

DEFINITIONS

“Accident” means an unexpected, unintended, unforeseeable event causing Injury or property damage. The Accident must happen while the Insured is covered under the Policy.

“Baggage” means luggage and personal possessions, whether owned, borrowed, or rented, taken by the Insured on the trip.

“Complication of Pregnancy” means a condition requiring Hospital confinement, the diagnosis of which is distinct from pregnancy but adversely affected or caused by pregnancy, such as: (a) acute nephritis or nephrosis; (b) cardiac decompensation; (c) missed abortion; and (d) similar medical and surgical conditions of comparable severity. **Complications of Pregnancy will also include:** (a) non-elective cesarean section; (b) termination of ectopic pregnancy; and (c) spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible. **However, the term Complication of Pregnancy WILL NOT include:** (a) false labor, occasional spotting, or morning sickness; (b) Doctor prescribed rest; (c) hyperemesis gravidarum; (d) pre-eclampsia; or any similar condition associated with the management of a difficult pregnancy not consisting of a nosologically distinct Complication of Pregnancy.

“Default” means any failure of a provider of travel related services (including any tour operator) to provide the bargained-for travel services or to refund money due the Insured.

“Destination” means the place where the Insured expects to travel on his/her trip.

“Doctor” means a licensed practitioner of the healing arts, acting within the scope of his/her license. The treating Doctor may not be the Insured, Family Member or Traveling Companion.

“Family Member” means a Traveling Companion(s), and the Insured's or Traveling Companion's spouse, child, spouse's child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, or legal ward. It also means the Insured's business partner. (**“Business Partner”** means someone who is a majority stockholder, managing officer, or majority owner of the company.)

“Hospital” means a place that: (a) holds a valid license; (b) is run mainly for the care and treatment of sick or injured persons as inpatients; (c) has a staff of one or more Doctors available at all times; (d) provides 24-hour nursing service and has at least one registered nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on the premises or on a contract basis with another Hospital; and (f) is not mainly a clinic, or facility for nursing, rest or convalescence, or a place for the aged, drug addicts, alcoholics, or persons with mental or nervous disorders.

“Initial Trip Payment” means the date the first deposit is made to the Insured's Travel Agent toward the cost of his/her trip.

“Injury” means a bodily Injury, caused by an Accident and resulting directly and independently of all other causes in loss covered by the policy. The Accident must happen while the Insured is covered under this policy. Also requires treatment by a Doctor.

“Insured” means the person named by the tour operator as a participant in this insurance program.

“Insurer” means Insurance Company of North America.

“Medical Expenses” means reasonable and necessary costs of treatment for Injury or Sickness which are provided by a medical Doctor, dentist, or professional nurse on an emergency or urgent basis which are actually incurred by the Insured. **“Reasonable and Customary Expenses”** means the prevailing charge made by most providers of a given service in the geographic area where the service is received. In no event will the Reasonable and Customary Expenses exceed the actual amount charged.

“Return Destination” means the place to which the Insured expects to return from his/her trip.

“Sickness” means an illness, disease, or Injury which requires treatment by a Doctor. **“Strike”** means a stoppage of work (a) announced, organized, and sanctioned by a Labor Union and (b) which interferes with the normal departure and arrival of a common carrier. Included in the definition of Strike is work slowdowns and sickouts. **“Travel Agent”** means the Travel Agent, tour operator, or other entity from which the Insured purchases his/her coverage or travel arrangements, and includes all officers, employees, and affiliates of the Travel Agent or tour operator.

“Traveling Companion” means a person who accompanies the Insured on the entire trip and is named on the Insured's application for coverage and shares accommodations with him/her for the entire trip.

“Trip Completion Date” means the date on which the Insured is scheduled to return to the point where the trip started, or to a different specified Return Destination.

“Trip Departure Date” means the date on which the Insured is originally sched-

uled to leave on his/her trip.

“Unforeseen” means not anticipated or expected and occurring after the effective date of the policy.

INDIVIDUAL INSURANCE

Persons eligible for insurance under this policy are any traveler(s) who is a U.S. or Canadian resident who makes application for coverage and pays the premium providing they have not already departed on their trip.

Effective Date: Trip Cancellation Benefit will be effective on the earliest of: (a) the date the premium is paid; or (b) if purchased by phone via INSURE AMERICA®, at 12:01 a.m. on the date after the telephone date; or (c) if purchased by mail via INSURE AMERICA®, at 12:01 a.m. on the date after the postmark date.

All other coverages will begin on the latest of: (a) the date the premium is paid; or (b) the date and time the Insured starts his/her trip; or (c) the scheduled Trip Departure Date.

Termination Date: All coverage ends on the earlier of: (a) the date the trip is completed; (b) the scheduled Trip Completion Date; (c) the Insured's arrival at the Return Destination on a round trip, or the Destination on a one-way trip; or (d) cancellation of the trip covered by the policy.

This policy covers trips up to 180 days in length.

Extension of 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 unforeseeable circumstances beyond his/her control.

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.

GENERAL EXCLUSIONS

These exclusions apply to all benefits. In addition to any exclusions which apply to a particular benefit (called “Additional Exclusions”), this policy does not cover loss caused by:

(a) intentionally self-inflicted harm, suicide, or attempted suicide while sane or insane; (b) pregnancy or childbirth, or elective abortion, other than Complications of Pregnancy; (c) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same; (d) mountain climbing; (e) acts of war; (f) terrorism; (g) military duty or service; (h) operating or learning to operate any aircraft, as pilot or crew; (i) air travel on any air-supported device, other than a regularly scheduled airline or air charter company; (j) loss or damage caused by detention, confiscation, or destruction by customs; (k) any unlawful acts, committed by the Insured, a Traveling Companion, or a Family Member, whether insured or not; (l) nuclear reaction, radiation, or radioactive contamination; (m) civil disorder; (n) mental, psychological, or nervous disorders including anxiety, depression, neurosis, or psychosis; (o) if the Trip Departure Date and Trip Completion Date does not reflect the Insured's intent to start and end his/her trip on those dates; (p) if the Insured's tickets do not contain specific travel dates (open tickets); or (q) alcohol or substance abuse.

PRE-EXISTING MEDICAL CONDITION EXCLUSION APPLICABLE TO ALL COVERAGES

The Insurer will not pay for loss or expense incurred as the result of Injury or Sickness of an Insured or Family Member which manifests itself during the 60 days immediately preceding and including the Effective Date, unless the condition is controlled through the taking of prescription drugs or medication and remains controlled throughout the 60 day period. A Sickness has manifested itself when: (a) medical care or treatment has been given; or (b) there exist symptoms which would cause a reasonably prudent person to seek diagnosis, care, or treatment.

MAXIMUM LIMIT OF LIABILITY: All limits are applied per trip.

The Insurer's maximum limit of liability resulting from the same occurrence will be \$10,000,000 under the TGP policies. If loss for all Insureds from such an occurrence exceeds \$10,000,000, the Insurer will pay each Insured that proportion of the Benefits stated which \$10,000,000 bears to the total loss of all persons the Insurer insures under all travel and flight insurance in force, under the TGP policies. The Insurer will pay no more than \$250,000 per occurrence, under the TGP policies, to or on account of any person insured under the TGP policies.

TRIP CANCELLATION AND INTERRUPTION

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits if a trip is delayed, canceled or interrupted due to any of the follow-

ing unforeseen reasons: (a) unforeseen Sickness, Injury, or death of an Insured or Family Member. Injury or Sickness must be so disabling as to reasonably cause a trip to be delayed, canceled or interrupted; (b) weather conditions causing delay or cancellation of travel; (c) the Insured's home being made uninhabitable by fire, flood, vandalism, burglary or natural disaster; (d) the Insured being subpoenaed, required to serve on jury duty, hijacked or quarantined; or (e) being involved in or delayed due to a traffic accident en route to departure. This coverage does not cover loss caused by: (i) carrier-caused delays including an announced, organized, sanctioned union labor Strike that affects public transportation, unless the policy effective date is prior to when the Strike is foreseeable. A Strike is foreseeable on the date labor union members vote to approve a Strike; (ii) travel arrangements canceled or changed by an airline, cruise line, or tour operator, unless the cancellation is the result of bad weather; (iii) changes in plans by the Insured, a Family Member or Traveling Companion, for any reason; (iv) financial circumstances of the Insured, a Family Member, or a Traveling Companion; (v) any business or contractual obligations of the Insured, a Family Member or a Traveling Companion; (vi) Default by the person, agency, or tour operator from whom the Insured bought his/her coverage or purchased his/her travel arrangements; (vii) any government regulation or prohibition; (viii) an event or circumstance which occurs prior to the effective date of coverage.

Trip Cancellation Benefits: The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits for trips that are delayed or canceled before the scheduled Trip Departure Date.

The Insurer will pay forfeited, non-refundable prepaid deposits or payments, or unused prepaid payments or deposits if the Insured's trip is canceled due to the reasons shown at the beginning of this section.

The Insurer will pay the Insured's additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's trip is canceled due to reasons shown at the beginning of this section, and the Insured's trip is not canceled.

Trip Interruption Benefits: The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits for trips that have been interrupted or delayed, due to the reasons shown at the beginning of this section. The Insurer will pay for the following: (a) forfeited, non-refundable prepaid deposits or payments, or unused prepaid payments or deposits for the Insured's trip if the Insured's trip is interrupted; or (b) additional transportation expenses incurred by the Insured, either (i) to the Return Destination; or (ii) from the place that the Insured left the trip to the place that the Insured may rejoin the trip; (c) additional transportation expenses incurred by the Insured to reach the original Trip Destination if the Insured is delayed, and leaves after the Trip Departure Date. However, the benefit payable under (b) and (c) above will not exceed the cost of economy airfare (or first class if the Insured's original tickets were first class) by the most direct route, less any refunds paid or payable; (d) the Insured's additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's trip is interrupted, and the Insured's trip is continued.

TRAVEL DELAY

The Insurer will reimburse up to \$100 a day to the Maximum Limit shown on the Schedule of Benefits if the Insured's trip is delayed for more than 12 hours for reasonable, additional accommodation and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable for only one delay for all Insureds. Travel Delay must be caused by: (a) carrier delay; or (b) lost or stolen passport, travel documents, or money; or (c) quarantine; or (d) natural disaster; or (e) Injury or Sickness of the Insured or Traveling Companion.

LOSS OF BAGGAGE AND TRAVEL DOCUMENTS

The Insurer will reimburse up to the Maximum Limit shown on the Schedule of Benefits. The Insurer will pay all direct loss due to Accident to the Insured's Baggage, passports, and visas during the Insured's trip. The Insurer will also pay for loss due to unauthorized use of the Insured's credit cards, if the Insured has complied with all credit card conditions imposed by the credit card companies.

Continuation of Coverage: If the covered Baggage, passports, and visas are in the charge of a charter or common carrier, and delivery is delayed, this coverage will continue until such property is delivered to the Insured. This coverage does not include loss caused by the delay.

Property Not Covered: The Insurer will not pay for damage or loss of: (a) animals; (b) property used in trade, business, or for the production of income; (c) motor

vehicles, aircraft, and other conveyances; (d) artificial limbs, false teeth, any type of eyeglasses, sunglasses or contact lenses; (e) tickets, except for administrative fees required to reissue tickets; (f) money, stamps, stocks and bonds, postal or money orders; (g) property shipped as freight, or shipped prior to the Trip Departure Date; (h) credit cards, except as noted above; (i) contraband; (j) hearing aids.

Special Limitation: The Insurer will not pay more than \$500 for the first item and, thereafter, no more than \$250 per item up to the limit of coverage as defined in the Schedule of Benefits. Items over \$150 should be accompanied by original receipts. If receipts are not provided, benefits may be reduced.

Additional Exclusions: The Insurer will not pay this loss due to: (a) defective materials or craftsmanship; or (b) normal wear and tear; or (c) deterioration; or (d) rodents, animals, or insects.

Payment of Loss: The Insurer will pay, in cash, the cost of repair or replacement of the Insured's damaged Baggage, less depreciation; or at the Insurer's option the Insurer may repair or replace the Insured's Baggage. The Insurer will notify the Insured within 30 days after the Insurer receive his/her proof of loss. The Insurer may take all or part of the damaged Baggage at the appraised or agreed value. In the event of a loss to a pair or set of items, the Insurer may at the Insurer's option: (a) repair or replace any part to restore the pair or set to its value before the loss; or (b) pay the difference between the value of the property before and after the loss.

BAGGAGE DELAY

The Insurer will reimburse up to the Maximum Limit shown on the Schedule of Benefits for the cost of reasonable, additional clothing and personal articles purchased by the Insured during the trip, if the Insured's Baggage is delayed for more than 24 hours. Incurred expenses must be accompanied by receipts. This does not apply if Baggage is delayed after the Insured reaches his/her Return Destination.

MEDICAL EXPENSE BENEFIT

The Insurer will pay this benefit, up to the Maximum Limit shown on the Schedule of Benefits. The Insurer will pay for Medical Expenses incurred by the Insured within one year from the date of Injury or Sickness provided initial treatment was received during the trip. The Injury must occur or Sickness must begin while the Insured is covered by the policy.

Covered Expenses: The Insurer will pay the Insured's Reasonable and Customary medical and surgical expenses. The Insurer will pay emergency dental treatment only during a trip. Dental coverage does not apply if treatment or expenses are incurred after the Insured has reached their Return Destination regardless of the reason. The treatment must be given by a Doctor or dentist. The Insurer will pay for professional nursing, Hospital charges, X-ray, and ambulance services and prosthetic devices.

If the Insured is covered by any other group, blanket health, Accident insurance, or assistance plan, and would, as a result, receive total benefits in excess of the expenses actually incurred, the benefits the Insurer will pay will be reduced by such excess. The Insurer also will not pay for amounts paid or payable under any workers' compensation, disability benefit or similar law, or any services provided by the Insured or a Family Member.

EMERGENCY MEDICAL TRANSPORTATION

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits. The Insurer will arrange for emergency medical transportation services required by the Insured as the result of an Injury or Sickness during a trip.

Covered Expenses: The Insurer will arrange and pay: (a) Reasonable and Customary medical services required for evacuation to the nearest adequate medical facility or home if medically required. This service will be arranged only if the Insured's Doctor determines that adequate medical treatment is not locally available; (b) up to \$5,000 for Reasonable and Customary escort expenses incurred by Insured, if the Insured is disabled during a trip, and an escort is recommended, in writing, by a Doctor; (c) Reasonable and Customary services for transportation of the Insured's remains to his/her place of residence if he/she dies during a trip. Service must be provided by a provider designated by the Insurer. Timely notification by the Insured to the Insurer's designated provider is required.

Additional Benefit: In addition to the above Covered Expenses, if the Insurer have previously evacuated an Insured to a medical facility, the Insurer will pay his/her airfare costs from that facility to the Insured's Return Destination, within one year from the Insured's original Trip Completion Date, less refunds from the Insured's unused transportation tickets. Airfare costs will be economy, or first class if the Insured's original tickets are first class. This benefit is available only if it is not provided under another coverage in this policy.

Additional Exclusions: The Insurer also will not pay for services arranged without

the Insurer's prior consent or approval. If services provided are covered under any Worker's Compensation, disability law, or health or Accident insurance policy, then the Insured shall assign to the Insurer his/her rights to those benefits, to the extent they are provided. The Insurer may require autopsy where lawful. Timely notification by the Insured to the Insurer's designated provider is required.

ACCIDENTAL DEATH AND DISMEMBERMENT

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits if: (a) the Insured is injured in an Accident which happens while he/she is on a trip and covered under the policy; and (b) he/she suffers one of the losses listed below, within 180 days of the Accident.

The Principal Sum is shown on the Schedule of Benefits.

Loss:	Percentage of Principal Sum Payable
Life.....	100%
Both hands or feet, or sight of both eyes.....	100%
One hand and one foot.....	100%
One hand or one foot and sight of one eye.....	100%
One hand.....	50%
One foot.....	50%
Sight of One Eye.....	50%

If the Insured suffers more than one loss from an Accident, the Insurer will pay only for the loss with the larger benefit.

Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of an eye means complete and irrecoverable loss of sight.

Disappearance: If the Insured's body is not found within one year of the disappearance, forced landing, stranding, wrecking, or sinking of a conveyance in which he/she was an occupant, he/she will be presumed dead.

Additional Exclusion: The Insurer will not pay for loss caused by or resulting from Sickness of any kind. The Insurer may require autopsy where lawful.

TRAVEL GUARD® ASSISTANCE

All benefits provided are service benefits, not financial benefits. Any costs associated with benefits not purchased will be paid by the named Insured.

24-HOUR MEDICAL ASSISTANCE

24-Hour Medical Monitoring: Physicians monitor the Insured's condition by maintaining close contact with the attending physicians, his/her family Doctor, and Family Members.

Medical Evacuation: Arrangements for any and all means necessary to transport the Insured back home when medically necessary.

Emergency Medical Payments: If a Hospital demands a cash deposit or settlement prior to leaving, Travel Guard will assist in arranging the advancement of funds to cover on-site Medical Expenses.

Prescription Assistance: Replacement of lost or stolen medication, through a local pharmacy or special courier.

Transportation of Dependents: In the event of hospitalization, arrangements will be made for unattended minors traveling with the Insured to be flown home.

Family Visit: If the Insured is hospitalized for ten or more days, Travel Guard will arrange transportation for a Family Member or close friend to visit him/her.

Transportation of Mortal Remains: In the event of death while traveling, arrangements for the return of remains to the place of burial.

24-HOUR LEGAL ASSISTANCE

In a legal emergency, referral to a local legal advisor, and advance of funds for bail and legal fees.

24-HOUR TRAVEL ASSISTANCE

Travel Documents Assistance: Travel Guard will help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer: Travel Guard will facilitate the transfer of funds from the Insured's U.S. bank or credit card or from the account or credit card of a Family Member.

Emergency Message Center: Transmission of emergency messages to family and business associates.

Interpretation Services: Travel Guard provides emergency language support or referral to the appropriate local services.

24-HOUR LIVETRAVEL ASSISTANCE

Provides 24-hour assistance for emergency travel needs. Allows you to make emergency travel changes such as rebooking flights, making hotel reservations, tracking lost luggage, and replacing lost credit cards. Call 1-800-826-8597 for assistance.

LIVE MESSAGING

Relay of e-mail or phone message to family, friends or business associates.

EMERGENCY CASH TRANSFER

Assistance in coordinating an emergency cash advance.

PRE-TRIP TRAVEL ADVICE

Around-the-clock access to passport, visa, inoculation and vaccine requirements; travel advisories; embassy and consulate contacts; travel health advisories; weather and currency information – all for the Insured's planned Destination.

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: The Insured must call the Insurer as soon as reasonably possible, and be prepared with what coverage the loss was under (i.e. Medical Expense), the name of the company that arranged the trip (i.e. tour operator, cruise line, or charter operator), the trip dates and the amount that the Insured paid. The Insurer will complete the claim form and send it to the Insured for his/her review/signature. This completed form should be returned to Travel Guard Group, Inc., 1145 Clark Street, Stevens Point, Wisconsin 54481 (Telephone: 715-345-0505 or 800-826-7791). Insurer will then send the Insured claim forms.

Claim Procedures: Proof of Loss: The claim forms must be sent back to Insurer no more than 90 days after a covered loss occurs or ends, or as soon after that as is reasonably possible. All claims under this certificate must be submitted to Travel Guard no later than one year after the date of loss or insured occurrence or as soon as reasonably possible. If Insurer has not provided claims forms within 15 days after the notice of claim, other proofs of loss should be sent to Insurer by the date claim forms would be due. This proof of loss should include written proof of the occurrence, type and amount of loss.

Payment of Claims: When Paid: Claims will be paid as soon as the Insurer receives complete proof of loss and verification of age.

Payment of Claims: To Whom Paid: Benefits paid on account of an Insured's death will be paid to the beneficiary he/she has chosen. This choice must be in writing and filed with Insurer, or filed with Insured or Insured's administrator if Insurer has agreed in advance. If the Insured has not chosen a beneficiary, or if there is no beneficiary alive when he/she dies, Insurer will pay this benefit: 1) to his/her spouse, if living; 2) if not, in equal shares to his/her living children; 3) if there are none, in equal shares to his/her living parents; 4) if there are none, in equal shares to his/her living brothers and sisters; 5) if there are none, to his/her estate.

If a benefit is payable to the Insured's estate, or to a minor or other person who is incapable of giving a valid release, Insurer may pay up to \$500 to a relative or other person who has assumed care or custody of the minor. Any payment Insurer makes in good faith fully discharges Insurer to the extent of that payment. All other benefits will be payable to the Insured. However, if he/she has assigned his/her benefits, Insurer will honor the assignment, if Insurer has a signed copy of the assignment. A payment made pursuant to such an assignment shall discharge Insurer from further liability under the Policy to the extent of such payment. Under no circumstances shall Insurer be responsible for the validity or sufficiency of any such assignment.

Benefits for Medical Expense/Emergency Medical Transportation Services may be payable directly to the provider of the services. However, the provider: a) must comply with the statutory provision for direct payment, and b) must not have been paid from any other sources.

Problems with your insurance? If so, do not hesitate to contact the insurance company or agent to resolve your problem at 1145 Clark Street, Stevens Point, WI 54481 or call 1-888-826-1300.

GENERAL PROVISIONS

Acts of Agents - No agent or any person or entity has authority to accept service of the required proof of loss or demand arbitration on our behalf nor to alter, modify or waive any of the provisions of this policy.

Choice of Law - The terms, conditions, and provisions of this policy are governed by the substantive law of the State of Wisconsin, and all disputes hereunder shall be governed and determined by the law of the State of Wisconsin.

Concealment or Fraud - The Insurer does not provide coverage for the Insured if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to this policy or claim.

Dispute Resolution - All suits, actions or legal proceedings seeking determination of the rights and liabilities of the parties under this policy shall be submitted to binding arbitration in accordance with the rules maintained by the American

Arbitration Association. A written demand for arbitration hereunder must be made by the Insured and served upon the Insurer at 1145 Clark Street, Stevens Point, WI 54481, on or before three years from the date of the insured occurrence or be barred. No demand for arbitration can be brought to recover benefits unless 60 days have elapsed following written submission to the Insurer of the proof of loss information required above.

Examination Under Oath - As often as the Insurer may require, the Insured must submit to examinations under oath, and provide us with receipts, proofs of purchases, or other records.

Legal Actions - No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 12 months (or the minimum period of time permitted by state law, if greater) after the date claim forms are due.

Our Recovery Rights - In the event of a payment under this policy, the Insurer is entitled to all rights of recovery that the Insured, or the person to whom payment was made, has against another. The Insured must sign and deliver to the Insurer any legal papers relating to that recovery, do whatever is necessary to help the Insurer exercise those rights, and do nothing after the loss to harm our rights. When an Insured has been paid benefits under this policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the Insurer by the Insured and reimbursed to the Insurer the extent of the Insurer's payment.

Payment of Premium - Coverage is not effective unless all premium due has been paid to Travel Guard prior to a date of loss or insured occurrence.

Satisfaction Guaranteed - The Insurer is committed to providing products and services that will exceed expectations. If the Insured is not completely satisfied, he/she can receive a refund. Requests must be submitted to Travel Guard in writing within three days of the receipt of the policy, provided it is not past the original departure date.

Termination of the Policy - Termination of the policy will not affect a claim for loss which occurs while the policy is in force.

Transfer of Coverage - Coverage under the policy cannot be transferred by the Insured to anyone else without prior written consent.

Notice to Florida residents: The benefits of the policy providing your coverage are governed by the law of a state other than Florida.

Notice to New York residents: Not subject to the filing and/or approval requirements of New York State Insurance law and regulations with respect to policy and/or contract forms and rates.

Notice to Texas residents: This policy may provide a duplication of coverage already provided by your personal auto insurance, homeowners, personal liability policy, or other source of coverage.

END OF CERTIFICATE



A Division of
TRAVEL GUARD®
International



Underwritten by:
Insurance Company of North America
One of the ACE Group of Insurance
and Reinsurance Companies

ace usa

WHAT TO DO IF A PROBLEM OCCURS

When calling from the U.S., 1-888-826-1300.
When calling from abroad, call collect 715-345-0505.

We will coordinate your assistance needs
with the appropriate TGA Center.

Services are payable up to the amount of coverage in the insurance policy provided by TRAVEL GUARD® and/or INSURE AMERICA®. Failure to call TRAVEL GUARD® Assistance may invalidate any payments applicable on your claim. TGA shall not be responsible for the availability, quality, or results of any medical treatment or the failure of the insured person to obtain medical treatment.

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Travel Protection Plan

CERTIFICATE OF INSURANCE

Schedule of Benefits

Tour Cost Trip Cancellation & Interruption

\$ 500 Travel Delay (\$100 maximum per day)

\$ 1,000 Baggage & Travel Documents

\$ 100 Baggage Delay

\$10,000 Medical Expense

\$20,000 Emergency Medical Transportation

\$25,000 Accidental Death & Dismemberment

TRAVEL GUARD® Assistance

Livetravel

Live Messaging

Pre-trip Travel Advice

Emergency Cash Transfer

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

If insurance is purchased within 24 hours of Initial Trip Payment, the Pre-Existing Medical Condition Exclusion will be waived. This is applicable to all coverages contained in the policy. The Insured must be medically able to travel when you pay your premium. In the event a claim is filed, the Injury or illness must be substantiated to our Claims Department.

IMPORTANT — Exclusions apply to certain medical conditions.

For coverage questions or to request a claim form, call toll-free 1-888-826-1300. For emergency help while on your trip, see the information and phone numbers on the reverse side.

Blanket Travel Accident Insurance

This certificate describes the benefits and basic provisions of the policy. The Insured should read it with care so he/she will understand the coverage. The policy is the only contract under which benefits are paid.

PLEASE READ YOUR CERTIFICATE CAREFULLY!

Trustee of the TRAVEL GUARD

Blanket Insurance Trust (the Policyholder)

The ACE USA Company, which has issued the Travel Guard Program (TGP) policies, certifies that you, the Insured(s) named in the Individual Application (each herein called the Insured), are covered by the Group Policy. This coverage is subject to the exclusions shown and all other terms of the Policy. This certificate replaces any and all certificates which may have been issued to the Insured in the past under the Policy. The Insurer reserves the right to reject a claim if any information was false or omitted from the application.

Dennis B. Reding
Dennis B. Reding, President

- COVERAGE IS VALID ONLY IF PREMIUM HAS BEEN PAID -

PRODUCT NUMBER: 007715

In the event of a claim, please refer to the above Product Number.