

Letter Of Confirmation

August 28, 2014

Karyna Shuliak
[Redacted]

Dear Karyna Shuliak,

Thank you for choosing us to protect your travel investment.

Please make sure you read this *Letter of Confirmation*, your enclosed *Certificate of Insurance/Policy*, and any other attached documents, including riders or other forms carefully. Because the *Certificate of Insurance/Policy* may describe coverage not included in your plan, be sure to look at all of the documents to understand your specific coverage. Contact us immediately if you think there is a mistake in your *Letter of Confirmation*.

Information about your plan

Name of your plan: Annual Executive Plan
Policy identification number: [Redacted]
Type of order: Phone
Number of people insured: 1
Who it insures: Karyna Shuliak
Date of purchase: August 28, 2014
Plan effective date: September 5, 2014 - September 5, 2015
Total cost: \$459.00

Thanks again for purchasing a travel insurance plan from us. Have a safe and pleasant trip!

Sincerely,



Mark Henson
Vice President of Travel Operations



We will refund your insurance premium if you cancel your insurance within 10 days of purchase and have not filed a claim or departed on your trip.

To modify your policy or file a claim, please visit
www.allianztravelinsurance.com.

How can we help?

Please detach the card to the right, fold, and carry with you.



Name: Karyna Shuliak
Policy No.: [Redacted]

Emergency Assistance Card

For emergency assistance during your trip call:
1-800-949-6201 **1-804-281-5700**
(From U.S.) (Outside U.S. / Collect)

For benefit information call:
1-800-949-6201
(From U.S.)

To modify your policy or file a claim, please visit:
www.allianztravelinsurance.com

P. O. Box 72031, Richmond, VA 23255-2031

What Your Plan Includes

Your plan includes the following coverage, up to the limits shown. Please see your Certificate/Policy for information about how our insurance works.

Benefit	Coverage Limits*
Baggage Coverage	\$1,000.00*
Baggage Delay Coverage	\$1,000.00*
Business Equipment Coverage	\$1,000.00*
Business Equipment Rental Coverage	\$1,000.00*
Collision/Loss Damage Insurance	\$45,000.00*
Change Fee Coverage	\$250.00*
Concierge	
24-Hour Hotline Assistance	
Emergency Medical Transportation	\$250,000.00*
Emergency Medical and Dental	\$50,000.00*
Trip Cancellation Protection	\$5,000.00*
Travel/Trip Delay Coverage	\$1,500.00*
Daily limit	\$150.00*
Trip Interruption Protection	\$5,000.00*
Travel Accident Coverage	\$100,000.00*

*USD per person unless noted otherwise

Please Note

- Emergency Medical and Dental Benefits are secondary and there is no deductible.
- Collision, loss or damage benefits and coverage limits are per policy.
- There is a \$500 maximum for all covered dental expenses.
- AGA Service Company is the licensed producer and administrator of this plan.
- **Insurance coverage is provided under Form No. 52.201 series or 52.401 series issued by BCS Insurance Company.**

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Allianz Travel Insurance

Individual Travel Insurance Policy

FOR SERVICE, VISIT OR CALL:
www.allianztravelinsurance.com
1-800-284-8300

FOR EMERGENCY ASSISTANCE
DURING YOUR TRIP CALL:

1-800-654-1908
(From U.S.)

1-804-281-5700
(Collect)

Global Assistance

Allianz 



Allianz Global Assistance and Allianz Travel Insurance branded plans are underwritten by BCS Insurance Company. AGA Service Company is the licensed producer for this plan.

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ANNL2_NY_D

INSURING CLAUSE

BCS Insurance Company, herein referred to as the Company, will pay You the insurance benefits described in this Policy. This Policy and attached Riders, if any, are issued in consideration of the statements in the enrollment form and the payment of the initial premium. Please refer to the accompanying Letter of Confirmation. It provides You with specific information about the plan You purchased. Please contact Us immediately if You believe that the Letter of Confirmation is incorrect.

*Indicates insurance coverage provided under this Policy and underwritten by BCS Insurance Company.

RENEWAL CONDITIONS

This Policy is issued for a single term as stated in the Letter of Confirmation and may be renewed for subsequent Coverage Terms.

SATISFACTION GUARANTEE

Within 10 days of purchasing the plan, We will process a full refund of premium to You, as long as You have not already departed on Your Trip or filed a claim. No refunds shall be paid to You after 10 days of purchasing the plan.

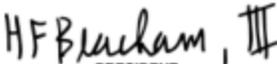
PLEASE READ THIS POLICY CAREFULLY FOR FULL DETAILS. This Policy is a legal contract. The entire contract is made up of the Policy and any Riders attached to it.

PLAN FEATURES

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Signed for BCS Insurance Company, 2 MidAmerica Plaza, Suite 200, Oakbrook Terrace, IL 60181.


H.F. Brucham, III
PRESIDENT


SECRETARY

Form 52.201NY

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Part I. EFFECTIVE DATE

Coverage Term: The Coverage Term shall start at 12:01 A.M. on the date shown in Your Letter of Confirmation, subject to payment of the premium due. The Coverage Term ends at 12:01 A.M. on the 366th day after the date the Coverage Term starts, except as stated in the Extension of Coverage Provision or if renewed for another annual term.

Effective Date: The Trip Cancellation coverage is in effect for each Trip made during the Coverage Term. The other coverages are in effect during each Trip made during the Coverage Term, effective on or after each Trip's Scheduled Departure Date and upon You leaving Your residence, place of employment, lodging or other location from which You directly start Your Trip.

Notwithstanding, no coverage is in effect for any Trip that is made by mass transit, taxi, limousine service, personal automobile, bus, commuter rail or airline service, including inter-urban rail service by Amtrak unless the Trip is scheduled:

1. To take You at least 100 miles from Your residence, place of employment, lodging or other location from which You directly start Your Trip; and
2. The scheduled Trip must not exceed 45 days length at the time of booking.

Part II. TERMINATION DATE

Termination of Coverage for a Trip: Subject to the Extension of Coverage provision, all coverages with respect to a given Trip end subject to the Extension of Coverage provision below, on the earliest of:

1. Your arrival at Your residence, place of employment, lodging or other location at Your return destination to which You go directly following Your Trip;
2. Your return date;
3. Cancellation of the Trip for reasons other than those covered under the Policy;
4. 12:01 A.M. on the 121st day after the date You started Your Trip; or
5. At 12:01 A.M. on the 366th day after the Coverage Term starts.

Extension of Coverage for a Trip: All coverages will be extended with respect to a given Trip provided:

1. Your entire Trip falls within a Coverage Term; and
2. Your return is delayed by unforeseeable circumstances beyond Your control.

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If coverage is extended for the above reason, coverage will end on the earlier of:

1. Your arrival at Your residence, place of employment, lodging or other location at the return destination to which the insured directly goes following the Trip; or
2. Seven days after the return date.

Termination of Annual Coverage: Premium is paid on an annual basis. Your insurance will continue in effect until 12:01 A.M. on the 366th day after the date of the Coverage Term starts as shown in Your Letter of Confirmation. The insurance will continue for subsequent annual terms, subject to timely payment of premium. You may terminate this plan by giving Us 31 days advanced written notice. We will refund any unearned premium.

Part III. GENERAL EXCLUSIONS

Inland Marine benefits are considered to be Baggage Coverage, Baggage Delay Coverage, Travel Delay Coverage, and Collision/Loss Damage Insurance.

Accident and Health benefits are considered to be Trip Cancellation and Interruption Benefits, Emergency Medical and Dental Benefits, and Travel Accident Coverage.

These exclusions apply to the plan benefits and services indicated. In addition to any exclusions that apply to a particular benefit, no coverage is provided for any loss arising directly or indirectly out of or as a result of the following:

For all Inland Marine benefits:

1. Intentionally self-inflicted harm, suicide or attempted suicide, by You, a Traveling Companion or a Family Member;
2. Normal Pregnancy, fertility treatments, Childbirth or elective abortion, other than unforeseen complications of pregnancy, of You, a Traveling Companion or a Family Member;
3. Mental or nervous health disorders, including but not limited to: anxiety, depression, neurosis or psychosis; or physical complications related thereto, of You, a Traveling Companion or a Family Member;
4. Alcohol or substance abuse; or conditions or physical complications related thereto, of You, a Traveling Companion or a Family Member;
5. War (whether declared or undeclared), acts of war, military duty (unless as specifically covered), civil disorder or unrest (except as provided for in Travel Delay);
6. Participation in professional or amateur sport events (including training);
7. All extreme, high risk sports including but not limited to: bodily contact sports; skydiving; hang gliding, bungee jumping, parachuting; mountain climbing or any other

high altitude activities, caving, heli-skiing, extreme skiing, or any skiing outside marked trails;

8. Scuba diving (unless accompanied by a dive master and not deeper than 130 feet);
9. Operating or learning to operate any aircraft as pilot or crew;
10. Nuclear reaction, radiation or radioactive contamination;
11. Natural disasters (unless as specifically covered);
12. Epidemic;
13. Pollution or threat of pollutant release;
14. Any unlawful acts committed by You, Family Members, or Traveling Companions, whether they are insured or not; or
15. Any expected or reasonably foreseeable events.

For all Accident and Health benefits:

1. Intentionally self-inflicted harm, suicide or attempted suicide, by You, a Traveling Companion or a Family Member;
2. Pregnancy, other than unforeseen complications of pregnancy, of You, a Traveling Companion or a Family member;
3. Mental or emotional disorders, or physical complications related thereto, of Your, a traveling Companion or a Family Member;
4. Alcoholism or drug addition, intoxication or under the influence of any narcotic unless administered on the advice of a Physician or physical complications related thereto, of You, a Traveling Companion or a Family Member;
5. War (whether declared or undeclared), acts of war, participation in a riot or insurrection (except as provided for in the Travel Delay benefit); or service in the Armed Forces or units auxiliary thereto (except as specifically covered);
6. Aviation, other than as a fare-paying passenger on a scheduled or charter flight, operated by a scheduled airline;
7. Participation in a felony or to which a contributing cause of the loss was a person being engaged in an illegal occupation. This includes You, Family Member, or Traveling Companions, whether they are insured or not; or
8. Financial Default of a travel supplier.

These plans do not cover You:

1. If the purpose of the travel is to receive medical care, medication or treatment;
2. If the stated Trip departure and return dates do not reflect Your intended departure and return dates;
3. If the tickets do not indicate the travel dates;
4. If You give incorrect data or facts; or
5. If the loss is not submitted to Us within 90 days from the date of loss, except as otherwise prohibited by law.

PRE-EXISTING CONDITIONS EXCLUSION

This exclusion applies to Trip Cancellation and Interruption Protection, Emergency Medical and Dental Benefits, and to those Travel Assistance Services related to medical problems.

The plan does not cover losses or expenses if they result from a Pre-existing Condition.

For the purposes of determining any Pre-existing Conditions, the effective date of Your insurance will be Your Trip Cancellation Insurance effective date, if Trip Cancellation Insurance is purchased. If no Trip Cancellation Insurance is purchased, it will be Your Trip departure date.

You have purchased a plan where Pre-existing Conditions are waived. The Company and We cover these Pre-existing Conditions provided:

1. On the date of purchase of insurance, You were medically able to travel and You had not filed a claim for Trip Cancellation due to a pre-existing Illness within 120 days prior to the purchase of insurance;
2. The total Trip cost is \$10,000 per person or less; and
3. On the date of purchase of insurance, You are a resident of the United States.

If You do not meet the above criteria, You may still be covered for Trip Cancellation or Trip Interruption caused by reasons other than those related to the Pre-existing Condition.

Part IV. DESCRIPTION OF TRAVEL INSURANCE BENEFITS (what is covered)

The following insurance benefits are designed to protect You against situations or losses that result from sudden and unexpected conditions or events. **The benefits do not cover conditions or events that, on the date of purchase, are either known to You or likely to occur. Please be aware that this stipulation may be applied to policies purchased with the Pre-existing Conditions Exclusion Waiver.** The Company and We reserve the right to reject applications.

TRIP CANCELLATION AND INTERRUPTION PROTECTION*

Trip Cancellation coverage provides benefits for loss(es) You incur for Trips cancelled up to the time and date of departure. Trip Interruption coverage provides benefits for loss(es) You incur for Trips that are interrupted or delayed after the time and date of departure.

For all of the covered reasons outlined below, You must notify the appropriate travel supplier(s) of Your cancellation or interruption within 72 hours of the occurrence, unless the condition prevents it, then as soon as reasonably possible. Otherwise the right to compensation will lapse.

A maximum benefit of up to the amount indicated in Your Letter of Confirmation is provided to cover certain expenses as listed below which result from the cancellation or interruption of Your Trip due to:

1. Any serious Injury or any unforeseen serious medical condition:
 - a. Occurring to You or Your Traveling Companion, which is so disabling as to cause a reasonable person to delay, cancel, or interrupt their Trip;
 - b. Occurring to a Family Member that is considered life threatening or requiring hospitalization; or
 - c. Occurring to a Family Member requiring Your care.

For Trip Cancellation benefits, an actual examination by a Physician must take place within 72 hours of the cancellation. For Trip Interruption benefits, this examination must take place during Your Trip. This Physician may not be a member of Your or Your Traveling Companion's immediate family or yourself, or an Immediate Family Member of the person whose condition caused the cancellation or interruption.

2. Your death, the death of a Family Member or a Traveling Companion if the death occurs prior to Your Scheduled Departure Date or during Your Trip.
3. Strikes, natural disasters, bad weather or FAA mandated shutdown resulting in the complete cessation of services by the airline, the tour operator or the cruise line for at least 24 consecutive hours **OR** a road closure causing a delay in reaching Your destination for at least 12 consecutive hours. The Company will not cover losses resulting from strikes of the person, organization, agency, or tour operator, or their affiliate companies, that solicited this coverage and/or Your insured travel arrangements to You.
4. You or a Traveling Companion being hijacked, carjacked or quarantined.
5. You being required to serve on a jury, served with a court order or subpoena.

6. Your Primary Residence being made uninhabitable or Your company being made unsuitable for business by fire, flood, burglary, vandalism, or natural disasters.
7. You or a Traveling Companion being directly involved in a traffic Accident while directly en route to a departure or that causes either: 1) a medical emergency for You or a Traveling Companion; or 2) damage to the automobile that creates an immediate need for repair to ensure the safety of the passengers.
8. A terrorist act committed by an organized terrorist group (recognized as such by the U.S. State Department) that results in property damage, Injury or loss of life. The incident must take place in a domestic or foreign city in which You are scheduled to arrive within 30 days following the incident and Your tour operator (if applicable) must not have offered a substitute itinerary. **For foreign terrorism coverage only, coverage for travel to or through countries in which such a documented or reported incident has occurred in the 30 days prior to the purchase of travel is excluded. Losses resulting due to the issuance of travel advisories, bulletin or alerts; war or acts thereof; civil disorder, riot or unrest; bomb scares or threats of terrorist activity; or terrorist acts against any Common Carrier (e.g., airline or cruise line) are not covered.**
9. You, who are on Active Military Duty in the United States Armed Forces:
 - a. having Your personal leave revoked within 10 days prior to Your departure date (as long as such revocation is in writing by a superior officer and is not due to war-related situations, invocation of the War Powers Act, base or unit mobilization, unit reassignment for any reason, or disciplinary action); or
 - b. are personally reassigned within 10 days prior to Your departure date, whether temporary or permanent.
10. You being the victim of a Felonious Assault within 10 days prior to Your departure date or during Your Trip. A Felonious Assault may not be inflicted by You, a Family Member, Traveling Companion or Traveling Companion's Family Member.
11. You, after having been with the same employer for at least three continuous years, are terminated or laid off, through no fault of Your own, after Your effective date of coverage.
12. A covered Travel Delay that results in the loss of more than 50% of Your scheduled Trip length.

13. Theft of Your automobile that results in Your inability to take or continue Your Trip.
14. For Trip Cancellation benefits only, Your Normal Pregnancy as long as the pregnancy occurs after Your effective date of coverage that can be verified by medical records.
15. For Trip Cancellation benefits only, You will be attending an Immediate Family Member's Childbirth at the time the covered Trip is supposed to take place as long as the pregnancy occurs after the effective date of coverage that can be verified by medical records.
16. You or a Traveling Companion are required to work during Your scheduled Trip. You must demonstrate proof of requirement to work, such as a notarized statement signed by an officer of Your employer.
17. You or a Traveling Companion become legally separated or divorced after the purchase of insurance and prior to the departure date, provided that the Insurance was purchased within 14 calendar days of the initial Trip deposit or payment.
18. Your company being directly involved in a merger or acquisition. You must be an active employee of the company that is merging and You must be involved in such an event.

In all cases You must notify the appropriate travel supplier(s) of Your cancellation or interruption within 72 hours, unless the condition prevents it, then as soon as reasonably possible. Otherwise the right to compensation will lapse.

Coverage is for:

1. Forfeited, published, Trip payments or deposits incurred as a result of cancellation penalties for which You are not eligible to receive a Refund;
2. For Trip Interruption, the pro-rated portion of the pre-paid Trip missed;
3. The additional cost resulting from a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's Trip is canceled or interrupted for one of the above covered reasons and Yours is not;
4. Reasonable, additional accommodation and transportation expenses up to \$100 per day up to a maximum of five days if a Traveling Companion must re-main hospitalized;
5. Reasonable, additional travel costs for You to reach Your original destination if You must depart after Your planned departure date due to one of the above reasons; or
6. Reasonable, additional transportation expenses needed to reach the scheduled termination point of Your Trip or to travel from the place Your Trip was interrupted to the place

where You can rejoin Your Trip and the unused portion of any non-refundable land, sea and air arrangements that were paid as part of Your Trip.

The benefits paid under 5 and 6 above will not exceed the cost of an economy airfare by the most direct route on the next available carrier, less any Refunds paid to You.

Trip Cancellation/Interruption benefits do not cover loss(es) due to:

1. Any General Exclusion or Pre-existing Condition**;
2. You or a Traveling Companion: a) making changes to personal plans; b) having a business or contractual obligation; c) being unable to obtain necessary travel documents; or d) being detained or having property confiscated by any Customs authority;
3. Carrier caused delays (including bad weather) unless as covered above;
4. Prohibition or regulation by any government; or
5. Travel arrangements cancelled by the airline, cruise line or tour operator.

** The Pre-existing Condition provision limitation applies only during the first Policy year and not consecutive and subsequent Policy years.

Please refer to Your Letter of Confirmation to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

EMERGENCY MEDICAL AND DENTAL BENEFITS*

This coverage is primary.

A maximum benefit of up to the amount listed in Your Letter of Confirmation is provided for covered Emergency Medical or Dental Care expenses incurred as a result of accidental Injury or Illness occurring during a Trip within the Coverage Period.

We will only pay Reasonable and Customary Charges for health care services or supplies provided by Physicians, licensed dentists, Hospitals, and Other Licensed Providers that are received **during Your Trip and that are received greater than 100 miles from home** and which are Medically Necessary for:

1. Emergency Medical Care; and
2. Emergency Dental Care. **There is a \$500 maximum for all covered dental expenses.**

Coverage is not provided for:

1. Expenses incurred as a result of any General Exclusion or Pre-existing Condition;
2. Non-emergency services, supplies, or charges (examples are those for cosmetic surgery, except reconstructive surgery that is incidental to or follows surgery resulting from trauma, infection or other disease of the involved

part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child that has resulted in a functional defect; physical exams, allergies, hearing aids, eyeglasses, contact lenses, palliative care or cosmetic foot care, experimental treatment, or other services which are not Medically Necessary to provide Emergency Medical or Dental Care);

3. Treatment received in unlicensed facilities or given by unlicensed health care providers;
4. Treatment given by a Family Member or a Traveling Companion, whether or not a licensed provider;
5. Any Illness or bodily Injury which occurs in the course of employment if benefits or compensation is provided, in whole or in part, under the provisions of any legislation of any governmental unit; or
6. Benefits provided by any governmental agency or unit.

Benefits may be coordinated with any other excess coverage You may have and any benefits paid in excess of Your actual loss may be recovered.

Please refer to Your Letter of Confirmation to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

BAGGAGE COVERAGE *

Coverage is secondary to any coverage provided by a Common Carrier or hotel, if any.

If Baggage is lost, damaged or stolen, the Company will pay the loss, up to the maximum amount indicated in Your Letter of Confirmation, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. **Notwithstanding the foregoing, We will continue to cover up to a maximum amount of \$500 for any and all jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items and only when original receipts are provided.**

You must notify the appropriate local authorities at the place the loss occurred and inform them of the value and description of Your property within **24 hours after the loss**. Finally, You must file written proof of loss with the Company within 90 days from the date of loss, except as otherwise prohibited by law, attaching copies of airline, cruise line or Common Carrier claims forms, original police reports, an itemization and description of lost items and their estimated value, and all receipts, credit card statements, canceled checks, photos, or other appropriate documentation as may be required.

Property or losses not covered:

1. Losses incurred as a result of any General Exclusion;
2. Animals;
3. Automobiles and equipment, motorcycles and motors;
4. Bicycles, skis, snowboards (except when checked with a Common Carrier);
5. Aircraft, boats or any other vehicles or conveyances;
6. Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs;
7. Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise) and deeds;
8. Property shipped as freight or shipped prior to Your Trip departure date;
9. Rugs or carpets of any type;
10. Perishables, medicines, perfumes, cosmetics and consumables;
11. Property used in trade, business or for the production of income or offered for sale or trade or components of goods offered for sale or trade;
12. Damage to the property resulting from defective materials or workmanship, ordinary wear and tear, and normal deterioration; or
13. Property that is left in a vehicle if the vehicle is not properly secured.

The plan will pay the lesser of:

1. The actual purchase price of a similar item; or
2. The Actual Cash Value of the item at the time of loss, which includes deduction for depreciation (for items without receipts, the plan will pay up to 75% of the determined depreciated value); or
3. The cost to repair or replace the item.

Please refer to Your Letter of Confirmation to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

BAGGAGE DELAY COVERAGE *

If Your personal Baggage is delayed or misdirected for at least 24 hours by a Common Carrier, the plan will reimburse You on a one-time basis for the reasonable, additional purchase of essential items. Verification of the delay by the Common Carrier and receipts for the emergency purchases must accompany any claim.

No coverage will be provided for loss(es) due to any General Exclusion.

Please refer to Your Letter of Confirmation to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

TRAVEL DELAY COVERAGE *

Coverage under the plan will pay on a one-time basis up to the maximum amount listed in Your Letter of Confirmation for reasonable, additional accommodation and traveling expenses due to a departure delay of 6 or more hours. Prepaid expenses are not covered. Expenses must be incurred by You. Payments for additional expenses will not exceed \$150 per day per person.

Covered reasons for Travel Delay are:

1. Carrier caused delay (including bad weather);
2. Lost or stolen passports, money, or travel documents;
3. Quarantine;
4. Hijacking;
5. Unannounced strikes;
6. Natural disaster; or
7. Civil disorder or unrest.
8. Severe storms that cause a route closing validated by the National Weather Service records and local Department of Transportation Records.

No coverage will be provided for loss(es) due to any General Exclusion.

Please refer to Your Letter of Confirmation to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

TRAVEL ACCIDENT COVERAGE*

This benefit provides coverage for a loss due to a covered Accident. The loss must occur within 365 days of the covered Accident. The plan will pay the full amount (as listed on Your Letter of Confirmation), in a lump sum, for loss of life or any combination of two eyes, hands or feet; and one half of the amount for loss of one eye, hand or foot. Loss of eye means total and irrecoverable loss of entire sight; and loss of hand or foot means the actual complete and permanent severance at or above the wrist or ankle joint. Death or loss must be a direct result of the Accident sustained during the Coverage Period.

Benefits will be payable for only one loss, that being the greatest amount. Benefits are payable to You or, if applicable, to Your estate unless a beneficiary is named on Your application.

No coverage will be provided for loss due to any General Exclusion nor any loss due to air travel except while You are riding, boarding or alighting as a ticketed passenger on a certified aircraft provided by a regularly scheduled airline on a regularly scheduled Trip or charter.

Please refer to Your Letter of Confirmation to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

COLLISION/LOSS DAMAGE INSURANCE *

The plan will pay up to the amount indicated in Your Letter of Confirmation for:

1. Physical damage to a Rental Car that occurs while You are driving or while the Rental Car is left unattended during the rental period (under this benefit, You refers to the insured and licensed drivers who are designated as drivers on the Rental Car Agreement);
2. Reasonable and customary rental charges which may be imposed by the car rental company while the car is being repaired; and
3. Any loss of, or damage to, the Rental Car resulting from causes other than collision (for example: fire, storm, vandalism, theft).

The plan will cover the lesser of:

1. The reasonable and customary cost of repairs and rental charges while the car is being repaired, or
2. The Actual Cash Value of the Rental Car.

This coverage is primary to any other coverage You may have.

Collision/Loss Damage Insurance is available for travel in the United States and most foreign countries. No coverage is provided for motor vehicles rented in Israel, Jamaica, Republic of Ireland or Northern Ireland. Additionally, coverage is not applicable where precluded by law or in violation of the territorial terms of the rental agreement or prohibited by individual merchants.

As a condition of payment, You must provide the Company and Us with all proper documentation and information required to assess and process the claim.

The plan will not cover:

1. Any loss(es) due to General Exclusions;
2. Vehicles not required to be licensed;
3. Trucks, campers, jeep-type vehicles, trailers, all terrain vehicles, motorbikes, recreational vehicles, vans or minivans mounted on a truck chassis;
4. Antique cars (meaning cars that are over 20 years old or have not been manufactured for 10 or more years);
5. Limousines;

6. Vehicles used for commercial or livery use whether or not licensed for such use (commercial use includes hauling or transporting materials or goods necessary to or reasonably considered to be engaged in a commercial or livery use);
7. Any vehicle with an original manufacturer's suggested retail price greater than \$75,000;
8. Any vehicle used off maintained roadways;
9. Any loss not reported to the renting agency;
10. Any obligation You assume under any agreement (other than Your insurance collision or comprehensive Deductible);
11. Any damage which occurs while You are in violation of the Rental Car Agreement; or
12. Any rental or leases exceeding 45 consecutive days.

If You incur a loss, You must contact the hotline center immediately so that the Company or We can arrange for an insurance adjuster to assess the damage.

Please refer to Your Letter of Confirmation to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

BUSINESS EQUIPMENT COVERAGE*

Coverage is secondary to any coverage provided by the Common Carrier.

If Your business equipment is lost by the Common Carrier, or damaged, or stolen, We will pay up to the amount in Your Letter of Confirmation provided You have taken all reasonable measures to protect, save and recover Your property at all times.

Property or losses not covered:

1. Losses incurred as a result of any General Exclusion;
2. Items other than business equipment;
3. Intentional Acts;
4. Gross negligence or willful and wanton conduct;
5. Business equipment shipped as freight or shipped prior to Your Scheduled Departure Date;
6. Business equipment that is left in or on a vehicle or a car trailer;
7. Business equipment that is lost by a Common Carrier and the loss is not reported to the Common Carrier within 24 hours after the loss and a claim is not filed with the Common Carrier;
8. Business equipment that is stolen and the theft is not reported to the appropriate authorities; or
9. Damage to the business equipment resulting from defective materials or workmanship, ordinary wear and tear and normal deterioration.

If Your business equipment is lost or stolen or damaged, the plan will pay the lesser of:

1. The cost to repair the item if damaged; or
2. An amount based on the age of the item as follows:

If up to 12 months old	90% of the purchase price
If up to 24 months old	50% of the purchase price
If up to 48 months old	25% of the purchase price
Over 48 months old	0%

A police report is required for any stolen business equipment claim. A Common Carrier report is required for any business equipment claim due to the equipment being lost or damaged by a Common Carrier. In addition, damaged business equipment may require inspection by Us prior to claims payment and should be kept as proof of loss.

Please refer to Your Letter of Confirmation to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

BUSINESS EQUIPMENT RENTAL COVERAGE*

If Your business equipment is damaged, lost or delayed by the Common Carrier for 12 hours or more, or stolen, the plan will reimburse You on one-time basis for the reasonable costs of renting business equipment during Your Trip up the amount indicated in Your Letter of Confirmation

A police report is required if Your business equipment is stolen. A Common Carrier report is required for proof of damage by, delay by or being lost by the Common Carrier.

No coverage will be provided for loss(es) due to any General Exclusion.

Please refer to Your Letter of Confirmation to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

Part V. GENERAL PROVISIONS RELATED TO INSURANCE BENEFITS

1. No agent or other person has authority to accept or make representations or information or alter, modify or waive any of the provisions of this Policy.
2. Claims must be submitted to Us within 90 days from date of loss, except as otherwise prohibited by law.
3. In the event that You are covered under another policy issued by the Company that provides the same or similar coverage, the Company will adjust Your claim by applying terms and conditions from the coverage that pays the most. Any premium paid for duplicate coverage will be refunded.

4. Benefits are payable to You or, if applicable, to Your estate unless a beneficiary is named on Your application.
5. **For Inland Marine Benefits Only:** All suits, actions or legal proceedings arising from the plans, benefits, or services provided through the plans (collectively "Controversies") may be submitted to binding desk arbitration in accordance with the rules then applying to the American Arbitration Association. No demand for arbitration can be brought to recover benefits until 60 days have elapsed following submission of Your entire claim to Us. No action in any form can be brought after three years from the date Your claim was submitted to World Access Service Corp.
6. **MISREPRESENTATIONS AND FRAUD:** Coverage shall be void if, whether before or after a loss, the insured has concealed or misrepresented any material fact or circumstance concerning this Policy or the subject thereof, or the interest of the insured therein, or if the insured commits fraud or false swearing in connection with any of the foregoing.
7. You have a duty to make all reasonable efforts to minimize losses from any insured benefit or Covered Service.

The following apply to the Accident and Health Benefits:

Notice of Claim: Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Us. Notice must include Your name and the Policy number.

Claim Forms: When notice of claim is received, You will be sent forms for filing proof of loss. If these forms are not sent within 15 days, You may meet the proof of loss requirement by sending Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

Proof of Loss: Written proof of loss must be given within 90 days after the date of loss. If it is not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless You lacked legal capacity.

Time of Payment of Claim: Payment will be made immediately upon receipt of due written proof of loss.

Legal Action: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No action may be brought after three years from the date written proof of loss is due unless otherwise provided by law.

Assignment: You may assign Your interest under the Policy by giving Us written notice of such assignment. The assignment will not be effective until We receive the written notice. Neither the Company nor We assume any responsibility for the validity of any assignment.

Physical Examinations and Autopsy: The Company has the right to physically examine You as often as reasonably needed while a claim is pending. The Company may also require an autopsy in the case of death, where it is not forbidden by law. The Company will bear all costs for these.

Conformity with State Statutes: On the Policy effective date shown on the Letter of Confirmation, if any provision conflicts with the laws of the state in which You reside, it shall be deemed amended to conform to law.

Misstatement of Age: If Your age is misstated, the Company will adjust the premium, benefits, or both based on the true age. No misstatements will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

For Inland Marine Benefits Only:

Subrogation: The Company or We have the right to recover any payments We have made from anyone who may be responsible for the loss. You and/or any person to whom We make a payment must sign any papers and do whatever is necessary to transfer this right to Us. You and/or any person to whom We make a payment agree(s) to cooperate with Us and to do nothing after the loss that will adversely affect Our rights or those of the Company.

Part VI. CLAIM FILING PROCEDURES

To obtain a claim form, call Us at **1.800.949.6201** or visit www.allianztravelinsurance.com 24 hours a day seven days a week. All benefits will be paid in United States dollars.

We will need certain information from You in the event You need to file a claim. This documentation will include, but is not limited to, the following:

General Documentation

- a. Receipts and itemized bills for all expenses.
- b. Original of any Refunds or expense allowances received from Your tour operator, travel agency, Common Carrier or other entity.

Trip Cancellation and Interruption Claims

- a. Any appropriate documentation that officially explains the cause of Your trip cancellation or interruption. Any explanation of diagnosis along with Your original itemized bills, receipts, and proof of other insurance payments.

- b. Original unused tickets, copies of invoices, proof of payments, and other documents that substantiate the cost or occurrence of the trip cancellation or interruption.
- c. Documentation of Refunds received from the travel supplier(s) and/or Common Carrier(s).
- d. Copy of the supplier's literature that describes penalties.
- e. A letter from the tour operator or an itemized bill from the travel agent stating the non-refundable amounts of the Trip costs.

Emergency Medical or Dental Claim

Any explanation of diagnosis(es) along with Your original itemized bills, receipts, and proof of other insurance payment(s).

Baggage Insurance Claims

- a. Original claim determination from the Common Carrier, if applicable.
- b. Original police report or other report from local authorities.
- c. Original receipts and list of stolen, lost or damaged items.
- d. Proof of loss providing amount of loss, date, time and cause of loss.

Baggage Delay Claims

Proof from the Common Carrier that personal Baggage was delayed or misdirected for at least 24 hours.

Travel Delay Claims

Original police, Common Carrier or other report that verifies the cause and duration of the delay.

Travel Accident Claims

Copy of death certificate

Collision/Loss Damage Insurance Claims

- a. Original police report.
- b. Original Rental Car Agreement.
- c. An itemized statement of repairs for the rental vehicle (unless the Company's adjuster has seen the car).

Business Equipment Coverage Claims

- a. Original loss report and claim determination from the Common Carrier verifying that the business equipment was lost or damaged by the Common Carrier, if applicable.
- b. Original police report or other report from local authorities verifying that the business equipment was stolen, if applicable.
- c. Original receipts and list of stolen, damaged or lost business equipment.
- d. Repair estimate, if the business equipment is damaged.
- e. Proof of loss providing amount of loss, date, time and cause of loss.

Business Equipment Rental Coverage Claims

- a. Proof from the Common Carrier that Your business equipment was damaged, lost or delayed for at least 12 hours, if applicable.

- b. Original police report or other report from local authorities verifying the theft of Your business equipment, if applicable.
- c. Original receipt for the business equipment and rental costs.

Part VII. DEFINITIONS

Accident means an unexpected, unintended, unforeseeable event causing Injury.

Active Military Duty means serving in the United States Armed Forces on a full-time basis, not including the United States Armed Forces Reserves.

Actual Cash Value means the amount an item is determined to be worth based on its market value, age and condition at the time of loss.

Baggage means luggage and personal possessions, whether owned, borrowed or rented, taken by You on the Trip.

Common Carrier means an entity licensed to carry passengers for hire on land, water or air, excluding vehicle rental companies.

Coverage Period means the time during which benefits are payable hereunder, beginning on the effective date and ending on the termination date.

Covered Service means a service or supply specified herein for which benefits will be provided.

Deductible means a specified dollar amount shown on the Letter of Confirmation that You must incur before the Company or We will assume any liability for all or part of the remaining Covered Services.

Emergency Dental Care means the services or supplies provided by a licensed dentist, Hospital or Other Licensed Provider that are medically and immediately necessary to treat dental problems resulting from Injury, infection, breakage to tooth surface or loss of filling.

Emergency Medical Care means the services or supplies provided by a Physician, Hospital or Other Licensed Provider that are Medically Necessary to treat any covered medical Illness or Injury, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including sever pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in:

1. placing the health of the person afflicted with such condition in serious jeopardy;
2. serious impairment to such person's bodily functions;
3. serious dysfunction of any bodily organ or part of such person; or
4. serious disfigurement of such person.

Family Member means Your spouse; parent; child(ren), including children who are, or are in the process of becoming, adopted; sibling; grandparent or grandchild(ren); step-parent; step-child; or step-sibling; in-laws (parent, son, daughter, brother or sister); aunt; uncle; niece; nephew; legal guardian; ward; business partner; an employed caregiver who lives with You; or a person with whom You have lived for 12 continuous months prior to the coverage effective date; whether or not they travel with You.

Felonious Assault is an act of violence against You requiring medical treatment in a Hospital.

Financial Default is a complete suspension of operations due to financial circumstances whether or not a bankruptcy petition is filed.

Hospital means a provider that is a short-term, acute, general Hospital that:

1. is a duly licensed institution;
2. in return for compensation from its patients, is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under supervision of Physicians;
3. has organized departments of medicine and major surgery;
4. provides 24-hour nursing service by or under the supervision of registered graduate nurses; and
5. is not other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, place for the aged, place for the provision of rehabilitation care; b) a place for the treatment of mental illness; c) a place for the treatment of alcoholism or drug abuse; d) a place for the provision of hospice care; or e) a place for the treatment of pulmonary tuberculosis.

Illness means a sickness, infirmity or disease that causes a loss that begins during a Coverage Period and is not a Pre-existing Condition.

Immediate Family Member means Your spouse; parent; child(ren), including children who are, or are in the process of becoming, adopted; Your siblings; Your grandparent or grandchild(ren); step-parent; step-child; or step-sibling.

Individual Coverage is the insurance plan under which only You are covered if You have selected this on Your application.

Injury means bodily Injury caused by an Accident, directly and independently of all other causes and sustained on or after the effective date of this coverage and before the termination date. Benefits for Injury will not be paid for any loss caused by sickness or other bodily diseases or infirmity.

Inpatient means a person who is treated as a registered bed patient in a Hospital or Other Licensed Provider and for whom a room and board charge is made.

Medically Necessary or **Medical Necessity** means the services or supplies provided by a Hospital, Physician or Other Licensed Provider that are required to identify or treat Your Illness or Injury and which, as determined by Us, are:

1. consistent with the symptom or diagnosis and treatment of Your condition, disease, illness ailment or Injury;
2. appropriate with regard to standards of good medical practice;
3. not solely for the convenience of You, a Physician or other provider; and
4. the most appropriate supply or level of service that can be safely provided to You.

When applied to the care of an Inpatient, it further means that Your medical symptoms or condition requires that the services cannot be safely provided to You as an Outpatient.

Normal Pregnancy or **Childbirth** means a pregnancy or Childbirth that is free of complications or problems.

Other Licensed Providers means any person or entity other than a Hospital or Physician which is licensed, where required, to render medical or dental services.

Outpatient means a person who receives medical or dental services or supplies while not an Inpatient.

Physician means a person who is licensed and legally entitled to practice medicine in the applicable field for which services are delivered.

Pre-existing Conditions means:

1. Any Injury occurring to You, a Traveling Companion, or a Family Member prior to and including the effective date of Your insurance; and
2. Any Illness occurring to You, a Traveling Companion, or a Family Member during the 120 days prior to and including the effective date of Your insurance for which: a) medical diagnosis and treatment by a Physician has been sought or advised or for which symptoms exist which would cause a prudent person to seek diagnosis, care or treatment; or b) require taking prescribed drugs or medicine unless the Illness remains controlled without any change in the required prescription.

For the purposes of determining any Pre-existing Conditions, the effective date of Your insurance will be Your Trip Cancellation Insurance effective date, if Trip Cancellation Insurance is purchased. If no Trip Cancellation Insurance coverage is purchased, it will be Your Trip departure date.

Primary Residence means a person's fixed, permanent and principal home for legal and tax purposes.

Reasonable and Customary Charge means a charge in an amount consistently made by other vendors/providers for a given service in the same geographic area and which reflects the complexity of the service taking into account availability of experienced personnel, availability of services or parts, and with respect to Collision Damage Insurance, reflects the effort of the vendor/provider to repair the damaged vehicle (as measured by the ratio of total repair time to total time the vehicle is in the vendor/provider's possession).

Refund means:

1. Money returned to You by the travel agent, tour operator, airline, cruise line or other travel supplier;
2. Any credit or voucher for future travel provided to You by the travel agent, tour operator, airline, cruise line or other travel supplier; or
3. Any credits, recoveries or reimbursements from Your employer, another insurance company, a credit card issuer or any other institution.

Rental Car means a land motor vehicle with four or more wheels, that is designed for use mainly on public roads and which You have rented for the period of time shown on the Rental Car Agreement.

Rental Car Agreement means the entire contract that You receive when renting a car from a rental car agency that describes in full all of the terms and conditions of the rental, as well as the responsibilities of all parties under the Rental Car Agreement.

Scheduled Departure Date means the date You have selected to begin travel as shown on Your application and for which paid travel arrangement have been made.

Terrorism means the unsanctioned and illegal use of force that caused destruction of property, Injury, or death by an individual or group for the express or implied purpose of achieving a political, ethnic, or religious goal or result. Terrorism does not include general civil protest, unrest, rioting, or an act of war.

Traveling Companion is a person traveling with You who must be listed on Your application and who shares the same accommodations as You.

Traveling Family Member is Your spouse, and any of Your unmarried children under age of 23, including step-children or legally adopted children, or grandparents and grandchildren when traveling together without a parent. Any unmarried child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation or physical handicap and became so incapable prior to age 23, shall be eligible for coverage.

Trip means:

1. a period of round-trip travel to and from a destination that is at least 100 miles from Your main place of residence; and
2. such travel is not to obtain health care or treatment of any kind.

We, Us or **Our** refers to BCS Insurance Company and its agents.

You or **Your** refers to all persons listed on the Letter of Confirmation under the plan purchased.

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Form 52.201NY

TRAVEL POLICY - OUTLINE OF COVERAGE LIMITED BENEFIT HEALTH COVERAGE

1. Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of the accident and health benefits ONLY of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance Company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

2. Limited Benefit Health Coverage – Policies of this category are designed to provide, to persons insured, limited or supplemental coverage.

3. Benefits – In addition to other benefits provided by this Policy, this Policy pays a maximum benefit of up to the amount listed in Your Letter of Confirmation is provided for covered Emergency Medical or Dental Care expenses incurred as a result of accidental Injury or Illness occurring during a Trip within the Coverage Period. We will only pay for health care services or supplies provided by Physicians, licensed dentists, Hospitals, and Other Licensed Providers that are received during Your Trip and that are received greater than 100 miles from home and which are Medically Necessary for Emergency Medical and Dental treatment.

4. Exclusions – In addition to any other general limitations described in the Policy, coverage is not provided under the accident and health benefits for:

1. Intentionally self-inflicted harm, suicide or attempted suicide, of You, Your Traveling Companion, or Your Family Member;
2. Pregnancy, other than unforeseen complications of pregnancy, of You, Your Traveling Companion, or Your Family Member;
3. Mental or emotional disorders, or physical complications related thereto, of You, Your Traveling Companion or Your Family Member;
4. Alcoholism or drug addiction, intoxication or under the influence of any narcotic unless administered on the advice of a Physician or physical complications related thereto, of You, Your Traveling Companion or Your Family Member;
5. War (whether declared or undeclared), acts of war, participation in a riot or insurrection (except as provided for in the Travel Delay benefit); or service in the Armed Forces or units auxiliary thereto (except as specifically covered);

6. Aviation, other than as a fare-paying passenger on a scheduled or charter flight, operated by a scheduled airline;
7. Participating in a felony or to which a contributing cause of the loss was a person being engaged in an illegal occupation. This includes You, Family Members, or Traveling Companions, whether they are insured or not;
8. Pre-existing conditions unless otherwise covered.

None of these plans cover You:

1. If the purpose of the travel is to receive medical care, medication or treatment;
2. If the stated Trip departure and return dates do not reflect Your intended departure and return dates;
3. If the tickets do not indicate the travel dates;
4. If You give incorrect data or facts; or
5. If the loss is not submitted to Us within 90 days from the date of loss, except as otherwise prohibited by law, subject to the provision entitled Proof of Loss in this Policy.

Renewability – This Policy is issued for a stated term as shown in the Letter of Confirmation.

TRAVEL ASSISTANCE SERVICES PROVIDED BY AGA SERVICE COMPANY

Our goal is to provide immediate help for common travel problems almost everywhere in the world. However, despite our best efforts, situations arise which are beyond our control and under these circumstances, we can only promise to make every reasonable effort to help you resolve your problems. The hotline center staff will do its best to refer you to appropriate medical and legal providers. However, we cannot be held responsible for the quality of results of any medical or legal services provided by these independent practitioners.

If you are in trouble and need help:

1. Call the hotline. From the U.S. call **1-800-654-1908**. From all other locations call collect to **1-804-281-5700**.

If your emergency is immediate and life threatening, seek local emergency assistance at once and contact the hotline as soon as possible.

2. Have the following information ready for the hotline coordinator:
 - a. Your name and ID number; and
 - b. Your location and local telephone number.

The hotline coordinator will confirm your enrollment and provide you with assistance.

Note: In some countries it may not be possible to call collect. If you must phone the hotline directly, give your location and phone number to the hotline coordinator who will call you back.

Medical Assistance

If you have medical problems and are unable to find local care, we will refer you to a local physician, dentist, Hospital, medical facility or other appropriate resource, when available.

Medical Consultation and Monitoring

If you are hospitalized, the hotline center medical staff will keep in frequent contact with you and your local physician to get information on the care you are receiving and to determine the need for further assistance. We will also contact your personal physician and family at home, if necessary.

On-Site Hospital Payments

We will advance payments to Hospitals or guarantee payments to secure your Medically Necessary admission to a Hospital. You must have the Emergency Medical & Dental Benefits and the maximum guarantee will be up to the limits specific in the Letter of Confirmation.

Definitions

Hospital means a provider that is a short-term, acute, general Hospital that:

1. is a duly licensed institution;
2. in return for compensation from its patients, is primarily engaged in providing inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under supervision of physicians;
3. has organized departments of medicine and major surgery;
4. provides 24-hour nursing service by or under the supervision of registered graduate nurses; and
5. is not other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, place for the aged, place for the provision of rehabilitation care; b) a place for the treatment of mental illness; c) a place for the treatment of alcoholism or drug abuse; d) a place for the provision of hospice care; or e) a place for the treatment of pulmonary tuberculosis.

Medically Necessary means the services or supplies provided by a Hospital, physician or other licensed provider that are required to identify or treat your illness or injury and which, as determined by us, are:

1. consistent with the symptom or diagnosis and treatment of your condition, disease, illness, ailment or injury;
2. appropriate with regard to standards of good medical practice;
3. not solely for the convenience of you, a physician or other provider; and
4. the most appropriate supply or level of service that can be safely provided to you.

When applied to the care of an inpatient, it further means that your medical symptoms or condition requires that the services cannot be safely provided to you as an outpatient.

Travel Document and Ticket Replacement Assistance

The plan provides you with information to assist in obtaining replacements of lost passports or other important travel documents. We also help you to replace lost airline and other travel tickets and will assist you in obtaining money for this purpose. These funds will come from your family or friends. We will make all the necessary arrangements for you, including assisting you to return home if your trip is interrupted.

Legal Assistance

If you have legal problems, our hotline center staff will help you find a local legal advisor. If you require the posting of bail or immediate payment of legal fees, we will help arrange a cash transfer from your family or friends.

Emergency Cash Transfer

If your cash or traveler's checks are lost or stolen, or if you need funds for the immediate payment of unanticipated expenses, we will help arrange to have emergency cash (in currency, traveler's checks or any other form acceptable to us) transmitted to you from your family or friends. Our hotline center staff will make all the necessary arrangements for you.

Emergency Message Center

In the event of an emergency, call the hotline center, identify yourself by your ID number, and give the hotline coordinator your message. We will make at least 3 attempts in 24 hours to reach your requested party, and we will provide you with an update on the disposition of our attempts to deliver the message. (We are not responsible for delivery of a message if the recipient cannot be reached). This service can be used for trips anywhere in the world.

Flight Information

If you are faced with a canceled or missed flight, just call the hotline center for 24-hour information on alternate flights. We can provide you with scheduled departure and arrival times of alternate, direct flights only. We do not book reservations or pay for tickets. This service can be used on trips within the U.S., Canada, the Caribbean and Mexico only.

Emergency Medical Transportation

Important

If your emergency is immediate and life threatening, seek local emergency care at once.

Your emergency medical transportation limit is the total amount available for all covered services described below. Please refer to your Letter of Confirmation to confirm that you have this benefit in your plan and your total dollar limit.

You or your representative must contact us and we must make all transportation arrangements in advance. We will not pay for any of the services listed in this section if we didn't authorize and arrange it.

Moving you to a Hospital or medical clinic (emergency medical evacuation)

If you're seriously ill or injured during your trip and our medical team determines that the local medical facilities are unable to provide appropriate medical treatment:

- our medical team will consult with the local doctor;
- we'll identify the closest appropriate facility, make arrangements and pay to transport you to that facility; and
- we'll arrange and pay for a Medical Escort if we determine one is necessary.

Getting you home after your care (medical repatriation)

If you're seriously ill or injured during your trip, under the care of a local doctor and unable to continue your trip, medical repatriation takes place once our medical team determines that you are medically stable to return home via commercial transportation carrier, such as a scheduled passenger airline. We'll:

- arrange and pay (less any refunds for unused tickets) for you to be transported via a commercial transportation carrier in the same class of service that you were booked for your trip. The transportation will be to one of the following:
 - your primary residence;
 - a location of your choice in the United States; or
 - a medical facility near your primary residence or city of your choice in the United States. We'll take your request into consideration as long as the medical facility will accept you as a patient and is approved as medically appropriate for your continued care by our medical director.
- arrange and pay for a Medical Escort if our medical team determines a Medical Escort is necessary.

Bringing a friend or family member to you (transport to bedside)

If you're told you will be hospitalized for more than seven days during your trip, we'll transport a friend or family member to stay with you. We'll arrange and pay for round-trip transportation in economy class on a common carrier.

Getting your children home (return of dependents)

If you're told you will be hospitalized for more than seven days during your trip, we'll arrange for and pay (less any refunds for unused tickets) to transport your children under the age of 23 who are traveling with you to one of the following:

- your primary residence; or
- a location of your choice in the United States.

Transportation will be on a common carrier in the same class of service they were originally booked.

Transporting your remains (repatriation of remains)

We'll arrange and pay for the reasonable and necessary services to transport your remains to one of the following:

- a funeral home near your primary residence; or
- a funeral home located in the United States.

We'll also assist the sending and receiving funeral homes coordinate with each other.

This benefit does not include funeral, burial or cremation expenses or related containment expenses for items such as a coffin, urn or vault.

Your representative must contact us in advance to make these arrangements. If this is not possible, your representative must contact us within a reasonable time, but no later than one year after the transportation.

Definitions

Hospital means a provider that is a short-term, acute, general Hospital that:

1. is a duly licensed institution;
2. in return for compensation from its patients, is primarily engaged in providing inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under supervision of physicians;
3. has organized departments of medicine and major surgery;
4. provides 24-hour nursing service by or under the supervision of registered graduate nurses; and
5. is not other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, place for the aged, place for the provision of rehabilitation care; b) a place for the treatment of mental illness; c) a place for the treatment of alcoholism or drug abuse; d) a place for the provision of hospice care; or e) a place for the treatment of pulmonary tuberculosis.

Medical Escort means a professional person contracted by our medical team to accompany a seriously ill or injured person while they are being transported. A Medical Escort is trained to provide medical care to the person being transported. A friend or family member cannot be a Medical Escort.

CONCIERGE SERVICES

While on your covered trip, we can help make your vacation more memorable. Please contact us for:

- Restaurant and local event information
- Emergency and after hours hotel information and reservations
- Golf tee times, information, referrals and reservations

All of our concierge benefits are service benefits, not financial benefits. Any costs associated with the services are paid by you.

Please refer to your Letter of Confirmation to determine if this benefit is specifically included within the plan you purchased.

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We're only a CLICK away!

Visit

www.allianztravelinsurance.com
to:

- File a claim
- Check claim status
- Modify a policy
- Quote a new policy
- Save a quote

Global Assistance

Allianz 

BCS Insurance Company Privacy Notice

BCS respects the privacy of its customers and former customers and protects the security and confidentiality of their nonpublic personal information. To safeguard our customers' confidential information, we comply with all applicable laws and regulations and have instituted our own policies to: (1) insure the security and confidentiality of customer records and information; (2) protect against any anticipated threats or hazards to the security or integrity of such records; and (3) protect against unauthorized access to or use of such records or information which could result in substantial harm or inconvenience to any customer.

BCS PRIVACY POLICY:

Policies and practices with respect to disclosing your nonpublic personal information:

We do not disclose any nonpublic personal financial information about our customers or former customers to anyone, except as permitted by law.

Categories of nonpublic personal information that we collect:

We collect nonpublic personal financial information about you from the following sources: (1) information we receive from you on applications or other forms; (2) information about your transactions with us, our affiliates, or others, and; (3) information we receive from a consumer reporting agency.

Policies we maintain to protect the confidentiality and security of nonpublic personal information:

We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal financial information. We restrict access to your nonpublic personal information to employees who need it to provide information or services to you.

AGA Service Company d/b/a Allianz Global Assistance is the administrator of this insurance policy on behalf of BCS Insurance Company. We will adhere to at least the same standards for handling and protecting your data as described above. For more information about how we handle and protect your data, please see our privacy policy, located at <http://www.allianzassistance.com/privacy> or contact us at: Allianz Global Assistance, ATTN: Chief Privacy Officer, P. O. Box 72031, Richmond, VA 23255-2031.

BCSPRIVNOT

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