Your **Trip**.]

[The airport terminal from which You are scheduled to fly, within [twelve (12)] hours of arrival at the terminal or while You are physically at the terminal, is closed due to a documented security breach.]

[You or Your **Traveling Companion** are delayed or have arrangements cancelled by a **Common Carrier** due to delays resulting from **Inclement Weather**, mechanical breakdown, or organized labor strikes that affect public transportation, provided (a) the scheduled **Common Carrier** connecting times must be no less than ninety (90) minutes or longer; and (b) the scheduled time between arrival at the scheduled tour departure city and Your scheduled **Trip** departure must be four (4) hours or longer; (c) being called into active military service to provide aid or relief in the event of a natural disaster; or (d) has a transfer of employment of 250 miles or more.]

[A transfer of You by the employer with whom You are employed on the date coverage had been elected which requires Your principal residence to be relocated.]

[Employer termination or layoff affecting You [or person(s) sharing the same room with You] [or Your **Traveling Companion**] [or Your **Family Member** booked to travel with You] during Your **Trip**. Employment must have been with the same employer for at least [three (3)] continuous [years].]

[You are terminated, or laid off from employment after completing [five (5)] years of continuous employment at the place of employment where terminated.]

[Weather [at the departure site] which causes complete cessation of services [of the **Common Carrier**] for at least [forty-eight (48)] consecutive hours [and prevents You from reaching Your destination]. This benefit will not apply if the potential natural disaster has been forecasted or once a storm has been named prior to purchase of this coverage.]

[Weather which causes complete cessation of services [of the **Common Carrier**] for at least [twelve (12)] consecutive hours or Your destination is rendered uninhabitable by natural disaster (such as hurricane). This benefit will not apply if the potential natural disaster has been forecasted or a storm has been named prior to purchase of this coverage.]

[**Inclement Weather** or natural disaster resulting in the obstruction of public roadways, or curtailment of public transportation, which prevents Your ability to arrive at Your **Travel Arrangements**. This benefit will not apply if the potential natural disaster has been forecasted or once a storm has been named prior to purchase of this coverage.]

[If [, within [forty-five (45) days] of Your departure,] a politically motivated **Terrorist Attack** which causes property damage [and] [or] **Bodily Injury** [and] [or] death occurs within a [fifty (50)] mile radius of the territorial city limits of the [foreign] city to be visited by You. [This benefit only applies if You enroll in/purchase this coverage

[at the time You pay the deposit required for Your **Trip**  
[within [ten (10)] days of the time You pay the initial deposit required for Your **Trip**  
[prior to or on the date You make the final payment required for Your **Trip**  
[at the time You make the final payment required for Your **Trip**  
[within [ten (10)] days of the time You make the final payment required for Your **Trip**  
[and insure the full cost of Your **Trip**.]

[A **Terrorist Incident** that occurs in [Your departure **City** or] a **City** listed on the itinerary of Your **Trip**. This same **City** must not have experienced a **Terrorist Incident** within the ninety (90) days prior to the **Terrorist Incident** which is causing Your cancellation of Your **Trip**. Benefits are not provided if the **Travel Supplier** offers a substitute itinerary. [This benefit only applies if You enroll in/purchase this coverage

[at the time You pay the deposit required for Your **Trip**  
[within [ten (10)] days of the time You pay the initial deposit required for Your **Trip**  
[prior to or on the date You make the final payment required for Your **Trip**

[at the time You make the final payment required for Your **Trip**  
[within [ten (10)] days of the time You make the final payment required for Your **Trip**  
[and insure the full cost of Your **Trip**.]

[Terrorism in a country which is part of Your **Trip** which causes the U.S. Department of State to issue a travel warning that You should not travel within that country for a period of time that would include Your **Trip**.] [This benefit only applies if You enroll in/purchase this coverage

[at the time You pay the deposit required for Your **Trip**  
[within [ten (10)] days of the time You pay the initial deposit required for Your **Trip**  
[prior to or on the date You make the final payment required for Your **Trip**  
[at the time You make the final payment required for Your **Trip**  
[within [ten (10)] days of the time You make the final payment required for Your **Trip**  
[and insure the full cost of Your **Trip**.]

We will reimburse You for the following:

- [Any unused non-refundable prepaid expenses for **Travel Arrangements [Travel Suppliers]**
- [One-way **Economy Transportation** to return to Your original destination or rejoin Your **Trip** (less the value of the original unused return travel ticket).]
- [Additional cost incurred if the skipper interrupts Your **Trip** for a covered reason and You elect to replace him/her with another skipper.]
- [[[\$100 per day] for reasonable additional accommodations and transportation expenses incurred to remain near Your **Traveling Companion** or Your **Family Member** traveling with You who is hospitalized during Your **Trip**.]
- [Any unused non-refundable prepaid Tuition expenses not refunded by the **Travel Supplier**.]
- [If Your **Travel Supplier** interrupts Your **Trip**, You are covered up to [\$75] for the reissue fee charged by the airline for the ticket. You must have covered the entire cost of Your **Trip** including airfare.]
- [Coverage does not include **Default** of a **Travel Supplier** or other organization that results in loss of services.]

In no event shall the amount reimbursed exceed [the amount You prepaid for Your **Trip**] [or] [the maximum benefit shown on the **EOC Schedule**].

***SPECIAL CONDITIONS:***

[You must be medically capable of travel on the day You purchases the coverage. The event which necessitates Your **Trip** Interruption must first occur after You pay for the coverage and while You are on Your **Trip**.]

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

***[SINGLE OCCUPANCY COVERAGE:***

We will reimburse You, up to the maximum shown on the **EOC Schedule**, for additional cost incurred during Your **Trip** as a result of a change in the per person occupancy rate for prepaid **Travel Arrangements** if a person booked to share accommodations with You has Your **Trip** interrupted for a covered reason and You do not interrupt Your **Trip**.]

---

**[TRIP INTERRUPTION - DISABLEMENT**

---

We will reimburse You, up to the maximum shown on the **EOC Schedule**, if Your vehicle is disabled while traveling more than [one hundred (100)] miles from Your primary residence and requires overnight repairs within and up to [seventy-two (72)] hours of the time of disablement.

To be eligible, You must first contact the **Travel Supplier** and provide them with a description of the vehicle disablement. The **Travel Supplier** can assist in rendering roadside assistance or towing services and extend prior authorization for reimbursement of any appropriate travel expenses.

You must submit to the **Travel Supplier**, within [thirty (30)] days of the disablement, all paid receipts from the organization providing You with the covered goods or services and a copy of the accident report You filed with the police.

We will reimburse You for the following:

1. Transportation by plane, train or bus to Your residence after the disablement; or
2. Local commercial lodging and meals incurred after the disablement, in the vicinity of the disablement (to a maximum of [\$100] per day); or
3. Rental of an automobile from a recognized **Rental Agency**, such as those referenced on the back of Your membership card.]

In no event shall the amount reimbursed exceed the maximum benefit shown on the **EOC Schedule** (per disablement inclusive of taxes and surcharges).]

#### **D. EXCLUSIONS**

**[Under [Baggage –Personal Effects,] [Lost Baggage] [and] [Baggage Delay [(Outward Journey Only)]] the following excludes losses caused to:**

[Animals;]  
[Automobiles and automobile equipment;]  
[Boats or other vehicles or conveyances;]  
[Trailers;]  
[Motors;]  
[Motorcycles;]  
[Aircraft;]  
[Bicycles (except when checked as baggage with a **Common Carrier**);]  
[Household effects and furnishings;]  
[Antiques and collectors' items;]  
[Eyeglasses, sunglasses or contact lenses;]  
[Artificial teeth and dental bridges;]  
[Hearing aids;]  
[Prosthetic limbs;]  
[Prescribed Medication;]  
[Keys, money, securities and documents (except as otherwise specified under the benefit description);]  
[Tickets;]  
[Stamps;]  
[Credit cards;]  
[Professional or occupational equipment or property (whether or not electronic business equipment);]  
[Personal computers;]  
[Computer hardware or software of any kind;]  
[Telephones of any kind;]  
[Sporting equipment, if loss or damage results from the use thereof].

Any loss caused by, or resulting from, the following is excluded:

[Breakage of brittle or fragile articles;]  
[Wear and tear or gradual deterioration;]  
[Insects or vermin;]  
[Inherent vice or damage while the article is actually being worked upon or processed;]  
[Confiscation or expropriation by order of any government;]  
[Radioactive contamination;]  
[War or any act of war whether declared or not;]  
[Theft or pilferage while left unattended in any vehicle;]  
[Mysterious disappearance;]  
[Property illegally acquired, kept, stored or transported;]

[Insurrection or rebellion;]  
[Imprudent action or omission;]  
[Property shipped as freight or shipped prior to the **Scheduled Departure Date**.]

**[Under Collision Damage Waiver the following excludes losses caused to, by, or resulting from:**

[Vehicles rented in Israel, Jamaica, or the Republic of Ireland or Northern Ireland;]

[Vehicles not required to be licensed;]

[Antique motor vehicles (which means vehicles over [twenty-five (25)] years old or any vehicle which has not been manufactured for [ten (10)] years or more);]

[Limousines;]

[Vehicles used for commercial or livery use whether or not licensed for such use (commercial use includes hauling or transporting materials or goods necessary to, or reasonably considered to, be engaged in a commercial or livery use);]

[Any vehicle with an original manufacturer's suggested retail price greater than [\$25,000];]

[Any obligation of You, Your **Traveling Companion** or Your **Family Member** traveling with the You assumed under any agreement (except insurance collision deductible);]

[Rentals of trucks, campers, trailers, off-road or four-wheel drive vehicles, motor bikes, motorcycles, recreational vehicles or **Exotic Vehicles**;]

[Areas where precluded by law or in violation of the territory terms of the rental agreement or prohibited by individual merchants;]

[Any loss which occurs if You or anyone traveling with the You are in violation of the rental agreement;]

[Failure to report the loss to the proper local authorities and the **Rental Agency**;]

[Damage sustained on any road not regularly maintained by a municipal, state, or federal entity;]

[Damage to any other vehicle, structure or person as a result of a covered loss;]

[Any loss as the result of or attributed to driving the rental vehicle: while under the influence of alcohol or any illegal substance or the abuse of a legal substance; while using any medication which recommends abstinence from driving; in a speed competition; for compensation for hire; for illegal trade purposes, or transporting contraband;]

[Any loss as the result of physical damage or loss attributed to: mechanical failure or breakdown of the rental vehicle; wear and tear, gradual deterioration, corrosion, rust or freezing; any neglect or abuse of the vehicle; any dishonest act or conversion; any consequence of war (declared or otherwise); contamination by a radioactive material;]

[Waiver or assumption of expenses by the **Rental Agency**;]

[Expenses covered under any other policy of insurance;]

[Any contents of the rental vehicle;]

[A single rental/contract of more than [thirty-one (31)] consecutive days.]]

**[Under Hotel/Motel Burglary the following excludes losses caused to, by, or resulting from:**

[Cash;]  
[Checks;]  
[Securities;]  
[Credit cards;]  
[Other negotiable instruments;]  
[Tickets;]  
[Documents;]  
[Coins;]  
[Deeds;]  
[Bullion;]  
[Stamps;]  
[Business items;]  
[Personal computers;]  
[Forcible exit;]  
[Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth or limbs].]

**[Under Loss Damage Waiver the following excludes losses caused to, by, or resulting from:**

[Vehicles rented in [Israel] [,] [or] [Jamaica] [,] [or] [The Republic of Ireland] [,] [or] [Northern Ireland];]

[Vehicles not required to be licensed;]

[Vehicles used for commercial or livery use whether or not licensed for such use (commercial use includes hauling or transporting materials or goods necessary to, or reasonably considered to, be engaged in a commercial or livery use);]

[Areas where precluded by law or in violation of the territory terms of the rental agreement or prohibited by individual merchants;]

[The following vehicles: Trucks; recreational vehicles; campers; pickup trucks; minibuses; full-size vans mounted on truck chassis; vehicles manufactured to seat more than eight (8) occupants; vehicles when used to carry, haul or transport any type of cargo or property; off-road vehicles; trailers; motorbikes, motorcycles, and motor scooters; antique motor vehicles (which means vehicles over [twenty-five (25)] years old or any vehicle which has not been manufactured for [ten (10)] years or more); limousines; high value motor vehicles (whose replacement value exceeds [\$50,000]); limited edition motor vehicles (which are high value, exotic, high performance or collector-type vehicles); special interest or **Exotic Vehicles**.]

[Personal injury, personal liability, or personal property losses or damage to other than Your **Rental Vehicle**, or property, Your property or personal property inside the rented vehicle. Injury to any party is excluded.]

[Any loss not reported to the **Rental Agency**;

[Any loss resulting from any dishonest, fraudulent or criminal act;]

[Any loss resulting from forgery;]

[Any loss that occurs while You or an **Authorized Driver** is in violation of the **Rental Agreement**;]

[Any loss due to driving while intoxicated (as defined by the laws of the jurisdiction where the loss occurred), or under the influence of any narcotic unless prescribed by a **Physician**, reckless driving, or due to contraband or illegal activities;]

[Intentional loss or damage;]

[Any loss resulting from hostility of any kind (including declared war, undeclared war, invasion, rebellion, riot, civil commotion, or insurrection) or confiscation by authorities;]

[Any loss due to nuclear reaction or radioactive contamination;]

[Any loss or theft of personal belongings;]

[Any loss caused by someone other than an **Authorized Driver**;]

[Any loss due to wear and tear, gradual depreciation, freezing, mechanical or electrical breakdown or failure;]

[Blowouts and tire damage unless damaged by fire, malicious mischief, vandalism or stolen or unless the loss is coincident with a covered loss;]

[Depreciation, administrative, **Loss of Use**, or other fees charged by the **Rental Agency**;]

[A single rental/contract of more than [thirty-one (31)] consecutive days;]

[Back-to-back rentals for more than [thirty-one (31)] consecutive days, (a back-to-back rental is two (2) or more rentals of the same or different vehicles within the same city, with the first ending and next beginning within a 24-hour period);]

[Leases or mini-leases;]

[Expenses assumed, waived, or paid by the **Rental Agency** or its insurer;]

[Any obligation You assume under any agreement (other than the standard rental car agreement);]

[Any loss resulting from an **Authorized Driver**'s lack of reasonable care in protecting the **Rented Automobile** before or after the loss occurs including, but not limited to, mysterious disappearance of the rental car keys, leaving the rental car running while unattended, etc.;

[Damage sustained on any road not regularly maintained by a municipal, state, or federal entity;]

[Any loss or damage resulting from use of vehicles unlicensed for road use;]

[Expenses reimbursed by another insurer, employer, or employer's insurer;]

[Any loss resulting from use of the **Rented Automobile** in tests, races, or contests;]

[Any loss resulting from use of the **Rented Automobile** to carry passengers and property for hire;]

[Any loss occurring in states or countries where prohibited by law;]

[Any loss not reported within the time period provided, as stipulated in the claim procedure;]

[Any loss for which required documentation is not received by Us or Our designated authority within 180 days of the incident (or as soon as reasonably possible).]

[Coverage will not pay for, or duplicate, the collision/loss damage waiver offered by the **Rental Agency**.]

**[Under Lost Skier Days the following excludes losses caused to, by, or resulting from:**

[Season Passes;]

[Multiple ski mountains if one of the mountains does not meet the specifications stated in the Lost Skier Days benefit.]]

**[Under Property Damage the following excludes losses caused to, by, or resulting from:**

[Acts of God;]

[Intentional acts;]

[Gross negligence or willful and wanton conduct;]

[Any cause, if the damage is not reported to the appropriate unit staff prior to the date the unit is vacated;]

[Normal wear and tear;]

[Loss of use of the covered property;]

[Damage to the property owned by or brought onto the premises by You, Your **Family Members** traveling with You or Your **Traveling Companion** traveling with You;]

[Property damage resulting from any motorized conveyance, vehicle, aircraft or watercraft operated by You or Your **Family Members** traveling with You or Your **Traveling Companion** traveling with You.]]

**[Under Search and Rescue the following excludes losses caused to, by, or resulting from:**

[Heli-skiing;]

[Extreme skiing;]

[Payment in any way for fines, damages, penalties, or litigation that may be imposed against the person, as a result of Your activities or actions.]]

**[Under Ticket Saver the following excludes losses caused to, by, or resulting from:**

[Any unauthorized purchases made with an eligible card.]

[Tickets for which the entire purchase price is not paid for with an eligible card.]

[Tickets which are refundable.]

[Tickets purchased for Events not falling under the definition above.]

[Tickets purchased for Events occurring outside the U.S. or Canada.]

[Tickets not printed on paper, including but not limited to, buttons and wristbands.]

[Tickets not specifying the name, date and time of the Event and the price of the Ticket.]

[Cancellation, abandonment, postponement, curtailment or relocation in whole or part of the Ticketed Event.]

[Disinclination on the part of the Ticketholder to not attend an Event.]

[**Strike**, breakdown or adverse weather conditions which cause a failure or delay of public transportation services for which a warning in the public media has been given at least twenty-four (24) hours prior to the Ticketholder's departure for the Event.]

[Any amounts which are reimbursable from any other source.]

[Any loss caused by or resulting from biological / nuclear / chemical terrorism. An act of terrorism means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.]]

[Under [Accidental Death And Dismemberment,] [Accidental Death And Dismemberment – Common Carrier,] [Flight Only Accidental Death And Dismemberment] [Accident Medical Expense,] [Accident Medical Expense – Emergency Only,] [Sickness Medical Expense,] [Sickness Medical Expense – Emergency Only] [Accidental Injury – In Hospital Indemnity,] [Sickness – In Hospital Indemnity,] [Trip Cancellation,] [Trip Interruption,] [Trip Delay,] [Itinerary Change,] [Missed Connection,] [Emergency Evacuation,] [Repatriation of Remains] the following excludes losses caused to, by or resulting from:

[**Pre-existing Conditions**, as defined in the Definitions section [except for [Trip Cancellation] [or] Trip Interruption] caused by a death]. [The **Pre-existing Conditions** exclusion is waived if You enroll in/purchase this coverage

[at the time You pay the deposit required for Your **Trip**]

[within [ten (10)] [days] of the time You pay the initial deposit required for Your **Trip**]

[prior to or on the date You make the Your **Trip**]

[at the time You make the final payment required for Your **Trip**]

[within [ten (10)] days of the time You make the final payment required for Your **Trip**]

[and insures the full cost of Your **Trip**] [and You are medically capable of Travel on the day this coverage was purchased.]]

[The booking for Your **Trip** must be the first and only booking for this travel period and destination.]

[You must not be disabled from travel at the time You [pay the premium] [make Your **Travel Arrangements**] and intend to travel. The **Trip** cost per person must be no more than [\$10,000] [and] [the total cost of the **Trip** must be no more than [\$50,000.]]

[Suicide, attempted suicide, or any intentionally self-inflicted injuries while sane or insane, unless results in the death of a non-traveling **Family Member**;]

[War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;]

[Participation in any military maneuver or training exercise;]

[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 (2) months or less will not constitute service in the armed forces. Upon notice to Us of entering the armed forces, We will return to You pro-rata any premium paid, less any benefits paid, for any period during which You are in such service;]

[Piloting or learning to pilot or acting as a member of the crew of any aircraft;]

[While or as a result of riding in any device for aerial navigation other than as provided for in the **EOC**;]

[Mental or nervous disorders, unless hospitalized;]

[Participation as a professional in athletics;]

[Semi-professional or inter-scholastic team sports;]

[Being under the influence of drugs or intoxicants, unless prescribed by a **Physician**, unless results in the death of a non-traveling **Family Member**;]

[Commission or the attempt to commit a criminal act;]

[Participating in [bodily contact sports;] [skydiving;] [hang gliding;] [parachuting [except parasailing];] [mountaineering;] [any race;] [bungee jumping;] [speed contest;] [(speed contest shall not include any of the regatta races;)] [scuba diving [unless accompanied by a dive master and not deeper than [thirty (30) feet]];] [spelunking or caving;] [heli-skiing;] [extreme skiing;]

[Dental treatment except as a result of an **Accidental Injury** that occurs during Your **Trip** to sound natural teeth;]

[Any non-emergency treatment or surgery, elective surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses;]

[Pregnancy and childbirth (except for complications of pregnancy), except if hospitalized;]

[Elective abortion;]

[Hernia unless resulting from an **Accidental Injury** that occurs during Your **Trip**;]

[Curtailment or delayed return for other than covered reasons;]

[Traveling for the purpose of securing medical treatment;]

[Services not shown as covered;]

[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;]

[Directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto;]

[Care or treatment which is not medically necessary;]

[Care or treatment that is payable under any insurance policy that may not require deductible and/or coinsurance payments by You;]

[**Accidental Injury** or **Sickness** when traveling against the advice of a **Physician**;]

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

[**Accidental Injury** or **Sickness** or disease except as provided for in the **EOC**;]

[A loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the [**EOC**] is not in effect for You;]

[The following limitation applies to **Trip** Cancellation: All cancellations must be reported directly to the **Travel Supplier** within seventy-two (72) hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified seventy-two (72) hour period, We will not pay for additional charges which would not have been incurred had You notified the **Travel Supplier** in the specified period. If the event prevents You from reporting the cancellation, the seventy-two (72) hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented You from reporting the cancellation within the specified period.]

**[Under Trip Interruption – Disablement, the following excludes losses caused to, by, or resulting from:**

[Disablements due to an act of God, war, insurrection, or riot;]

[Commission or the attempt to commit a criminal act;]

[A disablement which You knowingly and with intent caused].]

**[Under Rental Car, Personal Accident the following excludes Losses caused to, by or resulting from:**

[Suicide or attempted suicide;]

[Intentionally self-inflicted injuries;]

[You or **Authorized Driver** of the **Rented Automobile** if he/she is found guilty of any violation of Federal, State, county or local statute;]

[War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;]

[Participation in any military maneuver or training exercise;]

[Mental or emotional disorders;]

[Being under the influence of drugs or intoxicants, unless prescribed by a **Physician**;]

[Commission or the attempt to commit any dishonest, fraudulent or criminal act;]

[Use of the **Rented Automobile** to carry passengers or property for hire;]

[Use of the **Rented Automobile** in tests, races or contests;]

[Use of the **Rented Automobile** by a person other than the one authorized to operate the **Rented Automobile** by the terms of the rental agreement;]

[Forgery by You;]

[You being in violation of the rental agreement].]

**[Under Emergency Helicopter Transport the following excludes losses caused by or resulting from:**

[Suicide or attempted suicide;]

[Intentionally self-inflicted injuries;]

[War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;]

[Participation in any military maneuver or training exercise;]

[Mental or emotional disorders, unless hospitalized;]

[Being under the influence of drugs or intoxicants, unless prescribed by a **Physician**;]

[Commission or the attempt to commit any dishonest, fraudulent or criminal act;]

[Participation as a professional in athletics;]

[Pregnancy and childbirth (except complications of pregnancy);]

[Travel undertaken for the specific purpose of securing medical treatment].]

## E. HOW TO FILE A CLAIM

To file a claim, You must contact the **Administrator** by [phone] [or] [email] within [twenty (20)] days of the covered loss or as soon as reasonably possible.

A claim form will be sent to You. The fully completed claim form must be returned to the **Administrator** at [address] with:

1. Written proof of loss.
2. Any other documentation that the **Administrator** may reasonably request.

All these required items, including the claim form, must be postmarked within [one hundred and eighty (180) days] or as soon as reasonably possible of the date of loss. Otherwise, the claim may be denied.

## F. GENERAL PROVISIONS

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

**Clerical Errors:** We will not deny or cancel coverage because of clerical error by Us. After an error is found, We will take appropriate action. This may include adjusting, collecting or refunding premium.

**Conformity of Statute:** If the terms of this **EOC** are in conflict with the statutes of the State in which it is issued, they are automatically changed to conform to minimum requirements of such statutes.

**Disagreement Over Settlement of Claim:** If there is a disagreement about the amount of the loss either You or Us can make a written demand for an appraisal. After the demand, You and Us will each select his/her 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 is paid by You. We will pay the appraiser they choose. You will share equally with Us the cost for the arbitrator and the appraisal process.

**[Dispute Resolution – Arbitration:** This **EOC** requires binding arbitration if there is an unresolved dispute between You and Us concerning this **EOC**. Under this Arbitration provision, You give up your right to resolve any dispute arising from this **EOC** by a judge and/or a jury. You also agree not to participate as a class representative or class member in any class action litigation, any class arbitration or any consolidation of individual arbitrations. In arbitration, a group of three arbitrators (each of whom is an independent, neutral third party) will give a decision after hearing Your and Our positions. The decision of a majority of the arbitrators will determine the outcome of the arbitration and the decision of the arbitrators shall be final and binding and cannot be reviewed or changed by, or appealed to, a court of law.

To start arbitration, either You or We must make a written demand to the other party for arbitration. This demand must be made within one (1) year of the earlier of the date the loss occurred or the dispute arose. You and We will each separately select an arbitrator. The two arbitrators will select a third arbitrator called an "umpire." Each party will each pay the expense of the arbitrator selected by that party. The expense of the umpire will be shared equally by You and Us. Unless otherwise agreed to by You and Us, the arbitration will take place in the county and state in which You live. The arbitration shall be governed by the Federal Arbitration Act (9 U.S.C.A. § 1 et. seq.) and not by any state law concerning arbitration. The rules of the American Arbitration Association (www.adr.org) will apply to any arbitration under this **EOC**. The laws of the state of Illinois (without giving effect to its conflict of law principles) govern all matters arising out of or relating to this **EOC** and all transactions contemplated by this **EOC**, including, without limitation, the validity, interpretation, construction, performance and enforcement of this **EOC**.]

**Excess Coverage:** The benefits in this **EOC** are secondary to any coverage provided by any other party and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

**Legal Actions:** No legal action for a claim can be brought against Us until sixty (60) days after We receive proof of loss. No legal action for a claim can be brought against Us more than three (3) years after the time required for giving proof of loss.

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

**Payment of Claims:** Benefits payable under this **EOC** for any loss will be paid upon receipt of due proof of loss and all required information necessary to support the claim. All benefits payable will be payable to You or, in the case of death, to Your estate or beneficiary if provided in writing by You. No person or entity other than You shall have any legal or equitable right, remedy or claim of insurance proceeds and/or damages under or arising out of this coverage.

**Time Payment of Claims:** Indemnities payable under the **EOC** for any loss will be paid immediately upon receipt of due written proof of such loss. All claims shall be paid within thirty (30) days following receipt by Us of due proof of loss. Failure to pay within such period shall entitle You to interest at the rate of [nine percent (9%)] per annum at the expiration of each four (4) weeks during the continuance of the period for which We are liable, provided that interest amounting to less than one dollar need not be paid. Any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

**Physical Examination and Autopsy:** We, or Our designated representative, at their own expense, have the right to have You examined as often as reasonably necessary while a claim is pending. We, or Our designated representative, also has the right to have an autopsy performed unless prohibited by law.

**Premium:** The required premium must be paid to Our authorized representative prior to the **Scheduled Departure Date** of Your **Trip**. [The premium is non-refundable [after a [ten (10) day] review].

**Proof of Loss:** The claimant must send Us, or Our designated representative, proof of loss within [one hundred and eighty (180) days] or as soon as reasonably possible days after a covered loss occurs or as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**Salvage:** If salvage is requested, it must be sent to the **Administrator** at Your expense. Failure to remit requested salvage may result in denial of the claim.

**Subrogation:** To the extent We pay for a loss suffered by You, We will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help Us preserve Our rights against those responsible for the loss and must do everything necessary to secure these rights and must do nothing that would jeopardize them. This may involve signing any papers and taking any other steps We may reasonably require. If We take over Your rights, You may have to sign an appropriate subrogation form supplied by Us.

**Valuation:** We will not pay more than the **Actual Cash Value** of the property at the time of loss. Damage will be estimated according to **Actual Cash Value** with proper deduction for depreciation as determined by Us. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

**Virginia Surety Company, Inc.**  
 [175 West Jackson Blvd., Chicago, IL 60604]

**EOC SCHEDULE**

**Group Policy Number:** [Insert Policy #]

**[Program Name:** [Insert Program name]]

**[Policyholder:** [Insert Policyholder name & address]]

Description of Insured: [insert description of the insureds]

[Description of Traveling Companion(s): [insert description of the traveling companions]]

Description of Trip(s): [insert the description of the covered trips]

The benefits listed below are described in the attached Evidence of Coverage (EOC). Please refer to the EOC for the terms, conditions, and exclusions for each benefit.

<b>Benefit:</b>	<b>Limits</b>
<input type="checkbox"/> Accidental Death & Dismemberment	
Principal Sum .....	\$[X,XXX.XX]
[Aggregate Limit per Accident.....	\$[X,XXX.XX]]
<input type="checkbox"/> Accidental Death & Dismemberment – Common Carrier	
Principal Sum .....	\$[X,XXX.XX]
[Aggregate Limit per Accident.....	\$[X,XXX.XX]]
<input type="checkbox"/> Accidental Injury – In Hospital Indemnity	
Per Night Limit.....	\$[X,XXX.XX]
Maximum Limit .....	\$[X,XXX.XX]
<input type="checkbox"/> Accident Medical Expense	
[Deductible .....	\$[X,XXX.XX]
Maximum Limit for Medical Expenses.....	\$[X,XXX.XX]
[Maximum Limit for Dental Expenses.....	\$[X,XXX.XX]]
<input type="checkbox"/> Accident Medical Expense – Emergency Only	
[Deductible .....	\$[X,XXX.XX]
Maximum Limit for Medical Expenses.....	\$[X,XXX.XX]
[Maximum Limit for Dental Expenses.....	\$[X,XXX.XX]
Maximum Limit for Other Insurance .....	\$[X,XXX.XX]
<input type="checkbox"/> Baggage Delay	
Maximum Limit .....	\$[X,XXX.XX]
<input type="checkbox"/> Baggage/Personal Effects	
Maximum Limit .....	\$[X,XXX.XX]
[Per Article Limit .....	\$[X,XXX.XX]
[Combined Maximum Limit .....	\$[X,XXX.XX]]
<input type="checkbox"/> Collision Damage Waiver	
Maximum Limit .....	\$[X,XXX.XX]
<input type="checkbox"/> Emergency Evacuation	
Maximum Limit .....	\$[X,XXX.XX]

- Emergency Helicopter Transport  
Maximum Limit .....\$[X,XXX.XX]
  
- Flight Only Accidental Death & Dismemberment  
Principal Sum .....\$[X,XXX.XX]  
[Aggregate Limit per Accident.....\$[X,XXX.XX]]  
[Accidental Medical Expense (For Flight Only)  
Maximum Limit ..... \$[X,XXX.XX]]
  
- Hotel/Motel Burglary  
Maximum Limit .....\$[X,XXX.XX]
  
- Itinerary Change  
Maximum Limit .....\$[X,XXX.XX]
  
- Loss Damage Waiver  
Maximum Limit .....\$[X,XXX.XX]
  
- Lost Baggage  
Maximum Limit .....\$[X,XXX.XX]  
[Per Article Limit .....\$[X,XXX.XX]]  
[Combined Maximum Limit .....\$[X,XXX.XX]]  
[Deductible per Occurrence.....\$[X,XXX.XX]]
  
- Lost Skier Days  
Maximum Limit .....\$[X,XXX.XX]  
Maximum Limit for Pro-rated Loss .....\$[X,XXX.XX]
  
- Missed Connection  
Maximum Limit .....\$[X,XXX.XX]
  
- Property Damage  
Maximum Limit .....\$[X,XXX.XX]
  
- Rental Car Personal Accident  
Principal Sum .....\$[X,XXX.XX]  
[Aggregate Limit per Accident.....\$[X,XXX.XX]]
  
- Repatriation of Remains  
Maximum Limit .....\$[X,XXX.XX]
  
- Search and Rescue  
Maximum Limit .....\$[X,XXX.XX]
  
- Sickness- In Hospital Indemnity  
Per Night Limit.....\$[X,XXX.XX]  
Maximum per Limit .....\$[X,XXX.XX]
  
- Sickness Medical Expense  
[Deductible .....\$[X,XXX.XX]]  
Maximum Limit for Medical Expenses.....\$[X,XXX.XX]  
[Maximum Limit for Dental Expenses.....\$[X,XXX.XX]]

- Sickness Medical Expense – Emergency Only
  - [Deductible .....\$[X,XXX.XX]]
  - Maximum Limit for Medical Expenses.....\$[X,XXX.XX]
  - [Maximum Limit for Dental Expenses.....\$[X,XXX.XX]
  - Maximum Limit for Other Insurance .....\$[X,XXX.XX]]
  
- Ticket Saver
  - Maximum Limit .....\$[X,XXX.XX]]
  
- Trip Cancellation
  - Maximum Limit .....\$[X,XXX.XX]]
  
- Trip Cancellation For Any Reason
  - Maximum Limit ..... [XX] % of the Prepaid Non-Refundable Cancellation Fee]
  
- Trip Delay
  - Maximum Limit .....\$[X,XXX.XX]
  - [Maximum Limit for Kennel Fees.....\$[X,XXX.XX]]
  
- Trip Interruption
  - Maximum Limit .....\$[X,XXX.XX]]
  
- Trip Interruption – Disablement
  - Maximum Limit .....\$[X,XXX.XX]]

**Virginia Surety Company, Inc.**  
[175 W. Jackson Blvd., Chicago, IL 60604]

**GROUP POLICY**  
(hereinafter referred to as Policy)

**Policy Number:** [Insert policy #]  
**Policy Effective Date:** [Insert date], 12:01 A.M.  
**Policy Expiration Date:** [Insert date], 12:01 A.M.

**This Policy is a legal contract between the Company and [Insert Policyholder name]**

**Subject to the terms of this Policy,** We agree to insure an Insured of the Policyholder.

Policyholder: [insert name and address]

**A. CONSIDERATION:**

Benefits are provided for an Insured of the Policyholder, subject to the terms and conditions of this Policy and the attached Evidence of Coverage (EOC). In return, the Policyholder agrees to pay premium as listed in the Schedule of Coverage when due to the Company.

**B. POLICY TERM:**

The Policy becomes effective on the Policy Effective Date and expires on the Policy Expiration Date shown above. The Policy shall then automatically renew continuously for successive [twelve (12)] month terms upon expiration unless canceled or non-renewed by the Company or Policyholder, pursuant to the provisions set forth in the termination provision. Renewal dates will hereinafter be referred to as Policy Anniversary Date. Each Policy Term begins and ends at 12:01 A.M. standard time, at the Policyholder's address listed above.

**C. DEFINITIONS:**

**Company, We, Us, or Our** means Virginia Surety Company, Inc., [175 West Jackson Blvd., Chicago, IL 60604].

**Insured** means the specific class of people listed on the Schedule of Coverage who have enrolled for coverage during the period this Policy is in effect.

**Policy Anniversary Date** means the annual reoccurrence of the Policy Effective Date.

**Policyholder** means the entity that the Policy is issued to.

**D. INSURING PROVISIONS**

**Individual Evidence of Coverage:** An Evidence of Coverage, stating the terms of coverage, may be made available to each Insured. Only those coverages offered by the Company, listed on the Schedule of Coverage and selected by the Policyholder are covered under this Policy.

**Effective Date of Insured's Coverage:** Refer to B Term of Coverage of the attached Evidence of Coverage.

**Expiration Date of Insured's Coverage:** Refer to B Term of Coverage of the attached Evidence of Coverage.

## E. PREMIUMS

**Premium Rates:** Rates for the insurance provided by this Policy are shown in the Schedule of Coverage and are subject to the Premium Change provision contained below in this Policy.

**Payment of Premium:** The Policyholder must pay the premium to the Company within [thirty (30) days] of the end of each [month] [quarter].

**Premium Change:** The Company will provide the Policyholder with at least [thirty (30) days] prior written notice of an increase or decrease to the premium for coverage provided under this Policy. [Any increase or decrease in premium shall apply to all Insured's [enrolled for coverage] after the premium change effective date indicated in the written notice provided by Company.]

## F. ADDITIONAL PROVISIONS

**[Records; Information To Be Furnished:** The Policyholder will maintain records showing the essential particulars of this insurance applying to each Insured and must be furnished monthly on forms acceptable to Us. The Company will be permitted to examine the Policyholder's records relating to this Policy. The Company may do this at any time during the Policy term and within [two (2)] years after expiration of this Policy or until final adjustment and settlement of all claims under this Policy have been made, whichever is later.]

**[Advertising Approval:** The Policyholder and its subscribing organizations will gain the prior written approval of the Company for all advertising material, including but not limited to, direct mail, printed materials, electronic media and telemarketing scripts relating to this Policy or to the Company. The Company shall have no responsibility for loss resulting from advertising material that has not been approved by the Company.]

### Termination:

#### Cancellation of the Policy:

1. The Policyholder may cancel this Policy for any reason by mailing to the Company or its authorized representative written notice of cancellation at least [thirty (30)] days before the effective date of cancellation.
2. The Company may cancel this Policy by mailing or delivering to the Policyholder written notice of cancellation.
  - a. If cancelled within sixty (60) days of the Policy Effective Date:
    - i. ten (10) days before the effective date of cancellation if the Company cancels for nonpayment of premium; or
    - ii. thirty (30) days before the effective date of cancellation if the Company cancels for any other reason.
  - b. If cancelled more than sixty (60) days after the Policy Effective Date:
    - i. ten (10) days before the effective date of cancellation if the Company cancels for nonpayment of premium; or
    - ii. sixty (60) days before the effective date of cancellation if the Company cancels for any of the following reasons:
      1. The Policyholder induced issuance of the Policy through material misrepresentation;
      2. The Policyholder violates any of the terms and conditions of the Policy;
      3. Increase in risk;
      4. If the Company loses part or all of the reinsurance on the risk;
      5. If the insurance commissioner determines that to continue the Policy could place the Company in violation of the state insurance code.
3. The Company will mail the notice to the Policyholder's last mailing address known to the Company.

4. Notice of cancellation will state the effective date of cancellation. The Policy period will end on that date. [All provisions, terms and conditions of this Policy will continue to apply for any Insured whose Evidence of Coverage has an Effective Date that is after the Policy Effective Date and prior to the cancellation date of this Policy for the period premium was paid.]
5. If this Policy is cancelled, the Company will send the Policyholder any premium refund due. Refunds will be calculated on a Pro-rata basis. The cancellation will be effective even if the Company has not made or offered a refund.

**Nonrenewal of the Policy:** This Policy may be non-renewed as of any Policy Anniversary Date by the Company mailing to the Policyholder by certified mail, at the last address known by the Company, written notice stating when, not less than [sixty (60)] days prior to the effective date of the nonrenewal.

**[Conditional Renewal of the Policy:** The Company has the right to conditionally renew this Policy effective on any Policy Anniversary Date based upon a change in limits, change in type of coverage, reduction of coverage, increased deductible, or upon increased premiums in excess of ten percent (exclusive of any premium increase generated as a result of increased exposure units). Notice of conditional renewal shall be treated as an effective notice of nonrenewal if such requirements are not satisfied as of the later of the Policy Expiration Date or [sixty (60)] days after mailing or delivery of such notice. All notices of conditional renewal will be mailed to the Policyholder at the last mailing address known to the Company, at least [sixty (60)] days prior to the effective date of conditional renewal and shall provide a specific explanation of the reasons for conditional renewal.]

**Notice to Insured:** If this Policy is cancelled or non-renewed, the Policyholder will provide all Insured with [thirty (30)] days notice of such cancellation or nonrenewal.

**Policy Change:** This Policy contains all agreements between the Policyholder and Us. No agent may alter this Policy. Changes in this Policy can only be made by a filed endorsement to the Policy issued by Us.

**No Benefit to Others:** This coverage will in no way insure directly or indirectly to the benefit of any insurer, person, organization or other bailee.

**Conformity of Statute:** Terms of this Policy which are in conflict with the statutes of the state in which it is issued are automatically changed to conform to minimum requirements of such statutes.

**Coverage and Individual Provisions:** The coverage and provisions of this Policy with respect to the Insured are contained in the Evidence of Coverage. A copy of the Evidence of Coverage is attached to and made a part of this Policy.

**Schedule of Coverage:** A copy of the Schedule of Coverage(s) is attached to and made a part of this Policy.

**This Policy is signed on Our behalf by Our Secretary and President.**

Secretary

President

## TRAVEL PROTECTION POLICY APPLICATION FOR COVERAGE UNDER POLICY [XXXX]

Application is made for travel insurance under the Policy based on statements and representations in this application and any attachments. This application will apply to Covered Trips for which prior arrangements have been made before the Scheduled Departure Date.

### 1. SCHEDULE OF BENEFITS FOR CLASSES OF ELIGIBLE INSURED

<b>Benefit:</b>	<b>Limits</b>
<input type="checkbox"/> Accidental Death & Dismemberment	
Principal Sum.....	\$[X,XXX.XX]
[Aggregate Limit per Accident.....	\$[X,XXX.XX]]
 <input type="checkbox"/> Accidental Death & Dismemberment – Common Carrier	
Principal Sum.....	\$[X,XXX.XX]
[Aggregate Limit per Accident.....	\$[X,XXX.XX]]
 <input type="checkbox"/> Accidental Injury – In Hospital Indemnity	
Per Night Limit.....	\$[X,XXX.XX]
Maximum Limit.....	\$[X,XXX.XX]]
 <input type="checkbox"/> Accident Medical Expense	
[Deductible.....	\$[X,XXX.XX]]
Maximum Limit for Medical Expenses.....	\$[X,XXX.XX]
[Maximum Limit for Dental Expenses.....	\$[X,XXX.XX]]
 <input type="checkbox"/> Accident Medical Expense – Emergency Only	
[Deductible.....	\$[X,XXX.XX]]
Maximum Limit for Medical Expenses.....	\$[X,XXX.XX]
[Maximum Limit for Dental Expenses.....	\$[X,XXX.XX]]
Maximum Limit for Other Insurance.....	\$[X,XXX.XX]]
 <input type="checkbox"/> Baggage Delay	
Maximum Limit.....	\$[X,XXX.XX]]
 <input type="checkbox"/> Baggage/Personal Effects	
Maximum Limit.....	\$[X,XXX.XX]
[Per Article Limit.....	\$[X,XXX.XX]]
[Combined Maximum Limit.....	\$[X,XXX.XX]]
 <input type="checkbox"/> Collision Damage Waiver	
Maximum Limit.....	\$[X,XXX.XX]]
 <input type="checkbox"/> Emergency Evacuation	
Maximum Limit.....	\$[X,XXX.XX]]
 <input type="checkbox"/> Emergency Helicopter Transport	
Maximum Limit.....	\$[X,XXX.XX]]

- Flight Only Accidental Death & Dismemberment
  - Principal Sum.....\$[X,XXX.XX]
  - [Aggregate Limit per Accident ..... \$[X,XXX.XX]]
  - [Accidental Medical Expense (For Flight Only)
  - Maximum Limit ..... \$[X,XXX.XX]]
  
- Hotel/Motel Burglary
  - Maximum Limit ..... \$[X,XXX.XX]
  
- Itinerary Change
  - Maximum Limit ..... \$[X,XXX.XX]
  
- Loss Damage Waiver
  - Maximum Limit ..... \$[X,XXX.XX]
  
- Lost Baggage
  - Maximum Limit .....\$[X,XXX.XX]
  - [Per Article Limit..... \$[X,XXX.XX]]
  - [Combined Maximum Limit ..... \$[X,XXX.XX]]
  - [Deductible per Occurrence ..... \$[X,XXX.XX]]
  
- Lost Skier Days
  - Maximum Limit .....\$[X,XXX.XX]
  - Maximum Limit for Pro-rated Loss ..... \$[X,XXX.XX]
  
- Missed Connection
  - Maximum Limit ..... \$[X,XXX.XX]
  
- Property Damage
  - Maximum Limit ..... \$[X,XXX.XX]
  
- Rental Car Personal Accident
  - Principal Sum.....\$[X,XXX.XX]
  - [Aggregate Limit per Accident ..... \$[X,XXX.XX]]
  
- Repatriation of Remains
  - Maximum Limit ..... \$[X,XXX.XX]
  
- Search and Rescue
  - Maximum Limit ..... \$[X,XXX.XX]
  
- Sickness- In Hospital Indemnity
  - Per Night Limit .....\$[X,XXX.XX]
  - Maximum per Limit ..... \$[X,XXX.XX]
  
- Sickness Medical Expense
  - [Deductible..... \$[X,XXX.XX]]
  - Maximum Limit for Medical Expenses .....\$[X,XXX.XX]
  - [Maximum Limit for Dental Expenses ..... \$[X,XXX.XX]]

Sickness Medical Expense – Emergency Only  
[Deductible..... \$[X,XXX.XX]]  
Maximum Limit for Medical Expenses .....\$[X,XXX.XX]  
[Maximum Limit for Dental Expenses .....\$[X,XXX.XX]  
Maximum Limit for Other Insurance..... \$[X,XXX.XX]]

Ticket Saver  
Maximum Limit..... \$[X,XXX.XX]]

Trip Cancellation  
Maximum Limit..... \$[X,XXX.XX]]

Trip Cancellation For Any Reason  
Maximum Limit..... [XX] % of the Prepaid Non-Refundable Cancellation Fee]

Trip Delay  
Maximum Limit .....\$[X,XXX.XX]  
[Maximum Limit for Kennel Fees ..... \$[X,XXX.XX]]

Trip Interruption  
Maximum Limit..... \$[X,XXX.XX]]

Trip Interruption – Disablement  
Maximum Limit..... \$[X,XXX.XX]]

- 2. **PREMIUMS:** [\$xx.xx]
- 3. **POLICY DATE:** [October 1, 2003]
- 4. **TERM:** [12 months – continuous until cancelled]

FOR THE POLICYHOLDER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME / TITLE (Print): \_\_\_\_\_

DATE: \_\_\_\_\_

FOR THE COMPANY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME / TITLE (Print): \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICATION FOR POLICY NUMBER: \_\_\_\_\_

**Virginia Surety Company, Inc.**  
[175 West Jackson Blvd., Chicago, IL 60604]

**SCHEDULE OF COVERAGE**

**Group Policy Number:** [Insert Policy #]  
**Schedule Number:** [Insert Schedule #]  
**Schedule Effective Date:** [insert date], 12.01 a.m.

[This Schedule of Coverage supersedes and replaces any and all previously issued Schedules of Coverage.]

**Program Name:** [Insert Program name]  
**Policyholder:** [Insert Policyholder name & address]

1. **Covered classes of Insured's:**  
[Insert list of covered classes]
  
2. **Coverage and Limits available to the Insured:**

<u><b>Selected Coverage:</b></u>	<u><b>Limits</b></u>
<input type="checkbox"/> Accidental Death & Dismemberment	
Principal Sum .....	\$[X,XXX.XX]
[Aggregate Limit per Accident.....	\$[X,XXX.XX]]
<input type="checkbox"/> Accidental Death & Dismemberment – Common Carrier	
Principal Sum .....	\$[X,XXX.XX]
[Aggregate Limit per Accident.....	\$[X,XXX.XX]]
<input type="checkbox"/> Accidental Injury – In Hospital Indemnity	
Per Night Limit.....	\$[X,XXX.XX]
Maximum Limit .....	\$[X,XXX.XX]
<input type="checkbox"/> Accident Medical Expense	
[Deductible .....	\$[X,XXX.XX]
Maximum Limit for Medical Expenses .....	\$[X,XXX.XX]
[Maximum Limit for Dental Expenses .....	\$[X,XXX.XX]]
<input type="checkbox"/> Accident Medical Expense – Emergency Only	
[Deductible .....	\$[X,XXX.XX]
Maximum Limit for Medical Expenses .....	\$[X,XXX.XX]
[Maximum Limit for Dental Expenses .....	\$[X,XXX.XX]
Maximum Limit for Other Insurance .....	\$[X,XXX.XX]
<input type="checkbox"/> Baggage Delay	
Maximum Limit .....	\$[X,XXX.XX]
<input type="checkbox"/> Baggage/Personal Effects	
Maximum Limit .....	\$[X,XXX.XX]
[Per Article Limit .....	\$[X,XXX.XX]]
[Combined Maximum Limit.....	\$[X,XXX.XX]]

- Collision Damage Waiver  
Maximum Limit ..... \$[X,XXX.XX]
- Emergency Evacuation  
Maximum Limit ..... \$[X,XXX.XX]
- Emergency Helicopter Transport  
Maximum Limit ..... \$[X,XXX.XX]
- Flight Only Accidental Death & Dismemberment  
Principal Sum ..... \$[X,XXX.XX]  
[Aggregate Limit per Accident..... \$[X,XXX.XX]]  
[Accidental Medical Expense (For Flight Only)  
Maximum Limit ..... \$[X,XXX.XX]]
- Hotel/Motel Burglary  
Maximum Limit ..... \$[X,XXX.XX]
- Itinerary Change  
Maximum Limit ..... \$[X,XXX.XX]
- Loss Damage Waiver  
Maximum Limit ..... \$[X,XXX.XX]
- Lost Baggage  
Maximum Limit ..... \$[X,XXX.XX]  
[Per Article Limit ..... \$[X,XXX.XX]]  
[Combined Maximum Limit..... \$[X,XXX.XX]]  
[Deductible per Occurrence..... \$[X,XXX.XX]]
- Lost Skier Days  
Maximum Limit ..... \$[X,XXX.XX]  
Maximum Limit for Pro-rated Loss..... \$[X,XXX.XX]
- Missed Connection  
Maximum Limit ..... \$[X,XXX.XX]
- Property Damage  
Maximum Limit ..... \$[X,XXX.XX]
- Rental Car Personal Accident  
Principal Sum ..... \$[X,XXX.XX]  
[Aggregate Limit per Accident..... \$[X,XXX.XX]]
- Repatriation of Remains  
Maximum Limit ..... \$[X,XXX.XX]
- Search and Rescue  
Maximum Limit ..... \$[X,XXX.XX]
- Sickness- In Hospital Indemnity  
Per Night Limit..... \$[X,XXX.XX]  
Maximum per Limit ..... \$[X,XXX.XX]

- Sickness Medical Expense
  - [Deductible ..... \$[X,XXX.XX]]
  - Maximum Limit for Medical Expenses ..... \$[X,XXX.XX]
  - Maximum Limit for Dental Expenses ..... \$[X,XXX.XX]
  
- Sickness Medical Expense – Emergency Only
  - [Deductible ..... \$[X,XXX.XX]]
  - Maximum Limit for Medical Expenses ..... \$[X,XXX.XX]
  - Maximum Limit for Dental Expenses ..... \$[X,XXX.XX]
  - Maximum Limit for Other Insurance ..... \$[X,XXX.XX]
  
- Ticket Saver
  - Maximum Limit ..... \$[X,XXX.XX]
  
- Trip Cancellation
  - Maximum Limit ..... \$[X,XXX.XX]
  
- Trip Cancellation For Any Reason
  - Maximum Limit ..... [XX] % of the Prepaid Non-Refundable Cancellation Fee
  
- Trip Delay
  - Maximum Limit ..... \$[X,XXX.XX]
  - Maximum Limit for Kennel Fees ..... \$[X,XXX.XX]
  
- Trip Interruption
  - Maximum Limit ..... \$[X,XXX.XX]
  
- Trip Interruption – Disablement
  - Maximum Limit ..... \$[X,XXX.XX]

**3. Payment of Premium:**

Premium is payable by the [Policyholder] [Participating Organization(s)] [on the Policy Effective Date] [on the [insert number] day of the month immediately following the Policy Effective Date] [and thereafter] [on the [insert number] day of the month following the frequency of payment] [insert premium payment schedule]]

**4. Frequency of Payment:**

- [Annual]
- [Semi-Annual]
- [Quarterly]
- [Monthly]
- [Insert frequency]]

**5. Grace Period:**

A grace period of [thirty-one (31)] [ten (10)] days will be granted for the payment of each premium falling due after the first premium, during which time the Policy will continue in force, subject to the right of the Company to cancel in accordance with the Termination provision of the Policy, but the Participating Organization shall be liable to the Company for the payment of premium accruing for the period the Policy continues in force.]

**6. Premium:**

[Insert]

**Virginia Surety Company, Inc.**  
175 West Jackson Blvd., Chicago, IL 60604

**AMENDATORY ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY**

---

Policy Number: [Insert Policy Number]

Effective Date of this Endorsement: [Insert Endorsement Effective Date]

---

It is agreed that the following revisions are made to the above captioned policy:

**SECTION F – GENERAL PROVISIONS “Dispute Resolution – Arbitration” is deleted in its entirety:**

**SECTION F – GENERAL PROVISIONS, “Legal Action” is replaced with the following:**

**Legal Actions:** No action at law or in equity shall be brought to recover under the **Policy** following a period of five (5) years after proof of loss has been furnished in accordance with the requirements of this coverage.

**SECTION F – GENERAL PROVISIONS, “Subrogation” is replaced with the following:**

**Subrogation:** When You have been fully compensated for Your **Loss** and there has been payment by Us under this **Policy** for that **Loss**, then We are entitled to recover those amounts that have exceeded the amount of Your **Loss**. In order to accomplish this, You agree that You will transfer Your rights to recovery against any other party or person for the amount of the excess over the amount of Your **Loss**. With respect to the excess amount, You agree to everything necessary for Us to secure these rights and to do nothing that would jeopardize these rights to recovery from any other party or person.

All other provisions remain unchanged.

**VIRGINIA SURETY COMPANY, INC.**

[John Smith]  
President

---

<i>SERFF Tracking Number:</i>	<i>FRCS-125850992</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Virginia Surety Company, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>5007-F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0009 Travel Coverage</i>
<i>Product Name:</i>	<i>Travel Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>VASURETY/62/62</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125850992 State: Arkansas  
Filing Company: Virginia Surety Company, Inc. State Tracking Number: EFT \$50  
Company Tracking Number: 5007-F  
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Travel Insurance Policy  
Project Name/Number: VASURETY/62/62

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 12/18/2008

**Comments:**

**Attachment:**

AR Trans - F.pdf

**Satisfied -Name:** Authorization **Review Status:** Approved 12/18/2008

**Comments:**

**Attachment:**

Autho - travel.pdf

## Property & Casualty Transmittal Document

Arkansas

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
The Warranty Group	4254

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Virginia Surety Company, Inc.	IL	40827	36-3186541	

<b>5. Company Tracking Number</b>	5007-F
-----------------------------------	--------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Johnna Kemp, 1020 Central, Suite 201, Kansas City, Missouri, 64105-1670	Compliance Technician	816-391-2739	816-391-2755	Johnna.Kemp@firstcon sulting.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Johnna Kemp

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	9
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	9.009
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	Travel Insurance Policy
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New:    Upon Approval    Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	11/14/2008
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	<b>5007-F</b>
--	---------------

<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	
--	--

The above referenced forms are being submitted for your review and approval. These are new forms and are not intended to replace any forms previously approved by your Department.

Included with the Travel Services Program filing you'll find:

- The Group Master Policy and Schedule of Coverage which will be issued to the policyholder.
- The Application for the group policy.
- The Evidence of Coverage and EOC Schedule Page for the benefit of the insured.

The Travel Services Program provides benefits for individual trips (on a per trip basis) as well as annual/multi-trip accounts with multiple passengers. Trips can be sold via direct, retail or wholesale markets as well as blanket with membership in a participating organization or group. Trip duration varies, without majority of the trips being less than 14 days but can be up to one year (a factor that is included in the manual to account of these differences). The coverage is non-renewable.

The coverage is provided to the insured either on a voluntary basis or may be provided on a mandatory or blanket basis. On the mandatory basis where all individuals purchasing travel services through the sponsoring organization or all members of a specific group are automatically insured.

Depending on the selection, benefits for the Travel Services Program can include:

- Accidental Death and Dismemberment
- Accidental Death and Dismemberment-Common Carrier Only
- Accident Medical Expense
- Accident Medical Expense-Emergency Only
- Accidental Injury-Hospital Indemnity
- Baggage Delay
- Baggage and Personal Effects
- Collision Damage Waiver/Loss Damage Waiver
- Emergency Evacuation
- Emergency Helicopter Transport
- Flight Only-Accident Death and Dismemberment
- Hotel/Motel Burglary
- Itinerary Change
- Lost Baggage
- Lost Ski Days
- Missed Connection
- Property Damage
- Rental Car Person Accident
- Repatriation of Mortal Remains
- Search and Rescue
- Sickness Medical Expense
- Sickness Medical Expense-Emergency Only
- Sickness-Hospital Indemnity
- Ticket Saver/Lost Ticket
- Trip Cancellation
- Trip Cancellation for Any Reason
- Trip Delay
- Trip Interruption
- Trip Interruption-Disablement

All variable information is bracketed. Variable items will never be more than the maximum or less than the minimum required by the laws or regulations.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable)	
--	--

[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #:** EFT  
**Amount:** \$50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

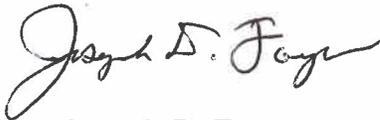
To: The Honorable Commissioner or Director of Insurance

Date: October 13, 2008

Re: Authorization to Represent Virginia Surety Company, Inc.

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent Virginia Surety Company Inc. before your Insurance Department solely with respect to matters concerning the filing for approval of Virginia Surety's Travel Services Program and, if required, associated premium rates. This Authorization is to remain in effect until revoked in writing by Virginia Surety Company, Inc.

Please direct any correspondence in relation to this filing to First Consulting & Administration, Inc. 1020 Central, Suite 201, Kansas City, Missouri 64105-1670, 1-800-927-2730 or by e-mail at [inquiry@firstconsulting.com](mailto:inquiry@firstconsulting.com)..



By: Joseph D. Fagan  
Vice President & Senior Counsel

<i>SERFF Tracking Number:</i>	<i>FRCS-125850992</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Virginia Surety Company, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>5007-F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0009 Travel Coverage</i>
<i>Product Name:</i>	<i>Travel Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>VASURETY/62/62</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Endorsement	11/14/2008	TSP-END-AR _9.08_.pdf

**Virginia Surety Company, Inc.**  
175 West Jackson Blvd., Chicago, IL 60604

**AMENDATORY ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY**

---

Policy Number: [\[Insert Policy Number\]](#)

Effective Date of this Endorsement: [\[Insert Endorsement Effective Date\]](#)

---

It is agreed that the following revisions are made to the above captioned policy:

**SECTION F – GENERAL PROVISIONS “Dispute Resolution – Arbitration” is deleted in its entirety:**

All other provisions remain unchanged.

**VIRGINIA SURETY COMPANY, INC.**

[John Smith]  
President

---