

## TRAVEL INSURANCE CERTIFICATE

# Global Alert!

## basic coverage

### Important

Please read this Insurance Certificate/brochure carefully, as it is your evidence of coverage under the policy (once you have paid the appropriate premium).

### For Customer Service Call:

**1-800-423-3632**

### To Report A Claim Call:

**1-877-452-5378**

**For Emergency Assistance  
During Your Trip, See Page 20**

**www.tripinsurance.com**

### IMPORTANT ELIGIBILITY NOTICE

Global Alert! Basic is only available for: 1) citizens or residents of the USA or Canada; 2) trips costing \$15,000 or less; and 3) trips of 30 days or less duration. Eligibility for purchase will be confirmed at time of claim. If it is determined that a person or trip is not eligible for coverage as detailed above, any claim for benefits will be denied and premium will be refunded.

### Your Satisfaction Is Important To Us

If you are not satisfied for any reason, you may return your certificate/brochure (and confirmation receipt) to M.H. Ross Travel Insurance Services within 10 days after receipt. Your premium will be refunded, provided you have not already departed on your Trip or filed a claim. When so returned, the certificate/brochure is void from the beginning.

### General Policy Provisions

**Duplication of Coverage** You may only purchase one certificate from us for each Trip. If you do purchase more than one certificate for a specific Trip, the Maximum Limit of Coverage payable will be as specified in the certificate with the highest level of benefits. We will refund premium received from you under any other certificate.

**Entire Contract-Changes** Any statement you make is a representation and not a warranty. No statement will be used by us to void or reduce benefits unless that statement is a part of any written application or enrollment form. No agent or other person may change the policy or waive any of its terms.

**Maximum Limit of Coverage** The total limit of our liability for any one covered occurrence, in which two or more persons submit a claim, is subject to the individual benefit amount and the company's Maximum Limit of Liability. In the event of multiple claims for one occurrence, the available funds will be distributed in order of notice of claim by each insured subject to the above limitations.

**Maximum Limit of Liability** All limits are applied per Trip. We will pay no more than \$1,000,000 per occurrence to or on account of any person insured under the policy. Our Maximum Limit of Liability for all claims resulting from the same occurrence will be \$10,000,000 collectively under the TAHC series of policies.

**Notice of Claim** We must be given written notice of claim within 180 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

**Our Right To Recover From Others** We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our right.

### Pay Your Premium within 15 Days of Your Initial Trip Deposit and ...

#### The Exclusion for Pre-Existing Conditions will be waived if:

- 1) Your enrollment form and premium payment is received (or, if mailed, is post-marked) within 15 days of the date your initial Trip deposit is received;
- 2) You insure all prepaid Trip costs that are subject to cancellation penalties or restrictions and also insure within 15 days of the payment for those arrangements the cost of any subsequent arrangements (or any other arrangements not made through your travel agent) added to your Trip; and
- 3) You are not disabled from travel at the time you pay your premium.

See Page 12 for the Pre-Existing Condition definition which details the Pre-Existing Conditions that are excluded.

#### Coverage for Financial Insolvency is included under the Pre-Departure Trip Cancellation and Post-Departure Trip Interruption Benefits, if:

Your enrollment form and premium payment is received (or, if mailed, is post-marked) within 15 days of the date your initial Trip deposit is received.

See Page 9 for the definition of Financial Insolvency which details the coverage provided.

#### Coverage for a Terrorist Act is included under the Pre-Departure Trip Cancellation and Post- Departure Trip Interruption Benefits, if:

Your enrollment form and premium payment is received (or, if mailed, is post-marked) within 15 days of the date your initial Trip deposit is received.

See Pages 10 & 11 for the definition of Other Covered Events (item #4G) which details the coverage provided.

## Benefit Schedule

<b>Global Alert! Basic Protection Plan Benefits</b>	<b>MAXIMUM BENEFIT</b>
Pre-Departure Trip Cancellation	Up To Trip Cost*
Post-Departure Trip Interruption	Up To Trip Cost*
Travel Delay (8 Hours or More)	\$100 Per Day \$500 Maximum
Medical Expense/Emergency Assistance	
Accident & Sickness Medical Expenses	\$25,000
Emergency Medical Evacuation & Repatriation of Remains	\$50,000
<b>On Call 24-Hour Assistance Service</b>	Included
Baggage and Personal Effects	\$1,000
Baggage Delay (12 Hours or More)	\$250

### \* Important Purchase Reminder

If you insure an amount less than your total prepaid Trip costs that are subject to cancellation penalties or restrictions the maximum benefit for Pre-Departure Trip Cancellation and Post-Departure Trip Interruption will be limited to the amount of coverage you purchased.

## Description of Coverages

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## Who Is Eligible For Coverage

A person who has arranged to take a Trip, completes the enrollment form and pays the required premium, and is a citizen or resident of the United States of America or Canada.

## When Coverage Begins

The Pre-Departure Trip Cancellation Benefit is effective on the earlier of: 1) at 12:01 A.M. Standard Time on the day after the date the premium is received by M.H. Ross Travel Insurance Services; or 2) if mailed, at 12:01 A.M. Standard Time on the day after the postmark date. Post-Departure Trip Interruption coverage will take effect on the Scheduled Departure Date.

All coverages (except Pre-Departure Trip Cancellation and Post-Departure Trip Interruption) will take effect on the later of: 1) the date the premium has been received; 2) the date and time you start your Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Trip.

## When Coverage Ends

Your coverage automatically ends on the earlier of: 1) the date the Trip is completed; 2) the Scheduled Return Date; 3) on your arrival at the return destination on a round-trip, or the destination on a one-way trip; 4) cancellation of the Trip covered by the Policy. Termination of the policy will not affect a claim for loss that occurs after premium has been paid. All coverages under the policy will be extended if your entire Trip is covered by the policy and your return is delayed by unavoidable circumstances beyond your control. If coverage is extended for the above reasons, coverage will end on the earlier of the date you reach your originally scheduled return destination or seven (7) days after the Scheduled Return Date.

## Summary of Coverages

Please see the Definitions, page 12, for an explanation of Pre-Existing Conditions which are excluded under the Pre-Departure Trip Cancellation, Post-Departure Trip Interruption, Travel Delay and Medical Expense/Emergency Assistance Benefits. (Unless this exclusion is waived - see Page 14 for details about the Pre-Existing Conditions Exclusion Waiver).

## Pre-Departure Trip Cancellation

We will pay a Pre-Departure Trip Cancellation Benefit, up to the amount in the Schedule, if, for a covered reason that occurs before departure on your Trip and while coverage is in effect, you are prevented from taking your Trip.

**Covered reasons for Pre-Departure Trip Cancellation:** Sickness; Injury; Mental, Nervous, or Psychological Disorders requiring inpatient hospitalization of three (3) days or more; death of you, an Immediate Family Member, Traveling Companion, or Business Partner; death or hospitalization of your Host, as defined; or Other Covered Events, as defined. The Sickness or Injury must: a) commence while your coverage is in effect under the policy; b) require the examination and treatment by a Physician at the time the Trip is canceled; and c) in the written opinion of the treating Physician, be so disabling as to prevent you from taking your Trip.

**Pre-Departure Trip Cancellation Benefits:** If you cancel your Trip for a covered reason, we will reimburse you, up to the amount in the Schedule for the amount of prepaid, forfeited, non-refundable Payments or Deposits that you paid for your Trip.

We will pay your 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 and your Trip is not canceled.

## Post-Departure Trip Interruption

We will pay a Post-Departure Trip Interruption Benefit, up to the amount in the Schedule, if for a covered reason: 1) your arrival on your Trip is delayed beyond the Scheduled Departure Date or 2) you are unable to continue on your Trip after you have departed on your Trip.

### Covered reasons for Post-Departure Trip Interruption:

Sickness, Injury, or death of you, an Immediate Family Member, Traveling Companion, or Business Partner; or for Other Covered Events, as defined. For item 1) above, the Sickness or Injury must: a) commence while your coverage is in effect under the policy; b) for item 2) above, commence while you are on your Trip and your coverage is in effect under the policy; and c) for both items 1) and 2) above, require the examination and treatment by a Physician at the time the Trip is interrupted or delayed; and d) in the written opinion of the treating Physician, be so disabling as to delay your arrival on your Trip or to prevent you from continuing your Trip.

**Post-Departure Trip Interruption Benefits:** If you interrupt your Trip for a covered reason, we will reimburse you, less any refund paid or payable, for prepaid, unused land or water travel arrangements, plus one of the following:

- 1) the additional transportation expenses by the most direct route from the point you interrupted your Trip: a) to the next scheduled destination where you can catch up to your Trip; or b) to the final destination of your Trip; or
- 2) the additional transportation expenses incurred by you by the most direct route to reach your original Trip destination if you are delayed and leave after the Scheduled Departure Date.

However, the benefit payable under (1) and (2) above will not exceed the cost of a one-way economy air fare (or first class, if the original tickets were first class) by the most direct route less any refunds paid or payable for your unused original tickets.

- 3) your 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 your Trip is continued.

## Travel Delay

If your Trip is delayed for 8 hours or more, we will reimburse you, up to the amount shown in the Schedule for reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

## Travel Delay must be caused by or result from:

- 1) Common Carrier delay; or
- 2) loss or theft of your passport(s), travel documents or money; or
- 3) quarantine (except as the result of an epidemic or pandemic); or
- 4) hijacking; or
- 5) natural disaster or closure of public roadways by government authorities due to adverse weather; or
- 6) Injury or Sickness of you, an Immediate Family Member traveling with you, or a Traveling Companion; or
- 7) death of you, an Immediate Family Member traveling with you, or a Traveling Companion.

## Medical Expense/Emergency Assistance

We will pay this benefit, up to the amount on the Schedule for the following Covered Expenses incurred by you, subject to the following:

- 1) Covered Expenses will only be payable at the Usual and Customary level of payment;
- 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip;
- 3) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you. We will pay that portion of Covered Expenses which exceed the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance provisions.

## Covered Expenses for Accident and Sickness Medical Expense means:

- 1) expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services, incurred by you during your Trip;
- 2) expenses for emergency dental treatment incurred by you during a Trip (expenses incurred for dental treatment after your Trip ends are not covered);

- 3) expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
- 4) expenses for transportation not to exceed the cost of one-way economy class air fare to your place of residence in the United States of America or Canada, including escort expenses, if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to the Program Medical Advisors' prior approval.

## Covered Expenses for Medical Evacuation and Return of Remains means:

- 1) expenses incurred by you for Physician-ordered emergency Medical Evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to the Program Medical Advisors' prior approval;
- 2) expenses incurred for non-emergency Medical Evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence in the United States of America or Canada, when deemed medically necessary by the attending Physician, subject to the Program Medical Advisors' prior approval;
- 3) expenses for one-way economy class air fare (or first class, if your original tickets were first class) to your place of residence in the United States of America or Canada, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the policy;
- 4) repatriation expenses for preparation and air transportation of your remains to your place of residence in the United States of America or Canada, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the United States of America or Canada.

## Baggage and Personal Effects

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your Baggage, passports or visas during your Trip. We will also pay for loss due to unauthorized use of your credit cards, if you have complied with all of the credit card conditions imposed by the credit card companies.

**Items Subject to Special Limitations:** We will not pay more than \$500 on all losses to jewelry; watches; precious or semi-precious gems; decorative or personal articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; computer, digital or electronic equipment and media; and articles consisting in whole or in part of fur. Items not included above are subject to a \$250 per item limit.

**Valuation and Payment of Loss:** Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon an Actual Cash Value basis. For claimed items without original receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss. At our option, we may elect to repair or replace your Baggage. We will notify you within 30 days after we receive your proof of loss. We may take all or part of a damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, we will: 1) repair or replace any part to restore the pair or set to its value before the loss; or 2) pay the difference between the value of the property before and after the loss.

**Items Not Covered:** We will not pay for damage to or loss of: animals; property used in trade, business or for the production of income, household furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof; boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances or equipment, or parts for such conveyances; artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses; documents or tickets, except for administrative fees required to reissue tickets; money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps or credit cards, except as noted above; property shipped as freight or shipped prior to the Scheduled Departure Date; contraband.

**Losses Not Covered:** We will not pay for loss arising from: defective materials or craftsmanship; or normal wear and tear, gradual deterioration, inherent vice; or rodents, animals, insects or vermin; or theft or pilferage from an unattended vehicle; or mysterious disappearance; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

**Continuation of Coverage:** If the covered Baggage, passports or visas are in the custody of a Common Carrier, and delivery is delayed, this coverage will continue until the property is delivered to you. This continuation of coverage does not include loss caused by or resulting from the delay.

**Notice to Florida Residents:** Your homeowners policy, if any, may provide coverage for loss of personal effects. You are not required to purchase baggage insurance in connection with purchase of tickets or with the lease or rental of a motor vehicle.

### Baggage Delay

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule for the cost of reasonable additional clothing and personal articles purchased by you, if your Baggage is delayed for 12 hours or more during your Trip.

We will also reimburse you up to \$25 for expenses incurred during your Trip to expedite the return of your delayed Baggage.

This coverage terminates upon your arrival at the return destination of your Trip.

### Definitions

In this Policy, "you", "your" and "yours" refer to the Insured. "We", "us" and "our" refer to the company providing this insurance. In addition certain words and phrases are defined as follows:

**"Accident"** means a sudden, unexpected, unintended and external event, which causes Injury.

**"Actual Cash Value"** means current replacement cost for items of like kind and quality less depreciation.

**"Air Carrier"** means any air conveyance operated under a license for the transportation of passengers for hire.

**"Baggage"** means luggage, personal possessions and travel documents taken by you on the Trip.

**"Business Partner"** means an individual who is involved, as a partner, with you in a legal general partnership and shares in the management of the business.

**"Care Giver"** means an individual employed for the purpose of providing assistance with activities of daily living to the you or to your Immediate Family Member who has a physical or mental impairment. The Care Giver must be employed by you or your Immediate Family Member. A Care Giver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living or skilled nursing personnel.

**"Common Carrier"** means any land, water or air conveyance operated under a license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

**"Domestic Partner"** means a person who is at least eighteen years of age and you 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 cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**"Elective Treatment and Procedures"** means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

**"Exotic Vehicle"** includes Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Citroen, Clenet, Corvette, Cosworth, De Lorean, Excalibre, Ferrari, Iso, Jaguar, Jensen Healy, Lamborghini, Lancia, Lotus, MG, Maserati, Mercedes Benz, Morgan, Pantera, Panther, Pininfarina, Porsche, Rolls Royce, Rover, Stutz, Sterling, Triumph, TVR or any vehicle with an MSRP of \$35,000 or more.

**"Financial Insolvency"** means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by a tour operator, cruise line, or airline provided the Financial Insolvency occurs more than 15 days following your effective date for the Trip Cancellation Benefits. There is no coverage for the Financial Insolvency of any person, organization, agency or firm from whom you purchased travel arrangements supplied by others.

**"Home"** means your primary or secondary residence.

**"Hospital"** means an institution, which meets all of the following requirements: 1) it must be operated according to law; 2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis; 3) it must provide diagnostic and surgical facilities supervised by Physicians; 4) registered nurses must be on 24 hour call or duty; and 5) the care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis. A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

**"Host"** means a person with whom you are sharing pre-arranged overnight accommodations at the host's principal place of residence.

**"Immediate Family Member"** includes your or the Traveling Companion's spouse, child, spouse's child, son-daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, guardian, Care Giver, Domestic Partner, foster-child, or ward.

**"Injury"** means bodily harm caused by an accident which: 1) occurs while your coverage is in effect under the policy; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**"Insured"** means an Eligible Person who arranges a Trip, completes any required enrollment form, and pays any required premium.

**"Insurer"** Stonebridge Casualty Insurance Company, Columbus, OH.

**"Medical Evacuation"** means Physician-ordered, medically appropriate transportation from the place where you suffer a Sickness or Injury to the nearest medical facility where medically suitable medical care is available or Home as approved by the Program Medical Advisors. An unscheduled return by the same or like mode of transportation as originally scheduled is not a Medical Evacuation.

**"Mental, Nervous, or Psychological Disorder"** means a mental or nervous health condition including, but not limited to: anxiety, depression, neurosis, phobia, psychosis; or any physical manifestation related thereto.

**"Other Covered Events"** means only the following unforeseeable events or their consequences which occur while coverage is in effect under this Policy:

1. Air Carrier delays resulting from inclement weather, mechanical breakdown of the aircraft on which you are scheduled to travel or organized labor strikes that affect public transportation;
2. arrangements canceled by an airline, cruise line, or tour operator resulting from inclement weather, mechanical breakdown of the aircraft on which you are scheduled to travel, organized labor strikes that affect public transportation, or a government-mandated shut down of an airport or air traffic control system for reasons other than a Terrorist Act or an act of war;

**Items #1 and #2 above apply only to Post-Departure Trip Interruption Benefits and are subject to a maximum limit of \$500.**

3. arrangements canceled by an airline, cruise line or tour operator resulting from Financial Insolvency as defined.

**Item #3 above is subject to your premium being received within 15 days of the initial deposit/payment for your Trip.**

4. a change in plans by you, an Immediate Family Member traveling with you, or Traveling Companion resulting from one of the following events which occurs while coverage is in effect under this Policy:
  - a) being directly involved in a documented traffic accident while en route to departure;
  - b) being hijacked, quarantined (except as the result of an epidemic or pandemic), required to serve on a jury, or required by a court order to appear as a witness in a legal action, provided you, an Immediate Family Member traveling with you or a Traveling Companion is not 1) a party to the legal action, or 2) appearing as a law enforcement officer;
  - c) your Home, workplace or Trip destination is made uninhabitable by vandalism, burglary, fire, flood, volcano, earthquake, hurricane or other natural disaster;
  - d) being called to the emergency service of government in the case of military, police or fire personnel to provide aid or relief in the event of a natural disaster;
  - e) a documented theft of passports or visas;
  - f) a transfer of employment of 250 miles or more;
  - g) a Terrorist Act which occurs in your departure city or in a city which is a scheduled destination for your Trip provided: 1) The Terrorist Act occurs within 30 days of the Scheduled Departure Date for your Trip; and 2) Your premium is received within 15 days of the initial deposit/payment for your Trip;
  - h) a cancellation of your Trip if your arrival on the Trip is delayed and causes you to lose 50% or more of the scheduled Trip duration due to the reasons covered under items #1 and #2 above;
  - i) your involuntary termination of employment or layoff which occurs more than 30 days after your effective date of coverage and was not under your control. You must have been continuously employed with the same employer for 2 years prior to the termination or layoff. This provision is not applicable to temporary employment, independent contractors or self-employed persons.

**"Other Valid and Collectible Group Insurance"** means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

**"Payments or Deposits"** means the cash, check, or credit card amounts actually paid for your Trip. Payments made in the form of a certificate, voucher or discount are not Payments or Deposits as defined herein.

**"Physician"** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or an Immediate Family Member of yours.

**"Policy"** means the contract issued to the Policyholder providing the benefits specified herein.

**"Policyholder"** means the legal entity in whose name this Policy is issued, as shown on the Declarations.

**"Pre-Existing Condition"** means an illness, disease, or other condition during the 60 day period immediately prior to your effective date for which you or your Traveling Companion, Business Partner or Immediate Family Member scheduled or booked to travel with you:

- 1) received or received a recommendation for a diagnostic test, examination, or medical treatment; or
- 2) took or received a prescription for drugs or medicine.

Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before coverage is effective under this policy.

**"Program Medical Advisors"** means ON CALL International, LLC.

**"Scheduled Departure Date"** means the date on which you are originally scheduled to leave on your Trip.

“Scheduled Return Date” means the date on which you are originally scheduled to return to the point where the Trip started or to a different final destination.

“Scheduled Trip Departure City” means the city where the scheduled trip on which you are to participate originates.

“Sickness” means an illness or disease of the body which: 1) requires examination and treatment by a Physician, and 2) commences while the insurance is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the effective date of this insurance is not a Sickness as defined herein and is not covered by the policy.

“Terrorist Act” means an act of violence, other than civil disorder or riot, (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

“Traveling Companion” means up to six persons whose names appear with yours on the same Trip arrangement and who, during the Trip, will accompany you. A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit, or other lodging with you.

“Trip” means a scheduled trip for which coverage is elected and the premium paid, and all travel arrangements are arranged prior to the Scheduled Departure Date of the Trip.

“Usual and Customary Charge” means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 90th percentile.

## Policy Exclusions

The following exclusion applies to the Medical Expense/ Emergency Assistance, Pre-Departure Trip Cancellation, Post-Departure Trip Interruption, and Travel Delay coverages:

1. We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in the policy, including death that results therefrom. This Exclusion does not apply to benefits under Covered Expenses for Medical Evacuation, item #1 (emergency Medical Evacuation) or item #4 (Repatriation of Remains) of the Medical Expense/ Emergency Assistance Benefits coverage.

## Pre-Existing Conditions Exclusion Waiver

The Exclusion for Pre-Existing Conditions will be waived if:

- 1) Your enrollment form and your premium payment is received (or, if mailed, is postmarked) within 15 days of the date your initial Trip deposit is received;
- 2) You insure all prepaid Trip costs that are subject to cancellation penalties or restrictions and you also insure within 15 days of the payment for those arrangements the cost of any subsequent arrangements (or any other arrangements not made through your travel agent) added to your Trip; and
- 3) You are not disabled from travel at the time you pay your premium.

The following exclusion applies to all coverages:

2. We will not pay for any loss under the policy, caused by, or resulting from:
  - a) suicide, attempted suicide, or intentionally self-inflicted injury of you, a Traveling Companion, Immediate Family Member, or Business Partner booked to travel with you, while sane or insane (while sane in CO & MO);
  - b) a Mental, Nervous, or Psychological Disorder, except as otherwise covered for Pre-Departure Trip Cancellation;
  - c) being under the influence of drugs or intoxicants unless prescribed by a Physician;
  - d) normal pregnancy or resulting childbirth or elective abortion;
  - e) participation as a professional in athletics;
  - f) participation in organized amateur and interscholastic athletic or sports competition or events;
  - g) riding or driving in any motor competition;
  - h) declared or undeclared war, or any act of war;
  - i) civil disorder (does not apply to Travel Delay);
  - j) service in the armed forces of any country;
  - k) nuclear reaction, radiation or radioactive contamination;
  - l) operating or learning to operate any aircraft, as pilot or crew;
  - m) mountain climbing, bungee cord jumping, heli-skiing, extreme skiing or skiing outside marked trails, caving or spelunking, skydiving, parachuting, hang gliding, parasailing, hot air ballooning or travel on any air supported device, other than on a regularly scheduled airline or air charter company;

- n) any unlawful acts, committed by you or a Traveling Companion (whether insured or not);
- o) any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
- p) a loss or damage caused by detention, confiscation or destruction by customs;
- q) Elective Treatment and Procedures;
- r) epidemic and/or pandemic;
- s) medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
- t) Financial Insolvency which occurred, or for which a petition for bankruptcy was filed by a tour operator, cruise line or airline before your effective date for the Trip Cancellation Benefits, or Financial Insolvency which occurs within 15 days following your effective date for the Trip Cancellation Benefits, or Financial Insolvency of any person, organization, agency or firm from whom you purchased travel arrangements supplied by others;
- u) failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements other than Financial Insolvency;
- v) business, contractual or educational obligations of you, an Immediate Family Member, Business Partner, or Traveling Companion;
- w) a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the policy is not in effect for you.

**Important Note:** Exclusion 2, Item w applies to you, an Immediate Family Member, Traveling Companion, or Business Partner.

## Where to Present a Claim

All claims should be presented to the Program Administrator:

**Trip Mate** (In CA, dba Trip Mate Insurance Agency)  
9225 Ward Parkway, Suite 200  
Kansas City, Missouri 64114

**1-877-452-5378 (Toll Free)**

**When calling, refer to Plan Number: 901B**

Claims may also be reported online and claim forms downloaded at [www.tripmate.com](http://www.tripmate.com).

## **Your Duties in the Event of a Loss**

You must provide with your claim submission:

### **For Trip Cancellation and Interruption Claims:**

1. all invoices, canceled checks and/or credit card statements documenting your payment(s) for the Trip and the travel protection plan;
2. a copy of the supplier's literature describing the penalties assessed in the event travel arrangements are canceled or interrupted;
3. all invoices, canceled checks and/or credit card statements documenting refund(s) received or due;
4. all original, unused non-refundable travel documents or tickets;
5. a completed claim form (including the Attending Physician's Statement and a signed Authorization for Release of Information, if applicable) and any other official documentation to substantiate the reason for the cancellation or interruption; and
6. any other written documentation which may be required by us to substantiate the claim.

**You must return all refundable travel documents or tickets to the issuing party and/or travel supplier.**

### **For Medical Expense Claims:**

1. all receipts, itemized bills and reports for medical and/or dental expenses claimed;
2. any requested information, including but not limited to, an explanation of benefits from any other applicable insurance;
3. a signed patient authorization to release any information we require to investigate your claim.

### **For Travel Delay Claims:**

1. a written report from a common carrier, police or other party that documents the cause and length of the your Travel Delay; and
2. all receipts for additional expenses incurred during your Travel Delay.

### **For Baggage Delay Claims:**

1. a written report from a common carrier or other party that documents the length of your Baggage Delay; and
2. all receipts for additional items purchased during your Baggage Delay.

## **For Baggage Claims:**

1. copies of the written reports of loss to local authorities and/or any responsible party; and
2. when applicable, the responsible party's disposition of your claim.

In case of loss, theft or damage to Baggage and Personal Effects, you must: 1) immediately report the incident to the appropriate local authorities (i.e. local police or other local government authorities) and obtain a written report to include the value and description of the property loss; and/or 2) report the loss to any responsible party (i.e. hotel manager, tour guide or representative, airline, cruise line, bus line or other transport official), and obtain a written report of the loss to include the value and description of the property. We will not pay for further damage if you fail to take reasonable steps to protect your Baggage after a loss.

### **Global Alert! Basic is Underwritten By:**

Stonebridge Casualty Insurance Company, Columbus, Ohio; (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000. In CA, CT, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OH, OR, VT, WA and WY Policy Form #'s TAHC5100IPS and TAHC5200IPS.

**Notice:** If you are a resident of one of the following states (IL, IN, KS, LA, OH, OR, VT, WA, WY) your coverage is provided on an individual policy form. Your policy number is your complete Name plus 901B. Additional information about your policy is available at [www.tripmate.com](http://www.tripmate.com). You can also request this information by calling Trip Mate at 1-877-452-5378.

**In Canada:** Life Investors Insurance Company of America (except Baggage & Personal Effects and Baggage Delay) & Legacy General Insurance Company, Markham, Ontario (Baggage & Personal Effects and Baggage Delay).

**For California Residents:** This policy contains disability insurance benefits or health insurance benefits, or both, that apply only during a covered Trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

## **On Call 24 Hour Assistance Services**

While we strive to provide help and advice for problems encountered by travelers wherever or whenever they occur, situations may arise beyond our control when immediate resolution is not possible. We will make every reasonable effort to refer you to appropriate medical and legal providers, but neither the Insurer nor ON CALL INTERNATIONAL may be held responsible for the availability, quality or results of any medical treatment or your failure to obtain medical treatment.

**The 24 Hour Assistance Services are provided by:**  
On Call International, LLC

### **Medical Assistance**

Our multi-lingual professionals are available 24 hours a day to provide help, advice and referrals for medical emergencies. We will help you locate local physicians, dentists, or medical facilities.

### **Medical Consultation and Monitoring**

If you are hospitalized, we will contact you and your treating physician to monitor your condition to assure you are receiving appropriate care and assess the need for further assistance. We will also contact your personal physician and family at home when necessary or requested to keep them informed of your situation.

### **Medical Evacuation**

When medically necessary, we will arrange and pay for appropriate transportation, including an escort, if required, to a suitable hospital, treatment facility or home. Payment for Medical Evacuation is available only for covered claims and up to the amount of coverage provided in the policy. All medical transportation services must be authorized and arranged by ON CALL. In the event of an unauthorized Medical Evacuation, reimbursement may be limited or coverage may be invalidated.

### **Emergency Medical Payments**

We will assist you in the advancement of funds or guarantee payments (up the policy limits) to a hospital or other medical provider, if required, to secure your admission, treatment or discharge.

### **Prescription Assistance**

We will assist you with replacing medications that are lost, stolen or spoiled during your Trip, either locally or by special courier.

## Dependent Transportation and Family Visits

When a minor (age 18 or younger) is left unattended on a Trip due to hospitalization or death of the accompanying adult, we will arrange for his or her return home, including escort expenses. If you are traveling alone and hospitalized 7 days or more, we will arrange transportation for a person you choose to visit you.

## Repatriation of Remains

In the event of death while on a Trip, we will arrange for the preparation and transportation required to return your remains to your Home.

## 24 Hour Legal Assistance

If, while on your Trip, you encounter legal problems we will help you find a local legal advisor. If you are required to post bail or provide immediate payment of legal fees, we will assist you in arranging a funds transfer from family or friends.

## One Call 24-Hour Travel Solutions

We provide 24-Hour assistance for your travel needs before, during and after your Trip. You can travel with peace of mind knowing that **our professional help is just one phone call away.**

## 24-Hour Travel Assistance Services

### Message Services

We will transmit emergency messages to family, friends or business associates. We will advise you if we have difficulty delivering your message and let you know that the message has been received. We will also relay non-emergency e-mail or phone messages on your behalf at any time during your Trip.

### Language Interpretation Services

We provide interpretation services in major languages and will refer you to appropriate local services, if needed.

### Emergency Cash Transfer

We will help arrange an emergency cash transfer (wire transfer, travelers checks, etc.) of your funds from home or from friends or family in medical or travel emergency situations where additional funds are required.

## Pre-Trip Travel Services

We provide 24-Hour information, help and advice for your planned Trip such as: passport and visa information, requirements and replacement; travel health information or advisories; vaccine recommendations and requirements; government agency contact information (i.e. embassies, consulates, and other departments or agencies); weather and currency information.

## Nurse Helpline

Registered nurses are available 24-Hours a day before and during your trip to provide general health information, clinical assessment, and health counseling to give you assistance in making appropriate healthcare decisions.

## Travel Document and Ticket Replacement

When important travel documents (such as passports and visas) are lost or stolen, we will help you to secure replacements. We will also help you when airline or other travel tickets are lost or stolen. We will assist you with reporting your loss, reissuing tickets and obtaining the money required for this purpose (you are responsible for providing the funds).

## Concierge Services

- Restaurant, shopping and hotel recommendations and reservations
- Local transport (rental car/limousine, etc.) information and reservations
- Sporting, theatre, night life and event information (sports scores, stock quotes, gift suggestions, etc.), recommendations and ticketing
- Golf course information, referrals, recommendations and tee times
- Tracking and assisting with the return of lost or delayed baggage

## Contacting On Call's 24-Hour Service Center

When outside the USA or Canada, call us collect through a local operator (you will first have to enter the International Access Code of the country you are calling from). Within the USA or Canada, use the toll free number.

**Within U.S.A. & Canada    Outside U.S.A. & Canada**  
**1-800-555-9095                      1-603-894-4710**

**YOUR PLAN NUMBER: 901B**

## Global Alert! Basic PREMIUM RATE TABLE

FOR TRIPS 30 DAYS OR LESS

TRIP COST PER PERSON	UP TO AGE 30	AGE 31 TO 55	AGE 56 TO 65	AGE 66 TO 75	AGE 76 TO 80	AGE 81 & OVER
\$1 to \$500	\$18	\$30	\$34	\$41	\$55	\$67
\$501 to \$1,000	\$30	\$39	\$52	\$75	\$111	\$135
\$1,001 to \$1,500	\$42	\$60	\$78	\$108	\$166	\$203
\$1,501 to \$2,000	\$56	\$74	\$95	\$147	\$222	\$271
\$2,001 to \$2,500	\$74	\$91	\$121	\$184	\$278	\$339
\$2,501 to \$3,000	\$86	\$108	\$148	\$223	\$334	\$407
\$3,001 to \$3,500	\$103	\$125	\$174	\$260	\$390	\$475
\$3,501 to \$4,000	\$117	\$143	\$200	\$293	\$445	\$543
\$4,001 to \$4,500	\$134	\$160	\$226	\$327	\$501	\$612
\$4,501 to \$5,000	\$146	\$177	\$252	\$369	\$557	\$680
\$5,001 to \$5,500	\$164	\$195	\$279	\$402	\$613	\$748
\$5,501 to \$6,000	\$181	\$212	\$305	\$444	\$669	\$816
\$6,001 to \$7,000	\$207	\$247	\$357	\$525	\$780	\$952
\$7,001 to \$8,000	\$242	\$281	\$410	\$601	\$892	\$1,088
\$8,001 to \$9,000	\$273	\$316	\$462	\$671	\$1,003	\$1,224
\$9,001 to \$10,000	\$302	\$350	\$515	\$752	\$1,115	\$1,360
\$10,001 to \$11,000	\$337	\$385	\$567	\$822	\$1,227	\$1,497
\$11,001 to \$12,000	\$368	\$420	\$619	\$903	\$1,338	\$1,633
\$12,001 to \$13,000	\$397	\$454	\$672	\$974	\$1,543	\$1,882
\$13,001 to \$14,000	\$428	\$489	\$724	\$1,049	\$1,654	\$2,018
\$14,001 to \$15,000	\$458	\$523	\$777	\$1,130	\$1,766	\$2,155

# GLOBAL ALERT! BASIC ENROLLMENT FORM

1. Complete all Parts of this enrollment form. Incomplete or incorrect enrollment forms and payments will be returned, unprocessed.
2. **Calculate Your Premium:** Premium rates are per person based upon your age and cost of your Trip. Select your premium from the Premium Rate Table.
3. **Determine your trip cost as follows:**  
 Cost of travel arrangements to be insured  
 Less cost of travel arrangements not subject to cancellation charges or restrictions  
 Equals Total Trip Cost to be insured.\*
- \* If you insure an amount less than your **Total Trip Cost**, the exclusion for Pre-Existing Conditions will not be waived (see inside front cover for complete details regarding waiving the Pre-Existing Condition exclusion) and the Pre-Departure Trip Cancellation and Post-Departure Trip Interruption benefits will be limited to the amount of coverage you purchased.
4. **Keep this Travel Insurance Certificate** which is your evidence of coverage under the plan once premium payment has been made.

## Participant Names (List Primary Traveler first)

	Gender (M/F)	Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

## III. Calculate Your Premium

Participants	Trip Cost		Premium From Rate Table
1.	\$ _____	=	\$ _____
2.	\$ _____	=	\$ _____
3.	\$ _____	=	\$ _____
4.	\$ _____	=	\$ _____
5.	\$ _____	=	\$ _____
6.	\$ _____	=	\$ _____
<b>Total Premium for all Participants</b>			<b>\$ _____</b>

**Enrollment Processing Fee**      \$ 5.00

**Total Amount Payable**      \$ \_\_\_\_\_  
 (To M.H. Ross Travel Insurance Services)

## I. Travel Information (Please Print)

Agency ID # (see back cover)      Agent Name \_\_\_\_\_

Travel Agency Name \_\_\_\_\_

Departure Date:      Return Date:      Total Trip Days:  
 \_\_/\_\_/\_\_      \_\_/\_\_/\_\_      \_\_\_\_\_  
 month day year      month day year      (include departure/return dates)

Travel Destination \_\_\_\_\_

Indicate below the types of travel arrangements you are insuring:

- Air      Airline \_\_\_\_\_
- Land      Tour Operator \_\_\_\_\_
- Cruise      Cruise line \_\_\_\_\_
- Bus/Rail      Bus/Rail Co. \_\_\_\_\_

## II. Primary Traveler Name/Address

Last Name      First Name      Middle Initial  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City      State      Zip Code  
 \_\_\_\_\_  
 Home Phone (Include Area Code)      Work Phone (Include Area Code)  
 \_\_\_\_\_

Form of Payment:  Check     Visa     MC     Discover     AMEX

Account # \_\_\_\_\_

Validation Code: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

I authorize M.H. Ross Travel Insurance Services to charge my credit card for the total premium due to cover my Trip.

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

### Send Confirmation by:

- E-Mail To: \_\_\_\_\_
- Fax To: (      ) \_\_\_\_\_
- Mail To Primary Traveler

Once you have completed the enrollment form, please Fax to: 888-424-8731 or Mail with your check (or your signed credit card authorization) payable to M.H. Ross Travel Insurance Services / PO Box 9159 / Van Nuys, CA 91409-9159