

SERFF Tracking Number: WDAS-125458902 State: Arkansas  
Filing Company: Jefferson Insurance Company State Tracking Number: #4253 \$50  
Company Tracking Number: 102-P-XX-01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
Product Name: Inland Marine - Event Ticket Cancellation  
Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01

## Filing at a Glance

Company: Jefferson Insurance Company

Product Name: Inland Marine - Event Ticket Cancellation SERFF Tr Num: WDAS-125458902 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: #4253 \$50

Sub-TOI: 09.0008 Event Cancellation

Co Tr Num: 102-P-XX-01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Susan Coulter

Disposition Date: 05/14/2008

Date Submitted: 05/09/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 05/14/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 05/14/2008

State Filing Description:

## General Information

Project Name: Event Ticket Cancellation Filing

Status of Filing in Domicile: Pending

Project Number: 102-C-XX-01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/14/2008

State Status Changed: 05/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Jefferson Insurance Company is filing the captioned event ticket cancellation forms and rate manual for your review. The program covers losses related to event cancellation. Benefits can be provided for single ticket events or seasonal/annual passes. The program is available on a retail and wholesale basis to those that purchase seasonal/annual passes or single event tickets. The master policy will be issued to the World Access Service Corporate Trust located in Rhode Island.

SERFF Tracking Number: WDAS-125458902 State: Arkansas  
 Filing Company: Jefferson Insurance Company State Tracking Number: #4253 \$50  
 Company Tracking Number: 102-P-XX-01  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
 Product Name: Inland Marine - Event Ticket Cancellation  
 Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01

Coverage is issued for a stated term on a single premium basis.

These are new forms and will not replace any forms on file with the department.

Bracketed language is included or deleted in its entirety and not revised within the brackets. Language within the soft brackets is for wholesale opportunities and included in those certificates issued under those opportunities.

The companion rate filing is WDAS125458903 and will be filed when the rates are ready.

## Company and Contact

### Filing Contact Information

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

Susan Coulter, Consultant susan@coulter-and-associates.com  
 379 Princeton-Hightstown Road (609) 443-7540 [Phone]  
 Cranbury, NJ 08512

### Filing Company Information

Jefferson Insurance Company CoCode: 11630 State of Domicile: New York  
 2805 North Parham Road Group Code: Company Type:  
 Richmond, VA 23294 Group Name: State ID Number:  
 (804) 285-3300 ext. [Phone] FEIN Number: 13-5556470

-----

## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jefferson Insurance Company	\$0.00	05/09/2008	

SERFF Tracking Number: WDAS-125458902 State: Arkansas  
Filing Company: Jefferson Insurance Company State Tracking Number: #4253 \$50  
Company Tracking Number: 102-P-XX-01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
Product Name: Inland Marine - Event Ticket Cancellation  
Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
4253	\$50.00	05/07/2008

SERFF Tracking Number: WDAS-125458902 State: Arkansas  
Filing Company: Jefferson Insurance Company State Tracking Number: #4253 \$50  
Company Tracking Number: 102-P-XX-01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
Product Name: Inland Marine - Event Ticket Cancellation  
Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/14/2008	05/14/2008

*SERFF Tracking Number:*      *WDAS-125458902*                      *State:*                      *Arkansas*  
*Filing Company:*              *Jefferson Insurance Company*                      *State Tracking Number:*      *#4253 \$50*  
*Company Tracking Number:*      *102-P-XX-01*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0008 Event Cancellation*  
*Product Name:*                      *Inland Marine - Event Ticket Cancellation*  
*Project Name/Number:*              *Event Ticket Cancellation Filing/102-C-XX-01*

## **Disposition**

Disposition Date: 05/14/2008

Effective Date (New): 05/14/2008

Effective Date (Renewal): 05/14/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WDAS-125458902 State: Arkansas  
 Filing Company: Jefferson Insurance Company State Tracking Number: #4253 \$50  
 Company Tracking Number: 102-P-XX-01  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
 Product Name: Inland Marine - Event Ticket Cancellation  
 Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	authorization	Approved	Yes
Form	certificate	Approved	Yes
Form	confirmation of coverage	Approved	Yes
Form	Arkansas Endoresment	Approved	Yes

SERFF Tracking Number: WDAS-125458902 State: Arkansas  
 Filing Company: Jefferson Insurance Company State Tracking Number: #4253 \$50  
 Company Tracking Number: 102-P-XX-01  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
 Product Name: Inland Marine - Event Ticket Cancellation  
 Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	certificate	102-C-XX-01		Certificate New		40.00	Certificate 102-C-XX-01.pdf
Approved	confirmation of coverage	102-LXX-01		Declaration New s/Schedule			Group Confirmation of Coverage.pdf
Approved	Arkansas Endoresment	102-R-AR-01		Endorseme New nt/Amendm ent/Condi tions			Form 102-R-AR-01.pdf

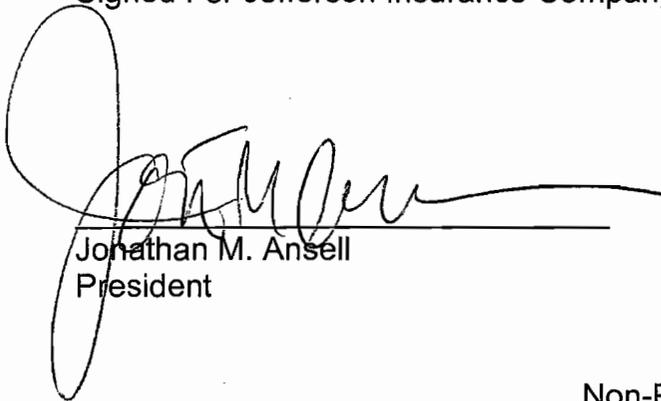
**JEFFERSON INSURANCE COMPANY**  
(A Stock Company)

**LOGO**

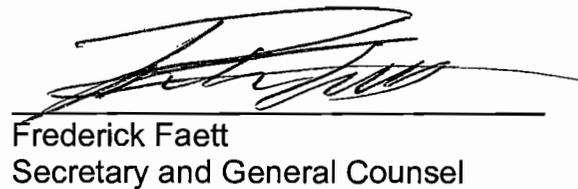
[Administrative Address: One Chase Manhattan Plaza, 37<sup>th</sup> Floor, New York, NY 10081]  
[Phone Number:]

**EVENT TICKET PROTECTOR CERTIFICATE OF INSURANCE**

Signed For Jefferson Insurance Company



Jonathan M. Ansell  
President



Frederick Faett  
Secretary and General Counsel

Non-Participating

## **Certificate of Insurance**

This Certificate of Coverage describes all of the event ticket protector insurance benefits, underwritten by Jefferson Insurance Company and herein referred to as the Company. Please refer to the accompanying Letter of Confirmation. It provides You with specific information about the plan You purchased. Please contact Us immediately if You believe that the Letter of Confirmation is incorrect.

### **[CERTIFICATE REVIEW PERIOD (FREE LOOK PERIOD)]**

Within 10 days of purchasing the plan, upon Your request We will process a full refund of premium to You, as long as You have not already used Your ticket or filed a claim. No refunds shall be paid to You after 10 days of purchasing the plan.]

### **I. EFFECTIVE DATE AND TERM**

#### **A. Effective Date**

Your Coverage begins the day Your application is postmarked, telephone order is placed; or faxed or internet (electronic) order is received, provided that all applicable premium has been paid. The Company and We reserve the right to reject applications.

#### **B. Termination Date**

Coverage ends as follows:

1. For Single-Day Tickets – when the event takes place, the ticket has been used, or when You have filed a claim, whichever is earliest.
2. For Season/Annual Passes – at midnight [thirty (30)] days prior to the expiration of the Season/Annual Pass.
3. For Series Tickets – when the last ticket has been used.

### **II. DEFINITIONS**

**Accident** means an unexpected, unintended, unforeseeable event causing Injury.

{**Account** means any credit card, debit card, checking account, line of credit, loan, certificate of deposit or other financial instrument, including supporting statements or bills issued by the Participating Organization for use by You.}

[**Active Military Duty** means serving in the United States Armed Forces on a full-time basis.]

[**Common Carrier** means an entity licensed to carry passengers for hire by air. Common Carrier does not mean a vehicle rental company; intra-urban [Amtrak] rail service; nor commuter rail or subway service.]

**Companion** means a person who: (a) purchases a ticket to the same event(s) or venue as You; and (b) intends to use the ticket with [You] {the Covered Person}. A Companion must purchase his or her ticket within [20] days of [You] {the Covered Person} purchasing [Your] {his or her} ticket.

{**Covered Person** means a person listed in the [Letter of Confirmation][Schedule of Benefits.]

**Coverage Period** means the time during which benefits are payable, beginning on the Effective Date and ending on the Termination Date. The Coverage Period is shown in the [Letter of Confirmation][Schedule of Benefits.]

**Epidemic** means a fast-spreading contagious or infectious disease or Illness in an area as documented by a recognized public health authority.

{**Eligible Account** means the Account(s) described in the [Letter of Confirmation][Schedule of Benefits.]

**Family Member** means spouse; parent; child(ren), including children who are, or are in the process of becoming, adopted; sibling; grandparent or grandchild(ren); step-parent; stepchild; or stepsibling; in-laws (parent, son, daughter, brother or sister); aunt; uncle; niece; nephew; legal guardian; ward; an employed caregiver who lives with [You] {the Covered Person}; or a person with whom [You have] {the Covered Person has} lived for 12 continuous months prior to the coverage effective date.

**[Felonious Assault** is an act of violence against You or Your Companion requiring medical treatment in a Hospital.]

**Financial Default** is a complete suspension of operations due to financial circumstances whether or not a bankruptcy petition is filed.

**Hospital** means a licensed institution that is run mainly for the care and treatment of sick or injured persons as inpatients. Hospital does not mean a nursing home, convalescent facility, or long-term care facility.

**Illness** means a sickness, infirmity or disease that causes a loss that begins during a Coverage Period and is not a Pre-existing Condition.

**Immediate Family Member** means Your spouse; parent; child(ren), including children who are, or are in the process of becoming adopted; siblings; grandparent or grandchild(ren); stepparent; stepchild; or stepsibling.

**{Individual Effective Date of Coverage** means a Covered Person's Effective Date of Coverage {with an Eligible Account} {with the Participating Organization}.

**Injury** means bodily Injury caused by an Accident [or Felonious Assault], directly and independently of all other causes and sustained on or after the Effective Date of this coverage and before the Termination Date. Benefits for Injury will not be paid for any loss caused by sickness or other bodily diseases or infirmity.

**[Normal Pregnancy or Childbirth** means a pregnancy or Childbirth that is free of any complications.]

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

**Pandemic** means an Epidemic that is expected to affect an unusually large number of people or involves an extensive geographic area.

**Physician** means a person who is licensed and legally entitled to practice medicine in the applicable field for which services are delivered. A Physician may not be an Immediate Family Member.

**Pre-existing Conditions** means:

1. any injury occurring to [You, Your Companion, or Your [Immediate] Family Member] prior to and including the [Effective Date of Your insurance] {Individual Effective Date of Coverage}; and
2. any illness occurring to [You, Your Companion, or Your [Immediate] Family Member] during the [120] days prior to and including the Effective Date of Your insurance for which: a) medical examination or treatment by a Physician has been sought or advised or for which symptoms exist which would cause a prudent person to seek diagnosis, care or treatment; or b) require taking prescribed drugs or medicine unless the illness remains controlled without any change in the required prescription.

**Refund** means:

1. Cash returned to You by the supplier;
2. Any credit or voucher for future events You receive or are entitled to receive from the supplier; or
3. Any credits, recoveries or reimbursements You receive or are entitled to receive from Your employer, another insurance company, a credit card issuer or any other institution.

[**Season** means the period of time when the Season/Annual Pass is valid.]

[**Single-Day Ticket** means an admission ticket to an event for a specific day and time.]

[**Series Ticket** means a multi-day or multi-event admission ticket to a series of events such as season tickets for sports or performing arts, or multiple days to an amusement park or other recreational facility. A Series Ticket for a regular sporting season does not include post-season/play-offs unless indicated in the Letter of Confirmation.]

[**Season/Annual Pass** means an admission to a facility (such as an amusement park or recreational facility) which is valid for a Season or for a pre-determined period of time, but for no more than two years.]

**Ticket Cost** means the total amount paid for the ticket [, including any service and handling fees].

**Terrorism** means the use of force that caused destruction of property, Injury, or death by an individual or group for the purpose of achieving a political, ethnic, or religious goal or result. Terrorism does not include general civil protest, unrest, rioting, or an act of war.

{**Trust** means World Access Service Corp. Trust.}

**We, Us** or **Our** means World Access Service Corp.

[**You** or **Your** refers to all persons listed on the Letter of Confirmation under the plan purchased.]

### {III. SCOPE OF COVERAGE

Benefits are provided {when a Covered Person purchases a Single-Day Ticket} {,} {Series Ticket} {,} {or} {Season/Annual Pass} and pays for it in full using an Eligible Account.

**You will no longer be eligible for benefits under the Group Master Policy on the earliest of the date the:**

1. You are no longer eligible to participate;
2. {Eligible Account is defined as ineligible by the Participating Organization;}
3. {Participating Organization ceases to pay premium};
4. {Participating Organization ceases to participate in the Trust}; or
5. {Master Policy is terminated.}

### IV. DESCRIPTION OF BENEFITS (what is covered)

The following insurance benefits are designed to protect against situations or losses that result from sudden and unexpected conditions or events. **The benefits do not cover conditions or events that, on [the date of purchase] {Individual Effective Date of Coverage}; are either known to [You] {the Covered Person} or likely to occur.**

#### A1. [SINGLE-DAY TICKET CANCELLATION PROTECTION

##### **What is Covered**

Single-Day Ticket Cancellation Coverage reimburses [You if You are] {the Covered Person if the Covered Person is} unable to use [Your] [the] Single-Day Ticket due to one or more of the following Covered Reasons.

1. [Any serious Injury or any unforeseen serious Illness occurring to You or Your Companion which results in You being unable to attend the event for which the Single-Day Ticket is purchased. You or Your Companion must be examined by a Physician within 72 hours of the cancellation and the Physician must advise You or Your Companion not to attend the event.]

[Any serious Injury or any unforeseen serious Illness occurring to the Covered Person or the Covered Person's Companion which results in the Covered Person being unable to attend the event for which the Single-Day Ticket is purchased. The Covered Person or the Covered Person's Companion must be

examined by a Physician within 72 hours of the cancellation and the Physician must advise the Covered Person or the Covered Person's Companion not to attend the event.]

- [2. {Any serious Injury or any unforeseen serious Illness occurring to Your [Immediate] Family Member which requires You to provide primary care to that person. Your [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation.}]

[Any serious Injury or any unforeseen serious Illness occurring to the Covered Person's [Immediate] Family Member which requires the Covered Person to provide primary care to that person. The Covered Person's [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation.]]

- [3. [Any serious Injury or any unforeseen serious Illness occurring to Your [Immediate] Family Member that is considered life threatening or requiring hospitalization. Your [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation.]]

{Any serious Injury or any unforeseen serious Illness occurring to the Covered Person's [Immediate] Family Member that is considered life threatening or requiring hospitalization. The Covered Person's [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation.}

4. Your death.

- [5. The death of a Family Member or a Companion on or within [thirty (30)] days prior to the event date.]

6. [You being required to serve on a jury or served with a court order or subpoena which requires Your appearance in court on the day of the event, and which prevents You from attending the event.]

{The Covered Person being required to serve on a jury or served with a court order or subpoena which requires the Covered Person's appearance in court on the day of the event, and which prevents the Covered Person from attending the event.}

- [7. Your home being made uninhabitable by fire, flood, burglary, vandalism, or natural disasters.]

- [8. [You or Your Companion being directly involved in a traffic Accident on the day of the event that causes either: 1) an Injury to You or Your Companion; or 2) damage to the automobile that creates an immediate need for repair to ensure the safe operation of the vehicle.]]

{You or Your Companion being directly involved in a traffic Accident on the day of the event that causes either: 1) an Injury to the Covered Person or the Covered Person's Companion; or 2) damage to the automobile that creates an immediate need for repair to ensure the safe operation of the vehicle.}

- [9. You or Your Companion, who are on Active Military Duty having personal leave revoked, except for disciplinary reasons.

- [10. You or Your Companion, after having been with the same employer for at least [three] continuous years, are terminated or laid off, through no fault of Your own, after Your effective date of coverage.]

{The Covered Person or the Covered Person's Companion, after having been with the same employer for at least [three] continuous years, are terminated or laid off, through no fault of his or her own, after the Individual Effective Date of Coverage.}

- [11. You or Your spouse are relocated by Your or Your spouse's current employer and the location of Your new Primary Residence is at least [200] miles further from the venue than Your previous Primary Residence.]

{The Covered Person or the Covered Person's spouse is relocated by his or her or his or her spouse's current employer and the location of his or her new Primary Residence is at least [200] miles further from the venue than the Covered Person's previous Primary Residence.}

- [12. Your Normal Pregnancy as long as the pregnancy occurs after Your effective date of coverage and Your Physician advises You not to attend the event for which the ticket is purchased.]

{The Covered Person's Normal Pregnancy as long as the pregnancy occurs after the Individual Effective Date of Coverage and the Covered Person's Physician advises the Covered Person not to attend the event for which the ticket is purchased.}

- [13. You will be attending an Immediate Family Member's Childbirth at the time the event is supposed to take place as long as the pregnancy occurs after the effective date of coverage.]
- [14. [Theft of Your automobile [within [five (5)] days of the event] that results in Your inability to attend the event.]  
  
{Theft of the Covered Person's automobile [within [five (5)] days of the event] that results in the Covered Person's inability to attend the event.}
- [15. You or Your Companion's tickets being stolen, provided that the venue does not have a policy for reissue of stolen tickets.]
- [16. You or Your Companion not arriving at the venue due to a delay by the Common Carrier used for transportation.]
- [17. Your or Your Companion's automobile having a mechanical breakdown within [48] hours of the event which results in the vehicle being unable to be driven to the event.
- [18. You or Your Companion are required to work during event.
- [19. [Your or Your Companion's place of work is made unsuitable for business by fire, burglary, vandalism or natural disasters within [48] hours prior to the event].
- [20. You or Your Companion being directly or indirectly involved in a traffic accident en route to a Common Carrier departure resulting in You or Your Companion missing the flight to the event, provided that the flight was scheduled no more than [48] hours prior to the event, and the Common Carrier was unable to accommodate You or Your Companion on an a later flight which would arrive in time to attend the event.]
- [21. The event is cancelled by the venue or promoter [and the venue or promoter does not reschedule the event, or offer a Refund].]
- [22. Your or Your Companion's company being directly involved in a merger or acquisition. [You or Your] [The Covered Person or the Covered Person's] Companion must be an active employee of the company that is merging and must be involved in such an event.

#### **What the Company will Pay.**

The Company will pay [(1)] the non-refundable Ticket Cost, less any Refunds[,] [;or (2) the cost of any Common Carrier change fees] up to the limits specified [on Your Letter of Confirmation] [in the Schedule of Benefits].

#### **A2. [SERIES TICKET CANCELLATION AND INTERRUPTION PROTECTION]**

##### **What is Covered**

Series Ticket Cancellation/Interruption Coverage reimburses [You if You] {the Covered Person if the Covered Person} are unable to use one or more of [Your] [the] Series Tickets due to one or more of the following Covered Reasons.

1. Any serious Injury or any unforeseen serious Illness occurring to You or Your Companion which results in You being unable to attend the event for which the Series Ticket is purchased. You or Your Companion must be examined by a Physician within 72 hours of the cancellation or interruption and the Physician must advise You or Your Companion not to attend the event.

{Any serious Injury or any unforeseen serious Illness occurring to the Covered Person or the Covered Person's Companion which results in the Covered Person being unable to attend the event for which the Series Ticket is purchased. The Covered Person or the Covered Person's Companion must be examined by a Physician within 72 hours of the cancellation and the Physician must advise the Covered Person or the Covered Person's Companion not to attend the event.}

- [2. [Any serious Injury or any unforeseen serious Illness occurring to Your [Immediate] Family Member which requires You to provide primary care to that person. Your [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation or interruption.]

{Any serious Injury or any unforeseen serious Illness occurring to the Covered Person's [Immediate] Family Member which requires the Covered Person to provide primary care to that person. The Covered Person's [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation or interruption.}

- [3. [Any serious Injury or any unforeseen serious Illness occurring to Your [Immediate] Family Member that is considered life threatening or requiring hospitalization. Your [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation or interruption.]

{Any serious Injury or any unforeseen serious Illness occurring to the Covered Person's [Immediate] Family Member that is considered life threatening or requiring hospitalization. The Covered Person's [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation or interruption.}

4. Your death.

- [5. The death of a Family Member or Companion.]

6. [You being required to serve on a jury, served with a court order or subpoena which requires Your appearance in court on the day of the event and which prevents You from attending the event.]

{The Covered Person being required to serve on a jury or served with a court order or subpoena which requires the Covered Person's appearance in court on the day of the event, and which prevents the Covered Person from attending the event.}

- [7. Your home being made uninhabitable by fire, flood, burglary, vandalism, or natural disasters.]

- [8. [You or Your Companion being directly involved in a traffic Accident that causes either: 1) an Injury to You or Your Companion; or 2) damage to the automobile that creates an immediate need for repair to ensure the safe operation of the vehicle.]

{The Covered Person or the Covered Person's Companion being directly involved in a traffic Accident that causes either: 1) an Injury to the Covered Person or the Covered Person's Companion; or 2) damage to the automobile that creates an immediate need for repair to ensure the safe operation of the vehicle.}

- [9. [You or Your] {The Covered Person or the Covered Person's} Companion, who are on Active Military Duty having personal leave revoked, except for disciplinary reasons.

- [10. [You or Your Companion, after having been with the same employer for at least [three] continuous years, are terminated or laid off, through no fault of Your own, after Your effective date of coverage.]

{The Covered Person or the Covered Person's Companion, after having been with the same employer for at least [three] continuous years, are terminated or laid off, through no fault of his or her own, the Individual Effective Date of Coverage.}

- [11. You or Your spouse are relocated by Your or Your spouse's current employer and the location of Your new Primary Residence is at least [100] miles further from the venue than Your previous Primary Residence.]

{The Covered Person or the Covered Person's spouse are relocated by their current employer and the location of the new Primary Residence is at least [100] miles further from the venue than the Covered Person's previous Primary Residence.}

[12. [Your Normal Pregnancy as long as the pregnancy occurs after Your effective date of coverage and Your Physician advises You not to attend the event for which your ticket is purchased.]

{The Covered Person's Normal Pregnancy as long as the pregnancy occurs after the Individual Effective Date of Coverage and the Covered Person's Physician advises the Covered Person not to attend the event for which the ticket is purchased.}

[13. [You] {the Covered Person} will be attending an Immediate Family Member's Childbirth at the time the event is supposed to take place as long as the pregnancy occurs after the effective date.]

[14. Theft of Your automobile that results in Your inability to attend the event.]

[15. Your ticket(s) being stolen, provided that the venue does not have a policy for reissue of stolen tickets.]

[16. You or Your Companion not arriving at the venue due to delay by the Common Carrier used for transportation.]

[17. [Your or Your] {The Covered Person's or the Covered Person's} Companion's automobile having a mechanical breakdown within [48] hours of the event which results in the vehicle being unable to be driven to the event.

[18. You or Your Companion are required to work during event.

[19. Your place of work being is made unsuitable for business by fire, burglary, vandalism or natural disasters within [48] hours prior to the event].

[20. You or Your Companion being directly or indirectly involved in a traffic accident en route to a Common Carrier departure resulting in You or Your Companion missing the flight to the event, provided that the flight was scheduled no more than [48] hours prior to the event, and the Common Carrier was unable to accommodate You or Your Companion on an a later flight which would arrive in time to attend the event.]

[21. The event is cancelled by the venue or promoter [and the venue or promoter does not reschedule the event, or offer a Refund].]

[22 [Your or Your] {The Covered Person's or the Covered Person's} Companion's company being directly involved in a merger or acquisition. [You or Your] {The Covered Person or the Covered Person's} Companion must be an active employee of the company that is merging and must be involved in such an event.

### **What the Company will Pay**

The Company will pay [(1) the non-refundable Ticket Cost, less any Refunds[,] [;or (2) the cost of any Common Carrier change fees] up to the limits specified [on Your Letter of Confirmation] [in the Schedule of Benefits].

### **A3. SEASON/ANNUAL PASS CANCELLATION AND INTERRUPTION PROTECTION**

Season/Annual Pass Cancellation/Interruption Coverage reimburses [You] {the Covered Person} if You are unable to use the Season/Annual Pass for at least [thirty (30)] consecutive days due to one or more of the following Covered Reasons.

1. [Any serious Injury or any unforeseen serious Illness occurring to You or Your Companion which results You being unable to use the Season/Annual Pass for at least [thirty (30)] consecutive days. You or Your

Companion must be examined by a Physician within 72 hours of the cancellation or interruption and the Physician must advise You or Your Companion not to use the Season/Annual Pass.]

{Any serious Injury or any unforeseen serious Illness occurring to the Covered Person or the Covered Person's Companion] which results the Covered Person being unable to use the Season/Annual Pass for at least [thirty (30)] consecutive days. The Covered Person or Covered Person's Companion must be examined by a Physician within 72 hours of the cancellation or interruption and the Physician must advise The Covered Person or the Covered Person's Companion not to use the Season/Annual Pass.}

- [2. [Any serious Injury or any unforeseen serious Illness occurring to Your [Immediate] Family Member which requires You to provide primary care to that person for at least [thirty (30)] consecutive days. Your [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation or interruption.]

{Any serious Injury or any unforeseen serious Illness occurring to Covered Person's [Immediate] Family Member which requires the Covered Person to provide primary care to that person for at least [thirty (30)] consecutive days. The [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation or interruption.}

- [3. Any serious Injury or any unforeseen serious Illness occurring to Your [Immediate] Family Member that is considered life threatening or requiring hospitalization for at least [thirty (30)] consecutive days. Your [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation or interruption.]

{Any serious Injury or any unforeseen serious Illness occurring to The Covered Person's [Immediate] Family Member that is considered life threatening or requiring hospitalization for at least [thirty (30)] consecutive days. The [Immediate] Family Member must be examined by a Physician within 72 hours of the cancellation or interruption.}

4. Your death.

- [5. The death of Your Companion.]

6. [You] [The Covered Person] being required to serve on a jury, served with a court order or subpoena and the jury service or court appearance must last for [thirty (30)] or more consecutive days.

- [7. Your home being made uninhabitable for at least [thirty (30)] consecutive days by fire, flood, burglary, vandalism, or natural disasters.]

- [8. You or Your Companion, who are on Active Military Duty having personal leave revoked, except for disciplinary reasons.]

- [9. [You or Your Companion, after having been with the same employer for at least [three] continuous years, are terminated or laid off, through no fault of Your own, after Your effective date of coverage.]

{The Covered Person or the Covered Person's Companion, after having been with the same employer for at least [three] continuous years, are terminated or laid off, through no fault of his or her own, after the Individual Effective Date of Coverage.}

- [10. You or Your spouse are relocated by Your or Your spouse's current employer and the location of Your new Primary Residence is at least [100] miles further from the venue, attraction or facility than Your previous Primary Residence.]

{The Covered Person or the Covered Person's spouse are relocated by their current employer and the location of Your new Primary Residence is at least [100] miles further from the venue, attraction or facility than Your previous Primary Residence.}

- [11. [Your Normal Pregnancy as long as the pregnancy occurs after Your effective date of coverage and Your Physician advises You not to use the Season/Annual Pass for at least [thirty (30)] consecutive days.]

{The Covered Person's Normal Pregnancy as long as the pregnancy occurs after the effective date of coverage and the Covered Person's Physician advises not to use the Season/Annual Pass for at least [thirty (30)] consecutive days.}

[12. Your ticket(s) being stolen, provided that the facility does not have a policy for reissue of lost or stolen tickets.]

### **What the Company will Pay**

The Company will pay the pro-rated cost of the unused portion of the Season/Annual Pass, less any Refunds. For Season/Annual Passes which are valid for a fixed calendar period, reimbursement will be calculated based on the first day of the season, regardless of the actual date You purchased the Season/Annual Pass.

### **B. LOST OR STOLEN TICKET REPLACEMENT COVERAGE**

We will reimburse You up to the maximum amount shown on the Letter of Confirmation for penalties or fees charged for reissuing a lost or stolen ticket. Any penalties or fees charged for changes in ticket grades (upgrades, etc.) are not covered.

### **C. CHANGE FEE COVERAGE**

Some venues permit You to change the date of Your ticket. If You change the date of the ticket for a Covered Reason listed above, We will reimburse You, up to the maximum shown on the Letter of Confirmation for the change fee imposed by the venue.

### **V. EXCLUSIONS AND LIMITATIONS**

No coverage is provided for any loss arising directly or indirectly out of or as a result of the following:

1. Pre-Existing Conditions;
2. Intentionally self-inflicted harm, suicide or attempted suicide by You;
3. [Normal pregnancy [(unless specifically covered)], fertility treatments, Childbirth or elective abortion, other than unforeseen complications of pregnancy of [You, Your Companion or Your Family Member];]
4. Mental or nervous health disorders, including but not limited to: anxiety, depression, neurosis or psychosis; or physical complications related thereto of [You, Your Companion or Your Family Member];
5. Alcohol or substance abuse; or conditions or physical complications related thereto of [You, Your Companion or Your Family Member];
6. War (whether declared or undeclared), acts of war, military duty (unless specifically covered), civil disorder, or unrest;
7. Operating or learning to operate any aircraft as pilot or crew;
8. Nuclear reaction, radiation or radioactive contamination;
9. Natural disasters (unless as specifically covered);
10. Terrorism;
11. Financial Default;
12. Epidemic or Pandemic;
13. Pollution or threat of pollutant release;
14. Any unlawful acts committed by [You, Family Members, or Your Companions] {the Covered Person, the Covered Person's Companion or the Covered Person's Family Member}, whether they are insured or not;
15. [You or Your Companion] {the Covered Person or the Covered Person's Companion}: a) making changes to personal plans or b) having a business or contractual obligation;

16. The event being cancelled or delayed by the venue or promoter for any reason (including bad weather) unless as covered herein;
17. Prohibition or regulation by any government; [or]
18. [Lost or stolen tickets]; [or]
19. Any expected or foreseeable events.

This plan does not cover You:

1. If You give incorrect data or facts; or
2. If the loss is not submitted to Us within 90 days from the date of loss, except as otherwise prohibited by law.

[Maximum Limit of Liability: All limits are applied per ticket. The Company's maximum limit of liability resulting from the same occurrence will be [\$5,000,000 USD] under all World Access Programs. The Company will pay no more than [\$500,000 USD] per occurrence, under the World Access Programs, to or on account of any person insured under the World Access Programs.]

### **Coverage for Pre-Existing Conditions**

[If You have purchased a plan where Pre-existing Conditions are waived,] The Company and We will cover claims due to Pre-existing Conditions provided:

1. The insurance was purchased within [fourteen (14)] calendar days of the ticket purchase;
2. The amount of coverage purchased equals the Ticket Cost;
3. On the date of purchase of insurance, You were medically able to use the tickets and You had not filed a claim for Cancellation due to a pre-existing illness within [120] days prior to the purchase of insurance].
4. The Ticket Cost is cost is less than \$\_\_\_\_\_ USD.

If [You do] {the Covered Person does} not meet the above criteria, You may still be covered for Cancellation or Interruption caused by reasons other than those related to the Pre-existing Condition.]

## **VI. CLAIMS**

### **A. Claim Filing**

1. A claim must be made within 72 hours of a Covered Reason occurring or as soon as reasonably possible.
2. Contact the claims center at (800) [XXX-XXXX] 24 hours a day, 7 days a week.
3. Within [ninety (90)] days of Our request You or Your representative must provide any requested proof of loss.

### **B. Payment of Claims**

1. All claims shall be made in US Dollars.

## **VII. GENERAL PROVISIONS**

1. All information in this Certificate with regard to the insurance benefits is subject to the terms and conditions of the Master Policy underwritten by Jefferson Insurance Company.
2. All suits, actions or legal proceedings arising from the plans, benefits, or services provided through the plans may be submitted to binding desk arbitration in accordance with the rules then applying to the American Arbitration Association. No demand for arbitration can be brought to recover benefits until 60 days have elapsed following submission of Your entire claim to World Access Service Corp. No action in any form can be brought after three years from the date Your claim was submitted to World Access Services Corp.

3. No agent or other person has authority to accept or make representations or information or alter, modify or waive any of the provisions of this certificate.
4. Claims must be submitted to World Access Service Corp. within 90 days from date of loss, except as otherwise prohibited by law.
5. In the event that You are covered under another policy issued by the Company that provides the same or similar coverage, the Company will adjust Your claim by applying terms and conditions from the coverage that pays the most. Any premium paid for duplicate coverage will be refunded.
6. All benefits payable will be paid to You or, if applicable, to Your estate.
7. Misrepresentations and Fraud: Coverage shall be void if, whether before or after a loss, the insured has concealed or misrepresented any material fact or circumstance concerning this Policy or the subject thereof, or the interest of the insured therein, or if the insured commits fraud or false swearing in connection with any of the foregoing.
8. You have a duty to make all reasonable efforts to minimize losses from any insured benefit or Covered Service.

**Assignment:** You may assign Your interest under the Master Policy by giving Us written notice of such assignment. The assignment will not be effective until We receive the written notice. Neither the Company nor We assume any responsibility for the validity of any assignment.

**Subrogation:** The Company or We have the right to recover any payments We have made from anyone who may be responsible for the loss. You and/or any person to whom We make a payment must sign any papers and do whatever is necessary to transfer this right to Us. You and/or any person to whom We make a payment agree(s) to cooperate with Us and to do nothing after the loss that will adversely affect Our rights or those of the Company.

**Recovery:** Upon settlement of a claim, You give up all rights to any unused portion of the ticket. The Company or We have the right to take ownership of the unused ticket and if requested You agree to surrender the ticket to Us or to take the necessary actions to transfer this right to Us.

**Physical Examinations and Autopsy:** The Company has the right to physically examine You as often as reasonably needed while a claim is pending. The Company may also require an autopsy in the case of death, where it is not forbidden by law. The Company will bear all costs for these.

[Drafting note: soft brackets ( { } ) indicate wholesale product language; hard brackets (!) indicate variable language for both retail and wholesale – language included or deleted – not amended within brackets]



JEFFERSON INSURANCE COMPANY

ARKANSAS AMENDMENT RIDER

The certificate to which this rider is attached is amended as follows:

1. Item 2 under Part VII entitled "General Provisions" is amended to read:

All suits, actions, or legal proceedings arising from the plans, benefits, or services provided through the plans may be submitted to desk arbitration in accordance with the rules then applying to the American Arbitration Association. Such arbitration must be by mutual agreement by all parties and any determination found cannot be binding on any party. No request for arbitration can be brought to recover benefits until 60 days have elapsed following submission of Your entire claim to World Access Services Corporation. No action in any form can be brought after the time allowed by law from the date Your claim was submitted to World Access Services Corp.

There are no other changes to the certificate.

*SERFF Tracking Number:*      *WDAS-125458902*                      *State:*                      *Arkansas*  
*Filing Company:*              *Jefferson Insurance Company*                      *State Tracking Number:*      *#4253 \$50*  
*Company Tracking Number:*      *102-P-XX-01*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0008 Event Cancellation*  
*Product Name:*              *Inland Marine - Event Ticket Cancellation*  
*Project Name/Number:*      *Event Ticket Cancellation Filing/102-C-XX-01*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: WDAS-125458902 State: Arkansas  
Filing Company: Jefferson Insurance Company State Tracking Number: #4253 \$50  
Company Tracking Number: 102-P-XX-01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
Product Name: Inland Marine - Event Ticket Cancellation  
Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 05/14/2008

**Comments:**

**Attachment:**

AR transmittal forms.pdf

**Satisfied -Name:** authorization **Review Status:** Approved 05/14/2008

**Comments:**

**Attachment:**

2008 letter of authorization.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 #

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

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

22. Filing Fees (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 #:  
Amount:

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.)

PC TD-1 pg 2 of 2

## 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>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1

Date: January 25, 2008

To: State Departments of Insurance

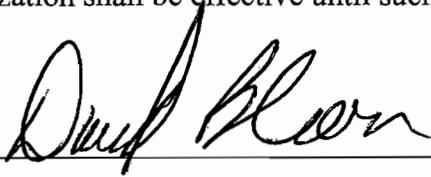
From: David Bloom, Vice President  
Jefferson Insurance Company

RE: Third Party Authorization to File for Coulter and Associates, Inc.

This is to inform you that Coulter and Associates, Inc., 379 Princeton-Hightstown Road, Suite 15, Cranbury, NJ 08512 has been retained to act on our behalf with regard to filing insurance forms, rates, advertising material, and any other material incidental to the acceptance of such filings.

This authorization shall be effective until such time as we notify you otherwise.

Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "David Bloom", is written over a horizontal line. The signature is cursive and somewhat stylized.