

This Insurance is effected with certain Underwriters at Lloyd's, London.

This Certificate is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

The Assured is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquiries regarding this Certificate should be addressed to the following Correspondent:



303 Congressional Boulevard Carmel, IN 46032 1-800-335-0611 317-575-2652 317-575-2659 FAX www.sevencorners.com

Abroad Insurance ATR16-160818-01RT

#### **CERTIFICATE PROVISIONS**

- 1. Signature Required. This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
- 2. Correspondent Not Insurer. The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
- **3. Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.
- **4. Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon Mendes and Mount; 750 Seventh Avenue; New York, NY 10019-6829 USA (For California residents, contact Eileen Ridley, FLWA Service Corp., c/o Foley & Lardner LLP, 555 California Street, Suite 1700, San Francisco, CA 94104-1520 USA.), and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.

- 5. Assignment. This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
- **6. Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.

No Insured Person (i) appears on the list of Specially Designated Nationals and Blocked Persons administered by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"), or other denied party lists maintained by the U.S. Government, the European Union ("EU"), United Nations ("UN") or the United Kingdom ("UK"); (ii) is resident or physically present in a country or territory subject to sanctions, prohibitions or restrictions administered by OFAC, the EU, the UN or the UK; or (iii) is a person who is otherwise the target of U.S., EU, UN or UK sanctions, laws or regulations such that the Underwriters cannot deal or otherwise engage in business transactions with such person. Whenever the coverage provided hereunder would be in violation of any U.S., EU, UN or UK sanctions, prohibitions or restrictions, such coverage shall be immediately null and void. The Underwriters may be compelled by law to seize premiums, deny services, or withhold claims payments if an Insured Person becomes subject to U.S., EU, UN or UK sanctions while this Certificate is in effect.

# CERTIFICATE OF INSURANCE DECLARATIONS

Abroad Insurance ATR16-160818-01RT

This Declaration is attached to and forms part of certificate provisi
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ITEM 1. NAMED INSURED AND MAILING ADDRESS

Abroad Insurance

6 East Main Street

Ramsey, NJ 07446

PRODUCING AGENT NAME AND MAILING ADDRESS

Travmark.com, Inc. 6 East Main Street

Ramsey, NJ 07446

ITEM 2. POLICY PERIOD

FROM: 08/16/2018 TO: 08/14/2019

X 12:01 A.M., Standard Time at your mailing address

Insurance is effective with CERTAIN UNDERWRITERS AT LLOYD'S, LONDON. The Binding Authority Reference Number is B0775RCB07518

TERM:

364 Days

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

International Trip Cancellation Coverage:

	Youth Rate Per Trip			Adult Rate Per Trip		
Trip Cost	Premium	Trust Fee	Charge	Premium	Trust Fee	Charge
\$0-\$500	\$81.12	2.0%	\$82.74	\$152.25	2.0%	\$155.29
\$501-\$1,000	\$93.34	2.0%	\$95.21	\$163.35	2.0%	\$166.62
\$1,001-\$1,500	\$105.57	2.0%	\$107.68	\$174.46	2.0%	\$177.95
\$1,501-\$2,000	\$118.90	2.0%	\$121.28	\$186.68	2.0%	\$190.41
\$2,001-\$2,500	\$147.80	2.0%	\$150.76	\$214.47	2.0%	\$218.76
\$2,501-\$3,000	\$161.13	2.0%	\$164.35	\$226.69	2.0%	\$231.22
\$3,001-\$3,500	\$176.69	2.0%	\$180.22	\$241.14	2.0%	\$245.96
\$3,501-\$4,000	\$190.02	2.0%	\$193.82	\$254.48	2.0%	\$259.57
\$4,001-\$4,500	\$207.80	2.0%	\$211.96	\$272.26	2.0%	\$277.71
\$4,501-\$5,000	\$227.80	2.0%	\$232.36	\$292.25	2.0%	\$298.10
\$5,001-\$5,500	\$310.04	2.0%	\$316.24	\$372.26	2.0%	\$379.71
\$5,501-\$6,000	\$334.48	2.0%	\$341.17	\$397.81	2.0%	\$405.77
\$6,001-\$6,500	\$358.92	2.0%	\$366.10	\$421.16	2.0%	\$429.58
\$6,501-\$7,000	\$387.82	2.0%	\$395.58	\$450.05	2.0%	\$459.05
\$7,001-\$8,000	\$420.04	2.0%	\$428.44	\$602.84	2.0%	\$614.90
\$8,001-\$9,000	\$467.82	2.0%	\$477.18	\$662.57	2.0%	\$675.82
\$9,001-\$10,000	\$517.83	2.0%	\$528.19	\$723.70	2.0%	\$738.17
\$10,001-\$11,000	\$684.51	2.0%	\$698.20	\$932.05	2.0%	\$950.69
\$11,001-\$12,000	\$741.19	2.0%	\$756.01	\$1,002.89	2.0%	\$1,022.95

Mode

Premium shown above, payable: Per Trip, In Advance

This certificate of Insurance is made and accepted subject to the foregoing stipulations and conditions together with such other provisions, agreement or conditions as may be endorsed or added here to.

Dated: 08/14/2018

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## Certain Underwriters at Lloyd's, London

(Herein called the Company)

Certain Underwriters at Lloyd's, London, herein referred to as "the Company" hereby insures all persons whose Application has been Approved, by Seven Corners, Inc., herein referred to as "the Administrator" on behalf of the Company and whose name is identified on the ID Card and/or recorded with the Administrator, subject to all of the Exclusions, Limitations and Provisions as set forth herein and in the Certificate of Insurance issued by the Company to the Policyholder. Coverage is afforded only with respect to the named Insured Person(s), Coverage, amounts and limits specified herein and as identified in the Schedule of Benefits for the Insurance requested on the Application and for which the specified Premium has been paid to the Administrator.

## ABROAD INSURANCE

Administered by:

Seven Corners, Inc.
303 Congressional Blvd.
Carmel, IN 46032
800-335-0477 or 317-575-2656 (Monday thru Friday 8:00 A.M. to 5:00 P.M. EST)

Fax: 317-575-2659 www.sevencorners.com

## **SUMMARY OF BENEFITS**

The Following schedule shows the Maximum Benefit Amounts available through this program. Please review Your Protection Plan schedule to determine which benefits and limits apply to Your Trip.

Benefit	Per Person Limit	
Trip Cancellation	Tour Cost to a maximum of: \$12,000 (up to program cost)	
Trip Interruption	Tour Cost to a maximum of: \$12,000 (up to program cost)	
Trip Delay / Missed Connection	Up to \$600 per Person; \$200 Daily Limit	
Medical Expense	\$100,000	
Medical Evacuation / Repatriation	\$100,000	
Lost Baggage / Personal Effects	\$1,000	
Baggage Delay	\$200	
24-Hour AD&D	\$10,000	
Common Carrier AD&D	\$25,000	
Travel Assistance Services	Included	
Sports Coverage	To cover sports when offered by the camp on a non-professional level.	

#### **IMPORTANT**

Eligibility: The Abroad Insurance must be purchased outside the United States and is not available to U.S. residents.

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#### TRIP CANCELLATION / TRIP INTERRUPTION

**Trip Cancellation**: You have benefits in the amount purchased for unused non-refundable prepaid expenses for travel arrangements, whenever you are prevented from taking a trip for any of the following reasons that occur after the effective date\* of your protection plan:

- 1. Specified sickness, injury or death of you, your traveling companion, business partner or family member of either you or your traveling companion that results in medically imposed restrictions as certified by a legally qualified physician at the time of loss, preventing your continued participation in the trip.
- 2. Strike that causes complete cessation of services of your common carrier for at least 48 consecutive hours.
- 3. Weather that causes complete cessation of services of your common carrier for at least 48 consecutive hours.
- 4. Employer termination or layoff affecting you or a person sharing the same room. Employment must have been with the same employer for at least three continuous years.
- 5. Terrorism. The Terrorist Incident must occur in a city listed on Your itinerary within 30 days prior to Your Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident, which is causing Your cancellation. Benefits are not provided if Your Travel Supplier offers a substitute itinerary.
- 6. Hijack, quarantine, jury duty or court ordered appearance as a witness in a legal action in which you or your traveling companion are not a party (except law enforcement officers).
- 7. Primary residence of you or your traveling companion is rendered uninhabitable due to unforeseen circumstances.
- 8. Burglary of you or your traveling companion's primary residence within 10 days of departure or during your trip.
- 9. Felonious assault of you or your traveling companion within 10 days of departure or during your trip.
- 10. You or your traveling companion are called to emergency military duty for a national disaster other than war.
- 11. Traffic accident directly involving either you or your traveling companion, substantiated by a police report, while en route to a scheduled departure point.
- 12. If your travel supplier cancels your trip, you will receive up to \$75 for the reissue fee charged by the airline for your tickets. You must cover the full cost of the trip.

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, report the event as soon as possible. All other delays of reporting beyond 72 hours will result in reduced benefit payments.

\* Effective Date is the date which begins at 12:01 a.m. following the: 1) postmark date of your enrollment form or 2) the date you fax or transmit your enrollment via the internet with the proper payment.

**Trip Interruption:** If You are prevented from completing a Trip for any of the reasons listed under the Trip Cancellation section above that occur after Your Protection Plan Effective Date and after the departure date of the Trip, You are eligible up to the benefit amount purchased for:

- Any unused non-refundable prepaid expenses for Travel Arrangements;
- Return air: One-way Economy Transportation to return to Your original destination or rejoin Your Trip less the value of the original unused return travel ticket;
- Accommodations and transportation expenses for up to \$150/day for 10 additional days when a Traveling Companion must remain
  hospitalized or an Injury or Sickness not requiring hospitalization prevents You from continuing travel and You must extend Your Trip with
  additional hotel nights due to medically imposed restrictions on a Traveling Companion as certified by a Legally Qualified Physician.
- Single supplement upgrade You are eligible for benefits when Your Traveling Companion cancels or interrupts a trip for a specified reason and You do not.

## TRIP DELAY / MISSED CONNECTION

You are eligible for benefits up to the benefit amount shown on Your certificate for: a) Additional Transportation Cost to join the Trip or return home, including up to \$150 per day for reasonable accommodations and meals, if Your delay requires an unplanned overnight stay; or b) unused nonrefundable portion of the prepaid expenses as long as the expenses are supported by proof of purchase and are not reimbursable by any other source. Delay must be for 3 hours or more and certified due to one of the following reasons: 1) Delay of Common Carrier (which is certified by the Common Carrier); 2) A traffic accident in which You were not directly involved (substantiated by a police report); 3) Documented weather condition preventing You from getting to the point of departure; 4) Quarantine, hijacking, strike; 5) Lost or stolen passports, travel documents or money (must be substantiated by a report to the policy or the appropriate authority); 6)Natural disaster, terrorism or riot

## MEDICAL EXPENSE

You are eligible for benefits, excess of a \$50.00 per Occurrence Deductible, up to the benefit amount elected and for which premium has been paid:

1) Eligible Expenses incurred as a result of an accidental Injury which occurs or Sickness which first manifests itself during the Trip. You must receive initial Medical Treatment for Injury or Sickness within 30 days after the date of the accident that caused the Injury or the onset of Sickness. All treatment must be received within 52 weeks following the date of the accident or after onset of Sickness. 2) Benefits will include expenses for emergency dental treatment not to exceed \$750. 3) Advance payment will be made to a Hospital, subject to the applicable benefit amount, if needed to secure Your admission to a Hospital because of Sickness or Injury which first occurs during the course of the Trip. The authorized Assistance Company will coordinate advance payment to the Hospital. In all cases, benefits will not be paid in excess of the Usual and Customary Charges.

## **MEDICAL EVACUATION / REPATRIATION**

You are eligible for benefits equal to the benefit amount purchased for: 1) Medical evacuation which is determined by a Legally Qualified Physician and the authorized Assistance Company's medical director when Injury or Sickness is acute or life threatening and adequate treatment is not available at a local Hospital. Transportation will be provided to the closest Hospital or medical facility capable of providing adequate treatment; 2) Medical repatriation is provided when it is deemed Medically Necessary by a Legally Qualified Physician and the authorized Assistance Company for You to return to Your home or a Hospital near Your home for continued treatment. Transportation Expense incurred will be paid for You via one-way Economy Transportation; or commercial upgrade, based on Your condition as recommended by the local attending Legally Qualified Physician and the authorized Assistance Company: a) to return to Your permanent residence or b) to be moved to a Hospital or medical facility closest to Your permanent place of residence capable of providing that treatment; 3) Either: a) transportation will be provided for the return trip home via Economy Transportation for any dependent children under 18 who are accompanying You if You are confined to a Hospital for more than 7 consecutive days, this benefit will provide one round-trip Economy Transportation for a person of Your choice to visit You in a Hospital. 4) Benefits will also be paid to return your mortal remains to your home country should you die while on your trip (as described in the Travel Assistance Services Section).

These benefits provide the most appropriate and Economical Transportation by the most direct and economical route. This benefit for land or air transportation includes, but is not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized Assistance Company.

Benefits are calculated less the value of an unused return travel ticket. If benefits are payable under Your Protection Plan and You have other insurance that may provide benefits for this same loss, we reserve the right to recover from such other insurance.

Note, Pre-existing Condition limitation is automatically waived for Medical Evacuation / Repatriation.

## LOST BAGGAGE / PERSONAL EFFECTS

You are eligible for benefits up to the benefit amount for lost, stolen, or damaged baggage or personal items subject to a maximum reimbursement of up to \$300 per article. A maximum of \$1000 applies to the total amount payable for loss of any or all of the following: jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, articles trimmed with fur, cameras and their accessories and related equipment. In addition, the following reimbursements are included in this benefit: 1) Lost or stolen passport or visa (\$50 maximum); 2) Lost or stolen credit cards (cost associated with the unauthorized use - \$50 maximum subject to verification that You have complied with all conditions of the credit card company).

The least of the following amounts will be paid for lost, stolen, or damaged baggage or personal items under this benefit: 1) The actual cash value (cost less proper deduction for depreciation) at the time of loss, theft or damage; 2) The cost to repair or replace the article with material of a like kind and quality; or 3) \$300 per article. This benefit does not apply to losses on property specifically scheduled under other insurance.

## **BAGGAGE DELAY**

If Your checked baggage is delayed or misdirected while on Your Trip for more than 24 hours from Your time of arrival at Your destination other than Your residence by a Common Carrier, You are covered for the expense of necessary purchases of personal items up to the Maximum Benefit Amount as long as the expense is substantiated by receipts for purchases. Common Carrier must certify the delay.

## **ACCIDENTAL DEATH & DISMEMBERMENT**

You are eligible for benefits 24 hours a day, in an amount equal to the benefit amount shown on your schedule/certificate, when You sustain Injuries resulting in any of the following losses within 180 days from the date of the accident. Where applicable You will receive benefits in an amount equal to the amount purchased when You sustain Injuries on a Common Carrier: 1) Received 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; and 2) Resulting in any of the losses listed below within 180 days from the date of the accident. Benefits will be paid for the following types of Loss or Injury in the amounts shown:

Type of Loss	Percentage of Benefit Amount
Loss of Life	100%
Loss of both feet	100%
Loss of both hands	100%
Loss of both eyes	100%
Loss of one hand and one foot	100%
Loss of one hand and one eye	100%
Loss of one foot and one eye	100%
Loss of one hand	50%
Loss of one foot	50%
Loss of one eye	50%

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 the largest applicable amount shown above (the largest applicable) will be paid for the 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. If, while covered by this benefit, You are unavoidably exposed to the elements because of a covered accident and suffer a loss for which benefits are payable under this benefit, such loss will be covered. If, while covered by this benefit, You are in an accident resulting in

the disappearance, sinking or damaging of an air or water conveyance on which You are covered by this benefit, and Your body has not been found within 52 weeks from the date of the accident, it will be presumed, unless there is evidence to the contrary that You suffered loss of life as a result of those Injuries.

## PROTECTION PLAN DEFINITIONS

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

Adult Rate means the premium paid for ages over 18 years.

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

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

**Common Carrier** means any public land, air or water conveyance operating under a valid license providing for the transportation of passengers for hire. **Default** means the inability to provide contracted services due to a material financial failure.

**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 the Trip, reduced by the value of an unused return travel ticket.

Eligible Medical Expense means expense incurred for services and supplies: a) listed below; and b) ordered or prescribed by a Legally Qualified Physician as Medically Necessary for diagnosis or treatment; which are limited to: the services of a Legally Qualified Physician; Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Trip, if recommended as a substitute for a hospital room for recovery of Injury or Sickness); transportation furnished by a professional ambulance company to or from a Hospital; and prescribed drugs, prosthetics and therapeutic services and supplies.

**Family Member** means any of the following who resides in your country of residence: You or Your Traveling Companion's: legal spouse (or common-law spouse where legal), legal guardian, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew.

Hospital means: a) a place which is licensed or recognized as a general hospital by the proper authority of the state or country 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; and c) a place recognized as a general Hospital by the Joint Commission on the Accreditation of Hospitals. Hospital does not include an institution licensed or used principally: 1) for 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.

**Injury** or **Injuries** means accidental bodily injury received after the Effective Date of Your Protection Plan and prior to Your Scheduled Return Date and in loss independently of Sickness and all other causes and certified by a Legally Qualified Physician.

Intoxicated means a blood alcohol level which 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 or a Christian Science Practitioner: 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.

**Master Policy** means that certain group insurance policy, No. RCB07518 issued to World Commercial Trust by Certain Underwriters at Lloyd's, London, which is available upon request from Seven Corners.

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

**Medically Necessary** means a service or supply which: a) is recommended by the attending Legally Qualified Physician; b) is appropriate and consistent with the diagnosis in accordance with accepted standards of community practice; c) could not have been omitted without adversely affecting Your condition or quality of medical care; d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and e) is not considered experimental unless law requires payment of benefits for experimental service or supplies.

**Pre-existing Condition** means any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, regardless of the cause including any congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom that with reasonable medical certainty existed at the time of application or any time during the sixty (60) day period prior to the Effective Date of Your Protection Plan

**Published Penalties** means any published cancellation penalties issued 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 the sale of the Trip. The loss must occur within the Travel Supplier's penalty period. The maximum amount reimbursable under the travel agencies Published Penalties is 10% of the Trip cost (excluding taxes and other non-commissionable items) or 10% of the amount You have paid, whichever is less. Maximum payable under any one claim is the 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.

**Schedule of Benefits** means the benefit confirmation provided to You following enrollment and payment of the applicable cost of Your Protection Plan. **Sickness** means an illness or disease which is diagnosed or treated by a Legally Qualified Physician after the Effective Date of Your Protection Plan and prior to Your Scheduled Return Date.

**Strike** means any stoppage of work: a) As a result of a combined effect 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.

**Transportation Expense** means: a) The cost of conveyance of You and any medical personnel (if Medically Necessary); and b) The cost of Medically Necessary services or supplies.

Travel Arrangements mean: a) transportation; b) accommodations; and c) other specified services arranged by the Travel Supplier for the Trip.

**Traveling Companion** means a person or persons with whom You a) have coordinated Travel Arrangements and b) intend to travel with during the Trip. Note: a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

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

**Trip** means scheduled trips, tours or cruises for which: a) benefits are requested; and b) the required plan cost is submitted prior to the Scheduled Departure Date.

**Usual and Customary Charges**" mean those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed, or services or supplies are provided.

You or Your means the individual named on the enrollment form who has purchased a Trip and who has paid the required cost for Your Protection Plan. Youth Rate means the premium paid for ages over 18 years and younger.

#### WHEN YOUR BENEFITS APPLY

Effective Date is the date which begins at 12:01 a.m. following the: 1) postmark date of Your enrollment form or 2) the date You fax or transmit Your enrollment via the internet with the proper payment.

Trip Cancellation Benefit and Assistance Services begin on the Effective Date.

Flight Accident Option Benefit begins on the departure date or the date Your completed enrollment form and fees are postmarked, faxed, or transmitted via the internet. Ends when the trip is completed or after 30 days (unless additional days are purchased), whichever comes first.

Trip Delay Benefit is in force while You are en route to and from Your Trip.

All Other Benefits begin on 12:01 a.m. on Your Scheduled Departure Date or your Protection Plan Effective Date whichever is later, and ends at the point and time of return on or before the Scheduled Return Date. Maximum trip length under ROUNDTRIP is 90 days. For longer trips, contact your agent or Seven Corners.

#### What Benefits are Not Payable – General:

Benefits are not payable for Sickness, Injuries or losses of You or Your Traveling Companion:

- 1. Resulting from suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane;
- 2. Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined in war or terrorism;
- 3. Occurring while or resulting from riding, driving or participating in races, or speed or endurance contests, while or resulting from mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes or other special equipment), while or resulting from participating in skydiving, hang gliding, bungee cord jumping, scuba diving(unless PADI or NAUI certified or with a dive instructor who is PADI or NAUI certified in an instructional/professional environment or instructional diving class) or deep sea diving (in New York, professional scuba any sport that requires more than on "Open Water 1" certification by PADI, NAUI, or other recognized diving certification organization);
- 4. Injury sustained while participating professional athletics;
- 5. Any Mental and Nervous disorders, unless hospitalized;
- Occurring while or resulting from piloting or learning to pilot or acting as a member of the crew of any aircraft;
- 7. Received as a result or consequence of being Intoxicated or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician; To which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation:
- 8. Due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;
- 9. For dental treatment (except as otherwise specifically provided herein); or
- 10. Due to a Pre-Existing Condition. Pre-existing Condition limitation is automatically waived for emergency medical evacuation and medical repatriation benefits;
- 11. A Legally Qualified Physician advises You or Your Traveling Companion not to travel due to Sickness or Injury;
- 12. Bankruptcy or Default of a Travel Supplier.

## WAIVER OF THE PRE-EXISTING CONDITION EXCLUSION

The Pre-Existing Condition Exclusion is waived provided you meet all of the following requirements:

- 1. the payment for this plan is received prior to/or within 24 hours of your final payment for your Covered Trip; and
- 2. you are not disabled from travel at the time you make your plan payment; and
- 3. the booking for the Covered Trip must be the first and only booking for this travel period and destination.

## WHAT IS NOT PAYABLE UNDER BAGGAGE DELAY BENEFIT

Benefits are not payable for loss of any of the following: a) animals, b) automobile or automobile equipment, boats or other vehicles or conveyances, trailers, motors, aircraft, bicycles (except when checked as baggage with a Common Carrier); c) household effects and furnishings, antiques or collectors' items; d) sunglasses (prescription or non-prescription) or contact lenses; e) artificial teeth or dental bridges; f) hearing aids; g) prosthetic limbs; h) prescribed medications; i) keys; j) money, credit cards, tickets, documents (except as otherwise specified under the benefit description) or securities; k) stamps; l) professional or occupational equipment or property (whether or not electronic business equipment), telephones or computer hardware or software.

#### TRAVEL ASSISTANCE SERVICES

The Travel Assistance feature provides a variety of travel related services. Services offered include: Medical evacuation/repatriation · Repatriation of remains · Medical or legal referral · Hospital admission guarantee · Emergency cash advance\* · Translation service · Prescription drug / eyeglass replacement\* Passport / visa information · Bail bond\* Inoculation information

\* Payment reimbursement to the Assistance Company is Your responsibility

For Travel Assistance Services ONLY:

CALL TOLL FREE: 800-461-0430 (within the United States and Canada)

OR CALL COLLECT: 317-818-2808 (from all other locations)

Travel assistance services are provided by an independent organization and not by Certain Underwriters at Lloyds, London or Seven Corners, Inc. There may be times, when circumstances beyond the Assistance Company's control, hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help you resolve your emergency situation.

## FILING A CLAIM IS SIMPLE

To receive a claim form, contact Seven Corners, or send Your name, address, travel dates, confirmation number (provided on Your ID Card) once You have purchased Abroad Insurance, and details of Your loss within 90 days to:

Seven Corners, Inc. 303 Congressional Blvd. Carmel, IN 46032

800-335-0477 or 317-575-2656 (Monday thru Friday 8:00 A.M. to 5:00 P.M. EST)

Fax: 317-575-2659 www.sevencorners.com

IMPORTANT: To facilitate prompt claims settlement, You will be asked to provide proof of Your loss. Therefore, be sure to obtain the following as applicable:1.) For medical claims - detailed medical statements from treating physicians where and when the accident or Sickness occurred as well as receipts for medical services and supplies; 2.) For baggage and baggage delay claims - reports from parties responsible (i.e. airline, cruise line, etc.) for loss, theft, damage or delay. Some claims may also require a police report. Please obtain receipts for lost or damaged items; 3.) For trip delay claims - a statement from party causing delay and receipts for expenses; 4.) For cancellation/interruption claims - Your travel invoice, the cancellation or interruption date, original unused tickets/vouchers, the travel organizer's cancellation clause with regard to nonrefundable losses. You will also be asked to provide proof of payment.

No benefits will be paid for any expenses reimbursed to You or services provided to You by any other source. Benefits cannot be duplicated under Your Protection Plan.

Unless You otherwise designate a beneficiary, or in the event the designated beneficiary predeceases You, indemnity for loss of life will be paid to the first of the following surviving beneficiaries: Your spouse; child or children, jointly; parents, jointly if both are living, or the surviving parent, if only one survives; brothers and sisters jointly; or Your estate.

Protection Plan costs are non-refundable.

If you have two Abroad Insurance plans that duplicate benefits, You will be paid up to the highest benefit amount under only one Protection Plan for each trip.

## FOR QUESTIONS AND GENERAL INFORMATION

Travmark.com, Inc. 6 East Main Street Ramsey, NJ 07446 Tel: (212) 917 842 2292 Fax:(212) 779 7731

Email: mark@travmark.com
Website: www.travmark.com

Benefits under Your Protection Plan are provided by **Certain Underwriters at Lloyd's London**. As the largest insurance entity in the world, Lloyd's has earned an A (Excellent) rating from AM Best and an A+ (Strong) rating from Standard and Poors.

#### **SEVERABILITY OF INTEREST CLAUSE**

This Policy shall operate in all respects as if a separate Policy had been issued to each party insured hereunder, except that in no event shall the total liability of the Insurers in respect of all parties insured hereunder exceed the Limit of Indemnity stated in this Policy. - **LSW1001** 

#### LLOYD'S PRIVACY POLICY STATEMENT

#### UNDERWRITERS AT LLOYD'S, LONDON

The Certain Underwriters at Lloyd's, London want you to know how we protect the confidentiality of your non-public personal information. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

#### INFORMATION WE COLLECT

The non-public personal information that we collect about you includes, but is not limited to:
Information contained in applications or other forms that you submit to us, such as name, address, and social security number Information about your transactions with our affiliates or other third-parties, such as balances and payment history

c) Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

#### INFORMATION WE DISCLOSE

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so,

## **CONFIDENTIALITY AND SECURITY**

Only our employees and others who need the information to service your account have access to your personal information. We have measures in place to secure our paper files and computer systems.

#### RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION

You have a right to request access to or correction of your personal information that is in our possession.

#### **CONTACTING US**

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request. - LSW1135b

Abroad Insurance 10 ATR16-160818-01RT



One Lime Street London EC3M 7HA