

SERFF Tracking Number: PRCA-125607671 State: Arkansas  
Filing Company: IDS Property Casualty Insurance Co State Tracking Number: EFT \$50  
Company Tracking Number: TRV-AR-08004-02  
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Blanket Travel Insurance  
Project Name/Number: Bundle Product Forms/TRV-AR-08004-02

## Filing at a Glance

Company: IDS Property Casualty Insurance Co

Product Name: Blanket Travel Insurance

TOI: 09.0 Inland Marine

Sub-TOI: 09.0009 Travel Coverage

Filing Type: Form

SERFF Tr Num: PRCA-125607671 State: Arkansas

SERFF Status: Closed

Co Tr Num: TRV-AR-08004-02

Co Status:

Authors: IDS Filing Manager, Jean  
Tilkens

Date Submitted: 04/15/2008

State Tr Num: EFT \$50

State Status: Fees verified and  
received

Reviewer(s): Alexa Grissom, Betty  
Montesi, Brittany Yielding

Disposition Date: 04/17/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (New): 04/17/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Bundle Product Forms

Project Number: TRV-AR-08004-02

Reference Organization:

Reference Title:

Filing Status Changed: 04/17/2008

State Status Changed: 04/17/2008

Corresponding Filing Tracking Number:

Filing Description:

IDS Property Casualty Insurance Company is submitting a form filing for our new Blanket Travel Insurance Program.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Jean Tilkens, Legislative Analyst

jean.tilkens@ampf.com

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3500 Packerland Drive (888) 335-3755 [Phone]  
De Pere, WI 54115-9070 (920) 330-5990[FAX]

**Filing Company Information**

IDS Property Casualty Insurance Co CoCode: 29068 State of Domicile: Wisconsin  
3500 Packerland Drive Group Code: 4 Company Type: Property Casualty  
DePere, WI 54115 Group Name: Ameriprise Financial State ID Number:  
(920) 330-5100 ext. [Phone] FEIN Number: 39-1173498

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Per state filing requirement of \$50.00 per form filing.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
IDS Property Casualty Insurance Co	\$50.00	04/15/2008	19569677

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	04/17/2008	04/17/2008

*SERFF Tracking Number:*      *PRCA-125607671*                      *State:*                      *Arkansas*  
*Filing Company:*              *IDS Property Casualty Insurance Co*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *TRV-AR-08004-02*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0009 Travel Coverage*  
*Product Name:*              *Blanket Travel Insurance*  
*Project Name/Number:*      *Bundle Product Forms/TRV-AR-08004-02*

## **Disposition**

Disposition Date: 04/17/2008

Effective Date (New): 04/17/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRCA-125607671 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover letter and Explanatory Memorandum	Approved	Yes
Form	Description of Coverage	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Description of Coverage	TAPDXX0	(001) 1-01	Certificate	New		50.00	TAPDXX01-01_001_; Description of Coverage.pdf

IDS Property Casualty Insurance Company  
Administrative Office:  
3500 Packerland Drive  
De Pere, WI 54115

## Blanket Travel Policy

### Description of Coverage

We have issued the Blanket Master Policy [ ] (herein called the Policy) to the Policyholder. Coverage is provided to [You] and Your [Dependents] enrolled for coverage, (herein called Covered Persons) subject to all the exclusions and provisions of the Policy.

If You are not fully satisfied with the coverage described within, You may void it by returning this Description of Coverage document or by calling [1-800-xxx-xxxx] within 30 days after receipt and Your premium will be refunded, as long as you have not filed a claim under the policy. After doing so, this Description of Coverage will be void from the Coverage Effective Date. This Description of Coverage must be returned to IDS Property Casualty Insurance Company, 3500 Packerland Drive, De Pere, WI 54115 or its authorized representative.

#### COVERAGE EFFECTIVE DATE

For [Trip Delay], [Baggage Loss or Delay], and [Travel Accident-Flight Only], coverage is effective at 12:01AM Eastern Standard Time on the Covered Trip Departure Date, provided:

1. Your enrollment is received and validated by Us and You have paid (or authorized the payment of ) the correct premium; or
2. Your enrollment is postmarked prior to or on the Covered Trip Departure Date, and You have paid (or authorized payment of) the correct premium.

IN WITNESS WHEREOF, the Company has executed and attested these presents.

[ ]

President

[ ]

Secretary

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## SECTION I GENERAL DEFINITIONS

**Accident** means a sudden, unexpected, and unintended event, that occurs at a single, identifiable time and place and which causes Accidental Bodily Injury.

**Accidental Bodily Injury** means a sudden, specific, and external event to the human body, that occurs at a single identifiable time and place and independently of all other causes, results directly and immediately in physical bodily injury which occurs while the Covered Person's coverage is in force under the Policy. In no event shall any disease and/or illness, latent bodily injury or the injection or ingestion of any substance be considered Accidental Bodily Injury. An Accident that directly or indirectly exacerbates a previously existing physical bodily injury shall not be considered to be an Accidental Bodily Injury.

**Account(s)** throughout the Policy means the Enrollee's credit, charge, cash, debit or corporate card Account(s) to which premiums will be billed and that is issued in his/her name. The Account(s) must be listed on the enrollment form to be considered an eligible enrolled Account to which premium can be billed.

**Annual Premium Plan** means a selected option of premium payment whereby You enroll a [charge][debit][credit][cash] Account to which premiums are charged on an annual basis. Premiums will be collected [monthly] [quarterly] [semi-annually] [annually]. Each Covered Trip taken will be covered for the same benefits as selected by You on the enrollment form.

**Baggage** means each Covered Person's suitcases or traveling bags, the contents of each, and the Covered Person's personal effects that the Covered Person brings on a Covered Trip.

**Common Carrier** means any land, water or air conveyance (other than a rental vehicle) operated by a common carrier licensed to carry passengers for hire on a regularly scheduled basis.

**Coverage Effective Date means:**

For [Trip Delay], [Baggage Loss or Delay], and [Travel ADD-Flight Only], coverage is effective at 12:01AM Eastern Standard Time on the Covered Trip Departure Date, provided:

1. Your enrollment is received and validated by Us and You have paid (or authorized the payment of ) the correct premium; or
2. Your enrollment is postmarked prior to or on the Covered Trip Departure Date, and You have paid (or authorized payment of) the correct premium.

**Covered Person** for purposes of the Policy means You, or Your eligible Dependents, Traveling Companions or Domestic Partner whom You have listed on Your accepted enrollment form, who have met the enrollment and eligibility requirements of the Policy and for whom all due premiums have been paid.

**Covered Trip Conclusion Date** means the date on which the Covered Person is scheduled to return to the point where the Covered Trip started [or to the Covered Person's final destination as specified on the Covered Person's ticket and/or in the Schedule of Benefits and/or on the enrollment form].

**Covered Trip Departure Date** means the date on which the Covered Person is originally scheduled to leave on the Covered Trip, as shown on the Covered Person's ticket and/or in the Schedule of Benefits and/or on the enrollment form.

**Covered Trip** means a period of round trip travel to a destination that is at least 100 miles from Your Primary Residence [for which You have paid full travel fare using an eligible Account]. The

trip must begin and end at the places designated on the Common Carrier ticket purchased for the trip.

**Dependent** means:

1. The Covered Person's lawful Spouse or Domestic Partner;
2. The Covered Person's unmarried, dependent children under age 19; or
3. The Covered Person's unmarried dependent children 19 years or older:
  - a. who are registered students in regular full-time attendance at an accredited secondary school, college or university and under age 25; or
  - b. who, because of a handicap condition or disability that occurred before the attainment of the limiting age, are incapable of self-sustaining employment and are dependent upon a parent or other care provider for lifetime care and supervision. Coverage will be extended for as long as such child is handicapped, disabled, unmarried and Dependent.

Dependent children, unless otherwise specified, include:

1. natural, adopted and step children of the insured; or
2. an adopted child or a child in the custody of the insured pursuant to an interim court order of adoption vesting temporary care of the child in the insured, regardless of whether a final order granting adoption is ultimately issued.

A Dependent does not include persons who are enrolled separately under the Policy. The Dependent must accompany the Covered Person on a Covered Trip.

**Designated Trip Premium Plan** means a selected option of premium payment whereby You enroll for coverage and pay a premium for benefits selected under the Policy for each Covered Trip taken. [Re-enrollment is required for each Covered Trip.]

**Domestic Partner** means a person of the same or opposite gender who meets the following requirements:

1. Has shared a residence with the Covered Person for the last 12 months and intends to continue doing so;
2. Is not married to any other person and is not committed to any other Domestic Partner;
3. Is at least 18 years old;
4. Is not related to the Covered Person by blood closer than would bar marriage per state law; and
5. Is financially interdependent with the Covered Person and the Covered Person is able to supply documentation of mutual financial support such as copies of joint home ownership or lease, common bank accounts, credit cards, or investments.

**Enrollee** means the person who completes the necessary enrollment form or person whom has had an enrollment completed on their behalf by the authorized officer of a company, who pays the required premiums for himself or herself and if applicable enrolls other eligible Dependent(s).

**Home** means the Covered Person's principal or secondary place of residence.

**Occurrence** means an Accident or a continuous or repeated exposure to conditions which unexpectedly and unintentionally results in a covered Loss during the Period of Coverage. All such exposure to substantially the same general conditions shall be deemed one Occurrence.

**Participating Organization** means any financial corporation, partnership, proprietorship or other organized group that agrees to join the Policyholder's Trust, is acceptable to the Policyholder, which agrees to abide by its terms and conditions, and pays the required premium on behalf of all Eligible Persons.

**Per-Trip Premium Plan** means a selected option of premium payment whereby You enroll a [charge][debit][credit][cash] Account to which premiums are charged to the enrolled Account each time a Covered Trip is taken. Each Covered Trip taken will be covered for the same benefits as selected by You on the enrollment form.

**Period of Coverage** means that period of time during which a Covered Person is covered under the Policy. This period begins on the Coverage Effective Date, which is variable by coverage, and ends on the Covered Trip Conclusion Date.

**Permanent Residence** means the Covered Person's one primary dwelling place where he/she permanently resides.

**Policy** as used throughout means the contract issued to the Policyholder providing the benefits described herein.

**Traveling Companion** means an enrolled person who accompanies You on the entire Covered Trip and is named on Your enrollment form for coverage.

**We, Us and Our** means IDS Property Casualty Insurance Company or our authorized representatives.

**You or Your** means, or refers to, the Enrollee.

## SECTION II TERMINATION OF INSURANCE

Coverage under the Policy will terminate on the earliest of these events:

1. 12:00 AM Eastern Standard Time of the Covered Trip Conclusion Date;
2. When the Covered Person(s) completes the Covered Trip;
3. When the Covered Person(s) reaches Home or his/her final destination point;
4. When the Covered Trip is cancelled;
5. The date the Covered Person's Permanent Residence is no longer within the 50 United States of America or the District of Columbia;
6. The date You request termination of insurance [in writing];
7. When We determine that misrepresentation, non-disclosure or fraud in enrollment or claims presentation has occurred;
8. The end of the period for which required premiums are due but not paid, subject to the Grace Period Provision.(applicable to the Per-Trip and Annual Premium Plan only);
10. The date the Policy or any benefit under the Policy terminates;
11. The date the participating organization or You cease to participate in the Policy; or
12. The date You enrolled Account ceases to remain in good standing.

The Company can non-renew this Policy. All insurance will cease on the date of non-renewal. If the Company non-renews, it will notify You. If the Company non-renews, advance written notice will be provided to You at least [60 days] prior to the effective date of the non-renewal.

The Participating Organization or member may cancel one or more benefits under the Policy that are offered as an option or all insurance benefits. Termination is not effective until We are notified, in writing, by the organization. The Participating Organization must provide Us with a minimum of [60 days] advance written notice before the requested cancellation date.

We may terminate the Participating Organization by providing [60 days] advance written notice before the termination date. Our cancellation of a Participating Organization will not prejudice a valid claim that exists on the termination date.

**SECTION III  
BENEFITS AVAILABLE**

Once You and if applicable, other Dependent(s) and/or Travel Companion(s) have been enrolled, and pay the required correct premium applicable to the [Designated Trip Premium Plan][Per-Trip Premium Plan][Annual Premium Plan] and We validate Your enrollment and accept You, We will provide the following benefits as selected by You and shown on the Schedule of Benefits.

**[TRIP DELAY COVERAGE**

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.

If a Covered Person's travel is delayed for a covered reason described below while on a Covered Trip, the Insurer will pay a benefit. The benefit is payable on a one-time basis up to the maximum amount shown in the schedule of benefits for reasonable, additional accommodation, meal, and traveling expenses due to a travel delay of [12] or more hours. Expenses must be incurred by the Covered Person and may not have been provided by the Common Carrier or any other party free of charge.

**Benefit**

Trip Delay Coverage

**Limit**

Payable as shown in the Schedule of Benefits

Covered Losses will be payable only under one benefit and shall include:

1. Carrier caused delay (including bad weather);
2. Lost or stolen passports, money or travel documents;
3. Quarantine;
4. Hijacking;
5. Unannounced strikes;
6. Natural Disasters; or
7. Civil disorder or unrest.

Payments will not exceed the Maximum Limit of Coverage afforded under the Policy per Covered Person.

A Covered Person will not be covered for any delay due to a covered reason which was made public or known to You prior to the departure of the Covered Trip. Prepaid expenses are not covered

**Claims**

If any covered loss occurs, official notice must be provided to the Us with 45 days, or as soon after that as is reasonably possible. Notice should state Your name and the participating organization from whom this coverage was provided. Notice given by or on behalf of the claimant the Us or any authorized agent of Ours, with information sufficient to identify You and the nature of the loss shall be deemed notice to Us. Acceptable proof of loss on all claims must be given as

soon as possible to IDS Property Casualty Insurance Company, 3500 Packerland Drive, De Pere, WI 54115, or call [1-800-xxx-xxxx] ]. Acceptable proof of loss may include but not be limited to:

1. Detailed hotel accommodation receipt(s).
2. Proof of Permanent Residence.
3. A copy of the airline ticket that includes the original booked ticket and the changed scheduled ticket.
4. Proof of the Trip Delay (such as a letter from a Common Carrier Conveyance, newspaper clipping, weather report, police report or other evidence and proof of the expenses claimed as a result of the Trip Delay).
5. Any other necessary expense receipts.

## [BAGGAGE LOSS OR DELAY COVERAGE

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. If a Covered Person's or a traveling Family Member's Carry On Baggage or Checked Baggage is lost, damaged or stolen, the Insurer will pay for the loss as described below, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times.

Baggage Loss Benefit: Payable as Shown in the Schedule of Benefits

Baggage Delay Benefit: Payable as Shown in the Schedule of Benefits

Benefits are payable up to the limits shown in the Schedule of Benefits.

The first baggage article is subject to the First Article Maximum shown in the Schedule and each item thereafter is subject to the other Per Articles Maximum. There is also a Combined Maximum shown in the 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, and cameras, including related camera equipment and computer and electronic devices, including but not limited to: portable personal computers, cell phones, electronic organizers and portable compact disk players.

You must notify the appropriate local authorities at the place the loss occurred and inform them of the value and description of the property within **24 hours after the loss**. You must file written proof of loss with the Insurer within 45 days from the date of loss, except as otherwise prohibited by law.

Property or losses not covered:

- 1 Animals;
- 2 Automobiles and/or accessory equipment, motorcycles and motors;
- 3 Bicycles, skis, snowboards (except when checked with a Common Carrier);
- 4 Aircraft, boats or any other vehicles or conveyances;
- 5 Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs;
- 6 Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise) and deeds;
- 7 Property shipped as freight or shipped prior to Your trip departure date;
- 8 Rugs or carpets of any type;
- 9 Perishables, medicines, perfumes, cosmetics and consumables;
- 10 Property used in trade, business or for the production of income;

- 11 Damage to the property resulting from defective materials or workmanship, ordinary wear and tear, and normal deterioration;
- 12 Items specifically identified or described in and Insured under any other insurance policy;
- 13 Losses arising from confiscation or expropriation by any government or public authority or detention by customs or other officials;
14. Losses arising from war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion insurrection, military or usurped power; or
15. business items (including items that are used in the purchase, sale, production, promotion, or distribution of goods or services (including but not limited to manuals, computers and their accessories, software, data, facsimile, samples, collateral materials, etc.) cellular telephones or art objects.

The program will pay the lesser of:

1. The actual purchase price of a similar item;
2. The Actual Cash Value of the item at the time of loss, which includes deduction for depreciation (for items without receipts, the program will pay up to 75% of the determined depreciated value); or
3. The cost to repair or replace the item.

### **BAGGAGE DELAY COVERAGE**

If a Covered Person's personal Checked Baggage is delayed or misdirected for at least [24] hours by a Common Carrier, the Insurer will reimburse You on a one-time basis for the reasonable, emergency purchase of essential items. Verification of the delay by the Common Carrier and receipts for the emergency purchases must accompany any claim.

Benefits are limited to the amount shown in the Schedule per Covered Person whose Checked Baggage has been delayed.

**Baggage Delivery Benefit.** If the Checked Baggage is delayed after the Covered Person has reached Your Destination (in the case of a one-way ticket) or Return Destination and the Common Carrier makes a charge for delivery, the Insurer will reimburse the reasonable cost to deliver the Covered Person's Checked Baggage to his/her Return Destination or residence, up to the amount shown in the Schedule.

The delay must not be due to:

1. Confiscation or expropriation by any government or public authority or detention by customs or other officials; or
2. Losses arising from war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion insurrection, military or usurped power.

**Notification of and Payment of Claims:** If any covered loss occurs, official notice must be provided to the Insurer within 45 days, or as soon after that as is reasonably possible, and take all reasonable measures to protect, save, and/or recover the property. Notice should state Your name and the Participating Organization from whom this coverage was provided. Notice given by or on behalf of the claimant to the Insurer or to any authorized agent of the Insurer, with information sufficient to identify You and the nature of the loss shall be deemed notice to the Insurer. Acceptable proof of loss includes:

Baggage Loss Claims:

1. Original claim determination from the Common Carrier, if applicable.
2. Original police report or other report of local authorities.
3. An itemization and description of lost items and their estimated value.
4. Proof of loss providing amount of loss, date, time and cause of loss and all receipts, credit

card statements, canceled checks, photos, or other appropriate documentation as may be required.

**Baggage Delay Claims:** Proof from the Common Carrier that personal baggage was delayed or misdirected for at least 24 hours.

**Baggage Delivery Claims:** A copy of the delivery invoice and verification of the delay or misdirection by the Common Carrier must be submitted with the claim.

**Settlement of Loss.** Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Insurer and the Insurer has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to the Insurer. All benefits payable will be paid to You, or in the case of death, the benefit will be paid to the first surviving beneficiary in the following order: a) the Covered Person's spouse, b) the Covered Person's children, c) the Covered Person's parents, d.) the Covered Person's brothers and sisters, e) the Covered Person's estate.

**Valuation.** The Insurer 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. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

**Disagreement over Size of Loss:** If there is a disagreement about the amount of the loss either You or the Insurer can make a written demand for an appraisal. After the demand, You and the Insurer will each select their own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. The Insurer will pay the appraiser they choose. You will share equally with the Insurer the cost for the arbitrator and the appraisal process. ]

## [TRAVEL ACCIDENT-FLIGHT ONLY COVERAGE

Insurance is in effect for a Covered Person during a Covered Flight. Benefits are payable only for losses incurred while a Covered Person is on a Covered Flight.

### ACCIDENTAL DEATH AND DISMEMBERMENT

If a Covered Person suffers a Loss, as described in the Table of Losses below, due to an Injury that occurs while a Covered Person is riding as a passenger in or on, boarding or alighting from any Covered Flight, the Insurer will pay benefits under the Blanket Travel Accident Policy. The Loss must occur within 365 days after the date of the accident causing the loss.

The Principal Sum for You or Your spouse is payable as shown in the Schedule of Benefits. The Principal Sum for a dependent child is 50% of Your Principal Sum is payable as shown in the Schedule of Benefits.

If more than one Loss is sustained as the result of an accident, the amount payable shall be the largest amount shown in the Table of Losses.

<b>TABLE OF LOSSES</b>	
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 hearing in both ears	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**

The Insurer will pay benefits for covered Losses as described above that result from a Covered Person being unavoidably exposed to the elements due to an Accident during a Covered Flight. The Loss must occur within 365 days after the event that caused the exposure.

#### **DISAPPEARANCE**

The Insurer will pay benefits for Loss of life as described above if a Covered Person's body cannot be located one year after a Covered Person's disappearance due to forced landing, stranding, sinking, or wrecking of an air conveyance during a Covered Flight.

#### **EXCLUSIONS AND LIMITATIONS**

No payment will be made for any Loss that occurs in connection with or is the result of:

1. suicide, attempted suicide or intentionally self-inflicted injury;
2. committing or attempting to commit a felony;
3. any sickness or disease;
4. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled air conveyance providing passenger service over an established route;
5. war or act of war, whether declared or not; and
6. Any travel for which an Eligible Account was not used to purchase the travel arrangements.

**Notice of Claim:** Written notice of claim must be given to the Insurer within twenty (20) days after the occurrence or commencement of any loss covered by the Blanket Travel Accident Policy, or as soon as thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Insurer or to any authorized agent of the Insurer, with information sufficient to identify the Covered Person shall be deemed notice to the Insurer.

**Claim Forms:** The Insurer, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied

with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Blanket Travel Accident Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

**Proofs of Loss:** Written proof of loss must be furnished to the Insurer at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within ninety days after the termination of the period for which the Insurer is liable. In case of claim for any other loss such proof must be furnished within ninety days after the date of such loss. 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.

**Time of Payment of Claim:** Indemnities payable under this Policy for any loss will be paid immediately upon receipt of due written proof of such loss. Indemnity for loss of life of You will be paid to the first surviving beneficiary in the following order: a) the Covered Person's spouse, b) the Covered Person's children, c) the Covered Person's parents, d) the Covered Person's brothers and sisters, e) the Covered Person's estate.

All other benefits will be paid to You. Any other accrued indemnities unpaid at Your death will be paid to Your estate.

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

**Physical Examination and Autopsy:** The Insurer at its own expense shall have the right and opportunity to examine the person of any individual whose Injury is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder. The Insurer may, also at its own expense, make an autopsy in the case of death, where it is not forbidden by law.

## SECTION IV GENERAL PROVISIONS

**Changes:** If You would like to make a change to the benefits provided, please contact IDS Property Casualty Insurance Company at [1-800-xxx-xxxx]. The Coverage Effective Date for the revised coverage will be the next business day following Our acceptance of the change and receipt of any additional required premium. Premiums for shorter periods of coverage (including those due to termination of the Account, termination of the Policy or cancellation of Your Covered Trip) will be determined according to the applicable pro-rata portion of the premium and will be credited to the enrolled Account or refunded.

### **Excess Coverage**

With the exception of the Travel Accident-Flight Only Insurance offered under the Policy, all other benefits are excess over any other insurance or indemnity available to the Covered Person from any other source.

### **Fraud and Material Misrepresentation**

Coverage provided under the Policy shall be void if, whether before or after a Loss, the Covered Person has concealed, omitted or misrepresented any material fact or circumstance concerning

the application for this insurance, the subject of this insurance, or the interest of the Covered Person therein, and/or in case of any fraud or false swearing by the Covered Person relating thereto.

If any claim made under the Policy is determined to be false or fraudulent or if any false or fraudulent means or devices are used by You [or any other Covered Person(s), Dependent or s], or by anyone acting on Your [or his/her] behalf, all benefits otherwise payable will be voided. Any claim submitted for an amount intentionally in excess of the true value of lost or damaged property or actual expenses incurred shall be deemed false or fraud within the meaning of this provision.

### **Legal Actions**

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty day after written proof of loss has been furnished in accordance with the requirements of this Policy. No action shall be brought after the expiration of three years [5 in Kansas and Florida; 6 in South Carolina] after the time written proof of loss is required to be furnished.

If a time limit of the Policy is less than allowed by the laws of the state where the Covered Person lives, the limit is extended to meet the minimum time allowed by such law.

### **Maximum Indemnity Per Covered Person**

In no event will multiple enrollment requests, multiple Certificates of Insurance or multiple enrolled Accounts obligate Us to pay for more than one Loss sustained by any one Covered Person as the result of any one Accident. In the event more than one Certificate of Insurance has been furnished, Our obligation shall be determined in accordance with the Benefit Amounts section of the most recently issued Certificate of Insurance.

### **Multiple Certificates of Insurance or Enrolled Accounts for each Covered Trip**

This Certificate of Insurance supersedes any Certificate of Insurance previously issued to You under the Policy. You may qualify under only one Certificate of Insurance for each Covered Trip. If any Covered Person is insured under more than one Certificate of Insurance, We will consider that person to be insured under the Certificate of Insurance that provides the greatest amount of coverage, as shown on the Schedule of Benefits. Upon discovery of the duplication, We will refund any duplicated payments that may have been made on behalf of that person. The records maintained by the Policyholder shall determine the insurance provided under the Policy for any Covered Person.

Duplicate or multiple enrolled Accounts shall not obligate Us to pay more than one benefit limit under each applicable enrolled benefit selected per Occurrence covered. The maximum amount We will pay for any one benefit is that which provides the greatest amount of coverage, as shown on the Schedule of Benefits.

### **Misstatement of Age**

If the age of the Covered Person(s) has been inadvertently misstated on the enrollment form for insurance under the Policy, the benefits payable will be those in which the premiums paid would have purchased based upon his/her correct age, otherwise, there will be an equitable adjustment of premiums.

### **Settlement Method**

Loss of life benefits will be paid in a lump sum.

### **Premiums**

We will provide insurance coverage in return for premium payment. Premiums are payable by You. Your initial premium is due on Your effective date and will automatically be billed on a [Designated][Per-Trip] [or Annual] basis. [If You are enrolled in the Per-Trip or Annual Payment Plan, the applicable per-trip or annual premium will be billed to Your enrolled Account.]

[For those enrolled in the Annual Payment Plan the applicable premium amount, as noted on the enrollment request form, will be billed [monthly] [quarterly][semi-annually] [annually] to the enrolled Account.]

### **Premium Changes**

This provision applies only to those enrolled in the Per-Trip or Annual Payment Plan options as shown in the Schedule of Benefits. We have the right to change the premium rates on any premium due date. We will provide written notice to You at least [31] days before the date of change. The premium rates may also be changed at any time that the terms of the Policy are changed.

### **Grace Period**

All benefits listed under the Policy have a [31-day] grace period for the payment of each premium due after the first premium. The grace period begins on the premium due date. Premium will accrue during the grace period, and You are liable for such accrued premium.

When a claim is paid for a Loss incurred during the grace period, any premium due and unpaid may be deducted from the claim payment.

There is no grace period if We advise You of non-renewal or cancellation.

### **Reinstatement of Insurance**

This provision only applies to those enrolled in the Per Trip and Annual Plan option, as shown in the Schedule of Benefits.

If We terminate insurance for nonpayment of premium, You may reinstate coverage within [90] days following the last unpaid premium due date. You must pay all overdue premiums. The reinstated Plan will not cover a Loss that occurred during the lapse period. We may issue You a new Certificate of Insurance upon reinstating coverage.

### **Physical Examination and Autopsy**

We may require, at Our expense, the Covered Person be examined by a Physician of Our choice. This may be done as often as reasonably necessary while a claim is pending or while We are paying benefits. We may require an autopsy where lawful. We will pay the cost of both the exam and autopsy.

### **Transfer of Rights and Duties Under The Policy**

The Covered Person's rights and duties under the Policy may not be transferred or assigned without Our written consent except in the case of death of an individual Covered Person. If a Covered Person dies, his/her duties and rights will be transferred to his/her legal representative, but only while he/she is acting within the scope of duties as a legal representative.

*SERFF Tracking Number:*      *PRCA-125607671*                      *State:*                      *Arkansas*  
*Filing Company:*              *IDS Property Casualty Insurance Co*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *TRV-AR-08004-02*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0009 Travel Coverage*  
*Product Name:*                      *Blanket Travel Insurance*  
*Project Name/Number:*              *Bundle Product Forms/TRV-AR-08004-02*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PRCA-125607671 State: Arkansas  
Filing Company: IDS Property Casualty Insurance Co State Tracking Number: EFT \$50  
Company Tracking Number: TRV-AR-08004-02  
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Blanket Travel Insurance  
Project Name/Number: Bundle Product Forms/TRV-AR-08004-02

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/17/2008

**Comments:**

**Attachments:**

2007 PC TD-1.pdf  
2007 PC FFS.pdf

**Satisfied -Name:** Cover letter and Explanatory Memorandum **Review Status:** Approved 04/17/2008

**Comments:**

**Attachments:**

AR Cover Letter.pdf  
Explanatory Memorandum.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
IDS Property Casualty Insurance Company	WI	29068	39-1173498	

<b>5. Company Tracking Number</b>	<b>TRV-AR-08004-02</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jean Tilkens 3500 Packerland Drive De Pere, WI 54115-9070	Legislative Analyst	920.330.5114	920.330.5990	Jean.tilkens@ampf.com
	7. Signature of authorized filer		<i>Jean Tilkens</i>		
	8. Please print name of authorized filer		Jean Tilkens		

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

9. Type of Insurance (TOI)	Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Travel Coverage
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Blanket Travel Insurance Program
13. Filing Type	<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)
14. Effective Date(s) Requested	New: Upon Approval      Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	April 15, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b> This filing transmittal is part of Company Tracking #	<b>TRV-AR-08004-02</b>
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<b>21.</b> <b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
---

IDS Property Casualty Insurance Company hereby respectfully submits for your review and approval a new form used in the Blanket Travel Insurance program.

We have enclosed the following documents to aid with your review:

- Required Transmittals
- Explanatory Memorandum
- Form TAPDXX01-01 (001); Description of Coverage

We respectfully request to start implementing the proposed form effective upon your approval.

If you should have any questions regarding this submission, please contact me.

If you have any questions regarding this submission, please contact me.

<b>22.</b> <b>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.)**

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>TRV-AR-08004-02</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Description of Coverage	TAPDXX01-01	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**SUBMITTED VIA SERFF**

3500 Packerland Drive  
De Pere, WI 54115-9070

**Ameriprise Insurance  
Company  
IDS Property Casualty  
Insurance Company**

April 15, 2008

Bill Lacy  
Director, Property & Casualty Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

**RE: IDS PROPERTY CASUALTY INSURANCE COMPANY  
INDEPENDENT FORM FILING  
BLANKET TRAVEL INSURANCE PROGRAM  
NAIC NO: 29068  
FILE NO: TRV-AR-08004-02  
SERFF NO: PRCA-125607671**

Dear Mr. Lacy:

IDS Property Casualty Insurance Company hereby respectfully submits for your review and approval a new form used in the Blanket Travel Insurance program.

We have enclosed the following documents to aid with your review:

- Required Transmittals
- Explanatory Memorandum
- Form TAPDXX01-01 (001); Description of Coverage

We respectfully request to start implementing the proposed form effective upon your approval.

If you should have any questions regarding this submission, please contact me.

Sincerely,

*Jean Tilkens*

Jean Tilkens  
Legislative Analyst  
IDS Property Casualty Insurance Company

Enclosures

## **Explanatory Memorandum**

IDS Property Casualty Insurance Company is filing a form for the Blanket Travel program. The master policy will be issued to Ameriprise Auto & Home Insurance Group Policy Trust, situated in Rhode Island.

The program will be marketed to bank customers that use their credit card or other accounts at financial institutions to purchase travel arrangements. The financial institutions will be the policyholders with coverage at the individual insured level provided while on a covered trip.

The program provides benefits for travel delay losses, baggage losses/damages and accidental death and dismemberment related to travel while on a covered trip. The policy will be issued for an annual term with insureds covered as they satisfy the eligibility requirements for a covered trip.

Certain provisions have been [bracketed] to indicate they are variable. You have our assurance that only variable areas will be changed and or omitted based on the coverages purchased by the insured.

The names of the company officers are also [bracketed]. We request your approval of the signatures on a variable basis in the event that another officer assumes responsibility for signing our form. If this change occurs we will notify you, but will not need to refile the form.

Rate information will be submitted under separate cover.

This is a new form and is not intended to replace any forms previously filed with the Department.