

Seven Corners
Trip Protection Elite

INSURANCE FOR RESIDENTS OF WASHINGTON TRAVELING IN THE UNITED STATES AND INTERNATIONALLY

Covers trips up to 90 days

SEVEN CORNERS
TRAVEL INSURANCE

SEVEN CORNERS TRIP PROTECTION ELITE PLAN

Administered by:
Seven Corners, Inc.
Carmel, IN USA

IMPORTANT

For a list of the benefits and limits you purchased, please refer to your ID Card.

Note: Certain capitalized words are defined terms in the attached Certificate of Insurance.

If you entered $0 as your trip cost, there is no Trip Cancellation benefit, and the Trip Interruption benefit covers only return airfare up to $1,000 per person. All other benefits apply.

United States Fire Insurance Company
Administrative Office: 5 Christopher Way,
Eatontown, NJ 07724

(Hereinafter referred to as "the Company")

INDIVIDUAL TRAVEL PROTECTION INSURANCE POLICY

PLEASE READ THIS DOCUMENT CAREFULLY!

This Policy is issued in consideration of Your enrollment and payment of the premium due. This Policy of Insurance describes the insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the Company and also referred to as We, Us and Our.

This Policy is a legal contract between You and the Company. It is important that You read Your Policy carefully. Please refer to the accompanying Schedule of Benefits, which provides You with specific information about the program You purchased. You should contact the Company immediately if You believe that the Schedule of Benefits is incorrect.

TEN DAY LOOK: If You are not satisfied for any reason, You may cancel insurance under this Policy by giving the Company or the agent written notice within the first to occur of the following: a) 10 days from the Effective Date of Your Insurance; or b) Your Scheduled Departure Date. If You do this, the Company will refund Your premium paid provided no Insured has filed a claim under this Policy.

Renewal: Coverage under this Policy is not renewable. If coverage is needed for an additional Trip, a new enrollment form must be completed and correct premium submitted to the administrator. A new Pre-Existing Condition Exclusion will apply for each additional Trip.

Signed for United States Fire Insurance Company By:



Marc J. Adee
Chairman and CEO



Michael P. McTigue
Secretary

LIMITED BENEFIT COVERAGE

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SCHEDULE OF BENEFITS

POLICYHOLDER NAME: **Seven Corners Trip Protection Elite**

Benefit Per Trip	**Maximum Benefit Amount/Principal Sum**
Part A – Travel Arrangement Protection	
Trip Cancellation	Trip Cost ($0-$30,000)
OPTIONAL Trip Cancellation for Work Reasons	Trip Cost
Trip Interruption	150% of Trip Cost
Missed Connection	$1,500
Travel Delay Up to $300 Per Day	$1,500
Baggage and Personal Effects	$2,500
Baggage Delay	$600
OPTIONAL Cancel For Any Reason	Up To 75% of Non-Refundable Trip Cost
Change Fee	$75
OPTIONAL Lost Golf Rounds	$500
OPTIONAL Lost Skier Days	$500
OPTIONAL Sports Equipment Rental	$500
OPTIONAL Rental Car Damage	$35,000
Part B – Travel Insurance Benefits	
Accidental Death and Dismemberment	
24-Hour (Other than Air Flight)	$25,000
24-Hour (Other than Common Carrier)	
OPTIONAL Air Flight Only	$100,000, $250,000, or $500,000
Common Carrier Only	$25,000
Medical Expense/Emergency Assistance	
Accident and Sickness Medical Expense	$250,000
Emergency Medical Evacuation	$1,000,000

SECTION I. EFFECTIVE DATE AND TERMINATION DATE

When Coverage For Your Trip Begins – Coverage Effective Date

Trip Cancellation: Coverage begins at 12:01 a.m. on the day after the date the appropriate premium for this Policy is received by Seven Corners prior to the scheduled departure time on the Scheduled Departure Date of Your Trip, the earlier of: 1) at 12:01 a.m. on the day following the date the appropriate premium for this Policy for Your Trip is received Seven Corners; or 2) if mailed, at 12:01 a.m. on the day after the postmark date the appropriate premium for this Policy for Your Trip is received. This is Your "Effective Date" and time for Trip Cancellation.

Travel Delay: Coverage begins after You have traveled 100 miles or more from home en route to join Your Trip. This is Your "Effective Date" and time for Travel Delay.

All Other Coverages: Coverage begins when You depart on the first Travel Arrangement (or alternate travel arrangement if You must use an alternate travel arrangement to reach Your Trip destination) for Your Trip. This is Your "Effective Date" and time for all other coverages, except Trip Cancellation and Travel Delay.

When Coverage For Your Trip Ends – Coverage Termination Date

Trip Cancellation: Your coverage automatically ends on the earlier of: 1) the date and time You depart on Your Trip or 2) the date and time You cancel Your Trip.

All Other Coverages: Your coverage automatically ends on the earlier of: 1) the date Your Trip is completed; 2) the Scheduled Return Date; 3) Your arrival at Your return destination on a round-trip, 4) cancellation of Your Trip covered by this Policy. Termination of this Policy will not affect a claim for loss that occurs after premium has been paid.

Extension of Coverage

All coverages under this Policy will be extended if Your entire Trip is covered by this Policy and Your return is delayed due to unavoidable circumstances beyond Your control. This extension of coverage will end on the earlier of the date You reach Your originally scheduled return destination or 5 days after the Scheduled Return Date.

This Policy will not be cancelled by the Company.

SECTION II. COVERAGES

COVERAGE A

TRIP CANCELLATION

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits to reimburse You for the amount of the Published Penalties and unused non-refundable Prepaid Payments or Deposits You paid for Travel Arrangements, including up to $75 for the cost of airline- imposed fees to rebank frequent flyer miles for air flights to join Your Trip when You are prevented from taking Your Trip due to:

1. Your, a Family Member's, a Traveling Companion's, or a Business Partner's death, which occurs before departure on Your Trip;
2. Your, a Family Member's, a Traveling Companion's, or a Business Partner's covered Sickness or Injury, which: a) occurs before departure on Your Trip, b) requires Medical Treatment at the time of cancellation resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) and prevents Your participation in the Trip;
3. For the **Other Covered Reasons** listed below, provided such circumstances occur while coverage is in effect.

"Other Covered Reasons" means:

a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), or served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion are not a party (except law enforcement officers);

b. Your or Your Traveling Companion's primary place of residence being rendered uninhabitable and remaining uninhabitable during Your scheduled Trip, by fire, flood, burglary, or other Natural Disaster. The Company will only pay benefits for Losses occurring within 30 calendar days after the Natural Disaster makes Your primary place of residence uninhabitable. Your primary place of residence is uninhabitable if: i) the building structure itself is unstable and there is a risk of collapse in whole or in part; ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail, or flood; iii) immediate safety hazards have yet to be cleared such as debris on roofs or downed electrical lines; or iv) the rental property is without electricity or water. Benefits are not payable if a storm, snowstorm, blizzard, or hurricane is named on or before the Effective Date of Your Trip Cancellation coverage;

c. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;

d. unannounced Strike that causes complete cessation of services for at least 48 consecutive hours of the Common Carrier on which You are scheduled to travel;

e. Inclement Weather that causes complete cessation of services for at least 48 consecutive hours of the Common Carrier on which You are scheduled to travel;

f. You or Your Traveling Companion are in the military and called to emergency duty for a national disaster other than war;

g. involuntary employer termination or layoff affecting You or a Traveling Companion. Employment must have been with the same employer for at least 1 continuous year;

h. a Terrorist Incident that occurs within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your Trip. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your cancellation of Your Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary;

i. Bankruptcy or Default of an airline, or cruise line, tour operator, or other travel provider (other than the Travel Supplier, tour operator or travel agency, organization, or firm from whom You purchased Your Travel Arrangements) causing a complete cessation of travel services more than 14 days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination.

j. felonious assault of You or Your Traveling Companion within 10 days of the Scheduled Departure Date;

OPTIONAL TRIP CANCELLATION FOR WORK REASONS

Optional Coverage: Applicable only when purchased within 20 days at the time of original plan purchase and if the appropriate additional premium has been paid.

a. You, Your Traveling Companion, or Family Member traveling with You are directly involved in the merger of Your employer or the acquisition of Your employer by another company;

b. A transfer of You or Your Traveling Companion by the employer by whom You or Your Traveling Companion are employed on Your Effective Date which requires their principal residence to be relocated;

c. You, Your Traveling Companion, or a Family Member traveling with You are required to work during the Trip. A written statement by an unrelated company official and/or the human resources department demonstrating revocation of previously approved time off will be required. This provision is not applicable to temporary employment, independent contractors or self-employed persons;

d. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary, or other Natural Disaster and You and/or Your Traveling Companion are required to work as a result.

All cancellations must be reported to the Travel Supplier within 72 hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the 72 hours, the event should be reported as soon as possible. Increased amounts of Published Penalties and unused non-refundable Prepaid Payments or Deposits that result from all other delays of reporting beyond 72 hours are not covered.

If Your Travel Supplier cancels Your Trip, a benefit will be paid up to a maximum of $75 for the reissue fee charged by the airline for the tickets. You must have covered the entire cost of Your Trip including the airfare cost.

The maximum payable under this Trip Cancellation Benefit is the Maximum Benefit Amount shown in the Schedule of Benefits.

Single Supplement:

Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for Prepaid Travel Arrangements if a Traveling Companion's or Family Member's Trip is canceled for a covered reason and You do not cancel Your Trip.

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

COVERAGE B

TRIP INTERRUPTION

Benefits will be paid, up to a) the Maximum Benefit Amount shown in the Schedule of Benefits; or b) 150% of the total amount of coverage You purchased, to reimburse You for the Prepaid Payments or Deposits for unused non-refundable land or water Travel Arrangements plus the Additional Transportation Cost paid:

a. to join Your Trip if You must depart after Your Scheduled Departure Date or travel via alternate travel arrangements by the most direct route possible to reach Your Trip destination; or

b. to rejoin Your Trip or transport You to Your originally scheduled return destination, if You must interrupt Your Trip after departure, each by the most direct route possible.

Trip Interruption must be due to:

1. Your, a Family Member's, a Traveling Companion's, or a Business Partner's death, which occurs while You are on Your Trip;
2. Your, a Family Member's, a Traveling Companion's, or a Business Partner's covered Sickness or Injury which: a) occurs while You are on Your Trip, b) requires Medical Treatment at the time of interruption resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) prevents Your continued participation on Your Trip;
3. For the **Other Covered reasons** listed below, provided such circumstances occur while coverage is in effect.

"Other Covered reasons" means:

a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), or served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion are not a party (except law enforcement officers);

b. Your or Your Traveling Companion's primary place of residence being rendered uninhabitable and remaining uninhabitable during Your scheduled Trip, by fire, flood, burglary, or other Natural Disaster; The Company will only pay benefits for Losses occurring within 30 calendar days after the Natural Disaster makes Your destination accommodations uninhabitable. Your destination is uninhabitable if: i) the building structure itself is unstable and there is a risk of collapse in whole or in part; ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail, or flood; iii) immediate safety hazards have yet to be cleared such as debris on roofs or downed electrical lines; or iv) the rental property is without electricity or water. Benefits are not payable if a storm, snowstorm, blizzard, or hurricane is named on or before the Effective Date of Your Trip Cancellation coverage;

c. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;

d. unannounced Strike that causes complete cessation of services for at least 48 consecutive hours of the Common Carrier on which You are scheduled to travel;

e. Inclement Weather that causes complete cessation of services for at least 48 consecutive hours of the Common Carrier on which You are scheduled to travel;

f. You or Your Traveling Companion are in the military and called to emergency duty for a national disaster other than war;

g. involuntary employer termination or affecting You or a Traveling Companion. Employment must have been with the same employer for at least 1 continuous year;

h. a Terrorist Incident that occurs within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your Trip. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your interruption of the Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary;

i. Bankruptcy or Default of an airline, or cruise line, tour operator, or other travel provider (other than the Travel Supplier, tour operator or travel agency, organization, or firm from whom You purchased Your Travel Arrangements) causing a complete cessation of travel services more than 14 days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination;

j. felonious assault of You or Your Traveling Companion traveling with You within 10 days of the Scheduled Departure Date;

Additional Trip Interruption Benefits:

If Your Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation and local transportation expenses incurred by You to remain with Your Traveling Companion up to $150 per day, limited to 10 days and a maximum of $1,000.

If You cannot continue travel due to a covered Injury or Sickness not requiring hospitalization and You must extend Your Trip due to medically imposed restrictions, as certified by a Legally Qualified Physician, benefits will be paid for additional hotel nights, meal(s), and local transportation expenses up to $100 per day, limited to 10 days and a maximum of $1,000.

The maximum payable under this Trip Interruption Benefit is the lesser of 150% of the total amount of coverage You purchased or 150% of the Maximum Benefit Amount shown in the Schedule of Benefits.

Single Supplement:

Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for Prepaid Travel Arrangements if a Traveling Companion’s or Family Member’s Trip is interrupted for a Covered reason and You do not interrupt Your Trip.

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

COVERAGE C

MISSED CONNECTION

If You miss Your cruise or tour departure because Your arrival at Your Trip destination is delayed for 3 or more hours, due to:

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

b. documented weather condition preventing You from getting to the point of departure;

c. quarantine, hijacking, Strike, Natural Disaster, terrorism, or riot.

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for:

a. Your Additional Transportation Cost to join Your Trip

b. reasonable accommodation and meal expenses up to $150 per day necessarily incurred by You for which You have proof of purchase and which were not paid for or provided by any other source.

Your delayed arrival must be due to:

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

b. documented weather condition preventing You from getting to the point of departure;

c. quarantine, hijacking, Strike, Natural Disaster, terrorism, or riot.

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

COVERAGE D

TRAVEL DELAY

Benefits will be paid up to $300 per day for: 1) the non-refundable, unused portion of the Prepaid expenses for Your Trip as long as the expenses are supported by proof of purchase and are not reimbursable by any other source; and 2) reasonable accommodation, meal and local transportation expenses incurred by You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, if You are delayed for 6 hours or more while en route to or from, or during Your Trip, due to:

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

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

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

d. quarantine, hijacking, Strike, Natural Disaster, terrorism, or riot;

e. a documented weather condition preventing You from getting to the point of departure.

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

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

COVERAGE E

BAGGAGE AND PERSONAL EFFECTS

Benefits will be provided to You, up to the Maximum Benefit Amount shown in the Schedule of Benefits: a) against all risks of permanent loss, theft or damage to Your Baggage and Personal Effects; b) subject to all General Exclusions and the Additional Limitations and Exclusions Specific to Baggage and Personal Effects in the Policy; and c) occurring while coverage is in effect.

For the purposes of this benefit: **"Baggage and Personal Effects"** means goods being used by You during Your Trip.

Valuation and Payment of Loss: The lesser of the following amounts will be paid:

1. the Actual Cash Value at the time of loss, theft, or damage, except as provided below;
2. the cost to repair or replace the article with material of a like kind and quality; or
3. $300 per article.

A combined maximum of $1,000 will be paid for jewelry; precious or semi-precious stones; watches; articles consisting in whole or in part of silver, gold or platinum; furs or articles trimmed with fur; cameras and their accessories and related equipment.

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

A maximum of $50 will be paid for the cost associated with the unauthorized use or replacement of lost or stolen credit cards, subject to verification that You have complied with all conditions of the credit card company.

Baggage and Personal Effects does not include:

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

Baggage Delay:

If, while on a Trip, Your checked baggage is delayed or misdirected by a Common Carrier for more than 12 hours from Your time of arrival at a destination other than Your return destination, benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the actual expenditure for necessary personal effects. You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects:

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

a. breakage of brittle or fragile articles;

b. wear and tear or gradual deterioration;

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

d. theft or pilferage while left in any unlocked vehicle;

e. property illegally acquired, kept, stored, or transported;

f. Your negligent acts or omissions; or

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

Additional Provisions applicable to Baggage and Personal Effects and Baggage Delay:

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

Additional Claims Provisions Specific to Baggage:

Your Duties After Loss of or Damage to Property or Delay of Baggage: In case of loss, theft, damage or delay of baggage or personal effects, and You must:

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

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

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

d. send proof of loss as soon as reasonably possible after date of loss, providing date, time, and cause of loss, and a complete list of damaged/lost items: and

e. allow the company to examine baggage or personal effects, if requested.

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

COVERAGE F

OPTIONAL CANCEL FOR ANY REASON BENEFIT

Optional Coverage: Applicable only when purchased within 20 days at the time of original plan purchase and if the appropriate additional premium has been paid.

If You cancel Your Trip for any reason not otherwise covered by this Policy, benefits will be paid for 75% of the Prepaid, forfeited, non-refundable Payments or Deposits You paid for Your Trip provided:

a. Your Payment or Deposit for this Policy and enrollment form are received within 20 days of the date Your initial Payment or Deposit for Your Trip is received;

b. You insure 100% of the Prepaid Trip costs that are subject to cancellation penalties or restrictions, and also insure within 15 days of the Payment or Deposit for those Travel Arrangements the cost of any subsequent Travel Arrangements (or any other Travel Arrangements not made through Your travel agent) added to Your Trip; and

c. You cancel Your Trip two (2) days or more before Your Scheduled Departure Date.

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

COVERAGE G

CHANGE FEE

The Company will pay a maximum of $75 for the fees associated with a change to Your air itinerary.

COVERAGE H

OPTIONAL LOST SKIER DAYS

If You are unable to ski during Your Trip due to 50% or more of the mountain trails closing during Your Trip, benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for: the value of the ski lift ticket for the date/time of the closure only will be paid.

"Trails" means named skier paths with grade of difficulty intended to provide skiing down the mountain. Trails does not include connecting paths between trails.

1. Benefits begin on the date You arrive at the mountain or the date You have a valid ski lift ticket;
2. A minimum of 10 trails must be open on the date of Your arrival at the mountain in order to be eligible for this Benefit;
3. This Benefit does not apply to Season Passes;
4. If Your ski lift ticket applies to multiple ski mountains and one of the mountains is open for skiing per this Benefit as noted above, this Benefit is not provided;
5. Written documentation from authorized personnel at the ski location must be submitted as proof of loss;
6. Maximum Lost Skier Days Benefit is $500.

Benefits are not payable for lift tickets under this Lost Skier Days Benefit if lift tickets are used for:

- Heli-Skiing
- Back Country Skiing.

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

COVERAGE I

OPTIONAL LOST GOLF ROUNDS

If You or Your Traveling Companion are unable to Golf during Your Trip due to the inability to complete play on at least nine (9) holes of an eighteen (18) hole round due to weather during the round where the Course management expressly cancels or puts the Golf round on delay or suspension for more than three (3) hours on the day of play, and documents same, the Company will reimburse You (on a pro-rated basis) for the value of Your Prepaid Golf tickets or greens fees for each day of the loss of Golf during Your Trip, up to the Maximum Benefit Amount shown on the Schedule of Benefits.

You must provide a copy of the Prepaid Golf receipts and reports from the resort or Course management stating the date, length of time, and reason for Course closure or reason for cancellation or suspension for which You are submitting a claim.

"Golf" or **"Golfing"** means the recreation of playing Golf on an officially registered Golf Course measuring over 4,000 yards with a par rating of at least sixty-eight (68) for eighteen (18) holes of play, or that has multiple eighteen (18) hole Courses of at least 4,000 yards each, within the resort and operated by the same management, that is accessed by a prepaid use ticket for rounds, play time, and/or use or admission. However, Golf or Golfing does not include miniature, executive or par-3 courses, or Golf that takes place where discounted rates are in effect for "twilight," early evening, winter season, or nighttime play.

"Course" means land that is specifically and physically maintained for use as a Golf Course and depicted for such on a course card with distance and/or slope and handicap ratings as provided by management.

This Lost Golf rounds Benefit does not cover loss, delay, or suspension of Golf due to actual and/or tangible damage to the Course from any reason whatsoever, regardless of cause.

The following conditions must be met for this Lost Golf rounds Benefit to be payable:

a. You must have made a confirmed reservation, including a Prepaid deposit, at least forty-eight (48) hours in advance of Your tee time with the course management;

b. You must incur a cancellation charge by the course management if You do not play or lose the value of Your Golf fees if play is suspended. If the operator issues You a credit, there is no loss.

c. You or Your playing group must not have caused any delay by missing or initiating Your game past the reserved start time for the round;

d. Maximum tee time reservations covered is five rounds for any one Trip.

COVERAGE J

OPTIONAL SPORTS EQUIPMENT RENTAL

If, while on Your Trip, Your checked sports equipment is lost, stolen, damaged or delayed by a Common Carrier for 12 hours or more, benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the reasonable cost of renting sports equipment during Your Trip.

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

COVERAGE K

OPTIONAL RENTAL CAR DAMAGE

You are eligible for benefits up to the Maximum Benefit Amount shown in the Schedule of Benefits, if You rent a car while on Your Trip, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood, or any cause not in Your control while in Your possession, or the car is stolen while in Your possession and is not recovered.

We will pay the lesser of:

a. the cost of repairs and rental charges imposed by the rental company while the car is being repaired;

b. the Actual Cash Value of the car; or

c. the amount shown in the Schedule of Benefits.

Coverage is provided to You, provided You are a licensed driver and are listed on the rental agreement.

Coverage is not provided for loss due to:

1. any obligation of You, a Traveling Companion, or Family Member traveling with You assumed under any agreement (except insurance collision deductible);
2. rentals of trucks, campers, trailers, motor bikes, motorcycles, recreational vehicles, or Exotic Vehicles;
3. any loss which occurs if You or anyone traveling with You are in violation of the rental agreement;
4. failure to report the loss to the proper local authorities and the rental car company;
5. damage to any other vehicle, structure, or person as a result of a covered loss;
6. any loss as the result of or attributed to driving the rental vehicle: while under the influence of alcohol or any illegal substance or the abuse of a legal substance; while using any medication which recommends abstinence from driving; in a speed competition; for compensation for hire; for illegal trade purposes, or transporting contraband;
7. any loss as the result of physical damage or loss attributed to: mechanical failure or breakdown of the rental vehicle; wear and tear, gradual deterioration, corrosion, rust or freezing; any neglect or abuse of the vehicle; any dishonest act or conversion; any consequence of war (declared or otherwise); or contamination by a radioactive material.

"Exotic Vehicles" means Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Clenet, Corvette, Cosworth, De Lorean, Excalibre, Ferrari, Iso, Jaguar, Jensen Healy, Lamborghini, Lancia, Lotus, Maserati, Mercedes Benz, MG, Morgan, Pantera, Panther, Pininfarina, Porsche, Rolls-Royce, Rover, Stutz, Sterling, Triumph, and TVR.

Additional Claims Provisions Specific to Rental Car Damage:

The following outlines Your duties in the event of any damage to the vehicle. You must:

a. Take all necessary and reasonable steps to protect the vehicle and prevent further damage to it;

b. Report the loss to the appropriate local authorities and the rental company as soon as possible;

c. Obtain all information on any other party involved in the Accident, such as name, address, insurance information, and driver's license number;

d. Provide Us all documentation such as rental agreement, police report, and damage estimate.

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

COVERAGE L

24-HOUR ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage of the Principal Sum shown in the Table of Losses below when You, as a result of an Injury occurring during Your Trip sustain a loss shown in the Table of Losses below. The loss must occur within one hundred eighty one (181) days after the date of the Injury causing the loss. The Principal Sum is the Maximum Benefit Amount shown in the Schedule of Benefits.

Table of Losses

Type of Loss	Benefit Amount
Loss of life	100% of Principal Sum
Loss of both hands	100% of Principal Sum
Loss of both feet	100% of Principal Sum
Loss of both eyes	100% of Principal Sum
Loss of one hand and one foot	100% of Principal Sum
Loss of one hand and one eye	100% of Principal Sum
Loss of one foot and one eye	100% of Principal Sum
Loss of one hand	50% of Principal Sum
Loss of one foot	50% of Principal Sum
Loss of one eye	50% of Principal Sum

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

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

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

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

The Principal Sum is shown in the Schedule of Benefits.

COVERAGE M

OPTIONAL AIR FLIGHT ONLY ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage of the Principal Sum shown in the Table of Losses when You sustain an Injury:

a. while riding solely as a passenger in an aircraft on regularly scheduled airline flight or regularly scheduled charter flight operated:
   i. in scheduled air transportation pursuant to economic authority issued by the Civil Aeronautics Board;
   ii. by an intrastate scheduled airline of United States registry maintaining regularly published schedules and licensed for the transportation of passengers by a duly constituted authority having jurisdiction over civil aviation in the state in which said airline operates; or
   iii. by a scheduled airline of foreign registry maintaining regularly published schedules and licensed for transportation of passengers by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline.

b. while riding as a passenger in any land or water conveyance provided at the expense of the Air Carrier as a substitute for an aircraft covered by this Policy;

c. while riding as a passenger in a vehicle licensed to carry passengers for hire, but only when going to an airport to board an aircraft on which You are covered by this Policy or when leaving an airport after alighting from such an aircraft; or

d. while upon airport premises designated for passenger use immediately before boarding or immediately after alighting from an aircraft on which You are covered by this Policy.

That results in a loss shown in the Table of Losses below. The loss must occur within one hundred eighty one (181) days after the date of the Injury causing the loss. The Principal Sum is the Maximum Benefit Amount shown on the Schedule of Benefits.

Benefits will be paid as follows**:**

Table of Losses

Type of Loss	Benefit Amount
Loss of life	100% of Principal Sum
Loss of both hands	100% of Principal Sum
Loss of both feet	100% of Principal Sum
Loss of both eyes	100% of Principal Sum
Loss of one hand and one foot	100% of Principal Sum
Loss of one hand and one eye	100% of Principal Sum
Loss of one foot and one eye	100% of Principal Sum
Loss of one hand	50% of Principal Sum
Loss of one foot	50% of Principal Sum
Loss of one eye	50% of Principal Sum

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

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

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

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

The Principal Sum is shown in the Schedule of Benefits.

Flight Only Accidental Death and Dismemberment also includes an Accident Medical Expense Benefit that provides You a maximum of $50 of Accident Medical Expense Benefit Limit for each $1,000 of Your chosen Flight Only Accidental Death and Dismemberment Benefit amount.

Covered Accident Medical Expenses incurred due to Injury only are paid up to the maximum Accident Medical Expense Benefit Limit, for the following eligible expenses: treatment by a Legally Qualified Physician; care or service from a Hospital; services provided by an ambulatory medical-surgical facility; home health care from a licensed home health agency, but only if continued Hospital care would have otherwise been required; attendance of a registered graduate nurse; X-ray examination; or, use of an ambulance.

You must receive initial medical treatment within 30 days of the date of Accident. Eligible Medical Expenses must be incurred within 52 weeks of the date of Accident. This insurance does not cover injuries received while making a parachute jump (unless to save a life).

COVERAGE N

COMMON CARRIER ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage of the Principal Sum shown in the Table of Losses below when You sustain an Injury while a passenger (not as a pilot, operator or member of the crew) riding in, boarding or alighting from a public conveyance provided by a Common Carrier that results in a loss shown in the Table of Losses below. The loss must occur within one hundred eighty one (181) days after the date of the Injury causing the loss. The Principal Sum is the Maximum Benefit Amount shown in the Schedule of Benefits.

Table of Losses

Type of Loss	Benefit Amount
Loss of life	100% of Principal Sum
Loss of both hands	100% of Principal Sum
Loss of both feet	100% of Principal Sum
Loss of both eyes	100% of Principal Sum
Loss of one hand and one foot	100% of Principal Sum
Loss of one hand and one eye	100% of Principal Sum
Loss of one foot and one eye	100% of Principal Sum
Loss of one hand	50% of Principal Sum
Loss of one foot	50% of Principal Sum
Loss of one eye	50% of Principal Sum

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

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

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

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

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

The Principal Sum is shown in the Schedule of Benefits.

COVERAGE O

ACCIDENT AND SICKNESS MEDICAL EXPENSE

Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, as a result of a Covered Accidental Injury or covered Sickness, which first occurs during Your Trip (of a duration of 90 days or less for Sickness). Only Covered Expenses incurred during Your Trip (of duration of 90 days or less for Sickness) will be reimbursed. Expenses incurred after Your Trip are not covered.

Benefits will include up to $750 for expenses for emergency dental treatment due to Injury to natural teeth.

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

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure Your admission to a Hospital, because of a Covered Accidental Injury or covered Sickness. The authorized travel assistance company will coordinate advance payment to the Hospital.

For the purpose of this benefit:

"Covered Expense" means expense incurred only for the following:

1. The medical services, prescription drugs, prosthetics, and therapeutic services and supplies ordered or prescribed by a Legally Qualified Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services (including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Your Trip, if recommended as a substitute for a hospital room for recovery from a Covered Accidental Injury or covered Sickness);
3. Transportation furnished by a professional ambulance company to and/or from a Hospital**.**

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

COVERAGE P

EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION AND RETURN OF REMAINS

When You suffer loss of life for any reason or incur a Sickness or Injury during the course of Your Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the Schedule of Benefits.

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

   If You are traveling alone and will be hospitalized for more than 7 consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside.

   If You are in the Hospital for more than 7 consecutive days and Your dependent children who are under 18 years of age and accompanying You on Your Trip are left unattended, Economy Transportation will be paid to return the dependents to their home (with an attendant, if considered necessary by the authorized travel assistance company).

2. **Medical Repatriation**: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company:

   i. one-way Economy Transportation;

   ii. commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the authorized travel assistance company; or

   iii. other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.

3. **Return of Remains:** In the event of Your death during a Trip, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence in the United States of America or to the place of burial.

Benefits are paid less the value of Your original unused return travel ticket.

If benefits are payable and You have other insurance that may provide benefits for this same loss, We reserve the right to recover from such other insurance. You shall:

a. notify the Company of any other insurance;

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

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

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

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

SECTION III. DEFINITIONS

"Accident" means a sudden, unexpected, unusual specific event that occurs at an identifiable time and place, and shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

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

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

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

"Baggage and Personal Effects" means luggage, personal possessions and travel documents taken by You on Your Trip.

"Bankruptcy or Default" means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by an airline, or cruise line, tour operator or other travel provider provided the Bankruptcy or Default occurs more than 14 days following Your Effective Date for the Trip Cancellation Benefits. There is no coverage for the Bankruptcy or Default of any person, organization, agency or firm from whom You purchased Travel Arrangements supplied by others.

"Business Partner" means an individual who a) is involved in a legal general partnership with You; and b) is actively involved in the day-to-day management of Your business.

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

"Complications of Pregnancy" means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean 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.

Complications of Pregnancy does 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.

"Covered Accident" means an Accident that occurs while coverage is in force and results in a loss for which benefits are payable.

"Covered Vehicle" means a private passenger vehicle (including mini-vans, pickup trucks and sport utility vehicles) which is registered or rented to You during Your Trip, which is rated ¾ ton in weight or less, not used for racing, dealer services, dealer loaners, taxi, limousine, shuttle, delivery, hauling, towing, road repair service, construction service, snow removal, or as a public livery vehicle, or any other commercial use.

"Domestic Partner" means an opposite or same sex partner who, for at least 12 consecutive months, has resided with You and shared financial assets/obligations with You. Both You and the Domestic Partner must: 1) intend to be life partners; 2) be at least the age of consent in the state in which You both reside; and 3) be mentally competent to contract. Neither You nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company may require proof of the Domestic Partner relationship in the form of a signed and completed affidavit of domestic partnership.

"Economy Transportation" means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that You purchased for Your Trip.

"Family Member" means any of the following who resides in the United States, Canada, or Mexico: Your or Your Traveling Companion's legal spouse (or common- law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner.

"Home" means Your primary place of residence.

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

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

"Injury" or **"Injuries"** means 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 Legally Qualified 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 a person(s) who is booked to travel on a Trip, and for whom the required premium is paid, also referred to as You and Your.

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

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

"Maximum Benefit Amount" means the maximum amount payable for coverage provided to You as shown in the Schedule of Benefits.

"Medically Fit to Travel" means based on assessment a Legally Qualified Physician has advised You, a Traveling Companion, Family Member or Business Partner booked to travel with You in writing that there is no medical condition, illness, Injury or Sickness that would likely interfere with a Trip at the time of purchase of Coverage for a Trip**.**

"Medically Necessary" means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.

"Medical Treatment" means examination and treatment by a Legally Qualified Physician for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted reasonable person to seek diagnosis, care, or treatment.

"Natural Disaster" means a flood, hurricane, tornado, earthquake, mudslide, tsunami, avalanche, landslide, volcanic eruption, fire, wildfire, or blizzard that is due to natural causes.

"Payments or Deposits" means the cash, check, or credit card amounts, actually paid for Your Trip.

"Pre-Existing Condition" means an illness, disease, or other condition during the 60 day period immediately prior to the date Your coverage is effective for which You or Your Traveling Companion, Business Partner or Family Member scheduled or booked to travel with You: 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened, or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care, or 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.

“Published Penalties” means any published cancellation penalties levied by Your travel agency or travel supplier that apply to all clients of the travel agency or travel supplier and can be documented at time of Your purchase of Travel Arrangements from Your travel agency. The maximum amount reimbursable for travel agency published penalties is 10% of the total trip cost excluding taxes and other non-commissionable items.

“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 of origin or the original final destination of Your Trip.

“Sickness” means an illness or disease of the body which: 1) requires examination and treatment by a Legally Qualified Physician, and 2) commences while Your coverage 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 Your coverage is not a Sickness and is considered a Pre-Existing Condition as defined herein and is not covered by the Policy.

“Strike” means any organized and legally sanctioned labor disagreement resulting in a stoppage of work: a) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased; and b) which interferes with the normal departure and arrival of a Common Carrier.

“Terrorist Incident” means an act of violence, that is deemed terrorism by the United States Government 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 alone or in association with other persons on behalf of or in connection with any organization of foreign government which is generally recognized as having the intent to overthrow or influence the control of any other foreign government. The Terrorist Incident must be documented in a Travel Warning issued by the United States' Department of State advising Americans to avoid that certain country.

“Third Party” means a person or entity other than You or the Company.

“Transportation Expense” means the cost of Medically Necessary conveyance, personnel, and services or supplies.

"Travel Advisory or Travel Warning" means U.S. State Department communication advising caution in traveling to specified destinations due to reasons such as armed violence, civil or political unrest, high incidence of crime (specially kidnapping and/or murder), natural disaster or outbreak of one or more contagious diseases.

“Travel Arrangements” means: a) transportation; b) accommodations; and c) other specified services arranged for Your Trip.

“Traveling Companion” means a person or persons whose names appear with Yours on the same Travel Arrangements and who, during Your 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.

“Travel Supplier” means any entity or organization that coordinates or supplies travel services for You.

“Trip” means a scheduled trip for which coverage for Travel Arrangements is requested and the premium is paid prior to Your actual or Scheduled Departure Date of Your Trip, a scheduled trip of 90 days or less and a trip of 100 miles or more from Your primary residence for which the premium is paid.

“Us”, “We”, “Our” means United States Fire Insurance Company**.**

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

SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS

Benefits are not payable for any loss due to, arising or resulting from:

1. suicide, attempted suicide, or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member, or Business Partner booked to travel with You, while sane or insane;
2. an act of declared or undeclared war;
3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard;
4. riding or driving in races, or speed or endurance competitions or events;
5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. participating as a member of a team in an organized sporting competition or participating as a professional in a stunt, athletic or sporting event or competition;
7. participating in skydiving or parachuting, parasailing, hang gliding, bungee cord jumping, extreme skiing, skiing outside marked trails or heli-skiing mountaineering, any race, speed contests not including any of the regatta races, spelunking or caving, hot air ballooning, or scuba diving if the depth exceeds 120 feet (40 meters), or if You are not certified to dive and a dive master is not present during the dive;
8. piloting or learning to pilot or acting as a member of the crew of any aircraft;
9. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician;
10. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
11. normal childbirth or pregnancy (except Complications of Pregnancy), or voluntarily induced abortion;
12. dental treatment (except as coverage is otherwise specifically provided herein);
13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits;
14. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage;
15. any amount paid or payable under any Worker's Compensation, Disability Benefit, or similar law;
16. a loss or damage caused by detention, confiscation, or destruction by customs;
17. Elective Treatment and Procedures;
18. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
19. an assessment from a Legally Qualified Physician advising You in writing that You, a Traveling Companion, Family Member, or Business Partner booked to travel with You are not Medically Fit to Travel, as defined in the Policy, at the time of purchase of Coverage for a Trip.

PRE-EXISTING CONDITION EXCLUSION

The Company will not pay for any expense as a result of any illness, disease, or other condition during the 60-day period immediately prior to the date Your coverage is effective for which You or Your Traveling Companion, Business Partner, or Family Member scheduled or booked to travel with You: 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened, or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care, or treatment; or 2) took or received a prescription for drugs or medicine. Item 2 of this Exclusion 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.

Waiver of the Pre-Existing Condition Exclusion

The exclusion for Pre-Existing Condition will be waived provided:

a. Your Payment or Deposit for this Policy and enrollment form are received within 20 days of the date Your initial Payment or Deposit for Your Trip is received; and

b. You insure all Prepaid Trip costs that are subject to cancellation penalties or restrictions, and also insure within 20 days of the Payment or Deposit for those Travel Arrangements the cost of any subsequent Travel Arrangements (or any other Travel Arrangements not made through Your travel agent) added to Your Trip; and

c. You are not disabled from travel at the time Your premium is paid.

EXCESS INSURANCE LIMITATION

The insurance provided by this Policy shall be in excess of all other valid and collectible Insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

Economic or Trade Sanctions: Any payments under this Policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws, and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred, or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under this Policy. For more information, You may consult the OFAC internet website at www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

SECTION V. PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: Notice of claim must be reported within 20 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You.

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

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

Payment of Claims: When Paid: We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

Payment of Claims: **To Whom Paid:** Benefits for loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, 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 Benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, We will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

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

If any benefit is payable to: a) an Insured who is a minor or otherwise not able to give a valid release; or b) the Principal Insured's estate, We may pay up to $1,000 to the Principal Insured's beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

Subrogation: If the Company has made a payment for a loss under this Policy, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

SECTION VI. GENERAL PROVISIONS

Entire Contract Changes: This Policy, Schedule of Benefits, enrollment form and any attachments are the entire contract of insurance. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this Policy or its attachments.

Beneficiary Designation and Change: The Insured's beneficiary(ies) is (are) the person(s) designated by and on file with Seven Corners. An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Seven Corners with a written request for change. When the request is received, whether is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

Misstatement of Age: If premiums for are based on age and has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which is insured are based on age and has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

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

Legal Actions: All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written Proof of Loss is required to be furnished.

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

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

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

Payment of Premium: Coverage is not effective unless all premium has been paid to Seven Corners prior to a date of loss or insured occurrence.

Termination of This Policy: Termination of this Policy will not affect a claim for Loss which occurs while the Policy is in force.

Transfer of Coverage: Coverage under this Policy cannot be transferred by to anyone else.

Controlling Law: Any part of this Policy that conflicts with the state law where this Policy is issued is changed to meet the requirements of that state's law.

United States Fire Insurance Company
Administrative Office: 5 Christopher Way,
Eatontown, NJ 07724

WASHINGTON INDIVIDUAL AMENDATORY ENDORSEMENT

This Amendatory Endorsement is attached to and made a part of the Policy issued to the Insured. The provisions of this Amendatory Endorsement are effective on the Effective Date and will expire concurrently with the Policy, unless otherwise terminated.

The Policy/Certificate are hereby amended for **Washington** as follows:

1. The **Accidental Death and Dismemberment** provision appearing in **SECTION II COVERAGES** is modified as follows:

   The loss must occur within one year after the date of the Injury causing the loss.

2. The first paragraph of the **Accident and Sickness Medical Expense** provision appearing in **SECTION II. COVERAGES** is modified to include the following:

   All services or treatment must be received within one year following the date of the Accident which caused the Injury.

3. The definition of **Actual Cash Value** appearing in **SECTION III. DEFINITIONS** is deleted and replaced with the following:

   "Actual Cash Value" means the current cost to repair or replace an item with new material or property of like kind and quality.

4. The definition of **Trip** appearing in **SECTION III. DEFINITIONS** is deleted and replaced with the following:

   "Trip" means a scheduled trip of 90 days or less for which coverage for Travel Arrangements is requested and the premium is paid prior to Your actual or Scheduled Departure Date of Your Trip.

5. The **Subrogation** provision appearing in **SECTION V. PAYMENT OF CLAIMS** is modified to include the following:

   The Company is entitled to recovery only after You have been fully compensated for the loss sustained.

6. The **Concealment and Misrepresentation** provision appearing in **SECTION VI. GENERAL PROVISIONS** deleted and replaced with the following:

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

If there is a conflict between the Policy and this Endorsement, the terms of this Endorsement will govern.

Signed for United States Fire Insurance Company By:



Marc J. Adee
Chairman and CEO



Michael P. McTigue
Secretary

United States Fire Insurance Company
Administrative Office: 5 Christopher Way,
Eatontown, NJ 07724

WASHINGTON AMENDATORY ENDORSEMENT

This Amendatory Endorsement is attached to and made a part of the Policy/Certificate issued to the Insured. The provisions of this Amendatory Endorsement are effective on the Effective Date and will expire concurrently with the Policy/Certificate, unless otherwise terminated.

The Policy/Certificate is hereby amended for **Washington** as follows:

This Policy/Certificate does not exclude losses due to, arising, or resulting from one or more of the following disabilities: mental health or nervous disorders, substance use disorders, and suicide. Mental health or nervous disorders and substance use disorders will be included as a Sickness under this Policy/Certificate. Facilities which treat substance use disorders will be included as a Hospital under this Policy/Certificate.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern.

Signed for United States Fire Insurance Company By:

Marc J. Adee
Chairman and CEO

Michael P. McTigue
Secretary

FACTS

WHAT DOES CRUM & FORSTER DO WITH YOUR PERSONAL INFORMATION?

Rev. April 24, 2024

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

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

To Limit Our Sharing	▪ Call 844-254-5754 ▪ Email us at: CFGeneralCounsel@cfins.com Please note: If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.
Questions	Call 844-254-5754 or email us at: CFGeneralCounsel@cfins.com

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

Other Important Information

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

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

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

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

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

For Nevada Residents only. We are providing you this notice under state law. Nevada law requires we provide the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov; Crum & Forster: Office of the General Counsel, P.O. Box 1973, 305 Madison Avenue, Morristown, NJ 07962, 844-254-5754, CFGeneralCounsel@cfins.com..

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

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