UNITED STATES FIRE INSURANCE COMPANY
Administrative Office: 5 Christopher Way
Eatontown, New Jersey 07724
(Hereinafter referred to as "the Company")

TRAVEL PROTECTION INSURANCE

Certificate of Insurance

This Certificate of Insurance describes all of the travel insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the Company. The insurance benefits vary from program to program. Please refer to the accompanying Confirmation of Benefits. It provides the Insured with specific information about the program he or she purchased. The Insured should contact the Company immediately if he or she believes that the Confirmation of Benefits is incorrect.

Insurance provided by this Certificate is subject to all of the terms and conditions of the Group Policy. If there is a conflict between the Policy and Certificate, the Policy will govern.

If the Insured is not completely satisfied with the insurance he or she must notify the Company within ten (10) days of purchase and return the certificate. The Company will give the Insured a full refund of premium provided he or she has not already departed on the Covered Trip or filed a claim.

Signed for **United States Fire Insurance Company** By:





Marc J. Adee
Chairman and CEO

Michael R. McTigue
Secretary

SAMPLE
For Inquiry Purposes Only

TABLE OF CONTENTS

CONFIRMATION OF BENEFITS **1**
SECTION I. COVERAGES **2**
SECTION II. DEFINITIONS **10**
SECTION III. INSURING PROVISIONS **11**
SECTION IV. GENERAL LIMITATIONS AND EXCLUSIONS **12**
SECTION V. GENERAL PROVISIONS **13**

CONFIRMATION OF BENEFITS

Travel Arrangement Protection

Benefit Per Trip	Maximum Benefit Amount/Principal Sum
Trip Cancellation	up to 100% of Trip Cost
Trip Interruption	150% of Trip Cost
Missed Connection	up to $1,500
Travel Delay ▪ Maximum per Day: $200	up to $750
Itinerary Change	$250
Baggage and Personal Effects	$1,500
Baggage Delay ▪ Maximum per Day: $150	up to $750
Non-Medical Emergency Evacuation	Up to $25,000

Travel Insurance Benefits

Accidental Death & Dismemberment	
Accidental Death & Dismemberment	up to $50,000
Medical Expense/Emergency Assistance	
Accident & Sickness Medical Expense	up to $100,000
Emergency Medical Evacuation	up to $1,000,000

SAMPLE
For Inquiry Purposes Only

SECTION I. COVERAGES

COVERAGE A

ACCIDENTAL DEATH AND DISMEMBERMENT

This Coverage A Benefit is provided only if shown as covered on the Confirmation of Benefits.

An insured is eligible for benefits twenty-four (24) hours a day, up to the Maximum Benefit shown, when he or she sustains an Injury during the Covered Trip that results in a loss noted below within one hundred-eighty (180) days of the date of the Injury causing the loss.

Table of Losses	
Type of Loss	**Benefit Amount**
Loss of Life	100% of Principal Sum
Loss of both hands	100% of Principal Sum
Loss of both feet	100% of Principal Sum
Loss of both eyes	100% of Principal Sum
Loss of one hand and one foot	100% of Principal Sum
Loss of one hand and one eye	100% of Principal Sum
Loss of one foot and one eye	100% of Principal Sum
Loss of one hand	50% of Principal Sum
Loss of one foot	50% of Principal Sum
Loss of one eye	50% of Principal Sum

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

These benefits will not duplicate any benefits payable under the policy or any coverages provided herein.

The Principal Sum is shown in the Confirmation of Benefits.

COVERAGE B

ACCIDENT MEDICAL EXPENSE

This Coverage B Benefit is provided only if shown as covered on the Confirmation of Benefits.

For purposes of this benefit:

"Covered Expense" means expense incurred for services and supplies: (a) listed below; and (b) ordered or prescribed by a Legally Qualified Physician as Medically Necessary for diagnosis or treatment; which are limited to:

1. the services of a Legally Qualified Physician;
2. Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Covered Trip, if recommended as a substitute for a hospital room for recovery of an Injury);
3. transportation furnished by a professional ambulance company to and/or from a Hospital; and prescribed drugs, prosthetics and therapeutic services and supplies.

Benefits will be paid for the expense incurred, up to the Maximum Benefit Amount, if an Insured incurs a Covered Expense as a result of an accidental Injury, which occurs during the Covered Trip. An Insured must receive initial Medical Treatment for the Injury within thirty (30) days after the date of the accident, which caused the Injury. All services, supplies or treatment must be received within the fifty-two (52) weeks following the date of the accident.

SAMPLE For Inquiry Purposes Only

Benefits will include expenses for emergency dental treatment for Injury to sound natural teeth not to exceed seven hundred fifty dollars ($750).

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure an Insured's admission to a Hospital, because of a covered accidental Injury. The authorized travel assistance company will coordinate advance payment to the Hospital.

These benefits will not duplicate any benefits payable under the policy or any coverages provided herein.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

COVERAGE C

SICKNESS MEDICAL EXPENSE

This Coverage C is made a part of the policy to which it is attached. It is subject to all policy provisions of this Coverage C.

For purposes of this benefit:

"Covered Expense" means expense incurred for services and supplies: (a) listed below; and (b) ordered or prescribed by a Legally Qualified Physician as Medically Necessary for diagnosis or treatment; which are limited to:

1. the services of a Legally Qualified Physician;
2. Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Covered Trip, if recommended as a substitute for a hospital room for recovery of a Sickness);
3. transportation furnished by a professional ambulance company to and/or from a Hospital; and
4. prescribed drugs, prosthetics and therapeutic services and supplies.

Benefits will be paid for the expense incurred, up to the Maximum Benefit Amount, if an Insured incurs a Covered Expense as a result of Sickness, which manifests itself during the Covered Trip. An Insured must receive initial Medical Treatment for the Sickness within thirty (30) days of onset of the Sickness. All services, supplies or treatment must be received within the fifty-two (52) weeks following the onset of the Sickness.

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure an Insured's admission to a Hospital, up to the Maximum Benefit Amount, because of a covered Sickness. The authorized travel assistance company will coordinate advance payment to the Hospital.

These benefits will not duplicate any benefits payable under the policy or any coverages provided herein.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

COVERAGE D

TRIP CANCELLATION

This Coverage D Benefit is provided only if shown as covered on the Confirmation of Benefits.

Benefits will be paid up to the Maximum Benefit Amount, to cover an Insured for the non-refundable Published Penalties and prepaid expenses for Travel Arrangements when an Insured is prevented from taking his or her Covered Trip due to:

1. death of an Insured, Traveling Companion or Business Partner, or Family Member of an Insured or Traveling Companion;
2. a covered Sickness or Injury involving an Insured, Traveling Companion or Business Partner, or Family Member of an Insured or Traveling Companion which necessitates Medical Treatment at the time of cancellation and results in medically imposed restrictions, as certified by a Legally Qualified Physician, which prevents an Insured's participation in the Covered Trip;
3. an Insured or Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after the Effective Date) served with a court order to appear as a witness in a legal action in which an Insured or Traveling Companion is not a party (except law enforcement officers);

SAMPLE For Inquiry Purposes Only

4. an Insured's or Traveling Companion's principal place of residence being rendered uninhabitable by unforeseen circumstances; burglary of residence within ten (10) days of departure; or felonious assault within ten (10) days of departure;
5. an Insured or Traveling Companion being directly involved in a traffic accident, which must be substantiated by a police report, while en route to an Insured's scheduled point of departure;
6. Bankruptcy or Default of an airline or cruise line, or tour operator or travel supplier (other than the tour operator or travel agency from whom the Insured purchased their travel arrangements) which stops service more than fourteen (14) days following the Insured's Effective Date and after the Insured's Covered Trip departure. This benefit only applies if the policy has been purchased within twenty (20) days of the Insured's initial payment for the Covered Trip and for the full cost of the Covered Trip.
7. Unannounced strike that causes complete cessation of services of the Insured's Common Carrier for at least twelve (12) consecutive hours;
8. Weather that causes complete cessation of services of the Insured's Common Carrier for at least twelve (12) consecutive hours;
9. Natural disaster at the site of the Insured's destination, which renders their destination accommodations uninhabitable limited to the cost of the airfare of the Insured's Covered Trip;
10. An Insured or Traveling Companion is in the Military and called to emergency duty for a national disaster other than war;
11. Employer termination or layoff affecting the Insured or a person(s) sharing the same room with the Insured during the Insured's Covered Trip. Employment must have been with the same employer for at least three (3) continuous years;
12. A Terrorist Incident that occurs in a city listed on the itinerary of the Insured's Covered Trip and within thirty (30) days prior to the Insured's Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the ninety (90) days prior to the Terrorist Incident that is causing the Insured's cancellation of the Covered Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary..;
13. Revocation of the Insured's previously granted leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required.;
14. The Insured's family or friends living abroad with whom the Insured was planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them. provided such circumstances occurred after the Insured's Effective Date.

All cancellations must be reported to the Travel Supplier within seventy-two (72) hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the seventy-two (72) hours, the event should be reported as soon as possible. All other delays of reporting beyond seventy-two (72) hours will result in reduced benefit payments.

The maximum payable under this benefit is the lesser of a) total cost of the Insured's Covered Trip; or b) the total amount of coverage the Insured purchased.

Single Supplement

Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a Traveling Companion has his or her Covered Trip delayed, canceled or interrupted for a covered reason and an Insured does not cancel.

These benefits will not duplicate any benefits payable under the policy or any coverages provided herein.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

SAMPLE For Inquiry Purposes Only

COVERAGE E

TRIP INTERRUPTION

This Coverage E Benefit is provided only if shown as covered on the Confirmation of Benefits.

Benefits will be paid, up to the Maximum Benefit Amount, for the non-refundable, unused portion of the prepaid expenses for Travel Arrangements and/or the additional cost for one-way Economy Transportation for the Insured to return to their original destination or rejoin their Trip less the value of the original unused return travel ticket when an Insured is prevented from completing his or her Trip due to:

1. Death of an Insured, Traveling Companion or Business Partner, or Family Member of an Insured or Traveling Companion;
2. A covered Sickness or Injury involving an Insured, Traveling Companion or Business Partner, or Family Member of an Insured or Traveling Companion which necessitates Medical Treatment at the time of interruption and results in medically imposed restrictions, as certified by a Legally Qualified Physician, which prevents an Insured's continued participation in the Covered Trip;
3. An Insured or Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after the Effective Date) served with a court order to appear as a witness in a legal action in which an Insured or Traveling Companion is not a party (except law enforcement officers);
4. An Insured's or Traveling Companion's principal place of residence being rendered uninhabitable by unforeseen circumstances or fire or flood or burglary of primary residence during the Insured's Covered Trip;
5. An Insured or Traveling Companion being directly involved in a traffic accident, which must be substantiated by a police report, while en route to an Insured's scheduled point of departure;
6. Bankruptcy or Default of an airline or cruise line, or tour operator or travel supplier (Other than the tour operator or travel agency from whom the Insured purchased their travel arrangements) which stops service more than fourteen (14) days following the Insured's Effective Date and after the Insured's Covered Trip. departure. This benefit only applies if the policy has been purchased within twenty (20) days of the Insured's initial payment for the Covered Trip and for the full cost of the Covered Trip.
7. Unannounced Strike that causes complete cessation of services of the Insured's Common Carrier for at least twelve (12) consecutive hours;
8. Weather that causes complete cessation of services of the Insured's Common Carrier for at least twelve (12) consecutive hours;
9. Natural disaster at the site of the Insured's destination, which renders their destination accommodations uninhabitable;
10. An Insured or Traveling Companion is in the Military and called to emergency duty for nation al disasters other than war;
11. Employer termination or layoff affecting the Insured or a person(s) sharing the same room with the Insured during the Insured's Covered Trip. Employment must have been with the same employer for at least three (3) continuous years;
12. A Terrorist Incident that occurs in a city listed on the itinerary of the Insured's Covered Trip and within thirty (30) days prior to the Insured's Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the ninety (90) days prior to the Terrorist Incident that is causing the Insured's cancellation of the Covered Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary.;
13. The Insured's family or friends living abroad with whom the Insured was planning to stay, are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;
14. Revocation of the Insured's previously granted leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required.;

Provided such circumstances occurred after the Insured's Effective Date and during the Insured's Covered Trip.

All cancellations must be reported to the Travel Supplier within seventy-two (72) hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the seventy-two (72) hours, the event should be reported as soon as possible. All other delays of reporting beyond seventy-two (72) hours will result in reduced benefit payments.

If a Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation and transportation expenses incurred by an Insured to remain with the traveling companion up to two hundred dollars ($200) per day and limited to five (5) days.

SAMPLE For Inquiry Purposes Only

If an Insured cannot continue travel due to a covered Injury or Sickness not requiring hospitalization, and an Insured must extend his or her Covered Trip with additional hotel nights up to one hundred fifty dollars ($150) per day and limited to five (5) days due to medically imposed restrictions, as certified by a Legally Qualified Physician.

If the Insured's Travel Supplier cancels Insured's Covered Trip, the Insured is covered up to one hundred fifty dollars ($150.00) for the reissue fee charged by the airline for the tickets. The Insured must have covered the entire cost of the Covered Trip including the airfare.

The combined maximum payable under this benefit is the lesser of: a) total cost of the Insured's Covered Trip; or b) the total amount of coverage the Insured purchased.

The maximum payable under this benefit is the lesser of: a) total cost of the Insured's Covered Trip; or b) the total amount of coverage the Insured purchased.

These benefits will not duplicate any benefits payable under the policy or any coverages provided herein.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

COVERAGE F

BAGGAGE AND PERSONAL EFFECTS

This Coverage F Benefit is provided only if shown as covered on the Confirmation of Benefits.

For purposes of this benefit:

"Baggage and Personal Effects" means goods being used by an Insured during a Covered Trip. The term Baggage and Personal Effects does not include:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. aircraft;
7. bicycles, except when checked as baggage with a Common Carrier;
8. household effects and furnishings;
9. antiques and collectors' items;
10. sunglasses, contact lenses, artificial teeth, dental bridges or hearing aids;
11. prosthetic limbs;
12. prescribed medications;
13. keys, money, credit cards (except as coverage is otherwise specifically provided herein);
14. securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
15. professional or occupational equipment or property, whether or not electronic business equipment; or
16. telephones, computer hardware or software;

For Baggage and Personal Effects: Coverage will be provided to an Insured: (a) against all risks of permanent loss, theft or damage to baggage and personal effects; (b) subject to all Exclusions and Limitations in the policy; (c) up to the Maximum Benefit Amount; and (d) occurring while this coverage is in force.

The lesser of the following amounts will be paid:

(a) the actual cash value (cost less proper deduction for depreciation) at the time of loss, theft or damage;

(b) the cost to repair or replace the article with material of a like kind and quality; or

(c) three hundred dollars ($300) per article.

A combined maximum of six hundred dollars ($600) will be paid for jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, articles trimmed with fur, cameras and their accessories and related equipment.

A maximum of fifty dollars ($50) will be paid for the cost of replacing a passport or visa.

SAMPLE
For Inquiry Purposes Only

A maximum of fifty dollars ($50) will be paid for the cost associated with the unauthorized use of lost or stolen credit cards, subject to verification that the Insured has complied with all conditions of the credit card company.

For Baggage Delay: If, while on a Covered Trip, an Insured's checked baggage is delayed or misdirected by a Common Carrier for more than twelve (12) hours from his or her time of arrival at a destination other than at his or her place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount, for the actual expenditure for necessary personal effects. An Insured must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier; nor will benefits be paid for loss or damage to property specifically schedule under any other insurance.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

COVERAGE G

TRIP DELAY

This Coverage G Benefit is provided only if shown as covered on the Confirmation of Benefits.

If an Insured is delayed for eight (8) hours or more hours while en route to or from a Covered Trip, due to:

(a) any delay of a Common Carrier. The delay must be certified by the Common Carrier;

(b) a traffic accident in which an Insured or Traveling Companion are not directly involved (must be substantiated by a police report);

(c) lost or stolen passports, travel documents or money (must be substantiated by a police report); or

(d) quarantine, hijacking, strike, natural disaster, or riot;

(e) documented weather condition preventing the Insured from getting to the point of departure;

Benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for:

(a) the Additional Transportation Cost from the point where an Insured was delayed to a destination where he or she can join the Covered Trip;

(b) the Additional Transportation Cost to return an Insured to his or her originally scheduled return destination;

(c) reasonable accommodation and meal expenses up to two hundred dollars ($200) per day necessarily incurred by an Insured for which he or she has proof of purchase and which were not paid for or provided by any other source; and

(d) the non-refundable, unused portion of the prepaid expenses for the Covered Trip as long as the expenses are supported by proof of purchase and are not reimbursable by any other source.

If the Insured is delayed by a Common Carrier while en route to their return destination after the Covered Trip is completed and has placed their cat or dog in a kennel for the duration of the Covered Trip and the Insured is unable to collect them on the day previously agreed with the kennel, benefits will be paid at twenty-five dollars ($25) per day, on a one-time basis, up to the Maximum Benefit Amount to cover the necessary additional kennel fees.

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

(i) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the loss, including but not limited to; scheduled departure and return times and actual departure and return times;

(ii) Written confirmation from the kennel advising the original pick-up date and the actual pick-up date.

Benefits will not be paid for any expenses that have been reimbursed or for any services that have been provided by the Common Carrier.

These benefits will not duplicate any benefits payable under the policy or any coverages provided herein.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

SAMPLE
For Inquiry Purposes Only

COVERAGE H

EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION AND RETURN OF REMAINS

This Coverage H Benefit is provided only if shown as covered on the Confirmation of Benefits.

When an Insured suffers loss of life for any reason or incurs a Sickness or Injury during the course of a Covered Trip, the following benefits are payable, up to the Maximum Benefit Amount.

1. **For Emergency Medical Evacuation**: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

(a) If an Insured is in the Hospital for more than three (3) consecutive days following a covered Emergency Medical Evacuation, the Company will pay to return by Economy Transportation, the Insured's dependent children who are under eighteen (18) years of age and accompanying an Insured on the Covered Trip, to their home, with an attendant, if considered necessary by the travel assistance company.

(b) If an Insured is in a Hospital alone for more than three (3) consecutive days, the Company will pay to transport one (1) person, chosen by the Insured, by Economy Transportation, for a single visit to and from his or her bedside.

2. **For Medical Repatriation**:

(a) If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for an Insured to return to his or her place of permanent residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for an Insured's return to his or her permanent residence via:

   (i) one-way Economy Transportation; or

   (ii) commercial upgrade, based on an Insured's condition as recommended by the local attending Legally Qualified Physician and verified in writing.

   (iii) Transportation must be via the most direct and economical route.

(b) If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for an Insured to return to his or her place of permanent residence for continued treatment of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for transportation to the Hospital or medical facility closest to an Insured's permanent place of residence capable of providing that treatment. Transportation must be by the most direct and economical route. Covered land or air transportation includes, but is not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company.

3. **For Return of Remains**: In the event of an Insured's death, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of an Insured's remains to his or her place of residence or to the place of burial.

If benefits are payable under this Coverage H and an Insured has other insurance that may provide benefits for this same loss, the Company reserves the right to recover from such other insurance. An Insured shall:

(a) notify the Company of any other insurance;

(b) help the Company exercise the Company's rights in any reasonable way that the Company may request, including the filing and assignment of other insurance benefits;

(c) not do anything after the loss to prejudice the Company's rights; and

(d) reimburse to the Company, to the extent of any payment the Company has made, for benefits received from such other insurance.

Benefits are paid less the value of the Insured's original unused return travel ticket.

These benefits will not duplicate any benefits payable under the policy or any coverages provided herein.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

SAMPLE
For Inquiry Purposes Only

COVERAGE I

ITINERARY CHANGE

This Coverage I Benefit is provided only if shown as covered on the Confirmation of Benefits.

In the event a cruise/tour supplier makes a change in the Insured's Covered Trip itinerary which prevents the Insured from participating in an event/activity pre-paid prior to departure and scheduled on the Insured's Covered Trip itinerary, nonrefundable pre-paid event/activity expenses will be payable up to the Maximum Benefit Amount.

Benefits will not be paid if the event/activity is rescheduled during the course of the Covered Trip.

Verification by the cruise/tour supplier of the change in the scheduled Covered Trip itinerary will be necessary for claim payment.

The Maximum Benefit Amount is shown in the Confirmation of Benefits.

COVERAGE J

MISSED CONNECTION

This Coverage J Benefit is provided only if shown as covered on the Confirmation of Benefits.

If an Insured misses their cruise or tour departure because their airline flight is delayed for three (3) or more hours, due to:

(a) any delay of a Common Carrier. The delay must be certified by the Common Carrier;

(b) documented weather condition preventing the Insured from getting to the point of departure;

(c) quarantine, hijacking, Strike, natural disaster, terrorism or riot;

Benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for:

(a) the Additional Transportation Cost to join the Covered Trip;

(b) reasonable accommodation and meal expenses up to one hundred fifty dollars ($150) per day necessarily incurred by an Insured for which he or she has proof of purchase and which were not paid for or provided by any other source;"

COVERAGE K

NON-MEDICAL EMERGENCY EVACUATION

You are eligible for benefits, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for all reasonable expenses incurred for Your transportation to the nearest place of safety, or to Your primary place of residence, if You must leave Your Trip for a Non-Medical Emergency Evacuation Covered Reason, as defined below.

Non-Medical Emergency Evacuation must occur within fourteen (14) days of any covered event. Arrangements will be by the most appropriate and economical means available and consistent with Your health and safety. Benefits are only payable for arrangements made by iTravelInsured.

Non-Medical Emergency Evacuation Covered Reasons: We will pay for the Non-Medical Emergency Evacuation Benefits listed above if, while on Your Trip, a formal recommendation in the form of a Travel Advisory or Travel Warning from the U.S. State Department, is issued for You to leave a country You are visiting on Your Trip due to:

1. a Natural Disaster;
2. civil, military or political unrest; or
3. Your being expelled or declared a persona non-grata by a country You are visiting on Your Trip.

Non-Medical Emergency Evacuation Exclusions: We do not cover:

1. loss or expense recoverable under any other insurance or through an employer;
2. loss or expense arising from or attributable to:
   (a) fraudulent or criminal acts committed or attempted by You;
   (b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent, or
   (c) failure to maintain required documents or visas;

SAMPLE
For Inquiry Purposes Only

3. loss or expense arising from or attributable to:
   (a) debt, insolvency, business or commercial failure;
   (b) the repossession of any property; or
   (c) Your non-compliance with a contract, license or permit;
4. loss or expense arising from or due to liability assumed by You under any contract.

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

SECTION II. DEFINITIONS

"Additional Transportation Cost" means the actual cost incurred for one-way Economy Transportation by Common Carrier reduced by the value of an unused travel ticket.

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

"Business Partner" means an individual who (a) is involved in a legal general partnership with an Insured and or (b) is actively involved in the day to day management of an Insured's business.

"Common Carrier" means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

"Confirmation of Benefits" means the coverage confirmation provided to an Insured following enrollment and payment of the applicable premium.

"Covered Trip" means scheduled trips, tours or cruises for which (a) coverage is requested: and (b) the required premium is submitted prior to the Scheduled Departure Date.

"Default" means a material failure or inability to provide contracted services.

"Domestic Partner" means a person who is at least eighteen (18) years of age and can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of continuous cohabitation throughout the one hundred eighty (180) day period prior to the Insured's Effective Date of the Plan; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

"Economy Transportation" means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Insured purchased for the Covered Trip, reduced by the value of an unused return travel ticket.

"Family Member" means any of the following who resides in the United States, Canada, or Mexico: an Insured's or an Insured's Traveling Companion's: legal spouse (or common-law spouse where legal), legal guardian, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner, an employed caregiver who lives with the Insured, or a person for whom the Insured is the primary caregiver with whom the Insured have lived for twelve (12) continuous months prior to the effective date of the Insured's Plan, whether or not they travel with the Insured.

"Hospital" means (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located: (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility: (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics: or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

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

"Injury" or "Injuries" means accidental bodily injuries: (a) received while insured under the Policy and any attached coverages: (b) resulting in loss independently of sickness and all other causes: and (c) not excluded from coverage.

"Insured" means the individual named on the enrollment form who has purchased a Covered Trip and who has paid the required premium.

"Intoxicated" mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where an Insured is located at the time of an incident.

SAMPLE
For Inquiry Purposes Only

"Legally Qualified Physician" means a physician or a Christian Science Practitioner (a) other than an Insured, a Traveling Companion or a Family Member: (b) practicing within the scope of his or her license: and (c) recognized as a physician in the place where the services are rendered.

"Maximum Benefit Amount" means the maximum amount payable for coverage provided to an Insured as shown in the Confirmation of Benefits.

"Medical Treatment" means treatment advice or consultation by a Legally Qualified Physician.

"Medically Necessary" means a service or supply which: (a) is recommended by the attending Legally Qualified Physician: (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice: (c) could not have been omitted without adversely affecting an Insured's condition or quality of medical care: (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience: and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

"Pre-existing Condition" means any injury, sickness or condition (including any condition from which death ensues) of the Insured, or Traveling Companion, or the Insured's and/or Traveling Companion's Family Member or the Insured's Business Partner for which within the sixty (60) day period prior to the effective date of the Insured's Trip Cancellation coverage under the Policy which (a) manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment or treatment was recommended by a Legally Qualified Physician.

"Published Penalties" means any published cancellation penalties issued by the Insured's travel agency or travel supplier that apply to all clients of the travel agency or travel supplier and can be documented at time of trip sale. The maximum amount reimbursable under the travel agencies published penalties is twenty-five percent (25%) of the total trip cost excluding taxes and other non-commissionable items.

"Schedule of Coverages/Schedule" means the coverage confirmation provided to an Insured following enrollment and payment of the applicable premium.

"Scheduled Departure Date" means the date on which an Insured is originally scheduled to leave on the Covered Trip.

"Scheduled Return Date" means the date on which an Insured is originally scheduled to return to the point of origin or the original final destination.

"Sickness" means an illness or disease that is diagnosed or treated by a Legally Qualified Physician after the effective date of insurance and while the Insured is covered under the Policy.

"Strike" means any stoppage of work: (a) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased: and (b) which interferes with the normal departure and arrival of a Common Carrier.

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

"Third Party" means a person or entity other than an Insured or the Company.

"Transportation Expense" means: (a) the cost of conveyance of an Insured and any medical personnel (if Medically Necessary): and (b) Medically Necessary services or supplies.

"Travel Arrangements" means: (a) transportation: (b) accommodations: and (c) other specified services arranged by the Travel Supplier for the covered trip.

"Traveling Companion" means a person or persons with whom the Insured has coordinated Travel Arrangements and intends to travel with during the Covered Trip. Note, a group or tour leader is not considered a Traveling Companion unless the Insured is sharing room accommodations with the group or tour leader.

"Travel Supplier" means any entity or organization that coordinates or supplies travel services for an Insured.

"Usual and Customary Charges" means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

SECTION III. INSURING PROVISIONS

Insured's Term of Coverage:

For Trip Cancellation: Coverage begins on the Effective Date and time specified in the Confirmation of Benefits. Coverage ends at the point and time of departure on an Insured's Scheduled Departure Date.

SAMPLE For Inquiry Purposes Only

For Trip Delay: Coverage is in force while en route to and from the Covered Trip.

For all other coverages: Coverage begins at the point and time of departure on the Scheduled Departure Date. Coverage ends at the point and time of return on an Insured's Scheduled Return Date.

In the event the Scheduled Departure Date and/or the Schedule Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which neither the Travel Supplier nor an Insured has control an Insured's term of coverage shall be automatically adjusted accordance with the Travel Supplier's notice to the Company of the delay or change.

SECTION IV. GENERAL LIMITATIONS AND EXCLUSIONS

Benefits are not payable for Sickness, Injuries or losses of an Insured, his or her Traveling Companion, Insured's or Traveling Companion's Family Member, or Insured's Business Partner:

1. resulting from suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only);
2. resulting from an act of declared or undeclared war;
3. while participating in maneuvers or training exercises of an armed service;
4. while riding, driving or participating in races, or speed or endurance contests;
5. while mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. while participating as a member of a team in an organized sporting competition;
7. while participating in skydiving, hang gliding, bungee cord jumping, scuba diving if the depth exceeds one hundred twenty (120) feet or if the Insured is not certified to dive and a dive master is not present during the dive; or deep-sea diving;
8. while piloting or learning to pilot or acting as a member of the crew of any aircraft;
9. received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advise of a Legally Qualified Physician;
10. to which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
11. due to normal childbirth, normal pregnancy through the first six (6) months of pregnancy or voluntarily induced abortion;
12. due to a mental or nervous condition, unless hospitalized;
13. for dental treatment (except as coverage is otherwise specifically provided herein);
14. which exceed the Maximum Benefit Amount for each attached coverage as shown in the Confirmation of Benefits: or;
15. due to a Pre-existing Condition, as defined in the Policy. The Pre-existing Condition Limitation does not apply to: (a) Emergency Medical Evacuation, Medical Repatriation and Return of Remains coverage; or (b) to coverage purchased within twenty (20) days from the time the initial Covered Trip deposit is paid and if the Insured is medically able to travel when payment is made for the insurance.
16. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

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

Additional Limitations and Exclusions Specific to Baggage and Personal Effects

Benefits are not payable for any loss caused by or resulting from:

(a) breakage of brittle or fragile articles;

SAMPLE – For Inquiry Purposes Only

(b) wear and tear or gradual deterioration;

(c) confiscation or appropriation by order of any government or custom's rule;

(d) theft or pilferage while left in any unlocked vehicle;

(e) property illegally acquired, kept, stored or transported;

(f) an Insured's negligent acts or omissions; or

(g) property shipped as freight or shipped prior to the Scheduled Departure Date.

SECTION V. GENERAL PROVISIONS

Notice of Claim: Notice of claim must be reported within twenty (20) days after a loss occurs or as soon as is reasonably possible. An Insured or someone on an Insured's behalf may give the notice. The notice should be given to the Company or designated representative and should include sufficient information to identify the Insured.

Claim Forms: When notice of claim is received by the Company or designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within fifteen (15) days, the proof of loss requirements can be met by sending a written statement of what happened. This statement must be received within the time given for filing proof of loss.

Proof of Loss: Proof of loss must be provided within ninety (90) days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than twelve (12) months from the time it is otherwise required, except in the absence of legal capacity.

Time of Payment of Claims: The Company, or its designated representative, will pay the claim after receipt of acceptable proof of loss.

Payment of Claims: Benefits for loss of life are payable to the Principal Insured, who is the beneficiary for all other Insureds. If: (a) the Principal Insured predeceases an Insured: and (b) a beneficiary is not otherwise designated by the Principal Insured benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

(a) the Principal Insured's spouse;

(b) the Principal Insured's child or children jointly;

(c) an Insured's parents jointly if both are living or the surviving parent if only one (1) survives;

(d) an Insured's brothers and sisters jointly; or

(e) the Principal Insured's estate.

All or a portion of all other benefits provided by the Policy may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to the Principal Insured.

Other than for loss of life, if any benefit is payable to: (a) an Insured or the Principal Insured's beneficiary who is minor or otherwise not able to give a valid release: or (b) the Principal Insured's estate: the Company may pay up to one thousand dollars ($1,000) to the Principal Insured's beneficiary or any relative to whom the Company finds entitled to the payment. Any payment made in good faith shall fully discharge the Company to the extent of such payment.

Physician Examination and Autopsy: The Company, at the expense of the Company, may have an Insured examined when and as often as is reasonable while the claim is pending. The Company may have an autopsy done (at the expense of the Company) where it is not forbidden by law.

Legal Actions: No legal action for a claim can be brought against us until sixty (60) days after we receive proof of loss. No legal action for a claim can be brought against us more than three (3) years after the time required for giving proof of loss. This three (3) year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

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

Other Insurance with the Company: An Insured may be covered under only one travel policy with the Company for each Covered Trip. If an Insured is covered under more than one such policy, he or she may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

Subrogation: If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. An Insured shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the

SAMPLE
For Inquiry Purposes Only

event an Insured recovers damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

Additional Claims Provisions Specific to Baggage: Insured's Duties After Loss of or Damage to Property or Delay of Baggage: In case of loss, theft, damage or delay of baggage or personal effects, and Insured must:

(a) take all reasonable steps to protect, save or recover the property:

(b) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of an Insured's property at the time of loss:

(c) produce records needed to verify the claim and its amount, and permit copies to be made:

(d) provide to the Company, within ninety (90) days from the date of loss, a detailed proof of loss signed and sworn to: and

(e) be examined, if requested.

Reductions in the Amount of Insurance: The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this coverage for this Covered Trip.

SECTION VI. COORDINATION OF BENEFITS

Applicability

The Coordination of Benefits ("COB") provision applies to This Plan when an Insured has health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.

If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another Plan. The benefits of This Plan:

(a) will not be reduced when, under the order of benefit determination rules, This Plan determines its benefits before another Plan; but

(b) may be reduced when, under the order of benefit determination rules, another Plan determines its benefits first. This reduction is described further in the section entitled Effect on the Benefits of This Plan.

Definitions

"Plan" is a form of coverage written on an expense incurred basis that provides benefits or services for, or because of, medical or dental care or treatment. "Plan" includes:

(a) group insurance and group remittance subscriber contracts;

(b) uninsured arrangements of group coverage;

(c) group coverage through HMO's and other prepayment, group practice and individual practice Plans; and

(d) blanket contracts, except blanket school accident coverages or a similar group when the Policy:

"Plan" does not include individual or family: (a) insurance contracts; (b) direct payment subscriber contracts; (c) coverage through HMO's; or (d) coverage under other prepayment, group practice and individual practice Plans.

"This Plan" is the parts of this blanket contract that provide benefits for health care expenses on an expense incurred basis.

"Primary Plan" is one whose benefits for a person's health care coverage must be determined without taking the existence of any other Plan into consideration. A Plan is a Primary Plan if either:

(a) the Plan either has no order of benefit determination rules, or it has rules which differ from those in the contract; or

(b) all Plans that cover the person use the same order of benefits determination rules as in this contract, and under those rules the Plan determines its benefits first.

"Secondary Plan" is one that is not a Primary Plan. If a person is covered by more than one (1) Secondary Plan, the order of benefit determination rules of this contract decide the order in which their benefits are determined in relation to each other. The benefits of each Secondary Plan may take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan, which, under the rules of this contract, has its benefits, determined before those of that Secondary Plan.

SAMPLE
For Inquiry Purposes Only

"Allowable Expense" is the necessary, reasonable, and customary item of expense for health care; when the item of expense is covered at least in part under any of the Plans involved.

The difference between the cost of a private hospital room and a semi-private hospital room is not considered an Allowable Expense under the above definition unless the patient's stay in a private hospital room is medically necessary in terms of generally accepted medical practice.

When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered both an Allowable Expense and a benefit paid.

"Claim" is a request that benefits of a Plan be provided or paid. The benefits claimed may be in the form of: (a) services (including supplies); (b) payment for all or a portion of the expenses incurred; or (c) a combination of (a) and (b).

"Claim Determination Period" is the period of time, which must not be less than twelve (12) consecutive months, over which Allowable Expenses are compared with total benefits payable in the absence of COB, to determine: (a) whether overinsurance exists; and (b) how much each Plan will pay or provide.

For the purposes of this contract, Claim Determination Period is the period of time beginning with the effective date of coverage and ending twelve (12) consecutive months following the date of loss or longer as may be determined by the proof of loss provision.

Order of Benefit Determination Rules

When This Plan is a Primary Plan, its benefits are determined before those of any other Plan and without considering another Plan's benefits.

When This Plan is a Secondary Plan, its benefits are determined after those of any other Plan only when, under these rules, it is secondary to that other Plan.

When there is a basis for a Claim under This Plan and another Plan, This Plan is a Secondary Plan that has its benefits determined after those of the other Plan, unless:

(a) the other Plan has rules coordinating its benefits with those of This Plan; and

(b) both those rules and This Plan's rules, as described below, require that This Plan's benefits be determined before those of the other Plan.

Rules. This Plan determines its order of benefits using the first of the following rules which applies:

(a) Nondependent/Dependent Rule. The benefits of the Plan which covers the person as an employee, member or subscriber (that is, other than as a dependent) are determined before those of the Plan that covers the person as a dependent.

(b) Longer/Shorter Length of Coverage Rule. The benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

To determine the length of time a person has been covered under a Plan, two (2) Plans shall be treated as one if the claimant was eligible under the second within twenty-four (24) hours after the first ended. Thus, the start of a new Plan does not include: (a) a change in the amount or scope of a Plan's benefits; (b) a change in the entity which pays, provides or administers the Plan's benefits; or (c) a change from one (1) type of Plan to another. The claimant's length of time covered under a Plan is measured from the claimant's first date of coverage under that Plan. If that date is not readily available, the date the claimant first became a member of the group shall be used as the date from which to determine the length of time the claimant's coverage under the present Plan has been in force.

Effect on the Benefits of This Plan When it is Secondary

The benefits of This Plan will be reduced when it is a Secondary Plan so that the total benefits paid or provided by all Plans during a Claim Determination Period are not more than the total Allowable Expenses, not otherwise paid, which were incurred during the Claim Determination Period by the person for whom the Claim is made. As each Claim is submitted, This Plan determines its obligation to pay for Allowable Expenses based on all Claims that were submitted up to that point in time during the Claim Determination Period.

Right to Receive and Release Needed Information

Certain facts are needed to apply these COB rules. We have the right to decide which facts are needed. We may get needed facts from or give them to any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give us any facts we need to pay the Claim.

SAMPLE
For Inquiry Purposes Only

Facility of Payment

A payment made under another Plan may include an amount that should have been paid under This Plan. If it does, we may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable monetary value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by us is more than we should have paid under this COB provision, we may recover the excess from one or more of: (a) the persons we have paid or for whom we have paid; (b) insurance companies; or (c) other organizations.

Non-complying Plans

This Plan may coordinate its benefits with a Plan that is excess or always secondary or which uses order of benefit determination rules which are inconsistent with those of This Plan (non-complying Plan) on the following basis:

(a) If This Plan is the Primary Plan, This Plan will pay its benefits on a primary basis;

(b) if This Plan is the Secondary Plan, This Plan will pay its benefits first, but the amount of the benefits payable will be determined as if This Plan were the Secondary Plan. In this situation, our payment will be the limit of This Plan's liability; and

(c) if the non-complying Plan does not provide the information needed by This Plan to determine its benefits within thirty (30) days after it is requested to do so, we will assume that the benefits of the non-complying Plan are identical to This Plan and will pay benefits accordingly. However, we will adjust any payments made based on this assumption whenever information becomes available as to the actual benefits of the non-complying Plan.

SAMPLE
For Inquiry Purposes Only

FACTS

WHAT DOES CRUM & FORSTER DO WITH YOUR PERSONAL INFORMATION?

Rev. August 1, 2025

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: · Social Security number and income · credit scores and credit-based insurance scores · insurance claim history and employment information
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Crum & Forster chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Crum & Forster share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share

SAMPLE
For Inquiry Purposes Only

To limit our sharing

☐ Call 844.254.5754
☐ Email us at: CFChiefLegalOfficer@cfins.com

Please note: If you are a *new* customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.
However, you can contact us at any time to limit our sharing.

Questions

Call 844.254.5754 or email us at: CFChiefLegalOfficer@cfins.com unless you provide a separate FCRA opt out form.

Who are we	
Who is providing this notice?	Crum & Forster and its affiliates.
What we do	
How does Crum & Forster protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with applicable federal and state law.These measures include computer safeguards and secured filesand buildings.
How does Crum & Forster collect my personal information?	We collect your personal information, for example, when you ■ apply for insurance or pay insurance premiums ■ file an insurance claim or give us your contact information ■ provide employment information We also collect your personal information from others, such as credit bureaus, affiliates or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only ■ sharing for affiliates' everyday business purposes—information about your creditworthiness ■ affiliates from using your information to market to you ■ sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ■ *Our affiliates include: United States Fire Insurance Company, The North River Insurance Company, Crum & Forster Indemnity Company, Seneca Insurance Company, Inc., Travel Insured International, Inc., Monitor Life Insurance Company of New York, MTAW Insurance Company, Bail USA, Inc. and any other company within the Crum & Forster group of companies.*
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. ■ *Crum & Forster does not share with nonaffiliates so they can market to you.*
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. ■ *Crum & Forster doesn't jointly market.*

SAMPLE For Inquiry Purposes Only

Other important information

For Insurance Customers in AZ, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR and VA only. The term "Information" in this section means customer information obtained in an insurance transaction. We may give your Information to state insurance officials, law enforcement, group policy holders about claims experience or auditors as the law allows or requires. We may give your Information to insurance support companies that may keep it or give it to others. We may share medical information, so we can learn if you qualify for coverage, process claims or prevent fraud or if you say we can.

To see your Information, submit a request via email to CFChiefLegalOfficer@cfins.com. You must state your full name, address, the insurance company, policy number (if relevant) and the Information you want. We will tell you what Information we have. You may see and copy the Information (unless privileged) at our office or ask that we mail you a copy for a fee. If you think any Information is wrong, you must write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law. We will limit sharing among our affiliates to the extent required by California law. We do not share information about creditworthiness. For further information visit our website.

You have the right to submit a written request to access, correct, amend, or delete certain personal information we collect about you. To submit a request please write your request and send it to the following privacyinformation@cfins.com. You have the right to receive a response to your request within 30 business days of the date of the submission of your request to access, correct, amend, or delete your personal information. If we refuse your request, you have the right to file a statement regarding what you believe to be accurate and fair information and why you disagree with our response. For more information see C&F's Model 670 Notice at https://www.cfins.com/onlineprivacypolicy/glba/cfmodel670/

For Massachusetts Residents only. You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

For Nevada Residents only. We are providing you this notice under state law. Nevada law requires we provide the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: 702.486.3132; email: aginfo@ag.nv.gov; Crum & Forster: Legal Department, P.O. Box 1973, 305 Madison Avenue, Morristown, NJ 07962, 844.254.5754, CFChiefLegalOfficer@cfins.com.

For North Dakota Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by North Dakota law. We will limit sharing among our affiliates to the extent required by North Dakota law. For further information visit our website.

For Vermont Residents only. Under Vermont law, we will not share information we collect about Vermont residents with companies outside of our affiliates, unless the law allows. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found on our website.

SAMPLE
For Inquiry Purposes Only

MISSION TRIP INSURANCE
A Service of ICI Traveler

Membership Confirmation

MissionTripInsurance.com

Plan Underwritten by:
UNITED STATES FIRE INSURANCE COMPANY
A.M. Best Rating A+ (Superior)

Insured Name:
Certificate Number:
Enrollment ID:
Return Date:

Thank you for enrolling in the TripArmor® travel protection plan through ICI Traveler.
Your plan includes access to 24-hour emergency assistance through International Medical Group (IMG) Emergency Travel Assistance. Keep the ID card below with you while traveling so you can quickly find your plan information and assistance contacts.

Emergency Travel Assistance

For medical, legal, and travel assistance, contact IMG Emergency Travel Assistance. Services are available 24 hours a day, 365 days a year.
Within the USA and Canada: **1-866-243-7524**
Outside the USA and Canada: **1-317-655-9798**

Claims Information

For claim instructions and carrier contact information, visit:
https://www.imglobal.com/claims-center
Claims are reviewed and processed by IMG. ICI Traveler can help you find the appropriate claims contact and answer general questions about the process.

Enrollment or Policy Questions

Call **1-800-576-2674**
Visit www.missiontripinsurance.com

Traveling beyond this mission trip?

ICI Traveler can also help you find travel insurance for your own vacations, cruises, study abroad, and longer stays overseas. We also offer international health insurance for missionaries and expatriates. When you're planning your next trip, visit http://www.icitraveler.com or call **1-800-576-2674** - we'd be happy to help.

Below is your TripArmor® ID card. Keep a copy accessible during your trip.

www.missiontripinsurance.com
a service of ICI Traveler

SAMPLE
For Inquiry Purposes Only

Membership Card — TripArmor® Travel Protection Plan

INSURED NAME

CERTIFICATE NUMBER | RETURN DATE

MEMBER ID	DEDUCTIBLE	MEDICAL MAX	TRIP INTERUPTION
	$0	$100,000	150%

IMG Emergency Travel Assistance provides medical, legal and travel assistance services available 24 hours a day / 365 days a year.

To contact IMG Emergency Travel Assistance:
Within USA & Canada 1-866-243-7524
Outside USA & Canada 1-317-655-9798

To Report a Claim: 1-866-243-7524
Enrollment or Policy Questions: 1-800-576-2674

www.missiontripinsurance.com
support@missiontripinsurance.com
a division of Insurance Consultants International