

**TRAVEL PROTECTION PROVIDED
EXCLUSIVELY FOR**



PACIFIC DELIGHT TOURS

Administered by



Quality Protection Worldwide

For questions or to report a claim, contact:

**Travel Insured International, Inc.®
P.O. Box 280568
East Hartford, CT 06128-0568**

**Customer Care
800-243-3174**

**Claims
800-243-2440
(Weekdays 7:45am – 5:30pm EST)
www.travelinsured.com**

(10/06)

Notice to State of Washington Residents:
This is not Your Description of Coverage. To obtain
Your state-specific insurance policy, call 1-800-243-3174.

**PACIFIC DELIGHT
TRAVEL PROTECTION PLAN
(10/06)**

Administered by Travel Insured International

DESCRIPTION OF COVERAGE

SCHEDULE OF BENEFITS

| Schedule of Coverage & Services | Max. Benefits Per person |
|---|-------------------------------------|
| Trip Cancellation | Trip Cost |
| Trip Interruption | Trip Cost |
| Trip Delay/\$150 Day | \$500 |
| Accident and Sickness Medical Expense | \$10,000 |
| Emergency Evacuation and Repatriation of Remains | \$25,000 |
| Baggage and Personal Effects | \$1,000 |
| Baggage Delay | \$300 |
| Accidental Death & Dismemberment | \$10,000 |
| Accidental Death & Dismemberment Common Carrier (Air Only) | \$30,000 |

Worldwide Assistance Services
are included with the purchase of your
Worldwide Trip Protector plan.

Part A - TRAVEL PROTECTION

Trip Cancellation/Trip Interruption: The Insurer will pay a benefit, up to the maximum shown on the Schedule of Coverage and Services, if You are prevented from taking Your covered Trip due to the following Unforeseen events:

- a) Sickness, Accidental Injury, or death of You, Your Traveling Companion, or Business Partner, or Family Member of You or Your Traveling Companion,; which results in medically imposed restrictions as certified by a Physician at the time of loss preventing Your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.
- b) Strike that causes complete cessation of services for at least 48 consecutive hours.
- c) Weather which causes complete cessation of services of Your Common Carrier for at least 48 consecutive hours.

- d) You or Your Traveling Companion are terminated or laid off from employment subject to three years of continuous employment at the place of employment where terminated.
- e) You or Your Traveling Companion are hijacked, quarantined, required to serve on a jury, required to appear as a witness in a legal action, provided You or a Traveling Companion is not a party to the legal action or appearing as a law enforcement officer, subpoenaed, the victim of felonious assault within 10 days of departure; or having Your or Your Traveling Companion's principal place of residence made uninhabitable by fire, flood, or other Natural Disaster; or burglary of Your principal place of residence within 10 days of departure;
- f) If within 30 days of Your departure, a politically motivated Terrorist Attack occurs within the territorial limits of the City listed on Your itinerary. The Terrorist Attack must occur after the Effective Date of Your Trip Cancellation coverage. This coverage only applies if the protection plan was purchased within 10 calendar days of initial Trip payment.
- g) You or Your Traveling Companion who are military personnel, and are called to emergency duty for a disaster other than war;
- h) You or Your Traveling Companion being directly involved in a traffic Accident substantiated by a police report, while en route to departure;
- i) The death or hospitalization of Your Host at Destination;

Trip Cancellation: non-refundable cancellation charges imposed by Your Travel Supplier and/or airfare cancellation charges for flights joining or departing Your Land/Sea Arrangements; or the additional costs You may incur as a result of a change in the per-person occupancy rate of prepaid travel arrangements if a person booked to share accommodations with You cancels his/her Trip for a covered reason and You do not cancel.

Trip Interruption: unused, non-refundable land or sea expenses prepaid to Travel Supplier and/or the airfare paid, to return home or rejoin the original Land/Sea Arrangements (limited to the cost of one-way Economy Fare by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets) less the value of applied credit from an unused return travel ticket; or the additional costs You may incur as a result of a change in the per-person occupancy rate of prepaid travel arrangements if a person booked to share accommodations with You cancels his/her Trip for a covered reason and You do not cancel.

In no event shall the amount reimbursed exceed the lesser of; the amount You pre-paid for Your Trip, or the maximum benefit shown on the Schedule of Coverage and Services.

Trip Delay: Trip Delay coverage will be on a onetime basis if You are delayed 12 or more hours. If You experience a covered delay, You are eligible for up to the maximum shown on the Schedule of Coverage and Services, for reasonable, additional accommodations and travel expenses. Covered reasons for travel delay are: Carrier caused delay (including Inclement Weather); lost or stolen passports, money, or travel documents; quarantine; hijacking, unannounced Strike, or Natural Disaster.

Part B - MEDICAL PROTECTION

Residency and citizenship do not apply to and are not requirements for coverage in relation to Sickness Medical Expense, Accident Medical Expense, Emergency Evacuation, Repatriation of Remains, Accidental Death and Dismemberment benefits.

Accident and Sickness Medical Expense: The Insurer will pay benefits, up to the maximum shown on the Schedule of Coverage and Services, if as the result of an Injury or Sickness while on Your Trip, You incur, within one year of the date of the Accident or onset of the Sickness, necessary Covered Medical Expenses, provided You received initial treatment while on the covered Trip. Covered Medical Expenses are Medically Necessary services and supplies which are recommended by the attending Physician. They include the services of a legally qualified Physician; charges for Hospital confinement and use of operating rooms; charges for anesthetics (including administration), x-ray examinations or treatments, and laboratory tests; ambulance service, drugs, medicines, prosthetics and therapeutic services and supplies;

emergency dental treatment for the relief of pain. The Insurer will not pay benefits in excess of the reasonable and customary charges commonly used by providers of medical care in the locality in which the care is furnished.

Emergency Evacuation: The Insurer will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if You suffer an Injury or Emergency Sickness that warrants Your Emergency Evacuation while You are on a Trip. Benefits payable are subject to the Maximum Amount per person shown on the Schedule for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of Your Injury or Emergency Sickness warrants Your Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities. The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with Your Emergency Evacuation. Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting You and (c) reviewed and pre-approved by the Assistance Company;

The Insurer will also pay reasonable and customary charges, up to the maximum escort limit shown on the policy, for escort expenses required by You, if You are disabled during a Trip and an escort is recommended in writing, by the Insurer's attending Physician and must be pre-approved by the Assistance Company.

If You are hospitalized for more than 7 days following a Covered Emergency Evacuation Expense, the Insurer will pay subject to the limitations set out herein, for expenses:

1. to return to the United States where they reside, with an attendant if necessary, any of Your Dependent Children who were accompanying You when the Injury or Emergency Sickness occurred: but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.
2. to bring one person chosen by You to and from the Hospital or other medical facility where You are confined if You are traveling alone: but not to exceed the cost of one round-trip economy airfare ticket.
3. to return You from the medical facility to which You were evacuated to Your return destination via Common Carrier, within one year from Your original Trip completion date. Commercial airfare costs will be in the same class of service, as Your original airline tickets, or in business or first class as in compliance with Your medical necessities and requirements upon Your discharge, less refunds from Your unused transportation tickets.

In addition to the above covered expenses, if the Insurer has previously evacuated You to a medical facility, the Insurer will pay Your airfare costs from that facility to Your primary residence, within one year from Your original Scheduled Return Date, less refunds from Your unused transportation tickets.

Airfare costs will be economy, or first class if Your original tickets are first class. This benefit is available only if it is not provided under another coverage in the policy.

Emergency Evacuation means Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;

Emergency Sickness means an illness or disease, diagnosed by a legally licensed Physician,

which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of Your condition or place Your life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while Your coverage is in force and during Your Trip.

Transportation means any land, sea or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.

Repatriation of Remains: The Insurer will pay reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the covered Trip. This will not exceed the maximum shown on the Schedule of Coverage and Services.

Covered Expenses include, but are not limited to, expenses for transportation.

All transportation must be authorized and arranged by the Assistance Company.

Part C - BAGGAGE PROTECTION

Baggage/Personal Effects: The Insurer will reimburse You up to the maximum shown on the Schedule of Coverage and Services for loss, theft, or damage to Baggage and Personal Effects. The Insurer will pay the lesser of the following: Actual Cash Value at the time of the loss, less depreciation as determined by the Insurer, or the cost of repair or replacement. Per article, there is a limit of \$250. There will also be a combined maximum limit of \$500 for the following: jewelry; watches and cameras, including related equipment; articles consisting in whole or in part of silver, gold, or platinum; furs and articles trimmed with or made mostly of fur.

The Insurer will also reimburse You for charges and interest incurred due to unauthorized use of Your credit cards if such use occurs during Your Trip and if You has complied with all credit card conditions imposed by the credit card companies. The Insurer will reimburse You for fees associated with the replacement of Your passport during Your Trip. Receipts are required for reimbursement.

Baggage Delay (Outward Journey Only): The Insurer will reimburse You for expenses of necessary Personal Effects, up to the maximum shown in the Schedule of Coverage and Services, if Your checked Baggage is delayed or misdirected by Common Carrier for more than 24 hours from the time You arrive at the destination stated on the ticket, except travel to final destination or Your place of residence. You must be a ticketed passenger of a Common Carrier.

Part D - TRAVEL ACCIDENT PROTECTION

Accidental Death & Dismemberment: If You sustain an Injury while on the Trip, which results in loss of life; actual severance of limb; or entire and irrecoverable loss of: eyesight, speech, or hearing; within 180- days of the date of the Accident, the Insurer will pay the largest applicable amount as follows: the full benefit amount is paid for loss of life, two hands or two feet, speech, and hearing in both ears, one hand, and one foot, sight in both eyes, one hand or one foot, and sight in one eye. One-half of the benefit amount is paid for loss of one hand or one foot, speech, or hearing in both ears, sight of one eye. One-fourth of the benefit is paid for loss of the thumb and index finger of the same hand. In no event will the Insurer pay more than the maximum amount shown on the Schedule of Coverage and Services for all losses due to the same Accident.

Exposure: The Insurer will pay benefits for covered losses which result from You being unavoidably exposed to the elements due to an Accident.

Disappearance: The Insurer will pay benefits for loss of life if Your body cannot be located one year after the disappearance of the conveyance in which You were a passenger due to forced landing, stranding, sinking, or wrecking.

Accidental Death & Dismemberment Common Carrier (Air Only): Air Common Carrier benefit applies to Injury sustained by You: (a) while riding as a passenger in or on, boarding or alighting from an aircraft operated under a license for the transportation of passengers for hire; (b) being struck or run down by an aircraft. If You sustain an Injury which results in loss of life; actual severance of limb; or entire and irrecoverable loss of eyesight, speech, or hearing, within 180-days of the date of the Accident, the Insurer will pay the largest applicable amount as follows: the full benefit amount is paid for loss of life, two hands or two feet, speech, and hearing in both ears, one hand, and one foot, sight in both eyes, one hand, or one foot and sight in one eye. One half of the benefit amount is paid for loss of one hand or one foot, speech, or hearing in both ears, sight of one eye. One-fourth of the benefit is paid for loss of the thumb and index finger of the same hand. In no event will the Insurer pay more than the maximum amount shown on the Schedule of Coverage and Services for all losses due to the same Accident.

Exposure: The Insurer will pay benefits for covered losses which result from You being unavoidably exposed to the elements due to an Accident.

Disappearance: The Insurer will pay benefits for loss of life if Your body cannot be located one year after the disappearance of the Common Carrier in which You were a passenger due to forced landing, stranding, sinking, or wrecking.

WORLDWIDE EMERGENCY ASSISTANCE SERVICES

The Travel Assistance feature provides a variety of travel related services. Services offered include:

- Medical Evacuation
- Medically necessary Repatriation
- Repatriation of remains • Medical or legal referral
- Hospital admission guarantee • Translation service
- Lost Baggage retrieval • Inoculation information
 - Passport / visa information
 - Emergency cash advance*
- Prescription drug / eyeglass replacement*
 - Bail bond*

*Payment reimbursement to the Assistance Company is Your responsibility.

24-Hour Emergency Assistance Telephone Numbers For travel assistance services only:

CALL TOLL FREE:

1-888-268-2824

(Within the United States and Canada)

OR CALL COLLECT

1-603-898-8752

(From all other locations)

**Be sure to use the appropriate country
and city codes when calling.**

- KEEP THESE NUMBERS WITH YOU WHEN YOU TRAVEL -

Travel assistance services are provided by an independent organization and not by Arch Insurance Company or Travel Insured International. There may be times when circumstances beyond the Assistance Company's control hinder their endeavors to provide travel assistance

services. They will, however, make all reasonable efforts to provide travel assistance services and help you resolve your emergency situation.

EXCLUSIONS

The following exclusions apply to Parts A, B, and D:

- 1) Suicide or attempted suicide or intentionally self-inflicted injuries.
- 2) War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war; Participation in any military maneuver or training exercise;
- 3) Piloting or learning to pilot or acting as a member of the crew of any aircraft;
- 4) Pregnancy and childbirth (except for Complications of Pregnancy)
- 5) Dental treatment except as a result of Accidental Injury to sound, natural teeth within twelve (12) months of the Accidental Injury;
- 6) Pre-Existing Conditions, unless the policy is purchased within 7 days of the initial Trip deposit; the booking for the covered Trip must be the first and only booking for this travel period and destination; You are not disabled from travel at the time You pay the premium.
- 7) Mental or emotional disorders, unless hospitalized.

The following exclusions apply to Baggage/Personal Effects Coverage only in Part C:

ANY LOSS OR DAMAGE TO: animals; automobiles and their equipment; boats; trailers, motors; motorcycles; other conveyances and their equipment (except bicycles while checked as Baggage with a Common Carrier); eyeglasses, sunglasses, and contact lenses; artificial teeth and dental bridges; hearing aids; prosthetic limbs; keys, money, securities, and documents; tickets.

ANY LOSS CAUSED BY OR RESULTING FROM:

Wear and tear, gradual deterioration; insects or vermin; inherent vice or damage; confiscation or expropriation by order of any government; radioactive contamination; war or any act of war whether declared or not; and property shipped as freight or shipped prior to the Scheduled Departure Date.

DEFINITIONS

- 1) "Accident" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.
- 2) "Accidental Injury" means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the loss.
- 3) "Actual Cash Value" means purchase price less depreciation.
- 4) "Assistance Company" means the service provider with which the Insurer has contracted to coordinate and deliver emergency travel assistance, medical evacuation, and repatriation.
- 5) "Baggage" means luggage and personal possessions, whether owned, borrowed, or rented, taken by You on Your Trip.
- 6) "Bodily Injury" means identifiable physical Injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such Injury, is the direct cause of death or dismemberment of You within twelve months from the date of the Accident.
- 7) "Business Partner" means an individual who: (a) is involved in a legal partnership; and (b) is actively involved in the day-to-day management of the business.
- 8) "City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.
- 9) "Common Carrier" means any land, sea, and/or air conveyance operating under a license for the transportation of passengers for hire.
- 10) "Complication of Pregnancy" means: (1) conditions requiring Hospital stays (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, and shall not include false labor, occasional spotting, Physician prescribed rest during the period of pregnancy, morning Sickness, hyperemesis gravidarum, preeclampsia and similar

conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct Complication of Pregnancy; and (2) nonelective caesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

11) "Cruise" means any prepaid sea arrangements.

12) "Dependent Child(ren)" means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance;

13) "Domestic Partner" means a person who has registered as a Domestic Partner in a municipality that requires such registration or has provided Us with a signed and notarized Affidavit of Partnership in municipality that do not require such registration. The Affidavit will attest to the following: (a) Each person is 18 years of age or older and is mentally competent to consent to contract, (b) Neither one is married to or legally separated from anyone else, (c) They are not related by blood in a manner that would bar marriage under the laws of the state of New York, (d) They have been living together on a continuous basis prior to the date of application, and (e) Neither individual has been registered as a member of another domestic partnership within the last six months.

14) "Economy Fare" means the lowest published rate for a one-way ticket.

15) "Effective Date" means the date and time Your coverage begins, as outlined in the General Provisions section of this policy.

16) "Family Member" means You or Your Traveling Companion's legal or common law spouse, Domestic Partner, parent, legal guardian, stepparent, grandparent, parents-in-law, grandchild, natural or adopted child, foster child, ward, stepchild, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, or nephew.

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

18) "Inclement Weather" means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

19) "Injury" means Bodily Injury caused by an Accident occurring while this policy is in force, and resulting directly and independently of all other causes in loss covered by the policy. The Injury must be verified by a Physician.

20) "The Insurer" means Arch Insurance Company.

21) "Land/Sea Arrangements" means land and/or sea arrangements booked through the Travel Supplier.

22) "Medically Necessary" means that a treatment, service, or supply: (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision, or order.

23) "Natural Disaster" means flood, fire, hurricane, tornado, earthquake, volcanic eruption, blizzard or avalanche that is due to natural causes.

24) "Pre-Existing Condition" means any Injury, Sickness or condition of Yourself, a Traveling Companion or a Family Member for which medical advice, diagnosis, care or treatment was recommended or received with the 180-day period ending on the Effective Date. Conditions are not considered pre-existing if the condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

25) "Physician" means a licensed practitioner of medical, surgical, or dental services acting within the scope of his/her license. The treating Physician may not be Yourself, a Traveling Companion, or a Family Member.

26) "Scheduled Departure Date" means the date on which You are originally scheduled to leave on the Trip.

27) "Scheduled Return Date" means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

- 28) "Sickness" means illness or disease which is diagnosed and treated by a Physician on or after the Effective Date of the protection plan and while You are covered under this plan.
- 29) "Strike" means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.
- 30) "Terrorist Attack" means an incident deemed an act of terrorism by the U.S. government.
- 31) "Travel Supplier" means tour operator, Cruise line, hotel, etc., who has made the land and/or sea arrangements.
- 32) "Traveling Companion" means a person who is sharing travel arrangements with You. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.
- 33) "Trip" means prepaid Land/Sea Arrangements and shall include flight connections to join and depart such Land/Sea Arrangements, provided such flight connections are scheduled to commence within one (1) day of the Land/Sea Arrangements.
- 34) "Unforeseen" means not anticipated or expected and occurring after the Effective Date of the policy.
- 34) "Used" means to avail oneself of, to employ, to expend or consume, or to convert to one's service.
- 35) "You," "Your," or "the Insured" means a person who has purchased a Trip and who has paid the required plan cost for the protection plan provided herein.

CLAIMS PROCEDURE

To facilitate prompt claims settlement:

TRIP CANCELLATION CLAIMS: IMMEDIATELY

Call Pacific Delight and the Claims Administrator to report Your cancellation and avoid non-Covered Expenses due to late reporting. The Claims Administrator will then advise You on how to obtain the appropriate form to be completed by You and the attending Physician.

INTERRUPTION: Obtain medical statements from the doctors in attendance in the country where Sickness or Accident occurred. These statements should give complete diagnosis, stating that the Sickness or Accident prevented traveling on dates contracted. Provide all unused transportation tickets, official receipts, etc.

TRIP DELAY: Obtain any specific dated documentation, which provides proof of the reason for delay (airline or cruise line forms, medical statements, etc). Submit this documentation along with Your Trip itinerary and all receipts from additional expenses incurred.

MEDICAL EXPENSES: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment; submit these first to other medical plans. Provide a copy of their final disposition of Your claim.

BAGGAGE: Obtain a statement from the Common Carrier that Your Baggage was delayed or a police report showing Your Baggage was stolen along with copies of receipts for Your purchases. For questions regarding Your plan or to receive a claim form, contact TII, or send Your name, address, travel dates, booking number and details of Your loss within 30 days to:

Travel Insured International, Inc.®
P.O. Box 280568 East Hartford, CT 06128-0568
1-800-243-2440 (Weekdays 7:45am – 5:30pm EST)

GENERAL PROVISIONS

CONTRACT. The policy, applications, riders, and endorsements, if any, make up the entire contract. No change in the policy is valid unless it is signed by an executive officer of the Insurer. No agent has the power to change this policy.

RECORDS. As required by the Insurer, the participating organization must keep a record of the insurance for all Insureds. The Insurer can inspect these records while coverage is in effect and for one year after it ends or until final adjustment and settlement of claims hereunder, whichever is later.

CLERICAL ERRORS. The Insurer will not deny or cancel coverage on an Insured because of clerical error by the participating organization or by the Insurer. After an error is found, the Insurer will take appropriate action. This may include adjusting, collecting, or refunding premium.

CONTESTING THIS POLICY. The Insurer relies on statements made by the participating organization in the application. If there is no fraud, the participating organization's statements: (a) are considered representations and not warranties; and (b) will not be used to void the policy or reduce any claim. The Insurer will not contest the policy after it has been in effect for two (2) years, except for fraud.

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 two (2) years after the time required for giving proof of loss.

CONTROLLING LAW. Any part of this policy that conflicts with the state law where the policy is issued is changed to meet the minimum requirements of that law.

MISREPRESENTATION AND FRAUD. Coverage as to an Insured 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.

SUBROGATION. To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. Subrogation is limited to situations in which the settlement or judgment received from a third party specifically identifies or allocates monetary sums directly attributable for expenses which the insurer paid benefits. The Insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

ASSIGNMENT. This policy is not assignable but benefits may be assigned.

CANCELLATION AND NON-RENEWAL.

Cancellation by the participating organization or Insured: The participating organization or Insured has the right to cancel this policy at any time by giving advance notice to the Insurer (stating when thereafter the cancellation shall be effective). Cancellation by the Insurer: The Insurer has the right to cancel this policy at any time and for any reason within the first sixty (60) days. The Insurer will mail all notice of cancellation thirty (30) days prior to the effective date of cancellation on a policy which has been in force sixty (60) days or less. A specific explanation for cancellation will be given. On a policy which has been in force sixty-one (61) days or more, the Insurer will mail advance notice of cancellation sixty (60) days prior to cancellation. After this policy has been in effect for sixty (60) days, it may be cancelled only for one of the following reasons: (a) Non-payment of premium; (b) The policy was obtained through a material misrepresentation; (c) Any participating organization or Insured violating any of the terms and conditions of the policy; (d) The risk originally accepted has measurably increased; All notices of cancellation will be mailed to the last mailing address known by the Insurer for the named participating organization or Insured. The Insurer will mail all notices of cancellation for nonpayment of premium ten (10) days in advance prior to cancellation.

Non-renewal by the Insurer:

The Insurer has the right to non-renew this policy effective on any annual policy anniversary date. All notices of non-renewal will be mailed to the participating organization or Insured at the last mailing address known to the Insurer, at least sixty (60) days prior to the effective date of non-renewal and shall provide a specific explanation of the reasons for non-renewal.

POLICY TERM. The period beginning on the effective date and continuing on a period indicated in the policy. The policy term shall automatically renew continuously for successive one-year periods (policy anniversary date), thereafter until cancelled or non-renewed pursuant to the terms of this policy.

WHEN AN INSURED'S COVERAGE BEGINS. All coverage (except Trip Cancellation) will take effect at 12:01 A.M. local time, at the location of the Insured, on the Scheduled Departure Date provided: (a) coverage has been elected; and (b) the required premium has been paid. Trip

Cancellation coverage will take effect at 12:01A.M. local time at the location of the Insured, on the day after the required premium for such coverage is received by the company or its authorized representative.

WHEN AN INSURED'S COVERAGE ENDS. An Insured's coverage will end at 11:59 local time on the date which is the earliest of the following: (a) the Scheduled Return Date as stated on the travel tickets; (b) the date the Insured returns to his/her origination point if prior to the Scheduled Return Date; (c) The date the Insured cancels their Covered Trip; (d) Any Trip that exceeds 365 days.

EXTENDED COVERAGE. All coverage under the policy will be extended, if: (a) the Insured's entire Trip is covered by the policy; and (b) the Insured's return is delayed by covered reasons specified under Trip Cancellation and Interruption or Travel Delay. If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date the Insured reaches his/her return destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

PREMIUMS. The Insurer provides insurance in return for premium payments. Premium must be remitted on behalf of the Insureds to the Insurer or to its authorized representative.

AMOUNT OF PREMIUM. The amount of premium due from the participating organization is calculated by multiplying the number of Insureds in each class by the amounts due for the benefits for that class and adding the total amounts due for each class. The amount of premium due for each Insured is obtained by adding the total rate charged for each benefit provided for that Insured.

MODE OF PREMIUM:

Insured: The required premium must be paid to the participating organization or its authorized representative prior to the Scheduled Departure Date of the covered Trip.

Participating Organization: The participating organization will pay the premium according to the schedule noted in the travel protection policy application.

PREMIUM RATE CHANGE. The Insurer has the right to change premium rates on any premium due date. The Insurer will give the participating organization thirty-one (31) days advance notice in writing of any such change. The Insurer can also change the rates when any change affecting rates is made in the policy.

ARBITRATION. Notwithstanding anything in this policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with its commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble, or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

CLAIMS. Death claims will be paid to the Insured's estate, unless we receive a written request from the Insured designating a named beneficiary. All other claims will be paid to the Insured. In the event the Insured is a minor, incompetent, or otherwise unable to give a valid release for the claim, the Insurer may make arrangement to pay claims to the Insured's legal guardian, committee, or other qualified representative. Any payment made in good faith will discharge the Insurer's liability to the extent of the claim. The claimant (either the Insured or someone acting for the Insured) must notify the Insurer or its designated agent in writing about the claim. Correspondence should be sent to the administrative office, at the address shown on the cover page of the policy or the Insurer's designated agent. Such notification should include the Insured's name, the participating organization's name and the policy number. The claimant should notify the Insurer within twenty (20) days after a covered loss occurs or as soon as reasonably possible.

NOTICE OF CLAIM. Written notice of claim must be given to the Insurer or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include the Insured's name and policy number.

PROOF OF LOSS. The claimant must send the Insurer, or its designated representative, proof of loss with ninety (90) days after a covered loss occurs or as soon as reasonably possible.

PAYMENT OF CLAIMS. The Insurer, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Insured's beneficiary. If a beneficiary is not otherwise designated by the Insured benefits for loss of life will be paid to the first of the following surviving preference beneficiaries: a) Your spouse; b) Your child or children jointly; c) Your parents jointly if both are living or the surviving parent if only one survives; d) Your brothers and sisters jointly; or e) Your estate. All other claims will be paid to the Insured. In the event the Insured is a minor, incompetent, or otherwise unable to give a valid release for the claim, the Insurer may make arrangement to pay claims to the Insured's legal guardian, committee, or other qualified representative. All or a portion of all other benefits provided by this policy may, at the option of the Insurer, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to the Insured. Any payment made in good faith will discharge the Insurer's liability to the extent of the claim. The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance policies. In no event will the Insurer reimburse the Insured for an amount greater than the amount paid by the Insured.

PHYSICAL EXAMINATION AND AUTOPSY. The Insurer, or its designated representative, at their own expense, have the right to have the Insured examined as often as reasonably necessary while a claim is pending. The Insurer, or its designated representative, also have the right to have an autopsy made unless prohibited by law.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverage only:

NOTICE OF LOSS. If the Insured's property covered under this policy is lost, stolen, or damaged, the Insured must: (a) notify the Insurer, or its authorized representative as soon as possible; (b) take immediate steps to protect, save, and/or recover the covered property; (c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage; (d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS. The Insured must furnish the Insurer, or its designated representative, with proof of loss. This must be a detailed sworn statement. It must be filed with the Insurer, or its designated representative within ninety (90) days from the date of loss. Failure to comply with these conditions shall invalidate any claims under this policy.

SETTLEMENT OF LOSS. Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Insurer and the Insurer has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. The Insured must present acceptable proof of loss and the value involved to the Insurer.

VALUATION. The Insurer will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

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

BENEFIT TO BAILEE. This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

Notice to State of Washington Residents: This is not Your insurance policy. To obtain Your state-specific insurance policy, call 1800-243-3174.

You are entitled to cancel the policy within 14 days of Your purchase date with a full refund provided You have not already departed on Your Trip. Under Accident and Sickness Medical Expense, You are eligible for coverage if You receive any treatment within 365 days of the Accident or 30 days of the onset of the Sickness.

“Excess Insurance Provision” is not applicable. Accidental Death benefits are provided if loss of life or limb is suffered within 365 days of the Accident.

IMPORTANT NOTICE: Payments for the plan will not be accepted after Your total tour cost has been paid in full.

Protection plan fees are non-refundable.

BENEFICIARY

Your estate, unless written notice of a designated beneficiary is provided to the Plan Administrator.

Plan is designed by Travel Insured International, Inc.®
This Insurance, under policy AIC-TRVL-P-NY (9/03) is underwritten by:
Arch Insurance Company, with its principal place of business in New York, NY.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy. In the event of any conflict between this Description of Coverage and the Master Policy, the policy will govern.