
USA Assist GlobalTrip

CERTIFICATE OF INSURANCE

Seven Corners Assist

Contact Seven Corners Assist 24 hours per day, 7 days per week for multilingual assistance:

Toll-free: 800-335-0611

Worldwide: 317-575-2652

Email: customerservice@sevencorners.com

Please have Your Certificate Number as shown on Your ID card.

Benefits for which the Insured Person *MUST* use Seven Corners Assist

Emergency Medical Evacuation and Repatriation

Return Insured Person Home

Emergency Medical Reunion

Return of Child(ren)

Transportation of Spouse

Return of Mortal Remains

Political Evacuation and Repatriation

Claims

Claims must be submitted within 90 days of the date of service.

See Section 10 for claims procedures or visit sevencorners.com/claims for claim forms and more information.

Claims may be submitted as follows:

Email: claims@sevencorners.com

Online: sevencorners.com/myaccount

Fax: 317-575-2256

For additional assistance with claims, contact Seven Corners:

Toll-free: 800-335-0611

Worldwide: 317-575-2652

Email: customerservice@sevencorners.com

Insurance Underwriter

Certain Underwriters at Lloyd's, London, rated "A" (Excellent) by AM Best.

Certificate Number

LON21-210601-01RT

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Capitalized terms have specific meanings for purposes of this Certificate and are defined in Section 9.

THIS POLICY PROVIDES TRAVEL INSURANCE BENEFITS FOR INDIVIDUALS TRAVELING OUTSIDE OF THEIR HOME COUNTRY. THIS POLICY DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (OFTEN REFERRED TO AS “MAJOR MEDICAL COVERAGE”) AND DOES NOT SATISFY A PERSON’S INDIVIDUAL OBLIGATION TO SECURE THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT (ACA).

FOR MORE INFORMATION ABOUT THE ACA, PLEASE REFER TO WWW.HEALTHCARE.GOV.

PLEASE READ THE POLICY CAREFULLY.

Section 1. Certificate Provisions

- 1.1 Agreement.** The Company hereby insures all persons whose Application has been accepted by the Administrator on behalf of the Company and whose name is identified on the ID card subject to the exclusions, limitations, and provisions as set forth herein and in the Master Policy of Insurance issued by the Company. Coverage is afforded only with respect to the person, coverage, amounts, and limits specified herein and as identified on the ID card for the Insurance requested on such Application and for which the specified Plan costs have been paid to the Administrator.
- 1.2 Eligibility.** Insured Person is defined in Section 9. USA Assist GlobalTrip provides coverage as outlined in this Certificate of Insurance for non-U.S. Residents while traveling outside of Your Home Country. It is Your responsibility to maintain all records regarding travel history and age and to provide any documents to the Administrator necessary to verify eligibility requirements.
- 1.3 Period of Coverage.** Period of Coverage and Maximum Period of Coverage are defined in Section 9. The minimum Period of Coverage under the USA Assist GlobalTrip Plan is one (1) day.
- 1.4 Effective Date of Coverage.** The date coverage for You begins under the terms of the Certificate. Subject to payment of any premium due, your coverage for benefits begins:
- (i) For Trip Cancellation: Coverage begins at 12:01 a.m. at Your location on the day after the date the Company receives Your Application and required premium for such coverage.
 - (ii) For Trip Delay: Coverage is in force while en route to and from Your Covered Trip.
 - (iii) For all other coverages: Coverage begins at the latest of the following times:
 - (a) The point and time of Your departure on the Scheduled Departure Date; or
 - (b) Your actual departure for Your Covered Trip.
- 1.5 Expiration Date of Coverage.** The date coverage for You terminates, which is the earliest of the following:
- (i) For Trip Cancellation: Coverage automatically ends on the earlier of:
 - (a) The point and time of departure on Your Scheduled Departure Date; or
 - (b) The date You cancel Your Covered Trip.
 - (i) For all other coverages: Coverage will end at 11:59 p.m. local time on the earliest of:
 - (a) The Scheduled Return Date as stated on the travel tickets;
 - (b) The date You return to Your origination point if prior to the Scheduled Return Date;
 - (c) The date You leave or change Your Covered Trip (unless due to Unforeseen and unavoidable circumstances covered by the Certificate);
 - (d) If You extend the return date, coverage will terminate at 11:59 p.m. at Your location on the Scheduled Return Date.
- 1.6 Extension of Coverage.** All coverage under the Certificate will be extended, if:
- (i) Your entire Covered Trip is covered by the Certificate; and
 - (ii) Your return is delayed by covered reasons specified under Trip Cancellation, Trip Interruption or Trip Delay.
- If coverage is extended for the above reasons, coverage will end on the earlier of:
- (i) The date You reach Your return destination; or
 - (ii) Seven (7) days after the date the Covered Trip was scheduled to be completed.
- 1.7 Ten Day Free Look.** You may cancel insurance under the Certificate by giving the Administrator written notice within ten (10) days from the Effective Date of Coverage. If You do this, the Administrator will refund Your premium paid, provided You have not filed a claim under the Certificate.

Section 2. Schedule of Benefits

This Plan only pays benefits for eligible occurrences that originate during the Period of Coverage. All benefits listed in this Schedule of Benefits are in United States Dollar amounts. Unless otherwise indicated, all benefits are per Insured Person, per Covered Trip and provided up to the amount shown. In no event will the Company's maximum liability exceed the amount set forth in the Schedule of Benefits.

BENEFIT OR SERVICE

Period of Coverage	1 day to 30 days
Coverage Area	Worldwide
Trip Cancellation	100% of non-refundable Trip Cost* \$30,000 maximum
Trip Interruption	100% of non-refundable Trip Cost**
Single Occupancy Supplement	100% of non-refundable Trip Cost
Trip Delay	\$100 per day, \$500 maximum (12 hour minimum)
Missed Connection	\$500 (3 hour minimum)
Change Fee	\$75
Medical Covered Expenses	\$100,000
Dental – Accident	\$750
Emergency Medical Evacuation and Repatriation	\$100,000
Return Insured Person Home	Included under Emergency Medical Evacuation and Repatriation
Return of Child(ren)	Included under Emergency Medical Evacuation and Repatriation
Emergency Medical Reunion	Included under Emergency Medical Evacuation and Repatriation
Transportation of Spouse	Included under Emergency Medical Evacuation and Repatriation
Return of Mortal Remains	\$50,000
Political Evacuation	\$100,000
24/7 Travel Assistance Services	Included
Accidental Death and Dismemberment	\$25,000 Principal Sum
Personal Liability	\$100,000
Baggage Delay (outward journey only)	\$100 per day, \$200 maximum (12 hour minimum)
Baggage Delivery (outward journey only)	\$100
Baggage and Personal Effects	\$250 per article, \$2,500 maximum \$500 maximum for described valuables
Sports Equipment Rental	\$500

*Trip Cancellation is not applicable when \$0 Trip Cost is displayed on Your summary of benefits.

** \$1,000 Return air ticket cost only if \$0 Trip Cost displayed for Trip Cancellation on Your summary of benefits.

Section 3. Travel Protection

3.1 Trip Cancellation. The Company will reimburse You up to the amount set forth in the Schedule of Benefits, if You are prevented from taking Your Covered Trip due to any of the Unforeseen events listed below and takes place after the Effective Date of Coverage. The Company will provide reimbursement for the following:

- (i) The amount of forfeited, non-refundable, and unused Payments or Deposits that You paid for the Covered Trip.
- (ii) Additional cost incurred if the Travel Supplier cancels Your Covered Trip for a covered reason and You elect to replace that Travel Supplier with a different Travel Supplier.
- (iii) If Your Travel Supplier cancels Your Covered Trip, the Company will pay up to \$75.00 for the reissue fee charged by the airline for the tickets. You must have covered the entire cost of the Covered Trip including the airfare.
- (iv) Airfare cancellation charges for flights in connection with Your Covered Trip.
- (v) If You used frequent traveler awards (frequent flyer miles or Hotel/Motel rewards) for any part of a Covered Trip, the Company will pay the fees incurred by You for re-depositing those awards in Your account if the Covered Trip is canceled for any of the reasons described below. This does not increase the total benefits payable under this Trip Cancellation benefit as stated in the Schedule of Benefits.

For Trip Cancellation, Unforeseen Events include:

- (a) Accidental Injury, Sickness or death of You, Your Traveling Companion, Your Family Member, or Your Business Partner; which results in medically imposed restrictions as certified by a Physician at the time of loss preventing Your participation or continued participation in the Covered Trip. A Physician must advise cancellation of the Covered Trip on or before the Scheduled Departure Date.
- (b) The death or hospitalization of Your Host at destination.
- (c) Adverse weather or Natural Disasters or Terrorist Activity resulting in the complete cessation of travel services.
- (d) Natural Disaster or documented man-made disaster at the point of departure or Your destination which renders Your primary residence or the accommodations at Your destination uninhabitable.
- (e) Strike that causes complete cessation of services of Your Common Carrier for at least twelve (12) consecutive hours.
- (f) Your transfer by the employer with whom You are employed on the Effective Date of Coverage and which requires Your principal residence to be relocated.
- (g) You are terminated, or laid off from employment, from a place of employment for which You have been employed for the past three (3) consecutive years.
- (h) If within thirty (30) days of Your departure, a politically motivated Terrorist Activity occurs within a 50-mile radius of the territorial City limits of the City to be visited as shown in Your itinerary and the United States government issues a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory or the appropriate authorities of either Your Host Country or Your Home Country have issued similar warnings, indicating that Americans should not travel to a City named on the itinerary.
- (i) Mandatory evacuation ordered by local authorities at Your final destination due to hurricane or other Natural Disaster. You must have 50% or less of Your total Covered Trip length remaining on the Covered Trip at the time the mandatory evacuation ends, in order to cancel the Covered Trip.
- (j) You and/or Your Traveling Companion are hijacked, quarantined, required to serve on a jury, subpoenaed, required to appear as a witness in a legal action, provided You or Your Traveling Companion are not a party to the legal action or appearing as a law enforcement officer.
- (k) Within ten (10) days of departure, You and/or Your Traveling Companion are the victim of felonious assault and/or vandalism or burglary of Your principal place of residence.

- (l) You or Your Traveling Companion are directly or indirectly involved in, or delayed due to, a traffic Accident substantiated by a police report, while en route to departure.
- (m) You, Your Traveling Companion or a Family Member, who are military personnel, are called to emergency duty due to a Natural Disaster other than war, military duty within thirty (30) days of departure, or You have Your leave revoked or You are redeployed.
- (n) You are unable to participate in a scheduled hunting, fishing, or sport expedition due to a delay, for twelve (12) hours or more, of Your necessary personal sports equipment by customs or a Common Carrier.
- (o) The United States government or government authorities at Your destination prohibit the kind of activities You planned to do. Prohibitions include: closing a reserve, banning all hunting, declaring the kind of hunting You were planning to do illegal, any other prohibitions the Company approves.

In no event will the Company's maximum liability exceed the lesser of the amount You prepaid for the Covered Trip or the Maximum Benefit shown on the Schedule of Benefits.

You must advise the Travel Supplier and the Company as soon as possible in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had You notified the Travel Supplier and the Company as soon as reasonably possible.

Coverage does not include Default of a Travel Supplier or other organization that results in loss of services. Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.

3.2 Trip Interruption. The Company will reimburse You up to the amount set forth in the Schedule of Benefits if You are prevented from continuing or resuming Your Covered Trip due to any of the Unforeseen events listed below which takes place after departure. The Company will provide reimbursement for the following:

- (i) The unused, non-refundable travel arrangements prepaid to the Travel Supplier(s).
- (ii) Additional transportation Expenses incurred by You.
- (iii) Return air travel up to the lesser of the cost of an economy class flight or the amount shown in the Schedule of Benefits.

For Trip Interruption, Unforeseen Events include:

- (a) Accidental Injury, Sickness or death of You, Your Traveling Companion, Your Family Member, or Your Business Partner; which results in medically imposed restrictions as certified by a Physician at the time of loss preventing Your participation or continued participation in the Covered Trip. A Physician must advise cancellation of the Covered Trip on or before the Scheduled Departure Date.
- (b) The death or hospitalization of Your Host at destination.
- (c) Adverse weather or Natural Disasters or Terrorist Activity resulting in the complete cessation of travel services.
- (d) Natural Disaster or documented man-made disaster at the point of departure or Your destination which renders Your primary residence or the accommodations at Your destination uninhabitable.
- (e) Strike that causes complete cessation of services of Your Common Carrier for at least twelve (12) consecutive hours.
- (f) Your transfer by the employer with whom You are employed on the Effective Date of Coverage and which requires Your principal residence to be relocated.
- (g) You are terminated, or laid off from employment, from a place of employment for which You have been employed for the past three (3) consecutive years.
- (h) If within thirty (30) days of Your departure, a politically motivated Terrorist Activity occurs within a 50-mile radius of the territorial City limits of the City to be visited as shown in Your itinerary and the United States government issues a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory or the appropriate authorities of either Your Host Country or Your Home Country have issued similar warnings, indicating that Americans should not travel to a City named on the itinerary.

- (i) Mandatory evacuation ordered by local authorities at Your final destination due to hurricane or other Natural Disaster. You must have 50% or less of Your total Covered Trip length remaining on the Covered Trip at the time the mandatory evacuation ends, in order to cancel the Covered Trip.
- (j) You and/or Your Traveling Companion are hijacked, quarantined, required to serve on a jury, subpoenaed, required to appear as a witness in a legal action, provided You or Your Traveling Companion are not a party to the legal action or appearing as a law enforcement officer.
- (k) Within ten (10) days of departure, You and/or Your Traveling Companion are the victim of felonious assault and/or vandalism or burglary of Your principal place of residence.
- (l) You or Your Traveling Companion are directly or indirectly involved in, or delayed due to, a traffic Accident substantiated by a police report, while en route to departure.
- (m) You, Your Traveling Companion or a Family Member, who are military personnel, are called to emergency duty due to a Natural Disaster other than war, military duty within thirty (30) days of departure, or You have Your leave revoked or You are redeployed.
- (n) You are unable to participate in a scheduled hunting, fishing, or sport expedition due to a delay, for twelve (12) hours or more, of Your necessary personal sports equipment by customs or a Common Carrier.
- (o) The United States government or government authorities at Your destination prohibit the kind of activities You planned to do. Prohibitions include: closing a reserve, banning all hunting, declaring the kind of hunting You were planning to do illegal, any other prohibitions the Company approves.

In no event will the Company's maximum liability exceed the lesser of the amount You prepaid for the Covered Trip or the Maximum Benefit shown on the Schedule of Benefits.

The coverage under this section excludes and does not cover Expenses that are for, resulting from, related to, or incurred in connection with the following:

- (a) War or any act of war, whether declared or not;
- (b) Participation in a felony, riot or insurrection;
- (c) Participation in contests of speed;
- (d) A Pre-existing Condition existing prior to the Insured Person's departure from their Home Country that has the likelihood of causing death;
- (e) The Insured Person or Traveling Companion or Traveling Companion's family making changes to personal plans; having business or contractual obligations;
- (f) Being unable to obtain necessary travel documents (passports, visas, etc.);
- (g) Being detained or having property confiscated by customs authorities;
- (h) Carrier caused delays (including Inclement Weather);
- (i) Prohibition or regulatory by any government;
- (j) Default of yacht charter companies;
- (k) Default of the organization from which the Insured Person purchased their trip arrangements; or
- (l) All costs not arranged by Seven Corners Assist.

Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.

3.3 Single Occupancy Supplement. The Company will reimburse You up to the amount set forth in the Schedule of Benefits, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with You has his or her Covered Trip delayed, canceled, or interrupted for a covered reason and You do not cancel Your Covered Trip. The exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.

- 3.4 Travel Delay.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for additional Expenses if You are delayed en route to or from the Covered Trip for more than twelve (12) hours due to a defined Hazard. Additional Expenses include:
- (a) Any prepaid, unused, non-refundable land, air, or water accommodations;
 - (b) Any reasonable additional Expenses incurred (meals, accommodations, local transportation, and telephone calls);
 - (c) An economy class fare from the point where You ended Your Covered Trip to a destination where You can resume Your Covered Trip;
 - (d) A one-way economy class fare to return You to Your originally scheduled return destination.

These benefit(s) will not duplicate any other benefits payable under the policy or any coverage(s) attached to the policy. Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.

- 3.5 Missed Connection.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits if You missed Your Covered Trip departure due to cancellation or delay for three (3) or more hours of all regularly scheduled airline flights due to Inclement Weather or any delay caused by a Common Carrier. Benefits of up to the amount shown in the Schedule of Benefits are provided to cover additional transportation Expenses needed for You to join the departed Covered Trip. Coverage is secondary to any compensation provided by a Common Carrier. Coverage will not be provided to You if You are able to meet Your Scheduled Departure but cancel Your Covered Trip due to Inclement Weather. The exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.

Section 4. Medical and Dental

- 4.1 Emergency Accident and Emergency Sickness Medical Expense.** The Company will reimburse You for Covered Expenses up to the amount set forth in the Schedule of Benefits for the following medical Expenses that are incurred as a result of an Emergency Accidental Injury or Emergency Sickness which occurs during Your Covered Trip:
- (a) The services of a Physician;
 - (b) Charges for Hospital confinement and use of operating rooms, 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 Covered Trip, if recommended as a substitute for a Hospital room for recovery from an Accidental Injury);
 - (c) Charge for anesthetics (including administration); x-ray examinations or Treatments, and laboratory tests;
 - (d) Ambulance service;
 - (e) Drugs, medicines, prosthetics and therapeutic services and supplies;
 - (f) Emergency Dental Treatment for the relief of pain; and
 - (g) Telehealth Consultation or Care

The initial Treatment of an Accidental Injury or Sickness must occur while on Your Covered Trip.

The exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.

- 4.2 Dental Emergency — Accident.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for Covered Expenses for emergency Treatment to repair or replace Sound Natural Teeth damaged as the result of an Accidental Injury caused by external contact with a foreign object which occurs during Your Covered Trip. Coverage does not apply if You break a Sound Natural Tooth while eating or biting into a foreign object. The exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.

Section 5. Emergency Services and Assistance

The Administrator will make good faith efforts to provide the services and assistance set forth in this Section 5. However, if the Administrator is unable to do so due to circumstances beyond its control or due to circumstances that make it unsafe for persons to provide such services and assistance, then the Administrator will provide the services and assistance to the extent reasonable and possible. If the Administrator is unable to directly arrange services, Expenses incurred by You for services that would otherwise be covered under this Plan and that would typically be arranged by the Administrator may be eligible for reimbursement and should be submitted for consideration. It is Your responsibility to preserve all documentation of related financial transactions You wish to be considered for reimbursement.

- 5.1 Emergency Medical Evacuation and Repatriation.** The Company will pay transportation and related medical Expenses incurred during such transportation up to the amount set forth in the Schedule of Benefits if any covered Accidental Injury or Sickness commences while You are on a Covered Trip outside Your Home Country during the Period of Coverage and results in Your Medically Necessary (i) Emergency Medical Evacuation or (ii) Emergency Medical Repatriation. All transportation arrangements must be by the most direct and economical route. This benefit applies regardless of whether Your transportation is related to a Pre-Existing Condition. ***The Emergency Medical Evacuation or Emergency Medical Repatriation must be arranged by Seven Corners Assist in consultation with Your local attending Physician. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.
- 5.2 Return Insured Person Home.** If the Company has previously evacuated You to a medical facility, the Company will pay Your airfare costs from the medical facility to Your primary residence, within one (1) year from Your original Scheduled Return Date, less the value of applied credit from Your unused return travel tickets. Airfare costs will be economy class, or first class if Your original tickets were first class. This benefit is available only if it is not provided under another coverage in the Certificate. ***The return of the Insured Person must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.
- 5.3 Emergency Medical Reunion.** When an Emergency Medical Evacuation has occurred and You are confined to a Hospital for more than seven (7) days, and provided, in such case, that an Emergency Medical Reunion is recommended by Your attending Physician, the Company will arrange and pay up to the amount set forth in the Schedule of Benefits for a round-trip economy class airfare for one (1) individual from Your Home Country selected by You to travel to and from the location where You are hospitalized. This benefit applies regardless of whether Your hospitalization is related to a Pre-Existing Condition. ***The Emergency Medical Reunion must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.
- 5.4 Return of Child(ren).** If You are traveling alone with a Child(ren) who is left unattended because You are confined to a Hospital for more than seven (7) days following an Emergency Medical Evacuation, the Company will arrange and pay up to the amount set forth in the Schedule of Benefits for (i) one-way economy class airfare(s), less the value of applied credit from any unused return travel tickets, for the Child(ren) to his or her Home Country and (ii) services of an attendant or escort if necessary to ensure the safety and welfare of the Child(ren). Meals and lodging are not included in this benefit. This benefit applies regardless of whether Your hospitalization is related to a Pre-Existing Condition. ***The return of the Child(ren) must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.

- 5.5 Transportation of Spouse.** If You are confined to the Hospital for more than seven (7) days or if Your attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than seven (7) consecutive days, or if You die on the Covered Trip and require Return of Mortal Remains, the Company will pay up to the amount set forth in the Schedule of Benefits for a single one-way economy class airfare, less the value of applied credit from any unused return travel ticket, for Your Spouse to Your primary residence. ***The transportation of Spouse must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.
- 5.6 Return of Mortal Remains.** The Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable Expenses incurred for embalming, a minimally-necessary container appropriate for transportation, shipping costs, and the necessary government authorizations to return Your remains to Your Home Country if You die while on a Covered Trip outside Your Home Country during the Period of Coverage from an Accidental Injury or Sickness covered under this Insurance. This benefit applies regardless of whether the death is related to a Pre-Existing Condition. ***The return of mortal remains must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.
- 5.7 Political Evacuation and Repatriation.** The Company will arrange and pay up to the amount set forth in the Schedule of Benefits for reasonable and necessary Expenses incurred for (i) Your Political Evacuation and/or (ii) Your Political Repatriation by means of a one-way economy class airfare. Political Evacuation and/or Political Repatriation must occur within ten (10) days of the events causing the necessity for such action. The means of transportation will be the most appropriate and economical under the circumstances for Your health and safety. Such Expenses will be paid once for You per occurrence. ***If You fail to heed a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory issued by the United States Department of State or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country recommending that travelers avoid a certain country, region, or specific areas or locations within a country, benefits for Political Evacuation and Repatriation are not covered and will be denied. Additionally, the Political Evacuation or Political Repatriation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.***

The coverage provided by the Certificate under this section excludes Expenses:

- (a) Recoverable under any other insurance or through an employer;
- (b) Arising from or attributable to:
 - (i) Dishonest or criminal acts committed or attempted by You;
 - (ii) Alleged violation of the laws of the Host Country by You unless the Company, in its sole discretion, determines such allegations to be fraudulent;
 - (iii) Your failure to maintain required documents or visas;
 - (iv) Debt, insolvency, commercial failure, or the repossession of any property;
 - (v) Your non-compliance with a contract or license; and
 - (vi) Implementation of illegally contributed exchange rates.
- (c) Due to liability assumed or assumed by You under any contract; or
- (d) For arrangements not made by Seven Corners Assist.

Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.

Section 6. Property

- 6.1 Baggage Delay.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits if during Your outward journey, Your checked Baggage is delayed or misdirected by a Common Carrier for more than twelve (12) hours while on a Covered Trip.

You must be a ticketed passenger on a Common Carrier. All claims must be verified by the Common Carrier who must certify the delay or misdirection and Your receipts for the purchase or replacement of necessary personal effects must accompany any claim.

These benefits will not duplicate any other benefits payable under the Plan or any coverage(s) attached to the Plan. Additionally, the exclusions set forth in Sections 6.5 and 8 apply to the coverage provided by the Certificate under this section.

- 6.2 Baggage Delivery.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits if during Your outward journey, Your checked Baggage is delayed after You have reached Your destination and the Common Carrier makes a charge to deliver Your checked Baggage to Your destination.

A copy of the delivery invoice and verification of the delay or misdirection by the Common Carrier must be submitted with the claim.

These benefits will not duplicate any other benefits payable under the Plan or any coverage(s) attached to the Plan. Additionally, the exclusions set forth in Sections 6.5 and 8 apply to the coverage provided by the Certificate under this section.

- 6.3 Baggage and Personal Effects.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for lost, stolen or damaged Baggage and personal effects provided You, Your Traveling Companion or Your Family Member have taken all reasonable measures to protect, save, and recover the property at all times.

The Baggage and personal effects must be owned by and accompany You during the Covered Trip. If You have checked Your Baggage with a Common Carrier and delivery is delayed, coverage for Baggage will be extended until the Common Carrier delivers the property. Original receipts must be provided for reimbursement. Reimbursement will be for the lesser of (i) the Actual Cash Value; (ii) the cost to repair or replace the article with material of a like kind and quality; or (iii) per article limited set forth in the Schedule of Benefits.

As set forth in the Schedule of Benefits, described valuables include the following:

- (a) Jewelry;
- (b) Watches;
- (c) Articles consisting in whole or in part of silver, gold or platinum;
- (d) Furs;
- (e) Articles trimmed with or made mostly of fur;
- (f) Sports equipment;
- (g) Personal computers;
- (h) Radios;
- (i) Cameras; camcorders and their accessories and related equipment; and
- (j) Other electronic items.

The Company will reimburse You for fees associated with the replacement of Your passport during Your Covered Trip. Receipts are required for reimbursement.

This coverage is secondary to any coverage provided by the Common Carrier, and You will be required to furnish proof to the Company that the Common Carrier has paid the full amount that it is legally required to pay.

These benefits will not duplicate any other benefits payable under the Plan or any coverage(s) attached to the Plan. Additionally, the exclusions set forth in Sections 6.5 and 8 apply to the coverage provided by the Certificate under this section.

- 6.4 Sports Equipment Rental.** If Your sports equipment is lost, stolen, damaged, or delayed by the Common Carrier for twelve (12) hours or more, the Company will reimburse You on a one-time basis for the reasonable costs of renting replacement sports equipment during Your Covered Trip, up to the amount set forth in the Schedule of Benefits.

These benefits will not duplicate any other benefits payable under the Plan or any coverage(s) attached to the Plan. Additionally, the exclusions set forth in Sections 6.5 and 8 apply to the coverage provided by the Certificate under this section.

- 6.5 Baggage and Personal Effects Exclusions.** The coverage provided by the Certificate under Sections 6.1 through 6.4 excludes Expenses for any loss or damage to:

- (a) Animals;
- (b) Automobiles and automobile equipment;
- (c) Boats or other vehicles or conveyances;
- (d) Trailers, motors, motorcycles, or aircraft;
- (e) Bicycles (except when checked as Baggage with a Common Carrier);
- (f) Eye glasses, sunglasses or contact lenses;
- (g) Artificial teeth and dental bridges;
- (h) Hearing aids;
- (i) Prosthetic limbs;
- (j) Keys, money, stamps, securities and documents;
- (k) Tickets;
- (l) Art objects and musical instruments;
- (m) Consumables including medicines, perfumes, cosmetics, and perishables;
- (n) Professional or occupational equipment or property, whether or not electronic Business Equipment;
- (o) Telephones, computer or software; or
- (p) Property illegally acquired, kept, stored or transported.

The coverage provided by the Certificate under Sections 6.1 through 6.4 excludes Expenses for any loss caused by or resulting from the following:

- (a) Wear and tear or gradual deterioration;
- (b) Insects or vermin;
- (c) Inherent vice or damage while the article is actually being worked upon or processed;
- (d) Confiscation or expropriation by order of any government;
- (e) Radioactive contamination;
- (f) War or any act of war whether declared or not;
- (g) Property shipped as freight or shipped prior to the Scheduled Departure Date.
- (h) Delay or loss of market value;
- (i) Indirect or consequential loss or damage of any kind;
- (j) Theft or pilferage while left unattended in any vehicle if the vehicle is not property secured;
- (k) Electrical current including electric arcing that damages or destroys electrical devices or appliances;
- (l) Mysterious disappearance; or
- (m) Confiscation or expropriation by order of any government.

Section 7. Other Coverage and Services

7.1 Travel Assistance Services. Upon enrollment, You are eligible to use any of the assistance services provided by Seven Corners Assist. These services are available twenty-four (24) hours per day, three hundred sixty-five (365) days per year. Multilingual personnel, physicians, and nurses are on staff and can assist with, among other things, emergency situations and locating medical facilities.

7.2 Accidental Death and Dismemberment (AD&D). The Company will pay indemnity determined from the table below if You sustain a Loss stated therein resulting from Injury suffered from an Accident during the Period of Coverage and subject to the exclusions set forth in Section 8, provided that (i) such Loss occurs within three hundred sixty-five (365) days after the date of Accident causing such Loss; (ii) the indemnity payable for any such Loss shall be the Principal Sum stated on the Schedule of Benefits as applicable to You and this Insurance; and (iii) if more than one (1) Loss stated in the table of Losses is sustained as the result of one (1) Accident, only one (1) of the amounts, the largest, will be paid.

FOR	INSURED
Loss of life	Principal Sum
Loss of two members	Principal Sum
Loss of one member	50% of Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	Principal Sum
Paraplegia (total paralysis of both lower limbs)	75% of Principal Sum
Hemiplegia (total paralysis of both upper and lower limbs of one side of the body)	50% of Principal Sum
Uniplegia (total paralysis of one limb)	25% of Principal Sum

For loss of life, the benefit will be paid to the beneficiary designated in writing by You. If no beneficiary is designated or if the beneficiary is no longer living, the benefit will be paid to Your closest living Relative in the following order: (i) Spouse; (ii) Child(ren); (iii) issued of deceased Child(ren); (iv) parent(s); (v) siblings; (vi) issue of deceased siblings; (vii) grandparents; (viii) siblings of parents; or (ix) Your estate.

The coverage under this section excludes and does not cover Expenses that are for, resulting from, related to, or incurred in connection with the following:

- (a) Disease or Sickness of any kind;
- (b) Bacterial infections except pyogenic infection that occurs through an Accidental cut or wound; or
- (c) Hernia of any kind.

Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this section.

- 7.3 Personal Liability.** The Company will pay or reimburse You up to the amount set forth in the Schedule of Benefits and subject to the condition, restrictions, and exclusions and contained in this section for eligible court-entered judgments or Company-approved settlements arising as a result of or in connection with the personal liability You incurred for acts, omissions, and other occurrences covered under this Certificate for losses or damages solely, directly, and proximately caused by Your negligent acts or omissions during the Period of Coverage that result in the following:
- (a) Injury to a Third Person occurring during the Period of Coverage;
 - (b) Damage or loss to a Third Person's personal property during the Period of Coverage; and
 - (c) Damage or loss to a Relative's personal property during the Period of Coverage.

The maximum payable under this section is up to the maximum stated in the Schedule of Benefits. With respect to covered and eligible personal liability claims, the Company will pay You for associated reasonable legal fees and out-of-pocket costs incurred by You with respect to the determination and settlement of such legal liability.

Conditions and Restrictions.

- (a) You must notify the Company within thirty (30) days of any act, omission, or occurrence that may create or impose any personal liability upon You and, also, within thirty (30) days of the initiation or receipt of service of any actual or threatened lawsuit, notice of claim, or proceeding filed or threatened to be filed against You with respect to same. Such notification(s) to the Company shall include a recitation of all circumstances, facts, and known or presumed causes of any loss or damage and a description of the nature and approximate amount of any damages suffered by any Third Person or Relative. In addition, immediately upon receipt thereof, You shall provide to the Company copies of any pleadings, complaints, lawsuits, petitions, demand letters, notices, orders, summonses, subpoenas, opinions, briefs, motions, letters from opposing counsel, and any other documents or papers with respect to any such lawsuit or proceeding that are received or issued by, addressed to or from, remitted to or by, or served by or upon You or Your counsel. Any failure to so notify or provide papers or documents to the Company in strict accordance with the foregoing shall be deemed to be and will result in a forfeiture and waiver of any and all benefits, claims, or coverages otherwise provided by this Insurance under this section.
- (b) The Company shall have the absolute right and authority without Your further consent or approval to intervene in its own name and on its own behalf as a party in interest with respect to any lawsuit, civil action, or other proceeding in which You are involved and for which the Company may have exposure for coverage or benefits under this section and shall be entitled to fully participate, receive due and proper notice of all matters, and have an opportunity to be heard with respect to all issues, controversies, and other proceedings or hearings of any kind.
- (c) With respect to any personal liability for which You are or may be jointly or jointly and severally liable with other Third Persons or Relatives, the Company shall be fully subrogated to all rights of contribution, indemnity, recoupment, and recovery of proportional shares from other joint tortfeasors whose negligence contributed in whole or in part to the subject injury or loss and who are or may also be liable to You or the injured/damaged person.
- (d) As a condition precedent to any liability or obligation of the Company to provide coverages or benefits for personal liability under this insurance, no settlement, compromise, accord, admission of fault or liability, default, default judgment, waiver, release, indemnity, hold harmless, or other concession of any kind shall be given, made, committed, allowed, granted, or agreed to by or on behalf of You to any Third Person or Relative without the prior express written approval and consent of the Company, and any failure to comply with this condition precedent shall void, waive, and forfeit all benefits and coverages for legal assistance, advancement of bail, or coverage for personal liability under this section.
- (e) The Company shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claim, damage, or loss under this section for and no coverage or benefits shall be eligible or available under this section with respect to, any legal fees, legal costs or expenses, advancements of bail, or for any personal injury or property damage claims, liability awards or judgments in the event there exists any other insurance, insurance fund, membership benefits,

workers' or workplace compensation coverage program or other similar governmental program, reimbursement or indemnification coverage, right of contribution, recoupment or recovery, contract, or any other third-party obligation or liability for provision of benefits ("Primary Coverage") which would or would, but for the existence of this Insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, damage, or loss except in respect of any excess beyond the amount payable or provided under such Primary Coverage had this insurance not been effected. Further, the Company shall not be liable or obligated to provide any benefit or to pay or reimburse any claim for injury, loss, or damage to the extent coverage for same is furnished or provided by any program or agency funded or controlled by any government or government authority.

- (f) No Third Person or Relative is intended to have, shall be deemed or construed to have, or shall have any rights or interest as a "third-party beneficiary" under the Master Policy of Insurance, and any allegation or assertion of any such status or any direct claim or other attempt to legally enforce alleged rights by such Third Person or Relative against the Company, the Administrator, or the Participating Organization based on any allegation or assertion of any such status, shall be subject to summary dismissal. Notwithstanding any law, statute, judicial decision, or rule to the contrary which may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state of You, Third Person, or Relative or the situs of any alleged personal injury, property damage or other loss, no transfer or assignment of any of the Participating Organization's rights, benefits or interests under this Certificate, and no transfer or assignment of any of Your rights, benefits, or interests under this section as a beneficiary thereof, shall be valid, binding on, or enforceable against the Company or the Administrator unless first expressly agreed and consented to in writing by the Company, which agreement and/or consent may be reused and/or withheld for any or no reason at the sole discretion of the Company. Any such purported transfer or assignment not in strict compliance with the foregoing provisions of this section shall be void ab initio and without effect as against the Company and the Administrator and any assertion or claim of same shall be subject to summary dismissal, and the Company and the Administrator shall have no liability of any kind under this section to any such purported transferee or assignee with respect thereto.
- (g) The Company will consider paying or advancing, but without any obligation or contractual duty to do so, up to \$2,500 to You or for Your benefit to settle and compromise an asserted claim against You arising from personal injury or property damage so long as (i) the asserted claim is one that may be eligible for coverage under this Insurance and is not expressly excluded; (ii) a lawsuit has not yet been filed, or, if already filed, an answer or other response has not yet been filed thereto; (iii) You obtain a full written release and/or covenant-not-to-sue upon such terms and conditions as are satisfactory to the Company in its sole discretion; and (iv) a full proof of claim, medical bills, accident form, and such other documentation and/or Proof of Loss is provided to the Company in form and substance satisfactory to it.

Personal Liability Exclusions. You shall have no benefits or coverages for and the Company shall have no liability or obligation of any kind to pay or reimburse You or any Third Person or Relative for, any changes, fees (including attorneys' fees), costs, expenses, damages, losses, judgments, claims or other liabilities incurred or sustained by or assessed against You or any Third Person or Relative, if directly or indirectly relating to, arising from or in connection with any of the following acts, omissions, events, conditions, charges, consequences, occurrences or circumstances, all of which are expressly excluded from coverage under this Insurance and all of which the Company will provide no benefits or coverages for and shall have no liability or obligation for same, and the Company will not pay or reimburse You or any Third Person or Relative for any claims of any kind arising directly or indirectly from, happening through or as a consequence of:

- (a) Any damages, losses or claims caused in whole or in part by You during any hunt or as a result of hunting;
- (b) Any criminal, fraudulent, deceptive, willful, reckless, malicious, or other unlawful acts or omissions committed by You or any acts or omissions committed by You in connection with the violation or breach of any laws, statutes, ordinances, legal orders, rules or regulations to which You are subject or by which You are bound;
- (c) Any loss, damage, or claim arising or resulting from the use of any firearms, fireworks, explosives, welding equipment, propane tanks, or other flammables, deadly weapons, or hazardous implements;
- (d) The pursuit of any trade, business, profession, or employment activity;
- (e) Ownership, possession, control, or occupation of any land or building;
- (f) Ownership, possession, control, or use of any automobile, motorcycle, ATV, off-road vehicle, watercraft, aircraft, parachute, parasail, glider, or any other motorized, gravity-induced, or self-propelled vehicle or craft of any kind;
- (g) Resulting from any fire, flood, wind, hail, water leak, gas leak, explosion, or other catastrophe or loss occurring in or about the residence or premises of any Relative, or in or about the residence or any other premises of which You are the owner, lessee, invitee, licensee, occupant, or Resident, or in or about any residence or premises which are contiguous or adjacent to any of the foregoing residences or premises;
- (h) The consequences of any breach, violation, or failure to perform any contractual undertakings or obligations of You, whether verbal or in writing;
- (i) Criminal or disciplinary proceedings, charges, arrests, indictments, or arraignments of any kind;
- (j) Shoplifting, vandalism, theft, conversion, misappropriation, public drunkenness, fighting or brawling, arson, or any malicious or intentional activity resulting in personal injury or destruction of property;
- (k) Gross negligence, fraud, bad faith, assault and battery, domestic disputes, and all other intentional torts or actions based or sounding in tort without regard to how named or presented;
- (l) Any collusion, conspiracy, deceit, or other fraudulent scheme or artifice to defraud or other fraudulent means or methods;
- (m) Fines, penalties, assessments, or claims by any governmental authorities or regulatory bodies including traffic fines or traffic violations or parking tickets, and the costs, fees, or expenses incurred by You as a witness, custodian, or in any other non-party status in connection with responding to any order to appear in court, subpoena, subpoena duces tecum, notice of deposition, or any other nonparty legal or administrative proceeding or activity;
- (n) All non-compensatory damages including, without limitation, damages imposed as a punishment, punitive or exemplary damages, consequential damages, lost profits, criminal damages, excessive damages, expectancy damages, incidental damages, liquidated damages, presumptive damages, prospective damages, special damages, speculative damages, statutory damages, double, treble or other multiples of damages, and/or unliquidated damages, and all claims and damages for pain and suffering, loss of consortium, physical discomfort, mental or emotional distress, trauma, disfigurement, dismemberment, loss of use, or scarring;
- (o) Contractual or employer's liability or workman's compensation claims;
- (p) Animals or pets belonging to You or any Relative, or in the care, custody, or control of You or any Relative;
- (q) Intentionally committed acts caused or brought about by You;
- (r) Arising or occurring while You are, to any extent, under the influence of alcohol or drugs or due to Your use of drugs, prescription medicines, narcotics, or tranquilizers not medically prescribed for You by a licensed physician;
- (s) Caused by Your suicide or attempted suicide;
- (t) Your participation in gambling, gaming, or betting of any kind;
- (u) Your participation in any fights, brawls, criminal activity, or other unlawful activity;
- (v) During the practice or participation of sports, recreational endeavors, or Athletics either as a professional, amateur or novice, unless performed solely for recreational purposes or during high school activities;

- (w) Hazardous Activities;
- (x) Occurring when You are a passenger in an aircraft other than a commercial aircraft;
- (y) War, Hostilities, and War-like Operations;
- (z) Thermal, mechanic, radioactive, and other effects due to any modification of the atomic structure of matter or the artificial acceleration of atomic particles or due to radiation from radioisotopes or the use of nuclear or chemical materials;
- (aa) Judgments or damage awards that have not been ordered, declared, or entered within twelve (12) months from the date of the act, omission, occurrence, or event causing personal injury or property damage or within twelve (12) months from the date of termination of group coverage under the Certificate, whichever is earlier;
- (bb) Any lawsuit, claim for benefits, enforcement action, complaint, or other civil or administrative proceeding of any kind brought by or on behalf of You or any Third Person or Relative against the Company, the Administrator, or the Participating Organization including, without limitation, any lawsuit or proceeding alleging breach of contract, bad faith, or any tortious conduct of any kind, seeking equitable or declaratory relief, or otherwise seeking the recovery, enforcement or effectuation of any benefits or coverages under this Insurance;
- (cc) Any loss, personal injury, property damage, or other claim arising or resulting from any act, omission, failure to act, event or other occurrence committed or occurring at any time prior to or subsequent to the Period of Coverage; or
- (dd) Any personal injury, medical expense, damage or other loss suffered by a Relative except for damage to a Relative's personal property, which shall be limited to a maximum of \$2,500.

Section 8. Exclusions

Unless otherwise specifically provided for therein, the coverage provided by the Certificate under Sections 3.1 through 3.5, 4.1, 4.2, 5.1 through 5.7, 6.1 through 6.4 and 7.2 exclude Expenses that are for, resulting from, related to, or incurred for the following:

- (a) Pre-Existing Condition(s) except as waived under Sections 5.1 through 5.6 above;
- (b) Claims not received by the Company or Administrator within ninety (90) days of the date of service;
- (c) Treatment that (i) exceeds Usual, Reasonable, and Customary Expenses; (ii) is Investigational, Experimental, or for research purposes; or (iii) received in a Hospital emergency room visit that is not a Medical Emergency;
- (d) Treatment, services, or supplies that are not administered by or under the supervision of a Physician or Surgeon and products that can be purchased without a Physician's or Surgeon's prescription;
- (e) Routine physicals, inoculations, or other examinations or tests conducted when there is no objective indications or impairments in normal health;
- (f) Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;
- (g) Durable medical equipment;
- (h) False teeth, dentures, dental appliances, dental expenses, normal ear or hearing tests, hearing aids, hearing implants, eye refractions, eye examinations for prescribing corrective lenses or eyeglasses unless caused by Accidental Injury, eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism;
- (i) Replacement of artificial limbs, eyes, larynx, and orthotic appliances;
- (j) Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged;
- (k) Vocational, occupational, sleep, speech, recreational, or music therapy;
- (l) Pregnancy and childbirth (except for Complications of Pregnancy), abortion, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;
- (m) Sleep apnea or other sleep disorders;
- (n) Mental Illness and Mental and Nervous Disorders, unless hospitalized; Rest Cures, learning disabilities, attitudinal disorders, or disciplinary problems;
- (o) Congenital abnormalities and conditions arising out of or resulting therefrom;
- (p) Temporomandibular joint;
- (q) Occupational Diseases;
- (r) Exposure to non-medical nuclear radiation or radioactive materials;
- (s) Sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof;
- (t) Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV);
- (u) Human organ or tissue transplants;
- (v) Exercise programs whether prescribed or recommended by a Physician or therapist;
- (w) Weight reduction programs or the surgical Treatment of obesity including, but not limited to, wiring of the teeth and all forms of intestinal bypass Surgery;
- (x) Cosmetic or plastic Surgery including deviated nasal septum; modifications of Your physical body intended to improve Your psychological, mental, or emotional well-being including, but not limited to, sexual reassignment Surgery;
- (y) Acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;
- (z) Hazardous Activities;
- (aa) Injuries sustained while participating in professional Athletics, amateur Athletics, or interscholastic Athletics including, but not limited to, events, games, matches, practice, training camps, sport camps, conditioning, and any other activity related thereto but excluding non-competitive, recreational, or intramural activities;

- (bb) Abuse, misuse, illegal use, overuse, dependency upon, or being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician;
- (cc) Suicide or any attempt thereof, self-destruction or any attempt thereof, or any intentionally self-inflicted Injury or Illness;
- (dd) Terrorist Activity except as provided under Section 3.1 and 3.2; War, Hostilities, or War-like Operations;
- (ee) Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
- (ff) You unreasonably fail or refuse to depart a country or location following the date a warning to leave that country or location is issued by the United States government or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country;
- (gg) Service in the military, naval, coast guard, or air service of any country or while on duty as a member of a police force or unit;
- (hh) Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;
- (ii) You while in Your Home Country;
- (jj) Conditions for which travel was undertaken to seek Treatment
- (kk) Travel after Your Physician has limited or restricted travel;
- (ll) Injury sustained while You are riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting, from any type of aircraft;
- (mm) Injury sustained while You are riding as a passenger in any aircraft (i) not having a current and valid Airworthy Certificate and (ii) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- (nn) Flying in any aircraft being used for acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing, or any experimental purpose;
- (oo) Participating in contests of speed or riding or driving in any type of competition;
- (pp) Loss of life;
- (qq) Long-term disability;
- (rr) Injury sustained or Disablement due wholly or in part to the effects of intoxicating liquor or drugs, other than drugs taken in accordance with the proper dosing as directed by a Physician;
- (ss) Services not otherwise shown as covered;
- (tt) Benefits attributable to Injury(ies) or Illness(es) that manifest prior to coverage under the Insurance portion of this contract;
- (uu) Curtailment or delayed return for other than Unforeseen reasons;
- (vv) Any failure of a provider of travel-related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due to You;
- (ww) Tuberculosis, severe acute respiratory syndrome or other chronic airborne pathogen;
- (xx) Your participation in civil disorder, riot or a felony;
- (yy) Expenses which were not recommended, approved and/or certified as Medically Necessary and reasonable by a Physician;
- (zz) Services covered by other valid and collectible insurance, including Medicare; Workers Compensation Law, any Occupational Disease law, the 4800 Time Benefit plan or similar legislation; or
- (aaa) Any claim in any way caused by or resulting from:
 - (i) Coronavirus disease (COVID-19);
 - (ii) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
 - (iii) any mutation or variation of SARS-CoV-2; or
 - (iv) any fear or threat of i), ii) or iii) above.

Section 9. Definitions

Accident or Accidental: Sudden, unexpected, unusual, specific event which occurs at an identifiable time and place but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

Accidental Injury: Bodily injury caused by an Accident, directly and independently of all other causes and sustained on or after the Effective Date of Coverage and on or before the Scheduled Return Date. Benefits for Accidental Injury will not be paid for any loss caused by Sickness or other bodily diseases or infirmity.

Actual Cash Value: Purchase price less depreciation.

Administrator: Seven Corners, Inc.

Airworthiness Certificate or Airworthy Certificate: Standard Airworthiness Certificate issued by the Federal Aviation Agency of the United States or the governmental authority having jurisdiction over civil aviation in the country of its registry.

Application: The fully answered and signed enrollment form submitted by You for coverage under the Plan. The Application is hereby incorporated into and becomes part of the Master Policy of Insurance, the Plan, and the Certificate.

Athletics: Sports, games, or exercises of any kind engaged in by athletes. It includes numerous types of professional, amateur, and interscholastic sports, games, or exercises including, for example, track and field, soccer, American football, baseball, basketball, softball, lacrosse, weightlifting, skiing, bowling, tennis, wrestling, and rugby. Further, it includes all activities sanctioned or sponsored by the International Olympic Committee, the National Collegiate Athletic Association or similar organization, or professional sports organizations.

Baggage: Luggage and personal effects and possessions whether owned, borrowed or rented, and taken by You on Your Covered Trip.

Bankruptcy: 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 U.S.C. Subsection 101 et seq.

Business Equipment: 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.

Business Partner: A person who is (i) involved with You in a legal partnership; and (ii) actively involved in the daily management of the business.

Certificate: This document and any applicable Riders issued to You for Insurance under the Master Policy of Insurance describing the coverage and benefits to be paid to or for the benefit of the Insured Person(s). The Certificate also includes the Application and the Declaration, which are incorporated herein by this reference.

Child(ren): Insured Person(s) at least fourteen (14) days old and under the age of nineteen (19) years traveling with You on Your Trip and who is not legally married.

Citizen(s): Person who is a legally recognized subject or member of a particular country. Generally, the person obtains these rights because he or she was either born in that country or was granted rights of citizenship by the country.

City: An incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.

Coma or Comatose: Profound state of unconsciousness from which You cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Common Carrier: Any public air conveyance operating under a valid license providing the transportation of passengers for hire.

Company: Certain Underwriters at Lloyd's, London.

Complications of Pregnancy: A condition whose diagnosis is distinct from Pregnancy but is adversely affected or caused by Pregnancy.

Congenital: Physical abnormality or condition that is present at birth.

Covered Expense(s): Amounts payable by the Company to reimburse You for Your Expenses that are (i) for Medically Necessary services, supplies, care, or Treatment; (ii) due to Accidental Injury or Sickness; (iii) prescribed, performed, or ordered by a Physician; (iv) Usual, Reasonable, and Customary Expenses; (v) incurred during the Period of Coverage; and (vi) which do not exceed the applicable amount set forth in the Schedule of Benefits.

Covered Trip: A trip for which You request Insurance coverage and pay the required premium, and includes:

- (a) A period of travel away from home to a destination outside Your Home Country;
- (b) The purpose of the Trip is business or pleasure; and
- (c) The trip has defined departure and return dates.

Custodial Care: That type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist You in performing the activities of daily living. Custodial Care includes non-acute care for the Comatose, semi-Comatose, paralyzed, or Mentally Incompetent patients.

Declaration: The document issued by the Administrator for and on behalf of the Company to You contemporaneously with the Certificate evidencing Your Insurance.

Default: A material failure or inability to provide contracted services due to financial insolvency.

Disablement: Accidental bodily Injury or Illness necessitating Treatment by a Physician as defined in this Certificate. All bodily disorders existing simultaneously that are due to the same or related causes shall be considered one (1) Disablement. If a Disablement is due to causes that are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial Treatment of an Accidental Injury or Illness must occur during Your Covered Trip.

Educational or Rehabilitative Care: Care for or restoration by education or training of Your ability to function in a normal or near normal manner following an Injury or Illness. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Effective Date of Coverage: The date coverage for You begins under the terms of the Certificate. Subject to payment of any premium due, your coverage for benefits begins:

- (i) For Trip Cancellation: Coverage begins at 12:01 a.m. at Your location on the day after the date the Company receives Your Application and required premium for such coverage.
- (ii) For Trip Delay: Coverage is in force while en route to and from Your Covered Trip.
- (iii) For all other coverages: Coverage begins at the latest of the following times:
 - (a) The point and time of Your departure on the Scheduled Departure Date; or
 - (b) Your actual departure for Your Covered Trip.

Emergency Accidental Injury: A serious and acute Accidental Injury requiring immediate necessary medical Treatment.

Emergency Medical Evacuation: Your evacuation because Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where Medically Necessary Treatment can be obtained.

Emergency Medical Repatriation: Your transportation to Your Home Country, with a qualified medical attendant if necessary, to obtain further Treatment or to recover after You were Treated for an Injury or Illness at a local medical facility following a covered Emergency Medical Evacuation.

Emergency Medical Reunion: Your reunion with an individual from Your Home Country, as recommended by Your attending Physician, selected by You to travel to and from the location where You are hospitalized when an Emergency Medical Evacuation is occurring or has occurred or when an Emergency Medical Repatriation is to occur.

Emergency Sickness: An illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (i) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of Your condition or place Your life in jeopardy; (ii) the severe or acute symptom occurs suddenly and unexpectedly; and (iii) the severe or acute symptom occurs while Your coverage is in force and during Your Covered Trip.

Expenses: Your expenses, costs, charges, and losses.

Experimental/Investigational: All services or supplies associated with (i) Treatment or diagnostic evaluation that is not generally and widely accepted in the practice of medicine in the United States of America or that does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States; (ii) a drug that does not have United States Food and Drug Administration (“FDA”) marketing approval; or (iii) a medical device that does not have FDA marketing approval or has FDA approval under 21 CFR 807.81 but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. The Company will make the final determination as to whether a service or supply is Experimental/Investigational.

Expiration Date of Coverage: The date coverage for You terminates, which is the earliest of the following:

- (i) For Trip Cancellation: Coverage automatically ends on the earlier of:
 - (a) The point and time of departure on Your Scheduled Departure Date; or
 - (b) The date You cancel Your Covered Trip.
- (ii) For all other coverages: Coverage will end at 11:59 p.m. local time on the earliest of:
 - (a) The Scheduled Return Date as stated on the travel tickets;
 - (b) The date You return to Your origination point if prior to the Scheduled Return Date;
 - (c) The date You leave or change Your Covered Trip (unless due to Unforeseen and unavoidable circumstances covered by the Certificate);
 - (d) If You extend the return date, coverage will terminate at 11:59 p.m. at Your location on the Scheduled Return Date.

Family Member: You or Your Traveling Companion's legal or common law Spouse, Your caregiver, parent, legal guardian, stepparent, grandparent, parents-in-law, grandchild, natural or adopted child, foster child, ward, stepchild, children-in-law, brother, sister, stepbrother, stepsister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew.

Hazard: Includes the following:

- (a) Any delay of a Common Carrier (including Inclement Weather);
- (b) Any delay by a traffic Accident en route to a departure, in which You are or a Traveling Companion are directly or indirectly involved;
- (c) Any delay due to lost or stolen passports, travel documents or money; quarantine; hijacking; unannounced Strike, Natural Disaster, civil commotion or riot;
- (d) A closed roadway causing cessation of travel to the Travel Supplier or destination of the Covered Trip, and substantiated by the department of transportation, state police, or other like authority;

Hazardous Activities: Abseiling; American football; aviation except when travelling solely as a passenger in a commercial aircraft; BMX; BASE jumping; bobsledding; boxing; bungee jumping; canyoning; caving; fighting sports; free diving; hang gliding; heli-skiing; high diving; hot air ballooning; hunting; inline skating; jet skiing; kayaking; kiteboarding; luge; martial arts; motocross (MOTO-X); motorcycle or motor scooter riding whether as a passenger or a driver; riding any motorized vehicle other than a mobility aid which can be legally ridden on public sidewalks; mountain biking; Mountaineering; offshore boating; Parachuting; paragliding; parasailing; parascending; polo; racing of any kind whether by any animal, motor vehicle, motorcycle, or otherwise; rappelling; rock climbing; rodeo activity; scuba diving; ski jumping; sky diving; snow skiing and snowboarding except for recreational downhill and/or cross country snow skiing or snowboarding provided that such is not in any violation of applicable laws, rules, or regulations or away from prepared and marked in-bound territories or against the advice of the local ski school or local authoritative body; snowmobiling; spelunking; surfing; trekking; wakeboard riding; water skiing; whitewater rafting; wildlife safaris; windsurfing; zip lining; any attempt to make or set sporting records; other adventures sports or activities; and any other sport or athletic activity that exposes You to abnormal or extreme risk of Injury. This includes practice or training in preparation for any excluded activity; participating in any sporting, recreational, or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations, and procedures of a recognized governing body for the sport or activity; or participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other health care provider.

Home Country: For Non-United States Citizens, it is the country where You have Your permanent residence. For United States Citizens, including those with dual citizenship, it is always the United States.

Hospital: Institution operated pursuant to law for the care and Treatment of sick or injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision, excluding resting or nursing homes and institutions for the aged, chronically ill, or convalescent.

Host Country: Any country to which or in which You are traveling other than Your Home Country.

Illness(es): Sickness, disorder, illness, pathology, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, Congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical, or health condition provided, however, that Illness does not include learning disabilities or attitudinal or disciplinary problems. All Illnesses that exist simultaneously or which arise subsequent to a prior Illness and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be one (1) Illness. Further, if a subsequent Illness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Illness, the subsequent Illness will be deemed to be a continuation of the prior Illness and not a separate Illness.

Immediate Family Member: Your Spouse, parent, stepparent, Child(ren), brother, sister, grandchild(ren), or in-laws and includes an individual who lives in Your household.

Inclement Weather: Any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

Injury: Bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Certificate is in force and resulting directly and independently of all other causes in Disablement covered by this Certificate.

Inpatient: You confined in an institution and charged for room and board.

Insurance: Coverage under the Certificate.

Insured Person(s): Individual person eligible for benefits under the Certificate who has applied for coverage, is named on the Application, and for whom the Company has accepted premium. To be eligible for benefits under the Certificate, the person must be at least fourteen (14) days old and under the age of eighty (80) years.

Loss: For quadriplegia, paraplegia, hemiplegia, and uniplegia, the complete and irreversible paralysis of such limbs; with regard to hands and feet, actual severance through and above the wrist or ankle joints; and for eyes, entire irrecoverable loss of sight.

Master Policy of Insurance: That certain group Insurance policy No. RCB07421 issued to World Commercial Trust by Certain Underwriters at Lloyd's, London, which is available upon request from the Administrator.

Maximum Benefit: The largest total amount of eligible Expenses that the Company will pay for the Insured Person.

Maximum Period of Coverage: For USA Assist GlobalTrip, thirty (30) days from the original Effective Date of Coverage.

Medical Emergency: Occurrence of a Sickness, Illness, Injury, or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain that an individual could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the person afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (ii) serious impairment to such person's bodily functions; (iii) serious dysfunction of any bodily organ or part of such person; or (iv) serious disfigurement of such person. Additionally, a Medical Emergency will include visits where the only option for necessary immediate care is an emergency room.

Medically Necessary or Medical Necessity: Services and supplies received while insured that are determined by the Company to be (i) appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of Your medical conditions; (ii) within the standards the organized medical community deems good medical practice for Your condition; (iii) not primarily for the convenience of You, Your Physician, or another Service Provider or person; (iv) not Experimental/Investigational or unproven as recognized by the organized medical community or which are used for any type of research program or protocol; and (v) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate Treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services You are receiving or the severity of Your condition in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such Treatment Medically Necessary or make the charge of a Covered Expense under this Certificate.

Mental Illness and Mental and Nervous Disorder: Any mental, nervous, or emotional Illness that generally denotes an Illness of the brain with predominant behavioral symptoms; an Illness of the mind or personality, evidenced by abnormal behavior; or an Illness or disorder of conduct evidenced by socially deviant behavior. Mental and Nervous Disorders include, without limitation, psychosis; depression; schizophrenia; bipolar affective disorder; any disease or condition, regardless of whether the cause is organic, that is classified as a Mental Disorder in the current edition of the International Classification of Diseases as published by the United States Department of Health and Human Services; and those psychiatric and other Mental Illnesses listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders published by the American Psychiatric Association. Mental Illness and Mental and Nervous Disorder does not mean or include learning disabilities, attitudinal disorders or disciplinary problems. For the purpose of this definition, Mental Illness and Mental and Nervous Disorder does not include Substance Abuse.

Mentally Incompetent: The inability of a person to make or carry out important decisions regarding his or her affairs.

Mountaineering: Sport, hobby, or profession of hiking and climbing up mountains (i) utilizing harnesses, ropes, crampons, or ice axes (ii) bouldering; or (iii) ascending 4,500 meters or above. Indoor rock climbing and bouldering are not considered Mountaineering.

Natural Disaster: Event or force of natural cause that is (i) due entirely to the forces of nature, (ii) could not have been reasonably prevented, and (iii) results in the migration of the human population for its safety. This includes avalanche, wildfire, earthquake, hurricane, tornado, typhoon, tsunami, cyclone, flood, landslide, mudslide, drought windborne dust or sand, volcanic eruption, tsunami, snow, rain, or wind.

Occupational Disease: Illness or Injury resulting from or in the course of any employment for wage or profit by You including, but not limited to, those related to asbestos exposure and the complications thereof including asbestosis and mesothelioma. Occupational Disease is not a contagious disease resulting from exposure to fellow employees or from a hazard to which the workman would have been equally exposed outside of his employment. An Occupational Disease is also not an ordinary disease of life to which the general public is equally exposed unless such disease follows as a complication and a natural incident of an Occupational Disease or unless there is a constant exposure peculiar to the occupation itself that makes such disease a hazard inherent in such occupation.

Outpatient: You receiving care in a Hospital or another institution including ambulatory; surgical center; convalescent/skilled nursing facility; or Physician's office for an Illness or Injury but not as an Inpatient.

Parachuting: Activity involving the breaking of a free fall from an airplane using a parachute.

Payments or Deposits: The cash, check, or credit card amounts actually paid for Your Covered Trip. Certificates; vouchers; frequent traveler rewards, miles or points; discounts and/or credits applied (in part or in full) towards the cost of Your Covered Trip are not Payments or Deposits as defined herein.

Period of Coverage: The Period of Coverage issued by the Company to You beginning with the Effective Date of Coverage and ending on the Expiration Date of Coverage.

Physician(s): Doctor of Medicine or a Doctor of Osteopathy licensed to render medical services or perform Surgery(ies) in accordance with the laws of the jurisdiction where such professional services are performed.

Plan: Your USA Assist GlobalTrip Plan as set forth and determined by this document, the Application, the Certificate, the Declaration, the Master Policy of Insurance, and any Riders that attach during the Period of Coverage.

Political Evacuation: Your evacuation to the nearest place of safety due to (i) a formal recommendation from the appropriate authorities issued for You to leave the Host Country or (ii) Your being expelled or declared persona non grata by the Host Country.

Political Repatriation: Your transportation to Your Home Country due to (i) a formal recommendation from the appropriate authorities issued for You to leave the Host Country or (ii) Your being expelled or declared persona non grata by the Host Country.

Pre-Existing Condition(s): Any Accidental Injury, Sickness or condition of You, Your Traveling Companion, or Your Family Member booked to travel with You for which medical advice, diagnosis, care or Treatment was recommended or received within the sixty (60) day period ending on the Effective Date of Coverage. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

Pregnancy: Physical condition of being pregnant including Complications of Pregnancy.

Principal Sum: The amount stated as such for the Insured Person on the Schedule of Benefits.

Proof of Loss: The written documentation required by the Company that You must furnish to the Company in case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss.

Registered Nurse: Graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority and who is legally entitled to place the letters "RN" after his or her name.

Relative: Your Spouse, parent, sibling, Child(ren), grandparent, grandchild, stepparent, stepsibling, in-laws (parent, son, daughter, brother, and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin.

Resident: A person who lives somewhere permanently or on a long-term basis.

Rest Cures: Treatment, as for Nervous Disorders, consisting of complete rest and often with special diet, massage, etc., especially at a spa or sanatorium.

Rider: Any attachment, endorsement, schedule, or similar document attached to, issued in connection with, or otherwise expressly made a part of the Master Policy of Insurance, the Certificate, the Declaration of Insurance, or the Application.

Schedule of Benefits: The summarized Schedule of Benefits, coverages, limits and sub-limits as set forth for ease of reference in Section 2 of this Certificate, all of which are subject to the full terms of this Insurance.

Scheduled Departure Date: The date which You are originally scheduled to leave on the Covered Trip.

Scheduled Return Date: The date which You are originally scheduled to return to the point of origin or to a different final destination or to Your primary residence from a Covered Trip.

Service Provider: Hospital, convalescent or skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, dentist, licensed medical practitioner, physician's assistant (PA), nurse, nurse practitioner (NP), medical laboratory, assistance service company, air or ground ambulance firm, or any other such facility that the Company approves.

Sickness: Illness, malady or disease that requires Treatment by a Physician while covered by this Certificate. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Sound Natural Tooth or Sound Natural Teeth: Tooth that is whole or properly restored; is without impairment, periodontal, or other conditions; and is not more susceptible to Injury than a virgin tooth. A tooth previously restored with a crown, inlay, or porcelain restoration or treated by endodontics is not a Sound Natural Tooth.

Spouse: If not legally separated or divorced, Your legal Spouse, legal domestic partner or legal civil partner as determined by the state or other applicable governmental jurisdiction in which the legal union is sanctioned.

Strike: A stoppage of work that is (i) announced, organized and sanctioned by a labor union and (ii) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strikes are work slowdowns and sickouts.

Substance Abuse: Condition brought about when an individual uses alcohol, chemicals, or any other drug(s) in such a manner that his or her health or judgement is impaired or ability to control actions is lost.

Surgeon(s): Doctor of Medicine or a Doctor of Osteopathy licensed to render medical services or perform Surgery(ies) in accordance with the laws of the jurisdiction where such professional services are performed.

Surgery(ies): Invasive diagnostic procedure or the Treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Telehealth Consultation or Care: The long-distance or remote distribution of (i) health-related services and information, (ii) Treatment of Illness or Injury, or (iii) other live consultations, each of which involves an Insured Person and a Physician or Registered Nurse at different locations using telecommunications technologies including internet, phone, video, audio, and computers.

Terrorist Activity: Act or acts including, but not limited to, the use of force or violence or the threat thereof of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons, including the intention to influence any government or to put the public or any section of the public in fear.

Third Person: A person or entity other than the Insured Person or the Company.

Traveling Companion(s): A person or persons who (i) are named and traveling under the same reservation as You; (ii) are booked to accompany You on Your Covered Trip; (iii) are sharing travel arrangements with You; or (iv) You have coordinated travel arrangements and intend to travel with You during the Covered 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: Any entity involved in providing travel services or travel arrangements.

Treatment: Specific in-office or Hospital physical examination, diagnostic procedures and services, consultation, Surgery, care, and medical services and supplies including medication prescribed or provided by a Service Provider for You, each of which is related to condition(s) that first manifested itself, worsened, or became acute or that had symptoms which would have prompted a reasonable person to seek such Treatment.

Unforeseen: Not anticipated or expected and occurring on or after the Effective Date of Coverage of the Certificate.

Usual, Reasonable, and Customary (URC): Maximum amount that the Company determines is Usual, Reasonable and Customary for Covered Expenses You receive up to, but not to exceed, charges actually billed. The Company's determination considers (i) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; (ii) any usual medical circumstances requiring additional time, skill, or experience; and (iii) other factors the Company determines are relevant including, but not limited to, a resource-based relative value scale. For a Service Provider who has a reimbursement agreement, the Usual, Reasonable, and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

War, Hostilities, and War-like Operations: War, Hostilities, or War-like Operations whether war be declared or not; invasion; act of an enemy foreign to the nationality of the Insured Person or the country in or over which the act occurs; civil war; riot; rebellion; insurrection; revolution; overthrow of the legally constituted government; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power; explosions of war weapons; utilization of nuclear, chemical, or biological weapons of mass destruction howsoever these may be distributed or combined; murder or assault that was the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not; or any action taken in controlling, preventing, or suppressing any or all of the situations described above. For the purpose of this definition (i) "utilization of nuclear weapons of mass destruction" means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity); (ii) "utilization of chemical weapons of mass destruction" means the emission, discharge, dispersal, release or escape of any solid, liquid, or gaseous chemical compound that, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity); and (iii) "utilization of biological weapons of mass destruction" means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) that are capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity).

You or Your: An Insured Person.

Section 10. Claims

- 10.1 Notice of Claim.** Written notice of claim must be given to the Company within ninety (90) days after the occurrence or commencement of any Disablement covered by the Plan. Notice given by or on behalf of the claimant to the Administrative Offices of the Company or to any authorized agent of the Company, with information sufficient to identify You shall be deemed notice to the Company.
- 10.2 Claim Forms.** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Plan as to Proof of Loss upon submitting, within the time fixed in the Certificate for filing Proofs of Loss, written proof covering the occurrence, the character, and the extent of the Disablement for which claim is made.
- 10.3 Proof of Loss.** Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such Proof of Loss within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give Proof of Loss within such time, provided such Proof of Loss is furnished as soon as reasonably possible. The Company at its option may pend resolution and adjudication of submitted claims and/or deny coverage for Proof of Loss submitted thereafter, or for incomplete Proof of Loss and/or failure to submit Proof of Loss.
- 10.4 Time of Payment of Claims.** Indemnities payable under the Certificate for any loss other than loss for which the Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of Loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Certificate provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
- 10.5 Payment of Claims.** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to Your estate. Any other accrued indemnities unpaid at Your death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to You. If any indemnity of the Certificate shall be payable to Your estate or to an Insured Person who is under the age of eighteen (18) years or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. Subject to any written direction of You, all or a portion of any indemnities provided by this Certificate on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless You request otherwise in writing not later than the time for filing Proof of Loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.
- 10.6 Appeal of Claims.** If the Company denies all or any part of a claim, You will have a maximum of two (2) appeals for review of the claim and determination, and You must file two (2) appeals before bringing any legal action hereunder. You will have sixty (60) days from the date of the notice of denial within which to file an appeal. You may submit written comments, documents, records, or other information with the notice of appeal. The Company will respond in writing to an appeal as soon as reasonably possible but, in any event, within ninety (90) days from receipt of the notice of appeal.

- 10.7 Subrogation.** To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

Section 11. Additional Plan Provisions

- 11.1 Severability of Interest.** This Certificate shall operate in all respects as if a separate Certificate had been issued to each Insured Person hereunder except that in no event shall the total liability of the Company or in respect of all Insured Persons hereunder exceed the limit of indemnity stated in this Certificate.
- 11.2 Selection of Providers.** You and/or Your family members, guardians, Physicians, and other health care providers are solely responsible for making decisions regarding the selections of Physicians, Hospitals, or other health care or health Service Providers and regarding any medical Treatment decisions for or on Your behalf. Neither the Company nor the Administrator has the right, obligation, or authority to make such decisions.
- 11.3 Physical Examination and Autopsy.** The Company at its own expense will have the right and opportunity to examine the person of any Insured Person whose Injury or Illness is the basis of a claim when and as often as the Company may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.
- 11.4 Cooperation.** You and Your health care and medical Services Providers and suppliers, Physicians, and Hospitals must cooperate fully with the Company and the Administrator in reviewing, investigating, adjudicating, and administering any claims under this Certificate. This includes, but is not limited to, access to all relevant, pertinent, or related records, medical documentation, medical histories, reports, lab or test results, x-rays, and other available evidence. The Company may suspend or pend adjudication of a claim or deny benefits or coverage for refusal to cooperate or delay in cooperation or for any act or omission by the above-referenced persons or entities that hinders, delays, impairs, or otherwise prejudices the performance of the Company's obligations hereunder.
- 11.5 Refund of Premium.** As indicated in Section 1.7, all premium is non-refundable after a ten (10) day review period from the date coverage was purchase in the event You have not incurred any claims during that time. In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid in direct proportion of the actual amount paid to the required premium due.
- 11.6 Other Insurance.** All coverages are in excess of all other insurance or similar benefit programs and shall apply only when such benefits thereunder are exhausted. This Plan is secondary coverage to any other insurance. Such other insurance or similar benefit programs may include, but are not limited to, membership benefit; workers' compensation benefits or programs; government programs; group or blanket coverage; prepayment coverage; union, labor, or employee plans; socialized insurance program or program otherwise required by law or statute; automobile insurance; or third-party liability insurance.

11.7 Misrepresentation and Fraud. The Company explicitly relies on Your Application and the information contained in it in order to determine whether such individual meets the eligibility requirements for the issuance of a Certificate. Any misstatement, misrepresentation, concealment, omission, or fraud in Your Application will render Insurance for each Insured Person null and void from issuance, and no coverage will be afforded to such Insured Person under any circumstances.

The Company explicitly relies on statements made by You in connection with all claims under this Certificate in order to determine whether or not and to what extent benefits under this Insurance are payable. Any misstatement, misrepresentation, concealment, omission, or fraud by You relating to any claim hereunder shall render the Insurance for each Insured Person null and void from issuance, and no coverage will be afforded to such Insured Person under any circumstances.

Nothing in this section shall in any way effect any other remedies available to the Company with respect to any misstatement, misrepresentation, concealment, omission, or fraud by an Insured Person.

11.8 Legal Actions. No actions at law or in equity shall be brought to recover on the Certificate prior to the expiration of sixty (60) days after written Proof of Loss has been furnished in accordance with requirements of this Certificate. All legal actions, whether in law or equity, arising under this Certificate shall be barred unless written notice thereof is received by the Company or the Administrator within one (1) year from the date of the event giving rise to such legal action. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished. You further agree that no such actions will be taken to recover under the Certificate until after You have complied with Section 10.6.

You and the Company irrevocably agree and submit to the exclusive jurisdiction and venue of the state and federal courts located in the State of Indiana for any action brought under the Certificate. The Court will be the trier of fact for any dispute under this Certificate, and the parties expressly waive their rights to a jury trial.

11.9 Coverage Intent. This is not a general health insurance policy, but an interim travel medical program intended for use while You are away from Your Home Country or country of residence..

11.10 Complaints. Initial inquiries or complaints are to be addressed to the Administrator. If You are not satisfied with the way an inquiry or complaint has been managed by the Administrator, You may request in writing to the Complaints and Advisory Department of the Company a review of the case without prejudice to the Insured Person's rights.

Complaints
Fidentia House
Walter Burke Way
Chatham Maritime
Chatham
Kent
ME4 4RN
Email: complaints@lloyds.com
Tel: +44 (0)20 7327 5693

11.11 Modification and Waiver. No modification to or waiver of the terms of the Master Policy of Insurance, this Certificate, the Declaration, or the Plan is binding unless expressly set forth in writing and signed by an authorized agent or representative of the Company. Failure of the Company or the Administrator to enforce Your obligation hereunder is not a waiver. No statement made by an agent, employee, or representative of the Company or the Administrator will be deemed or construed as a modification, waiver, actionable representation, promise, or an estoppel or will create any liability against the Company or Administrator.

- 11.12 Assignment.** No transfer or assignment of any of Your rights, benefits, or interests under this Certificate will be valid, binding upon, or enforceable against the Company unless agreed to in writing by the Company.
- 11.13 Termination.** The Plan may be terminated at any time by either the Company or the Administrator by giving at least thirty (30) days written notice to the group and to the Insured Person(s). Such termination will have no effect on this Plan, or the benefits provided hereunder prior to the date of the termination. No Applications will be accepted, and no additional Certificates will be issued following termination.
- 11.14 Entire Agreement.** The Master Policy of Insurance, the Application, the Certificate, the Declaration, and any Riders constitute the entire Agreement between the Company and You. The coverage evidenced by this Certificate is subject to all the terms and conditions of the Master Policy of Insurance, the Application, the Declaration, and any Riders.
- 11.15 Office of Foreign Assets Control and Other Denied Party Lists.** Coverage will be immediately null and void if any Insured Person (i) appears on the like of Specially Designated Nationals and Blocked Persons administered by the UNITED STATES Treasury Department's Office of Foreign Assets Control ("OFAC") or other denied party lists maintained by the UNITED STATES 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 UNITED STATES, EU, UN, or UK sanctions, laws, or regulations such that the Company cannot deal or otherwise engage in business transactions with such person. Whenever any coverage provided hereunder would be in violation of any UNITED STATES, EU, UN, or UK sanctions, prohibitions, or restrictions, such coverage shall be immediately null and void. The Company may be compelled by law to seize premiums, deny services, or withhold claims payments if an Insured Person becomes subject to UNITED STATES, EU, UN, or UK sanctions while this Certificate is in effect. Any payment for services will only be made in full compliance with all United States' economic or trade sanction laws or regulations including, but not limited to, sanctions, laws, and regulations administered and enforced by the OFAC. For more information, consult the OFAC website at www.treas.gov/offices/enforcement/ofac/.
- 11.16 Patient Protection and Affordable Care Act ("PPACA").** THE INSURANCE PROVIDED HEREUNDER IS NOT SUBJECT TO, IS NOT INTENDED TO COMPLY WITH, AND DOES NOT PROVIDE ALL BENEFITS REQUIRED BY PPACA. THIS INSURANCE IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF PPACA. IF AN INSURED PERSON DOES NOT HAVE MINIMUM ESSENTIAL COVERAGE, HE OR SHE MAY OWE AN ADDITIONAL PAYMENT WITH HIS OR HER TAXES. INSURED PERSONS ARE RESPONSIBLE FOR DETERMINING IF AND HOW PPACA IS APPLICABLE TO HIM OR HER AND SHOULD CONSULT HIS OR HER OWN TAX ADVISORS. NEITHER THE COMPANY NOR THE ADMINISTRATOR SHALL HAVE LIABILITY WHATSOEVER FOR AN INSURED PERSON'S FAILURE TO OBTAIN PPACA-COMPLIANT COVERAGE.
- 11.17** THIS INSURANCE IS ISSUED PURSUANT TO APPLICABLE SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF STATE INSURANCE GUARANTY LAWS TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Section 12. Lloyd's Privacy Policy Statement

- 12.1 Underwriters at Lloyd's, London.** The Company wants Insured Persons to know how it protects the confidentiality of their non-public personal information. The Company wants Insured Persons to know how and why it uses and discloses the information that it has about them. The following describes the Company's policies and practices for securing the privacy of Insured Persons.
- 12.2 Information Underwriter Collects.** The non-public personal information that Company collects about Insured Persons includes, but is not limited to:
- (a) Information contained in Applications or other forms that Insured Persons submit to the Company such as name, address, and social security number;
 - (b) Information about Insured Persons' transactions with the Company's affiliates or other third parties such as balances and payment history; and
 - (c) Information the Company receives from a consumer-reporting agency such as credit worthiness or credit history.
- 12.3 Information the Underwriter Discloses.** The Company discloses the information that it has when it is necessary to provide its products and services. It may also disclose information when the law requires or permits it to do so.
- 12.4 Confidentiality and Security.** Only the Company's employees and others who need the information to service an Insured Person's account have access to his or her personal information. The Company has measures in place to secure their paper files and computer systems.
- 12.5 Right to Access or Correct Personal Information.** Insured Persons have a right to request access to or correction of their personal information that is in the Company's possession.
- 12.6 Contacting the Underwriter.** If an Insured Person has any questions about this privacy notice or would like to learn more about how the Company protects privacy, the Insured Person should contact the agent or broker who handled this Insurance. The Company can provide a more detailed statement of its privacy practices upon request.



Lloyd's Certificate

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

Signature Required. This Certificate is not valid unless signed by the Correspondent on the attached Declarations page.

Correspondent Not Insurer. The Correspondent is not an Insurer under this Certificate and is not liable for any loss or claim whatsoever. The Insurers are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained from the Correspondent. As used in this Certificate, "Underwriters" includes incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.

Service of Suit. If the Underwriters fail to pay any amount claimed to be due hereunder, it is agreed that, 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, 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 that 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.

Assignment. This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.

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.

**CERTIFICATE OF INSURANCE
DECLARATIONS**

**USA Assist GlobalTrip
LON21-210601-01RT**

This Declaration is attached to and forms part of certificate provisions

ITEM 1. NAMED INSURED AND MAILING ADDRESS

USA Assist GlobalTrip
World Commercial Trust
Tortola, British Virgin Islands

ITEM 2. COVERAGE PERIOD: AS STATED ON THE ID CARD

TERM: AS STATED ON THE ID CARD

12:00 a.m., United States Eastern Time

11:59 p.m., United States Eastern Time

Insurance is effective with **CERTAIN UNDERWRITERS AT LLOYD'S, LONDON**. The Binding Authority Reference Number is B0775RCB07421.

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 hereto.

Dated: 5/6/2021

By: 

(Correspondent – James J. Krampen, Jr.)

STATE NOTICES

For Residents of the State of California

LLOYD'S CCPA PRIVACY POLICY

UNDERWRITERS AT LLOYD'S, LONDON

This CCPA Privacy Policy explains how Certain Underwriters at Lloyd's, London (“we” or “us”) collect, use, and disclose personal information subject to the California Consumer Privacy Act (“CCPA”). “Personal information” is information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular California resident (“consumer”) or household. This CCPA Privacy Policy also describes the privacy rights of California consumers and how they can exercise those rights.

The CCPA does not apply to certain types of information, such as information subject to the Gramm- Leach-Bliley Act (“GLBA”) or the Fair Credit Reporting Act (“FCRA”). This means that this CCPA Privacy Policy may not apply to personal information that we collect about individuals who seek, apply for, or obtain insurance products or services for personal, family, or household purposes. The CCPA also has limited application to personal information we collect in connection with providing a product or service to a business.

PERSONAL INFORMATION WE COLLECT

We collect, and in the past 12 months have collected, the categories of personal information described below from the sources described below. Some of this personal information may be subject to GLBA or FCRA.

Directly From You. We collect, and in the past 12 months have collected, the following categories of personal information about you that you include in your application or other forms that you submit, or that you otherwise provide to us:

- Personal identifiers, such as name, postal address, email address, Social Security number, policy number, account number, driver’s license number, or passport number.
- Customer records information, such as bank account number, credit or debit card number, other financial information, phone number, health insurance information, or medical history.
- Protected information, such as race, religion, sexual orientation, gender, age, or marital status.
- Commercial information, such as records of personal property and insurance products or services purchased or obtained, purchasing or consuming histories, or transaction or account information.
- Professional or employment related information, such as work history.
- Education information, such as school and date of graduation.

From Our Affiliates and Third Parties. We collect the following categories of personal information about you from our affiliates and other third parties, such as agents, brokers, consumer reporting agencies, or loss adjusters:

- Personal identifiers, such as name, postal address, email address, Social Security number, policy number, account number, driver’s license number, or passport number.
- Customer records information, such as bank account number, credit or debit card number, other financial information, phone number, health insurance information, or medical history.
- Protected information, such as race, religion, sexual orientation, gender, age, or marital status.
- Commercial information, such as information about your transactions with our affiliates or other parties (e.g., balances and payment history), records of personal property and insurance products or services purchased or obtained, purchasing or consuming histories, transaction or account information, credit-worthiness, claims history, or credit history.

- Professional or employment related information, such as work history.
- Education information, such as school and date of graduation.

We may also draw inferences from the personal information we collect directly from you or from our affiliates and third parties.

HOW WE USE PERSONAL INFORMATION

The purposes for which we use personal information depend on our relationship or interaction with a specific California consumer. We may use, and in the past 12 months have used, personal information to underwrite your insurance policy and evaluate claims under your policy; to operate and manage our business; to provide and maintain our insurance products and services; to verify your identity; to detect and prevent fraud; for vendor management purposes; to operate, manage, and maintain our business, such as developing and marketing our products and services; to conduct research and data analysis; to comply with applicable laws; to respond to civil, criminal, or regulatory lawsuits or investigations; to exercise our rights or defend against legal claims; to resolve complaints and disputes; to perform compliance activities; and to perform institutional risk control.

PERSONAL INFORMATION WE DISCLOSE

We disclose, and in the past 12 months have disclosed, the categories of personal information described in “Personal Information We Collect” for the purposes described in “How We Use Personal Information” to the following categories of third parties:

- Affiliates
- Agents
- Brokers
- Service providers, such as loss adjusters, fraud prevention services, and software providers
- Regulatory and law enforcement agencies
- Attorneys, auditors, and other business partners

In the past 12 months, we did not sell personal information, as the term “sell” is defined under the CCPA.

YOUR RIGHTS

You may have certain rights under the CCPA. These rights are subject to certain conditions and exceptions. Your rights under the CCPA may include:

- **Right to Request to Know.** You have the right to request to know the following information about our practices over the past 12 months: (i) the categories of personal information we collected about you; (ii) the categories of sources from which we collected the personal information about you; (iii) the categories of third parties with whom we shared personal information, (iv) the categories of personal information we sold or disclosed about you and the categories of third parties to whom we sold or disclosed that particular category of personal information; (v) our business or commercial purpose for collecting or selling your personal information; and (vi) the specific pieces of personal information we collected about you.

You may exercise your right to request to know twice a year, free of charge. If we are unable to fulfill your request to know, we will let you know the reason why. Please note, in response to a request to know, we are prohibited from disclosing your Social Security number; driver’s license number or other government-issued identification number; financial account number; any health insurance or medical identification number; an account password, security questions, or answers; and unique biometric data generated from measurements or technical analysis of human characteristics.

- **Right to Request to Delete.** You have the right to request that we delete the personal information that we have collected from you. We may deny your request under certain circumstances, such as if we need to retain your personal information to comply with our legal obligations or if retaining the information is necessary to complete a transaction for which your personal information was collected. If we deny your request to delete, we will let you know the reason why.
- **Right to Non-Discrimination.** If you choose to exercise any of these rights, we will not discriminate against you in any way.

If you, or your authorized agent, would like to make a request to know or request to delete, contact us at 1-800-335-0611 or email your agent or broker who handled this insurance at the email address under “Contacting Us” below.

We will take steps to verify your identity before processing your request to know or request to delete. We will not fulfill your request unless you have provided sufficient information for us to reasonably verify that you are the individual about whom we collected personal information. We may request additional information about you so that we can verify your identity. We will only use additional personal information you provide to verify your identity and to process your request.

You may use an authorized agent to submit a request to know or a request to delete. When we verify your agent’s request, we may verify both your and your agent’s identity and request a signed document from you that authorizes your agent to make the request on your behalf. To protect your personal information, we reserve the right to deny a request from an agent that does not submit proof that they have been authorized by you to act on your behalf. You may also make a consumer request on behalf of your minor child.

UPDATES TO PRIVACY NOTICE

We may change or update this CCPA Privacy Policy from time to time. If we make material changes to this CCPA Privacy Policy, we will provide you with an updated copy of the policy.

CONTACTING US

If you have any questions or concerns about this CCPA Privacy Policy or would like to learn more about how we protect your privacy, please contact the agent or broker through whom you purchased this insurance policy at privacy@sevincorners.com.

Effective Date: 1 May 2021

LMA9191
18 September 2020

For Residents of the State of Oregon

This insurance was procured and developed under the Oregon surplus lines laws. It is NOT covered by the provisions of ORS 734.510 to 734.710 relating to the Oregon Insurance Guaranty Association. If the insurer issuing this insurance becomes insolvent, the Oregon Insurance Guaranty Association has no obligation to pay claims under this insurance.

SAMPLE