

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

**APPLICATION FOR TRAVEL INSURANCE**

Application is hereby made for a plan of travel insurance under the Policy based on statements and representations in this Application and any materials submitted herewith and any attachments.

1. Policyholder Name: Global Soccer Development
2. Policyholder Address: 406 Waterford Circle East Tarpon Springs, FL 34688
3. Type of Business or Organization: Youth Development
4. Policy Number: US2238882
5. Destination: Outside USA
6. Policy Effective Date: February 1, 2026
7. Policy Termination Date: January 31, 2027
8. Description of Eligible Persons: Citizens or residents of the USA while traveling with the Policyholder.

**FRAUD WARNING**

***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed For The Policyholder: \_\_\_\_\_

Name/Title (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Signed For The Company: \_\_\_\_\_

Name/Title (Print): \_\_\_\_\_

Date: \_\_\_\_\_

**TRAVEL PROTECTION INSURANCE POLICY**

**Annual Multi-Trip Policy**

This Policy describes the group travel insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the "Company" or as "We", "Us" and "Our".

**PLEASE READ THIS DOCUMENT CAREFULLY FOR FULL DETAILS**

This Policy is a legal contract issued in consideration of the signed Group Application of the Policyholder, a copy of which is attached.

Signed for **United States Fire Insurance Company** By:



Marc J. Adey  
Chairman and CEO



Michael P. McTigue  
Secretary

## TABLE OF CONTENTS

	<b>SCHEDULE OF BENEFITS</b>
<b>SECTION I</b>	<b>COVERAGE PROVISIONS</b>
<b>SECTION II</b>	<b>WHEN COVERAGE BEGINS AND ENDS</b>
<b>SECTION III</b>	<b>EXTENSION OF COVERAGE</b>
<b>SECTION IV</b>	<b>COVERAGES TRAVEL ARRANGEMENT PROTECTION</b>
<b>SECTION V</b>	<b>TRAVEL INSURANCE BENEFITS</b>
<b>SECTION VI</b>	<b>ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS</b>
<b>SECTION VII</b>	<b>GENERAL DEFINITIONS</b>
<b>SECTION VIII</b>	<b>EXCLUSIONS AND LIMITATIONS</b>
<b>SECTION IX</b>	<b>PREMIUMS</b>
<b>SECTION X</b>	<b>CLAIMS PROCEDURES</b>
<b>SECTION XI</b>	<b>HOW TO FILE A CLAIM</b>
<b>SECTION XII</b>	<b>GENERAL PROVISIONS</b>

## SCHEDULE OF BENEFITS

### Multi-Trip Coverage

The benefits payable under this Policy will not exceed the Maximum Benefit Amount shown in the Schedule of Benefits.. We pay the benefits provided under this Policy to the Insured.

No benefits will duplicate any other benefit or coverage provided under this Policy. Should there be a duplication of coverage or benefits, then We will pay the benefit providing the largest amount of coverage.

<b>SECTION IV Travel Arrangement Protection Benefit(s)</b>	<b>Maximum Benefit Amount</b>
Medical Evacuation and Repatriation of Remains Benefit Emergency Medical Evacuation Medically Necessary Repatriation Repatriation of Remains Medical Escort	Up to \$555,000
During Insured's Trip Delay	\$250 per day, to a maximum of \$2,500
<b>SECTION V Travel Insurance Benefit(s)</b>	<b>Maximum Benefit Amount</b>
Accident & Sickness Medical and Dental Expense	up to \$1,000,000 per person
Dental Expense sublimit	up to \$750
<b>SECTION VI Accidental Death and Dismemberment Benefit(s)</b>	<b>Maximum Benefit Amount</b>
Accidental Death and Dismemberment	\$10,000
24-Hour	
Exposure	Included
Disappearance	Included

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## SECTION I COVERAGE PROVISIONS

### Who Is Eligible For Coverage

A person who is booked to travel on a Trip and pays the required premium is covered under the Insured's certificate. Coverage is only available for persons who are citizen or resident of the United States of America.

### Multi-Trip Eligibility:

Multi-Trip covers Trips the Insured takes during a one-year period.

## SECTION II WHEN COVERAGE BEGINS AND ENDS

### When Coverage Begins:

**This is the Insured's Effective Date and time for Trip Delay:** Coverage begins when the Insured departs on his/her first scheduled Travel Arrangement (or if the Insured must use an alternate travel arrangement after the Scheduled Departure Date to reach the Scheduled Destination, on the Scheduled Departure Date) for the Insured's Trip.

**This is the Insured's Effective Date and time for All Other Coverages:** Coverage begins on the date and time the Insured starts his/her Trip.

### When Multi-Trip Coverage Begins:

Multi-Trip coverage will take effect on the Policy effective date.

### When Coverage Ends:

**All Other Coverages:** The Insured's coverage automatically ends on the earlier/est of:

1. the date the Insured completes his/her Trip;
2. the Scheduled Return Date;
3. the date the Insured returns from his/her Trip if the Insured's return was delayed due to a covered Unforeseen reason listed under the Policy.

### When Multi-Trip Coverage Ends:

Multi-Trip coverage will end on the earlier/earliest of:

1. the Policy termination date;
2. the due date if the premium is not paid when due.

## **SECTION III EXTENSION OF COVERAGE**

### **Medical Evacuation and Repatriation Extension**

If the Insured incurs a covered Injury or Sickness on his/her Trip and a treating Physician certifies that the Insured is not Medically Fit to Travel to his/her Return Destination on the Scheduled Return Date, the Medical Evacuation and Repatriation benefit will be automatically extended until the Insured is Medically Fit to Travel and transported to the Insured's Primary Residence or the Insured reached the Maximum Benefit Amount shown in the Schedule of Benefits.

## **SECTION IV TRAVEL ARRANGEMENT PROTECTION**

### **DURING THE INSURED'S TRIP DELAY**

We will reimburse the Insured, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the Reasonable Expenses, the Insured incurs, if the Insured is delayed for 12 consecutive hours or more during the course of their Trip for one of the covered Unforeseen reasons:

1. the Insured is directly involved in a traffic accident, while en route to their Scheduled Destination or Return Destination. The traffic accident must be substantiated by a police report;
2. Common Carrier delay. (the delay must be documented by the Common Carrier);
3. a theft or loss of passports or visas specifically required for the Insured's Trip substantiated by a police report or the copy of the request for a new passport, or visas;
4. the Insured is hijacked or Quarantined;
5. Inclement Weather that causes a: delay or cancellation by a Common Carrier for at least 12 consecutive hours of travel on the Insured's Trip route, or of a Common Carrier on which the Insured is scheduled to travel which prevents the Insured from reaching their Scheduled Destination or Return Destination;
6. Injury, Sickness or death of the Insured.

Receipts must accompany Reasonable Expenses incurred.

If the Insured incurs more than one delay in the same Trip, We will reimburse the Insured for the delay with the largest benefit up to the Maximum Benefit Amount shown in the Schedule of Benefits. We will not pay the Trip Delay Benefits for: 1) any expenses, which have been reimbursed, or 2) for any services that have been provided, by a Common Carrier or travel services provider.

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

## MEDICAL EVACUATION AND REPATRIATION OF REMAINS

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, when the Insured suffers a Sickness, Injury, or Loss of life, during the Insured's Trip, for the following:

### Emergency Medical Evacuation

We will pay for the Usual and Customary transportation expenses for an Emergency Medical Evacuation, to the nearest suitable Hospital or medical facility where Medically Necessary treatment is available to treat an Unforeseen Sickness or Injury provided:

1. the local attending Physician and Our designated Travel Assistance Services Provider determine that the Insured's condition is acute, severe or life threatening; and
2. that adequate Medically Necessary treatment is not available in the Insured's immediate area.

### Medically Necessary Repatriation

Following an Emergency Medical Evacuation or a covered Injury or Sickness, We will pay for Medical Evacuation expenses to return the Insured to their point of origin, the Insured's Primary Residence, or to a Hospital or medical facility closest to the Insured's Primary Residence capable of providing continued treatment, if the Insured's local attending Physician and Our designated Travel Assistance Services Provider determine that it is Medically Necessary.

We will pay for one of the following methods of transportation, as pre-approved (prior to the evacuation) and arranged by Us or Our designated Travel Assistance Services Provider:

- a. one-way economy transportation;
- b. commercial air upgrade to business or first class, less refunds from the Insured's unused transportation tickets;
- c. other covered land or air transportation including, but not limited to, commercial stretcher, Medical Escort, or the contracted charges for air ambulance.

Transportation must be via the most direct, efficient and economical method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the Insured's Common Carrier tickets will be used.

We will also pay a benefit for Usual and Customary expenses incurred for a Medical Escort's transportation and accommodations if an onsite attending Physician recommends in writing that a Medical Escort accompany the Insured.

**Medical Escort** means a medically trained professional who is approved by Us or Our designated Travel Assistance Services Provider, and is contracted to accompany and provide medical care to a sick or injured person while they are being transported.

We will not pay the benefits for any loss caused by or resulting from the transportation taken against the advice of the local attending Physician.

Medical Evacuation expenses will only be payable at the Usual and Customary level or payment for necessary transportation, related medical services and medical supplies.

## **Repatriation of Remains**

Benefits will be paid for covered Repatriation Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, to return the Insured's body to the Insured's city of Primary Residence or the Insured's origination point in the United States of America if the Insured dies during their Trip.

Repatriation Expenses means:

- a) embalming or local cremation; and
- b) associated temporary storage costs for up to 10 days, or until local authorities of the country/state in which the death occurred, will permit further transportation of the body, whichever is later; and the most economical coffin or receptacle adequate to transport the remains;
- c) the cost of transportation of the remains, by the most direct and economical conveyance and route possible, to:
  - 1) the nearest location where the body can be embalmed or cremated, if not locally available; and/or 2) the receiving funeral home or morgue, at the Return Destination, or a different place of burial within United States; and
- d) the cost for the creation and transmission of necessary documentation required to transport the body, such as a death certificate, autopsy or police report.

All Repatriation Expenses must be authorized and arranged in advance by Us or Our designated Travel Assistance Services Provider. Once the Insured's remains are claimed by the receiving funeral home or morgue, or in the event of local cremation, coverage under this benefit ends.

Transportation expenses for the Emergency Medical Evacuation / Medical Repatriation must be authorized and arranged in advance by Us or Our designated Travel Assistance Services Provider.

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

## **SECTION V TRAVEL INSURANCE BENEFITS**

### **EMERGENCY ACCIDENT & SICKNESS MEDICAL AND DENTAL EXPENSE BENEFIT**

Benefits will be paid for Medical Expenses incurred by the Insured, up to the Maximum Benefit Amount shown in the Schedule of Benefits, subject to the following:

- a. benefits will be payable only for Medical Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on the Insured's Trip (of a duration of 180 days or less for Sickness) and requires treatment in person by a Physician;
- b. only Medical Expenses incurred by the Insured during their Trip (of a duration of 180 days or less for Sickness) will be reimbursed. Medical Expenses incurred after the Insured returns from their Trip are not covered;
- c. benefits payable as a result of incurred Medical Expenses will only be paid after benefits have been paid under any other valid and collectible insurance in effect for the Insured.

If the Insured suffers one or more Injury or Sickness while on the same Trip, the maximum amount payable for all Injuries or Sicknesses will not exceed the Maximum Benefit Amount shown in the Schedule of Benefits.

**Medical Expenses** means expenses incurred only for the following:

1. medical services (including charges for anesthetics, x-ray examinations or treatments, and laboratory tests) and supplies, prescription drugs, and therapeutic services ordered or prescribed by a Physician as Medically Necessary for treatment;



2. Hospital or ambulatory medical-surgical center services, including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Trip, if recommended by the Insured's attending Physician and approved by Us or Our designated Travel Assistance Services Provider as a substitute for a hospital room for recovery from the Insured's Injury or Sickness;
3. emergency dental treatment incurred during the Insured's Trip. Dental Expenses incurred after the Insured's Trip is completed are not covered;
4. local transportation expense to and/or from a Hospital.

We will not pay benefits in excess of the Usual and Customary level of charges. We will not cover any expenses provided by another party at no cost to the Insured or already included within the cost of the Insured's Trip.

Hospital confinement must be certified as Medically Necessary by the onsite attending Physician.

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

## **SECTION VI ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS 24 HOUR**

We will pay the percentage of the Principal Sum indicated in the Table of Losses of the Maximum Benefit Amount shown in the Schedule of Benefits when the Insured, as a result of an Injury caused by an Accident occurring during their Trip sustained a Loss shown in the Table of Losses below.

**Table of Loss**

<b>Loss of</b>	<b>% of Principal Sum</b>
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Thumb and Index Finger of Same Hand	25%

The Loss must occur within 365 days of the date of the Accident, which caused Injury. The Accident must occur while the Insured is on their Trip and is covered under this Policy.

If more than one Loss is sustained by the Insured as a result of the same Accident, only one amount, the largest applicable to the Losses incurred, will be paid. We will not pay more than 100% of the Maximum Benefit Amount shown in the Scheduled of Benefits for all Losses due to the same Accident.

**Loss** with regard to:

- a) hand(s), or foot/feet, means actual severance at or above a wrist joint proximal to the elbow or actual severance at or above the ankle proximal to the knee, respectively.; and
- b) eye or eyes means total and irrecoverable Loss of entire sight thereof in that eye.; and
- c) thumb and index finger means complete severance through or above the joint that meets the palm.

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

## EXPOSURE

We will pay for covered losses, as shown in the Table of Loss, which result from the Insured being unavoidably exposed to the elements due to an Accident during their Trip. The Loss must occur within 365 days after the event which caused the exposure.

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

## DISAPPEARANCE

We will pay for loss of life, as shown in the Table of Loss, if the Insured's body cannot be located within 365 days after a disappearance due to an Accident during their Trip. We have the right to recover the benefit if We find that the Insured survived the event.

### Accidental Death and Dismemberment Exclusions

In addition to the General Exclusions, the following exclusions apply to the Accidental Death and Dismemberment Benefits. We will not provide benefits for any loss due to, arising or resulting from:

- a. Sickness or disease of any kind, directly or indirectly;
- b. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

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

## SECTION VII GENERAL DEFINITIONS

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

**Accommodation(s)** means any establishment used for the purposes of temporary, overnight lodging such as apartment, condominium, or other vacation or timeshare residential unit(s).

**Additional Transportation Cost** means the actual cost incurred for one-way economy transportation (or for the original class of fare, if the original tickets were for a higher class of fare) by Common Carrier by the most direct route, less any refunds paid or payable, for the Insured's unused original tickets.

**Adventure or Extreme Activities** means B.A.S.E. jumping, bull riding, running of the bulls, free diving, bungee jumping, hot air ballooning, parachuting, skydiving, cliff diving, fly-by-wire, paragliding, hang gliding, heli-skiing, heli-snowboarding, wingsuit flying, rock climbing without equipment, bodily contact sports, Mountain Climbing over 9,000 feet (2,700 meters), motor sport or motor racing, multi-sport endurance competitions, parkour, scuba diving if the depth exceeds 131 feet (40 meters) and any activity materially similar to the above.

**Business Partner** means a person who is: (1) involved with the Insured in a legal partnership; and (2) actively involved in the daily management of the business.

**Common Carrier** means regularly scheduled conveyance operated under a license for the transportation of passengers not including taxicabs or rented, leased or privately owned motor vehicles.

**Complications of Pregnancy** means conditions requiring Hospital admission (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include hyperemesis gravidarum, preeclampsia, eclampsia, gestational diabetes, gestational hypertension, acute nephritis, nephrosis, cardiac decompensation, and missed abortion. Complications of pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of pregnancy do not include Physician-prescribed rest during the period of pregnancy (except due to conditions noted above), false labor, occasional spotting, morning sickness, elective abortion, and similar conditions associated with the management of a difficult pregnancy, not constituting a categorically distinct complication of pregnancy.

**Covered Vehicle** means a private passenger vehicle owned by or under long term lease (1 year or more) by the Insured.

**Domestic Partner** means an opposite or a same-sex partner who is at least eighteen (18) years of age and has met all of the following requirements for at least 12 months:

- a) resides with the Insured;
- b) shares financial assets and obligations with the Insured.

**Effective Date** means the date and time the Insured's coverage begins, as indicated in When Coverage Begins and Ends section of this Policy, or if not specifically outlined therein, the date the Insured paid the total required premium for the coverage.

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

**Experimental or Investigative** means treatments, devices or prescription medications, which are recommended by a Physician, but are not considered by the U.S. medical community as a whole, to be safe and effective for the condition for which the treatments, devices or prescription medications are being used. This includes any treatments, procedures, facilities, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other U.S. governmental agency approval not received at the time services are rendered.

**Family Member** means the following relatives of the Insured:

- a) Spouse, civil union partner, Domestic Partner, ex-spouse, or fiancé;
- b) children, children-in-law, step-children, foster children, ward or legal ward;
- c) siblings, siblings-in-law, step-siblings;
- d) parents, parents-in-law, step-parents, legal guardians, or guardians;
- e) grandparents, step-grandparents, grandchildren, or step-grandchildren;
- f) step-aunts or step-uncles;
- g) aunts or uncles;
- h) nieces or nephews; step- nieces or step- nephews.

**Hospital** means a facility that:

- a. is operated according to law for the care and treatment of sick or Injured people;
- b. is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
- c. is recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals;
- d. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
- e. operated for the care and treatment of resident in-patients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility;
- f. is supervised by one or more Physicians available at all times.

A **Hospital** does not include:

1. a nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care;
2. a facility which primarily treats drug, marijuana or alcoholism addictions;
3. a facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged, nor does it include any ward, room, wing or other section of the Hospital that is used for such purposes;
4. any military or veterans Hospital or soldier's home or any Hospital contracted for or operated by a national government or government agency for the treatment of members or ex-members of the armed forces for which no charge is made.

**Hospitalized or Hospitalization** means admitted to a Hospital overnight or where the patient is charged by the Hospital for a minimum of one day of inpatient charges.

**Inclement Weather** means any severe weather condition that delays the scheduled arrival or departure of a Common Carrier, or causes closure of public roadways by local or government authorities and the Insured is traveling in a cab for hire, Covered Vehicle or Rented Car or which prevents the Insured from returning from their Scheduled Destination participating or attending in a non-refundable prepaid event or activity.

**Individual Coverage Term** means the period of time beginning when the Insured has been enrolled for coverage under the Policy for which the required premium has been paid and ending on the date insurance coverage ends as specified in the When Coverage Begins and Ends section.

**Injury(ies)/Injured** means a bodily injury caused by an Accident occurring while the Insured's coverage under this Policy is in force and resulting directly and independently of all other causes of loss covered by this Policy. Injury must not be caused by, or result from, Sickness. The injury(ies) requires examination and treatment and must be verified by a Physician.

**Inpatient** means a person:

- a) who is confined in a Hospital as a registered bed patient overnight and
- b) for whom at least one day's room and board is charged by the Hospital.

**Insured Program Participant** means the person that is scheduled to participate on a Trip; for whom any required enrollment has been completed and the required premium has been paid.

**Medically Fit to Travel** means based on assessment by a treating Physician, following the Insured's Injury or Sickness that occurs while on their Trip, the Insured is medically able to travel.

**Medically Necessary** means that a treatment, service, or supply:

- a) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed;
- b) meets generally accepted standards of medical practice;
- c) is ordered by a Physician and performed under his or her care, supervision, or order; or
- d) is not used for the convenience of the Insured, Physician, other providers, or any other person.

**Mental, Nervous or Psychological Condition or Disorder** means a mental or nervous health condition including, but not limited to: anxiety, depression, and neurosis, panic attack, phobia (such as fear of flying, fear of terrorism, fear of disease, etc.), psychosis; or any related physical manifestation.

**Physician** means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license in the jurisdiction where the services are rendered. The treating Physician cannot be the Insured, a Traveling Companion, a Family Member, or a Business Partner or retained by the Policyholder.

**Pre-Existing Medical Condition** means an illness, disease, or other condition during the 90-day period immediately prior to the date the Insured's coverage is effective for which the Insured:

- 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute, or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or
- 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 90 day period before the Insured's coverage is effective under the Insured's Policy.
- 3) required a change in prescribed medication. Change in prescribed medication means the dosage or frequency of a medication has been reduced, increased, stopped and/or new medications have been prescribed due to the worsening of an underlying condition that is being treated with the medication, unless the change is:
  - a) between a brand name and a generic medication with comparable dosage; or
  - b) an adjustment to insulin or anti-coagulant dosage.

**Primary Residence** means the Insured's fixed, permanent and main home for legal and tax purposes.

**Quarantined** means the Insured or the Insured's Traveling Companion are forced into medical isolation by a recognized government authority, their authorized deputies, medical examiners or Physician to prevent the spread of the disease due to the Insured or the Insured's Traveling Companion either having, or being suspected of having an contagious disease, infection or contamination.

**Reasonable Expenses** means reasonable expenses for meals, taxi fares, local transportation, and lodging which are necessarily incurred as the result of a Trip Delay and which are not provided by the Common Carrier or any other party free of charge.

**Rental Car** means a private passenger vehicle including RVs, motorcycles, mini-vans, pickup trucks and sport utility vehicles rented from a rental car agency and being used solely for transportation on public roads. This does not include a mobile home or any motor vehicle, which is used in mass or public transit.

**Return Destination** means the Insured's final destination as shown in the itinerary or other travel documents and the place to which the Insured expects to return from their Trip.

**Scheduled Departure Date** means the date on which the Insured is originally scheduled to leave on their Trip. This date is specified in the itinerary or other travel documents.

**Scheduled Destination** means as shown in the itinerary or other travel documents where the Insured expects to travel to on their Trip other than Return Destination.

**Scheduled Return Date** means the date on which the Insured is scheduled to return to the point where their Trip started or to a different specified Return Destination.

**Scheduled Trip Departure City** means the city from which the Insured is originally scheduled to depart on the Trip where the scheduled tour or cruise on which the Insured is to participate originates.

**Sickness** means an illness or disease of the body, that commences while the Insured's coverage is in effect and requires examination, diagnosis and treatment by a Physician.

An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the Effective Date of the Insured's coverage is not a Sickness as defined herein and is not covered by the Policy.

Sickness does not include any Mental, Nervous or Psychological, Condition or Disorders including but not limited to anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation. Sickness does not include drug addiction, marijuana addiction, or alcohol addiction.

**Spouse** means the Insured's lawful spouse, if not legally separated or divorced. For the purposes of this Policy, the term spouse includes civil union partner whenever used.

**Terrorist Incident** means an act of violence by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent of overthrow or influence the control of any government or an act of violence committed by a Foreign Terrorist Organization (designated or recognized as such by the US State Department) that results in property damage, Injury or loss of life.

**Third Party(ies)** means any person, corporation or other entity (except the Insured, Rental Property and Us).

**Travel Arrangements** means: (a) transportation; (b) Accommodations; and (c) other specified services arranged for the Insured's Trip by the Insured's Travel Supplier.

**Travel Assistance Services Provider** means the Assistance Company as listed within the Description of Coverage.

**Traveling Companion** means a person or persons whose name(s) appear(s) with the Insured's on the same Travel Arrangements and who, during the Insured's Trip, will accompany the Insured. A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with the Insured.

**Travel Supplier** means any entity or organization that coordinates or supplies Travel Arrangements for the Insured.

**Trip** means a scheduled Trip:

- 1) for which coverage is elected and the premium paid and all Travel Arrangements are arranged prior to the Scheduled Departure Date; and
- 2) is 100 miles or more from the Insured's Primary Residence

**Unforeseen** means not known, anticipated or reasonably expected, and occurring after the effective date of the benefit under which the claim is being made.

**Usual and Customary** means the comparable level of charges for similar treatment, services and supplies in the geographic area where treatment, services or supplies are provided or performed.

## SECTION VIII EXCLUSIONS AND LIMITATIONS

Unless otherwise shown below, these exclusions apply to the Insured.

### **The following exclusion applies to the Medical Expense benefits.**

We will not pay for any loss or expense caused due to, arising or resulting from:

1. a Pre-Existing Medical Condition, as defined in the Policy.

Death resulting from a Pre-Existing Medical Condition will not be excluded. Death must occur prior to the termination date of the benefit under which the claim is being made.

### **The following exclusions apply to the Medical and Dental Expense benefits.**

We will not pay for any loss or expense caused due to, arising or resulting from:

1. routine physical examinations or routine dental care;
2. traveling for the purpose or intent of securing medical treatment or advice;
3. any Trip taken against the advice of a Physician and any losses occurred during such Trip;
4. mental health care;
5. Experimental or Investigative treatment or procedures;
6. Elective Treatment and Procedures;
7. care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease that first manifests or occurred during the Insured's Trip;
8. any medical service provided by the Insured, a Family Member, or Traveling Companion;
9. any treatment or medication which, at the time of the Insured's Scheduled Departure Date, is required to be continued during the Insured's Trip;
10. Alcohol, marijuana abuse or substance abuse or treatment for the same including admittance to a rehab facility;
11. Normal pregnancy (except Complications of Pregnancy) or childbirth, or elective abortion;
12. a Mental, Nervous or Psychological Condition or Disorder while the Policy is in effect;
13. any loss that results from an illness, disease or other condition, event or circumstance that occurs at a time when the Policy is not in effect for the Insured;
14. the Insured's participation in Adventure or Extreme Activities, riding or driving in races, or participation in speed or endurance competition or events, except as a spectator;
15. diving if the Insured is not certified to dive and a dive master is not present during the dive;

### **In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits.**

We will not pay for any loss or expense caused due to, arising or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury of the Insured, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with the Insured, while sane or insane;
2. being under the influence of drugs, marijuana or narcotics, unless administered upon the advice of a Physician as prescribed;
3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage;

4. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war, except as the Policy specifically provides otherwise;
5. participation in a Civil Disorder or Riot, or insurrection;
6. the commission of or attempt to commit a felony or being engaged in an illegal occupation by the Insured, a Traveling Companion, Family Member, or Business Partner;
7. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination;
8. air travel on a privately owned aircraft (whether as a pilot or a passenger);
9. piloting or learning to pilot or acting as a member of the crew of any aircraft;
10. expenses resulting from a motor vehicle accident, unless the driver is properly licensed to operate the vehicle at the place and time of the Accident.

## **SECTION IX PREMIUMS**

**PREMIUMS:** Coverage is not effective unless all premium due has been paid prior to the date of loss.

## **SECTION X CLAIMS PROCEDURES**

**The Insured's duties in the event of a loss:**

**For During The Insured's Trip Delay** the Insured must obtain any specific dated documentation, which provides proof of the reason for delay or missed connection (airline or cruise line forms, medical statements, etc.). Submit this documentation along with the Insured's trip itinerary and all receipts for additional expenses incurred.

**For Medical and Emergency Dental Expenses** the Insured must:

1. provide Us with all receipts from the provider of services and reports for medical and/or emergency dental expenses claimed. Stating the amount paid and listing the diagnosis and treatment.
2. provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance. Provide a copy of their final disposition of the Insured's claim.
3. sign a patient authorization to release any information required by Us to investigate the Insured's claim.

## **SECTION XI HOW TO FILE A CLAIM**

**Notice of Claim:** Notice of claim must be reported to Us or Our authorized representative within 20 days no later than 1 year after a loss occurs or as soon as is reasonably possible. The Insured or someone on the Insured's behalf may give the notice. The notice should be given to Us or Our authorized representative and should include sufficient information to identify the Insured. Failure by the Insured or someone on the Insured's behalf to make such notification may result in no benefits being paid.

**Claim Forms:** When notice of claim is received by Us or Our authorized representative, forms for filing proof of loss will be furnished. If these forms are not sent within 30 days, the proof of loss requirements can be met by the Insured sending Us a written statement of what happened. This statement must be received within the time given for filing Proof of Loss.

**Proof of Loss:** Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Failure to furnish such proof within provided period will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. Proof of Loss must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

All claims require the Insured to provide Us with the following: a Trip invoice, itinerary or confirmation showing details of the Insured's Trip (dates of travel, destination, etc.); and any other information reasonably required to prove the loss.



**Where to Report a Claim:** Global Claims Administration

1. Mail: 3195 Linwood Rd., Suite 201 Cincinnati, OH 45208
2. Telephone: 800-513-2981
3. E-mail: [claims@globalunderwriters.com](mailto:claims@globalunderwriters.com)
4. Fax: 513-533-9416

**Payment of Claims:** Benefits for loss of life will be paid to the Insured's designated beneficiary. If a beneficiary is not otherwise designated by the Insured, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

1. the Insured's spouse;
2. the Insured's child or children jointly;
3. the Insured's parents jointly if both are living or the surviving parent if only one survives;
4. the Insured's brothers and sisters jointly; or
5. the Insured's estate.

All other benefits will be paid directly to the Insured, unless otherwise directed. Any accrued benefits unpaid at the Insured's death will be paid to the Insured's estate. If the Insured has assigned their benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

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

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

**Disagreement Over Size of Loss:** If there is a disagreement about the amount of the loss, either the Insured or Us can make a written demand for an appraisal. After the demand, the Insured and Us each select their own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by the Insured is paid by the Insured. We will pay the appraiser if We choose. The Insured will share with Us the cost for the arbitrator and the appraisal process.

**Benefit to Bailee:** This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee. The following provision applies to all benefits except Accident and Sickness Medical Expense.

**Recovery:** To the extent We pay for a loss suffered by the Insured, We will be assigned the rights and remedies the Insured had relating to the loss. The Insured will be made whole before We begin recovery. Our right to be reimbursed has priority over the Insured's right to be made whole. This means that Our right of recovery applies even if the Insured's entire loss has not been compensated. However, the amount of Our recovery will be reduced by a proper share of the Insured's legal fees and the Insured's expenses needed to obtain the refund.

The Insured must help Us preserve its rights against those responsible for its loss. This may involve signing any papers and taking any other steps We may reasonably require. When the Insured has been paid benefits under this Policy but also recovers from another Policy, the amount recovered from the other Policy shall be held in trust for Us by the Insured and reimbursed to Us to the extent of Our payment.

As a condition to receiving the applicable benefits listed above, the Insured agrees, except as may be limited or prohibited by applicable law, to reimburse Us for any such benefits paid to or on behalf of the Insured, if such benefits are recovered, in any form, from any Third Party or coverage.

We will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an Insured or such other person against any Third Party or coverage.

Coverage as used in this Recovery section, means any other fund or insurance Policy except coverage provided under this Policy.

## SECTION XII GENERAL PROVISIONS

**The Contract:** The entire contract is made up of the Policy and amendments if applicable, the Policyholder's Application, a copy of which is attached and the Certificates of Insurance. This Policy may be changed, renewed, or ended without notice to or consent of any person with a beneficial interest in this Policy.

**Certificates:** The Company will issue Certificates to the Policyholder for their Insureds. Such Certificates will describe each person's benefits and rights under this Policy.

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

**Clerical Error:** We or Our authorized representative may make a clerical error in keeping the data. If so, when the error is found, the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly ended.

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

**Conformity with Statute:** Terms of this Policy that conflict with the laws of the state where it is delivered are amended to conform to such laws.

**Data Needed:** We or Our authorized representative will keep a record of all the data needed to compute premium and carry out the terms of this Policy. We may examine such data at any reasonable time.

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

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

**Excess Insurance:** Insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity or as required by state law. If at the time of the occurrence of any loss payable under this policy there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

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

**Limit on Agent's Authority:** No agent may change or waive any provisions of this Policy. Our office must approve any change or waiver in writing.

**Misstatement of Age:** If premiums are based on age and the Insured has misstated their age, there will be a fair adjustment of premiums based on the Insured's true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated their age, there will be an adjustment of said benefit based on the Insured's true age. We may require satisfactory proof of age before paying any claim.

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

**Subrogation:** If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. The Insured shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event the Insured recovers damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss. Our right of subrogation applies even if the Insured's entire loss has not been compensated.

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

**Transfer of Coverage:** Coverage under the Policy cannot be transferred to anyone else.