RoamRight is a registered trade name and brand used by Arch Insurance Company and is owned by Arch Capital Group (U.S.) Inc.
All insurance products are offered and underwritten by Arch Insurance Company.

ROAMRIGHT
ELITE PROGRAM

Underwritten By:
Arch Insurance Company
Administrative Office: Harborside 3
210 Hudson Street, Suite 300
Jersey City, NJ 07311-1107

Administered By:
RoamRight
Executive Plaza IV
11350 McCormick Rd., Suite 102
Hunt Valley, MD 21031

TRAVEL PROTECTION INSURANCE CERTIFICATE

This Certificate may describe optional coverages that You did not purchase. Make sure You carefully review the Schedule of Benefits to confirm the benefits and coverages for the program that You purchased.

This Certificate describes the travel insurance benefits underwritten by Arch Insurance Company, herein referred to as the "Company" or as "We", "Us" and "Our". Please refer to the Schedule of Benefits shown on the Confirmation of Benefits, which provides the Plan Participant, also referred to as "You" or "Your", with specific information about the program You purchased.

If You are not satisfied for any reason, You may return Your Certificate to RoamRight within 14 days after receipt. Your premium will be refunded, provided You have not already departed on the Trip or filed a claim. When so returned, all coverages under the Certificate are void from the beginning.

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IN WITNESS WHEREOF, The **Company** has caused this Certificate to be executed and attested.

John Mentz
President

Patrick Nails
Secretary

SCHEDULE OF BENEFITS

Benefits	Maximum Benefit Amount
Part A – Travel Arrangement Protection	
Trip Cancellation	Trip Cost
Cancel for Work Reasons	Trip Cost
Trip Interruption and Delayed Arrival	150% of Trip Cost
Return Flight Cost	$1,000
Occupancy Upgrade	Trip Cost
Itinerary Change	$750
Missed Connection	$750
Trip Delay	$1,500 ($200/day)
Part B – Travel Insurance Benefits	
Accidental Death and Dismemberment	$25,000
Air Flight Only Accidental Death and Dismemberment	$100,000
Emergency Accident & Sickness Medical Expense	$50,000
Deductible	$50
Emergency Dental Treatment	$750
Medical Evacuation and Repatriation of Remains	$1,000,000
Political or Security Evacuation	$100,000
Coverage For Your Belongings and Property of Others	
Baggage and Personal Effects	$2,500
Per Item	$250
Special Limitations Combined Maximum	$500
Baggage Delay	$500
Optional Benefits	
Optional Cancellation for Any Reason	Up to 75% of Non-Refundable Trip Cost
Optional Accidental Death and Dismemberment Upgrade	$25,000
Total Coverage	$50,000
Optional Air Flight Only Accidental Death and Dismemberment Upgrade	$50,000
Total Coverage	$150,000
Optional Medical Coverage Upgrade	Additional $50,000
Total Coverage	$100,000
Deductible Waived	Yes
Optional Emergency Evacuation Upgrade	Hospital of Choice
Optional Sports Coverage	$1,000
Optional Business and Sports Equipment Rental	$1,000
Optional Rental Car Damage	$50,000

Benefit	Included/Not Included
Optional Hazardous Sports Coverage	Included
Optional Baggage Upgrade	Included

Optional Benefits

You are only covered for the Optional Benefit(s) that You elect in Your enrollment form, provided that the required additional premium has been paid and Your premium payment is received by the Program Administrator within the Time Sensitive Period, if applicable.

SECTION I – COVERAGES

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

PART A – TRAVEL ARRANGEMENT PROTECTION

TRIP CANCELLATION

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the amount of the unused non-refundable prepaid Payments or Deposits for the Travel Arrangements You purchased for Your Trip, when You cancel Your Trip prior to departure for a covered Unforeseen reason.

Trip Cancellation must be due to one of the following Unforeseen reasons:

1. Your, a Family Member's, or a Traveling Companion's, or a Business Partner's or a Traveling Companion's Family Member's death, that occurs before departure on Your Trip; or
2. Your, a Family Member's, or a Traveling Companion's or a Business Partner's or a Traveling Companion's Family Member's covered Sickness or Injury, that: a) occurs before departure on Your Trip; b) requires Medical Treatment at the time of cancellation; and c) as certified by a Physician, results in medical restrictions so disabling as to cause Your Trip to be cancelled; or
3. for **Other Covered Events,** as defined;

provided any such covered Unforeseen reason occur while coverage is in effect for You.

OPTIONAL CANCELLATION FOR ANY REASON

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for 75% of the unused non-refundable prepaid Payments or Deposits for the Travel Arrangements You purchased for Your Trip, when You cancel Your Trip prior to departure for any reason not otherwise covered by this Certificate, provided:

1. Your payment for this optional benefit has been received within the Time Sensitive Period; and
2. You insure 100% of the cost of all Travel Arrangements that are subject to cancellation penalties or restrictions by the Travel Supplier; and
3. You cancel Your Trip 48 hours or more before Your Scheduled Departure Date.

This Cancel For Any Reason Benefit does not cover penalties associated with any air or other travel arrangements not provided by Travel Supplier or the failure of Travel Supplier to provide the bargained-for Travel Arrangements due to cessation of operations for any reason.

CANCEL FOR WORK REASONS

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the amount of the unused non-refundable prepaid Payments or Deposits for the Travel Arrangements You purchased for Your Trip, when You cancel Your Trip for one of the following covered Unforeseen reasons provided payment for this benefit is received within the Time Sensitive Period:

a) Your or Your Traveling Companion's transfer of employment of 100 miles or more by the employer with whom You or Your Traveling Companion are employed on Your Effective Date that requires Your or Your Traveling Companion's principal residence to be relocated;

b) You or Your Traveling Companion, neither of whom is a company owner or partner, or is self-employed, are required to work during the scheduled Trip, as attested in writing by an unrelated company official and/or the company's Human Resources Department;

c) Your or Your Traveling Companion's company is directly involved in either a merger with another company or is being acquired by another company. You or Your Traveling Companion must be an active, full-time employee and cannot be a company owner or partner or self-employed, and You or Your Traveling Companion must be directly involved in such merger or acquisition;

d) Your or Your Traveling Companion's place of employment is rendered unsuitable for business or company operations or is interrupted due to burglary, vandalism or a Natural Disaster, product recall, Bankruptcy or Default and You and/or Your Traveling Companion are required to work as a result;

provided any such covered Unforeseen reason occurs while coverage is in effect for You.

Additional Trip Cancellation Benefits: We will reimburse You for the following:

If Your Travel Supplier cancels Your Trip, We will reimburse You up to $300 for the reissue fee charged by the airline to change Your tickets.

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

TRIP INTERRUPTION AND DELAYED ARRIVAL

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for unused, prepaid non-refundable Payments or Deposits for Your land or water Travel Arrangements, plus the Additional Transportation Cost paid to:

a) join Your Trip if You must depart after Your Scheduled Departure Date or travel via alternate travel; or
b) rejoin Your Trip from the point where You interrupted Your Trip or transport You to Your originally scheduled return destination;

for a covered Unforeseen reason.

Trip Interruption must be due to one of the following Unforeseen reasons:

1. Your, a Family Member's, a Traveling Companion's or a Business Partner's or a Traveling Companion's Family Member's death, which occurs while You are on Your Trip; or
2. Your, a Family Member's, or a Traveling Companion's or a Business Partner's or a Traveling Companion's Family Member's covered Sickness or Injury which: a) occurs while You are on Your Trip, b) requires Medical Treatment at the time of interruption; and c) as certified by a Physician, results in medical restrictions so disabling as to prevent Your continued participation on the Trip; or
3. for **Other Covered Events** as defined;

provided any such covered Unforeseen reason occurs while coverage is in effect for You.

Delayed Arrival must be due to one of the following Unforeseen reasons which occurs within 7 days of Your Scheduled Departure Date:

1. Your, a Family Member's, a Traveling Companion's or a Business Partner's death; or
2. Your, a Family Member's, or a Traveling Companion's or a Business Partner's covered Sickness or Injury which: a) requires Medical Treatment at the time of occurrence; and b) as certified by a Physician, results in medical restrictions so disabling as to prevent You from departing on Your Trip on Your Scheduled Departure Date; or
3. for **Other Covered Events** as defined;

provided any such covered Unforeseen reason occurs while coverage is in effect for You.

Additional Trip Interruption Benefits: If You have insured $0 Trip cost, and You interrupt Your Trip for a covered Unforeseen reason, We will reimburse You for the additional cost incurred for one-way airfare (using the same class of fare as the original travel ticket) to return You to Your originally scheduled return destination, up to the Maximum Benefit Amount shown in the Schedule of Benefits.

"Other Covered Events" means:

a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
b. You or Your Traveling Companion is the victim of a felonious assault within 10 days of the Scheduled Departure Date of Your Trip;
c. Your or Your Traveling Companion's primary place of residence or destination is made Uninhabitable and remains Uninhabitable during Your scheduled Trip, by fire, flood, or other Natural Disaster, vandalism, or burglary of Your primary place of residence within 10 days of departure;
d. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;

e. Strike that causes complete cessation of services for at least 24 consecutive hours of the Common Carrier on which You or Your Traveling Companion are scheduled to travel;
f. Inclement Weather that causes complete cessation of services for at least 24 consecutive hours of the Common Carrier on which You or Your Traveling Companion are scheduled to travel;
g. You or Your Traveling Companion who are military, police or fire personnel being called into emergency service to provide aid or relief for a Natural Disaster;
h. Your or Your Traveling Companion's involuntary employment termination or layoff. Employment must have been with the same employer for at least 1 continuous year;
i. a Terrorist Incident that occurs within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your or Your Traveling Companion's Trip;
j. revocation of Your or Your Traveling Companion's previously granted military leave or re-assignment, including war. Official written notice of the revocation or re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;
k. Bankruptcy or Default of an airline, or cruise line, or tour operator, other than an organization or firm from whom You purchased Travel Arrangements supplied by others causing a complete cessation of travel services provided the Bankruptcy or Default occurs more than 14 days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. Coverage for this Other Covered Event only applies if Your payment for this Certificate is received within the Time Sensitive Period;
l. the death or hospitalization of Your Host at Destination;
m. mandatory evacuation ordered by local government authorities at Your Trip destination due to a Natural Disaster or a hurricane named after the Effective Date of Your coverage. You must have 50% or less of Your Trip length remaining at the time the mandatory evacuation ends in order to cancel or interrupt Your Trip and for this benefit to be payable;
n. a cancellation of Your Trip if Your arrival on the Trip is delayed and causes You to lose 50% or more of the scheduled Trip duration due to the reasons covered under theTrip Delay Benefit;
o. the primary or secondary school that Your or Your Traveling Companion's Dependent child(ren) attends continues classes beyond the predefined school year, due to Unforeseen circumstances that: 1) occur after Your Effective Date for Trip Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of Your Trip. Extensions due to extra-curricular or athletic events are not covered;
p. Your or Your Traveling Companion's pregnancy, provided the pregnancy occurs after Your Effective Date for Trip Cancellation, as verified by medical records;
q. You or Your Traveling Companion are attending the childbirth of Your Family Member, provided the pregnancy occurs after Your Effective Date for Trip Cancellation, as verified by medical records.

In no event shall the amount reimbursed for Trip Cancellation and Trip Interruption exceed the lesser of the amount You prepaid for Your Trip or the Maximum Benefit Amount shown in the Schedule of Benefits.

OCCUPANCY UPGRADE

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Trip Cancellation, for the additional cost You incur as the result of a change in the per person occupancy rate for Your Travel Arrangements if Your Traveling Companion's Trip is canceled for a covered Unforeseen reason and You do not cancel Your Trip.

ITINERARY CHANGE

If Your Travel Supplier makes a change in Your Trip itinerary after Your Scheduled Departure Date which prevents You from participating in a prepaid event or activity, We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for Your unused non-refundable event or activity expenses, provided the event or activity was:

1. prepaid prior to departure;
2. scheduled on Your Trip itinerary; and
3. no comparable event or activity of equivalent cost was rescheduled during the course of the Trip.

Verification by Your Travel Supplier of the change in the scheduled Trip itinerary will be necessary for claim payment.

MISSED CONNECTION

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

a) any delay of a Common Carrier;

b) documented weather condition preventing You from getting to the point of departure for Your Trip;

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

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

1) Your Additional Transportation Cost to join the departed Trip; and

2) Your prepaid expenses for the unused land or water Travel Arrangements.

TRIP DELAY

If You are delayed for 6 hours or more while en route to, during or returning from Your Trip due to a covered Travel Hazard, We will reimburse You up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the expenses You incur for additional hotel nights, meals and local transportation while You are delayed.

For the purposes of this benefit:

"Travel Hazard" means delay caused by or resulting from:

a) any delay of Your Common Carrier;

b) a traffic accident in which You or Your Traveling Companion are directly involved while en route to departure (must be substantiated by a police report);

c) Your or Your Traveling Companion's lost or stolen passports, travel documents or money (must be substantiated by a police report);

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

e) a road closure (substantiated by the department of transportation, state police, etc.) due to severe storms preventing You from getting to the point of departure for Your Trip;

f) Your Sickness or Injury or the Sickness, Injury or death of Your Traveling Companion, or Family Member traveling with You.

Trip Delay Benefits will not be paid 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.

OPTIONAL SPORTS COVERAGE

If Your Trip is canceled or interrupted due to a covered Unforeseen reason, coverage is provided for the costs of unused non-refundable deposits and payments that were arranged separately from the vacation for pre-paid lift tickets, green fees, equipment rentals and lessons up to the amount shown in the Schedule of Benefits.

PART B – TRAVEL INSURANCE BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage indicated in the Table of Losses of the Maximum Benefit Amount shown in the Schedule of Benefits when You, as a result of an Injury caused by an Accident occurring during Your Trip, sustain a Loss shown in the Table of Losses below. The Loss must occur within one hundred eighty (180) days after the date of the Injury causing the Loss.

AIR FLIGHT ONLY ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage indicated in the Table of Losses of the Maximum Benefit Amount shown in the Schedule of Benefits, when You sustain an Injury caused by an Accident occurring during Your Trip while riding solely as a passenger in or on, boarding or alighting from, any aircraft operated under a license for the transportation of passengers for hire of a regularly scheduled airline or regularly scheduled charter company that results in a Loss shown in the Table of Losses below. The Loss must occur within one hundred eighty (180) days after the date of the Injury causing the Loss.

TABLE OF LOSSES	
Loss of:	**Percentage of Maximum Benefit Amount Payable:**
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%

"Loss" with regard to: 1) hand or foot, means actual complete severance through and above the wrist or ankle joints; and 2) eye means an entire and irrecoverable Loss of sight.

If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

Exposure and Disappearance:

We will pay benefits for covered Losses that result from You being unavoidably exposed to the elements because of an Accident occurring during Your Trip. The Loss must occur within 365 days after the event that caused the exposure.

If, while on Your Trip, You are in an Accident resulting in the disappearance, sinking or damaging of a covered air or water conveyance on which You are traveling, and if Your body has not been found within 365 days from the date of the Accident, it will be presumed, unless there is evidence to the contrary, that You suffered Loss of life.

EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE

Benefits will be paid for covered Medical Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, subject to the following: 1) covered Medical Expenses will only be payable at the Usual and Customary level of charges; 2) benefits will be payable only for covered Medical Expenses resulting from an Emergency Condition that first manifests itself or occurs while on Your Trip; 3) only Medical Expenses incurred during Your Trip will be reimbursed. Medical Expenses incurred after You return from Your Trip are not covered; and 4) benefits are subject to a $50 deductible for each occurrence.

Benefits will include up to $750 for expenses incurred during Your Trip for emergency dental treatment. Dental expenses incurred after Your Trip is completed are not covered.

"Emergency Condition" means an Injury or Sickness diagnosed by a Physician for which You have sudden and unexpected severe or acute symptoms 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. The severe or acute symptoms must occur while on Your Trip.

"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 Your Trip), if recommended by Your attending Physician and approved by Us or Our Program Assistance Provider as a substitute for a hospital room for recovery from Your Emergency Condition;
3. 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 You or already included within the cost of the Trip.

We will advance payment to a Hospital, up to the Maximum Benefit Amount shown on the Schedule of Benefits, if needed to secure Your admission to a Hospital because of a covered Emergency Condition.

MEDICAL EVACUATION AND REPATRIATION OF REMAINS

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, when You suffer a covered Sickness, Injury, or Loss of life, during Your Trip, for the following:

Emergency Medical Evacuation

We will pay the Usual and Customary level of charges for Transportation Expense for an emergency Medical Evacuation to the nearest Hospital or medical facility where suitable Medically Necessary treatment is available, provided: 1) Your local attending Physician and We or Our Program Assistance Provider determine that Your condition is acute, severe or life threatening; and 2) that adequate Medically Necessary treatment is not available in Your immediate area.

Medically Necessary Repatriation

We will pay for a Medical Evacuation to return You to Your point of origin, Your primary place of residence, or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment, if Your local attending Physician and We or Our Program Assistance Provider determine that it is Medically Necessary.

We will pay for one of the following methods of transportation, as pre-approved by Us or Our Program Assistance Provider:

1) commercial air upgrade to Business or First Class, less refunds from Your unused transportation tickets;
2) other Transportation Expense.

Transportation must be via the most direct and economical route.

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 Your body to Your city of primary residence in the United States of America if You die during Your Trip.

"Repatriation Expenses" means expenses for embalming, local cremation, minimally necessary casket for transport and air transportation of Your remains and any other expenses required to comply with local laws or regulations to arrange transport of Your remains.

All Repatriation Expenses must be approved in advance by Us or Our Program Assistance Provider.

Additional Medical Evacuation Benefits:

Transportation to Join You: If You are or will be hospitalized for more than 7 days, We will pay, up to the cost of a single round-trip Economy Transportation ticket and, up to $250 per day up to 5 days for expenses for hotel nights, meals and local transportation for one person chosen by You to visit Your bedside, provided You are traveling alone and emergency Medical Evacuation or non-emergency Medical Evacuation is not imminent.

Transportation of Dependent Children: If You die or are hospitalized for more than 7 days, We will pay, up to the cost of a single one-way Economy Transportation ticket (less the value of applied credit from any unused return travel tickets) per person, to return Your Dependent children (and any accompanying minor persons under Your care) who are left unattended by Your death or hospitalization to their home (with an attendant, if considered necessary by Us or Our Program Assistance Provider.

POLITICAL OR SECURITY EVACUATION

We will pay, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for all reasonable evacuation expenses incurred for Your transportation to the nearest safe haven, if You must leave Your Trip for a covered Political or Security Event.

Evacuation must occur within 7 days of any Political or Security Event. Arrangements will be by the most appropriate and economical means available and consistent with Your health and safety. Benefits are only payable for arrangements made by Our Program Assistance Provider.

Following an evacuation due to a Political or Security Event and when safety allows, We will pay for one-way Economy Transportation to return You to either the Host Country or Your Home Country, whichever country You designate.

POLITICAL OR SECURITY EVACUATION COVERAGE DEFINITIONS

"Home Country" means the country or territory as shown on Your passport.

"Host Country" means a country or territory You are visiting or in which You are living which is not Your Home Country.

"Political or Security Event" means**:** 1) a Natural Disaster; 2) civil, military or political unrest for which a formal written recommendation from the appropriate local government authorities, or the U.S. State Department, for You to leave a country is issued; or 3) You being expelled or declared a persona non-grata by a country You are visiting on Your Trip.

POLITICAL OR SECURITY EVACUATION COVERAGE CONDITIONS AND LIMITATIONS

1. The benefits and services described herein are provided to You only if Our Program Assistance Provider arranges or coordinates Your evacuation.
2. We will not pay for any loss or expense recoverable under any other insurance or through an employer.
3. Our Program Assistance Provider has sole discretion regarding the means, methods and timing of a Political or Security Evacuation. However, the decision to travel is Your sole responsibility.
4. You will be responsible for all transportation and living costs while located at the safe haven.
5. We are not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond our control. This includes Our inability to provide You an evacuation or any additional services when the rendering of such evacuation or service is prohibited by United States of America law, local laws or regulatory agencies. A Political or Security Evacuation is not covered from Afghanistan, Iraq, Somalia, Chechnya, Democratic Republic of the Congo, Iran, Israel West Bank, Israel Gaza Strip, Ivory Coast, Lebanon, Libya, North Korea, Sudan or Syria.
6. We will not pay any costs or expenses arising from:
   a. Political or Security Evacuation from Your Home Country.
   b. Political or Security Evacuation when the Political or Security Event precedes Your arrival in the Host Country.
   c. Political or Security Evacuation when the evacuation notice has been issued or posted by the recognized government of Your Home Country or the Host Country for a period of more than seven (7) days and You have failed to notify Our Program Assistance Provider regarding Your need to be evacuated.
   d. the actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.
7. We will not pay for more than one (1) Political or Security Evacuation from a country or territory per individual per Trip.
8. We will not pay for any loss or expense arising from or attributable to: a) fraudulent or criminal acts committed or attempted by You; b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent; or c) failure to maintain required documents or visas.
9. We will not pay for any loss or expense arising from or attributable to: a) debt, insolvency, business or commercial failure; b) the repossession of any property; or c) Your non-compliance with a contract, license or permit.
10. We will not pay for any loss or expense arising from or due to liability assumed by You under any contract.

COVERAGE FOR YOUR BELONGINGS AND PROPERTY OF OTHERS

BAGGAGE AND PERSONAL EFFECTS

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, less any amount paid or payable by a party responsible for Your loss, for Your Baggage which is permanently lost, stolen, damaged or destroyed during Your Trip, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times.

We will also reimburse You for fees associated with the replacement of Your passport and visas which are lost, stolen, damaged or destroyed during Your Trip.

We will also reimburse You for charges and interest incurred due to unauthorized use or replacement of Your lost or stolen credit cards if such use or loss occurs during Your Trip and if You have complied with all credit card conditions imposed by the credit card companies.

Valuation and Payment of Loss:

The lesser of the following amounts will be paid:

1) the Actual Cash Value at the time Your Baggage is lost, stolen, damaged or destroyed;
2) the cost to repair or replace the item with material of a like kind and quality; or
3) $250 per item.

For claimed items without original receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss, not to exceed $250.

We may take all or part of Your damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, We will:

1) repair or replace any part to restore the pair or set to its value before the loss; or
2) pay the difference between the value of the property before and after the loss.

Items Subject To Special Limitations: a combined maximum of $500 (without a per item limit) will be paid for jewelry; precious or semi-precious stones; watches; articles consisting in whole or in part of silver, gold or platinum; furs or articles trimmed with fur; cameras (and their accessories and related equipment); laptop or tablet computers; cell phones, PDA's and similar mobile devices; and other digital or electronic equipment or media; and sporting equipment.

If You have checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage will be extended until the Common Carrier delivers the property.

BAGGAGE DELAY

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the cost of reasonable additional clothing and personal items purchased by You while Your Baggage is delayed 12 hours or more from Your time of arrival at a destination other than Your return destination.

This coverage terminates upon Your arrival at the return destination of Your Trip.

OPTIONAL SPORTS EQUIPMENT AND BUSINESS EQUIPMENT RENTAL

If Your Business Equipment or sports equipment is lost, stolen, damaged, destroyed or delayed by a Common Carrier for 6 hours or more during Your Trip for the reasons covered by the Baggage and Baggage Delay benefits, We will reimburse You on a one-time basis, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the reasonable costs of renting Business Equipment or sports equipment during Your Trip.

A police report is required if Your Business Equipment or sports equipment is stolen. Documentation from the Common Carrier is required for proof of damage, delay, or loss by a Common Carrier. Original receipts and list of stolen, damaged or lost Business Equipment or sports equipment must be provided along with proof of loss providing amount of loss, date, time and cause of loss, and a repair estimate, if the Business Equipment or sports equipment is damaged.

For claimed items without original receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss, not to exceed $500 per item for Business Equipment or sports equipment.

The following exclusions and limitations apply to Baggage and Personal Effects, Baggage Delay, Business Equipment Rental and Sports Equipment Rental:

We will not provide benefits for any loss or damage to:

1) animals;
2) automobiles and automobile equipment; boats or other vehicles or conveyances; motorcycles; trailers; motors; or aircraft;
3) bicycles, except when checked as baggage with a Common Carrier;
4) household effects and furnishings; antiques and collector items;
5) eyeglasses, sunglasses, contact lenses, artificial teeth, dentures, dental bridges, or retainers, or other orthodontic devices or hearing aids;
6) artificial limbs or other prosthetic devices;
7) keys, money, and credit cards (except as otherwise specifically covered herein); securities, stamps, tickets, and documents (except as coverage is otherwise specifically provided herein);
8) sporting equipment if the loss results from the use thereof.

We will not provide benefits for any loss or damage caused by or resulting from:

1) breakage of brittle or fragile articles;
2) wear and tear or gradual deterioration;
3) confiscation or appropriation by order of any government or custom's rule;
4) theft or pilferage while left in any unlocked or unattended vehicle;
5) property illegally acquired, kept, stored or transported;
6) Your negligent acts or omissions;

7) property shipped as freight or shipped prior to the Scheduled Departure Date;
8) electrical current, including electric arcing that damages or destroys electrical devices or appliances;
9) insects, vermin or inherent vice.

We will not provide benefits for any loss or damage to Your Baggage which has been reimbursed by a Common Carrier, hotel or Travel Supplier.

OPTIONAL RENTAL CAR DAMAGE

If You rent a Rental Car while on Your Trip and while in Your possession the car is: 1) damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not in Your control; or 2) stolen and not recovered, We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the lesser of:

a. the cost of repairs and rental charges imposed by the rental company while the car is being repaired;
b. the Actual Cash Value of the Rental Car; or
c. the Maximum Benefit Amount shown in the Schedule of Benefits.

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

The following exclusions and limitations apply to Rental Car Damage

We do not cover loss arising from or due to:

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

The following duties in the event of loss apply to Rental Car Damage:

1. You must take all reasonable, necessary steps to protect the Rental Car and prevent further damage to it;
2. You must report the loss to the appropriate local authorities and the rental company as soon as possible;
3. You must obtain all information on any other party involved in an Accident, such as name, address, insurance information and driver's license number;
4. You must provide Us all documentation such as rental agreement, police report and damage estimate.

OPTIONAL EMERGENCY EVACUATION UPGRADE

When You purchase this Emergency Evacuation Upgrade, the following coverage changes apply:

1. it is determined that Your hospitalization can be completed at a facility near Your permanent residence, We will arrange and pay for a medically supervised evacuation to a Hospital of Your choice near Your permanent residence. However, if it is determined based on Your medical condition and situation, that transporting You to a Hospital near Your permanent residence could jeopardize Your health, We will arrange and pay for a medically supervised evacuation to the nearest medical facility capable of providing appropriate medical treatment.

OPTIONAL MEDICAL COVERAGE UPGRADE

When You purchase this Medical Coverage Upgrade, the following coverage changes apply:

1. Additional Benefits will be paid up to the Maximum Benefit Amount shown in the Schedule of Benefits;

2. the deductible is waived.

OPTIONAL HAZARDOUS SPORTS COVERAGE

Benefits will be paid up to the Maximum Benefit Amount shown in the Schedule of Benefits under the Emergency Accident Medical Expense coverage, if You become injured while participating in any of the following sports: mountaineering where ropes or guides are normally used (not to exceed a height of 15,000 feet), skydiving or parachuting, hang gliding, bungee jumping, scuba diving, if PADI or NAUI certified, to depths below 130 feet, and spelunking.

OPTIONAL BAGGAGE UPGRADE

When You purchase this Baggage Upgrade, the following coverage changes apply:

1. Benefits will be paid up to the Maximum Benefit Amount shown in the Schedule of Benefits under the Baggage Delay coverage, if Your checked Baggage is delayed or misdirected by a Common Carrier for more than six (6) hours, while on Your Trip (except for travel to Your final return destination or place of residence).

SECTION II - DEFINITIONS

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

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

"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 unused original tickets.

"Baggage" means luggage and personal effects (whether owned, borrowed or rented) taken by You on Your Trip.

"Bankruptcy or Default" means the total cessation of operations due to financial insolvency, with or without the filing of a bankruptcy.

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

"Caregiver" means an individual employed for the purpose of providing assistance with activities of daily living to You or to Your Family Member who has a physical or mental impairment. The Caregiver must be employed by You or Your Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or a person employed by any service, provider or facility to supply assisted living or skilled nursing personnel.

"Child Caregiver" means an individual providing basic childcare service needs for Your minor children under the age of 18 while You are on the Trip without the minor children. The arrangement of being the Child Caregiver while You are on the Trip must be made 30 or more days prior to the Scheduled Departure Date.

"Common Carrier" means any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

"Complications of Pregnancy" means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

"Dependent" means lawful spouse, Your children including an unmarried child, stepchild, legally adopted child or foster child who is less than age 26 and who is primarily dependent on You for support and maintenance.

"Domestic Partner" means an opposite or same-sex partner who is at least eighteen (18) years of age and has met all the following requirements for at least 10 months:

1) Resides with You;

2) Shares financial assets and obligations with You.

3) Is not related by blood to You to a degree of closeness that would prohibit a legal marriage;

4) Neither You nor Your Domestic Partner is married to anyone else, or has any other Domestic Partner.

"Economy Transportation" means the lowest published available transportation rate for a ticket on a Common Carrier.

"Effective Date" means the date and time Your coverage begins, as indicated in Section IV-Coverage Provisions, When Coverage Begins and Ends.

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

"Eligible Person" means a citizen or resident of the United States of America.

"Exotic Vehicles" means any antique, limited production, or collectible car or any other private passenger vehicle with a Manufacturer's Suggested Retail Price (MSRP) over $50,000.

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

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

"Hospitalized" means admitted to a Hospital for a period of at least 24 hours or where the patient is charged by the Hospital for a minimum of one day of inpatient charges.

"Host at Destination" means a person with whom You are sharing pre-arranged overnight accommodations at the host's usual principal place of residence.

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

"Injury" means bodily harm caused by an Accident that: 1) occurs while Your coverage is in effect under the Certificate; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

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

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

"Medical Evacuation" means Physician-ordered Transportation Expense which is arranged and approved by Our Program Assistance Provider. An unscheduled return by the same or like mode of transportation as originally scheduled without additional transportation requirements is not a Medical Evacuation.

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

"Medical Treatment" means examination and treatment by a Physician.

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

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

"Physician" means a person licensed as a medical doctor in the jurisdiction where the services are rendered or a Christian Science Practitioner who is: (a) other than You, a Traveling Companion or a Family Member; and (b) practicing within the scope of his or her license. Physician includes certified nurse midwives, chiropractors, dentists, optometrists, podiatrists and certified registered nurse anesthetists.

"Plan Participant" means the person named on the Confirmation of Benefits that is scheduled to participate on a Trip, provided the required premium has been paid. Plan Participant also means "You" and "Your".

"Pre-Existing Condition" means an illness, disease, or other condition during the 180 day period immediately prior to the Effective Date of Your coverage for which You or Your Traveling Companion, Business Partner or Family Member: 1) received or received a recommendation for a test, examination, or medical 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 180 day period before Your coverage is effective under this Certificate.

"Program Assistance Provider" means UnitedHealthcare Global.

"Rental Car" means a private passenger vehicle (including mini-vans and sport utility vehicles) rented from a rental car agency and being used solely for transportation on public roads.

"Scheduled Departure Date" means the date on which You are originally scheduled to leave on Your Trip.

"Scheduled Return Date" means the date on which You are originally scheduled to return to the point of origin or the original final destination of Your Trip.

"Sickness" means an illness or disease of the body that: 1) requires examination and treatment by a Physician, and 2) commences while Your coverage is in effect. An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the Effective Date of Your coverage is not a Sickness as defined herein and is not covered by the Certificate.

"Strike" means any labor disagreement resulting in a stoppage of work: (a) as a result of a combined effort of workers which is unannounced and unpublished at the time Travel Arrangements are purchased and (b) which interferes with the normal departure and arrival of a Common Carrier.

"Terrorist Incident" means an incident deemed a terrorist attack by the United States government.

"Third Party(ies)" means any person, corporation or other entity except You and Us.

"Time Sensitive Period" means within 21 days of the date Your initial deposit/payment for Your Trip is received.

"Transportation Expense" means the cost of Medically Necessary conveyance and personnel, including Usual and Customary charges for required medical services and supplies.

"Travel Arrangement(s)" means: (a) transportation; (b) accommodations; and (c) other specified services arranged by Your Travel Supplier for Your Trip.

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

"Traveling Companion" means a person or persons whose names appear with Yours on the same Travel Arrangements and who, during Your Trip, will accompany You. A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with You.

"Trip" means a scheduled trip of 180 days or less in length; 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 Your primary residence.

"Unforeseen" means not anticipated or expected and occurring after the Effective Date for Trip Cancellation of the Certificate.

"Uninhabitable" means: (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; (3) immediate safety hazards have yet to be cleared; or (4) the property is without electricity, gas, sewer service or water or under an order of mandatory evacuation by local government authorities.

"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 III - CERTIFICATE LIMITATIONS AND EXCLUSIONS

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

1. due to a Pre-Existing Condition, as defined in the Certificate. This Pre-Existing Condition exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains coverage;

Waiver of the Pre-Existing Condition Exclusion

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

a) Your premium for this Certificate is received within the Time Sensitive Period; and

b) You insure 100% of the cost of all Travel Arrangements that are subject to cancellation penalties or restrictions by the Travel Supplier; and

c) You are not disabled from travel at the time Your premium is paid; and

d) The booking for the Trip is the Plan Participant's first and only booking for this travel period and destination.

2. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane;
3. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war;
4. participating in maneuvers or training exercises of an armed service or police force of any country;
5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. participating as a professional in a stunt, athletic or sporting event or competition;
7. participating in skydiving or parachuting, hang gliding, bungee cord jumping, extreme skiing, skiing outside marked trails or heli-skiing, any race or speed contests, scuba diving if the depth exceeds 130 feet or if You are not PADI or NAUI certified to dive and a dive master is not present during the dive; spelunking or bodily contact sports;
8. piloting or learning to pilot or acting as a member of the crew of any aircraft;
9. being Intoxicated or under the influence of any controlled substance unless taken as administered or prescribed by a Physician;
10. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
11. normal pregnancy (except Complications of Pregnancy) and/or resulting childbirth, except as otherwise covered under Trip Cancellation or Trip Interruption, or voluntarily induced abortion;
12. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses, contacts or any Elective Treatment and Procedures;
13. any loss occurring during a Trip booked or taken for the purpose or intent of securing medical treatment;
14. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements for reasons other than Bankruptcy or Default or to refund money due You;
15. a mental, or nervous or psychological disorder, unless Hospitalized for that condition while the Certificate is in effect for You.

SECTION IV – COVERAGE PROVISIONS

Who Is Eligible For Coverage

An Eligible Person who is booked to travel on an eligible Trip.

When Coverage Begins and Ends

When Coverage Begins:

Trip Cancellation and Optional Cancellation For Any Reason:

Coverage begins at 12:01 a.m. at Your location on the day after the date the required premium for this Certificate to cover Your Trip is received by RoamRight.

This is Your "Effective Date" and time for Trip Cancellation and Optional Cancellation For Any Reason.

Trip Interruption and Missed Connection: Coverage begins when You depart on Your first scheduled Travel Arrangement (or if You must use an alternate travel arrangement after Your Scheduled Departure Date to reach Your Trip destination, on the Scheduled Departure Date) for Your Trip. This is Your "Effective Date" and time for Trip Interruption and Missed Connection.

All Other Coverages: Coverage begins at 12:01 AM on the date when You depart on the first Travel Arrangement (or alternate travel arrangement if You must use an alternate Travel Arrangement to reach Your Trip destination) for Your Trip. This is Your "Effective Date" and time for all other coverages.

When Coverage Ends:

Trip Cancellation: Your coverage automatically ends on the earlier of: 1) the scheduled departure time on the Scheduled Departure Date of Your Trip; 2) the date and time You depart on Your Trip; or 3) the date and time You cancel Your Trip.

Optional Cancellation For Any Reason: Your coverage automatically ends on the earlier of: 1) 48 hours prior to the scheduled departure time on the Scheduled Departure Date of Your Trip; 2) the date and time You depart on Your Trip; or 3) the date and time You cancel Your Trip.

All Other Coverages: Your coverage automatically ends on the earlier of: 1) the date the Trip is completed; 2) the Scheduled Return Date; 3) Your arrival at the return destination on a round-trip, or the destination on a one-way trip; 4) cancellation of the Trip covered by the Certificate; 5) the expiration date of the Certificate.

All coverages under the Certificate will be extended if Your entire Trip is covered by the Certificate and Your return is delayed due to unavoidable circumstances beyond Your control. If coverage is extended for the above reasons, coverage will end on the earlier of the date You reach Your originally scheduled return destination or seven (7) days after the Scheduled Return Date.

Termination of the Certificate will not affect a claim for loss that occurs after premium has been paid.

SECTION V – CLAIMS PROVISIONS

Your duties in event of a loss:

For Trip Cancellation, Optional Cancellation For Any Reason and Trip Interruption:
Immediately, or as soon as possible, call Your Travel Supplier and the Program Administrator (see Where to Report a Claim) to report Your cancellation, interruption or delayed arrival to avoid non-covered charges due to late reporting.

If You are prevented from taking Your Trip as scheduled or must interrupt your Trip due to Sickness or Injury, You should obtain medical care immediately. We require a certification by the treating Physician at the time of Sickness or Injury that medically imposed restrictions prevented Your participation or continued participation in the Trip. Provide all unused transportation tickets, official receipts, etc.

Trip Delay or Missed Connection:
Obtain any specific dated documentation that provides proof of the reason for delay (airline or cruise line forms, medical statements, etc).

Submit this documentation along with Your trip itinerary and all receipts for additional expenses incurred.

Medical Expenses:
Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment.

For Baggage and Personal Effects, Baggage Delay, Business Equipment Rental and Sports Equipment Rental:

In case of lost, stolen, damaged, destroyed or delayed Baggage and Personal Effects, You must:

a) take all necessary and reasonable steps to protect, save or recover the property;
b) notify, within 48 hours of the loss in writing, the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss;
c) obtain a copy of the reported loss, damage, delay or theft of the item from the Common Carrier who had possession of the item at the time of the loss to include the Common Carrier's liability for such loss;
d) produce records needed to verify the claim and its amount, and permit copies to be made;
e) provide Us, within 90 days from the date of loss, a detailed proof of loss signed and sworn to; and
f) allow the property to be examined, if requested.

Where to Report a Claim:

Arch Insurance Company

Executive Plaza IV

11350 McCormick Rd., Suite 102

Hunt Valley, MD 21031

Phone: 1-855-762-6252

Fax: 1-443-279-2901

Email: claims@roamright.com

Website: www.roamright.com

Notice of Claim: Notice of claim must be reported to Us within 30 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You.

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

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

Payment of Claims: Benefits for Loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

a) Your spouse;
b) Your child or children jointly;
c) Your parents jointly if both are living or the surviving parent if only one survives;
d) Your brothers and sisters jointly; or
e) Your estate.

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

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

If any benefit is payable to: (a) an Plan Participant who is a minor or otherwise not able to give a valid release; or (b) Your estate, We may pay any amount due under the Certificate to Your 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.

SECTION VI - GENERAL PROVISIONS

Physician Examination and Autopsy: We, at Our expense, may have You 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 or forbidden by the religious practices or beliefs of the Insured or beneficiary.

Legal Actions: No legal action for a claim can be brought against Us until 60 days after We receive proof of loss. No legal action for a claim can be brought against Us more than 3 years after the time required for giving proof of loss. This 3 year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

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.

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

Insurance with Other Insurers: If there be other valid coverage, not with Us, providing benefits for the same loss on a provision of service basis or on an expense incurred basis and of which We have not been given written notice prior to the occurrence or commencement of loss, the only liability under any expense incurred coverage of this Certificate shall be for such proportion of the loss as the amount which would otherwise have been payable hereunder plus the total of the like amounts under such other valid coverages for the same loss of which We had notice bears to the total like amounts under all valid coverages for such loss, and for the return of such portion of the premiums paid as shall exceed the pro-rata portion for the amount so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the like amount of such other coverage shall be taken as the amount which the services rendered would have cost in the absence of such coverage.

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. You 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 You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss.

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

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

Proof of Loss: You must furnish Us, or Our designated representative, with proof of loss. This must be a detailed statement. It must be filed with Us, or Our designated representative within ninety (90) days from the date of loss. Failure to comply with these conditions shall invalidate any claims under this Certificate.

Settlement of loss: Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to Us and We have determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to Us.

Benefit to bailee: This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

ASSISTANCE SERVICES

24/7 Worldwide Assistance Services
CALL TOLL FREE:
(Within the United States and Canada)
855-286-8348
OR CALL COLLECT:
443-279-7335
(From all other locations)

AVAILABILITY OF SERVICES

You are eligible for Pre-trip Information and Travel Assistance at any time after you purchase the travel insurance product from Arch Insurance Company. The other services become available when you actually start your trip and end the earliest of: (1) midnight on the day your travel insurance product expires; (2) when you reach your return destination; or (3) when you complete your trip.

Assistance services are provided by UnitedHealthcare Global (UHC Global) on behalf of Arch Insurance Company. UHC Global is an independent organization, and not affiliated with Arch Insurance Company. There may be times when circumstances beyond UHC Global's control hinder their endeavors to provide medical, travel and security assistance services to you.

This provides you with a brief outline of the services available to you. Terms, conditions, limitations and exclusions apply. All services must be arranged by the service provider, UHC Global.

PRE-TRIP INFORMATION - TRAVEL ASSISTANCE - MEDICAL ASSISTANCE

Assistance Services listed in this section are **not insurance benefits**. Costs and expenses associated with the services provided by UHC Global are your responsibility, unless stated otherwise.

PRE-TRIP INFORMATION

Destination Profiles. When preparing for travel, you can contact the Emergency Response Center to have a pre-trip destination report sent to You. This report draws upon the UHC Global intelligence database of over 280 cities covering subject such as health and security risks, immunizations, vaccinations, local hospitals, crime, emergency phone numbers, culture, transportation information, entry and exit requirements, and currency. Our global medical and security database of over 170 countries and 280 cities is continuously updated and includes intelligence from thousands of worldwide sources.

TRAVEL ASSISTANCE

Replacement of Lost or Stolen Travel Documents. UHC Global will assist the Participant in taking the necessary steps to replace passports, tickets, and other important travel documents.

Emergency Travel Arrangements. UHC Global will make new reservations for airlines, hotels, and other travel services for a Participant in the event of a covered emergency.

Transfer of Funds. UHC Global will provide the Participant with an emergency cash advance subject to UHC Global first securing funds from the Participant (via a credit card) or his/her family.

Legal Referrals. Should Participants require legal assistance, UHC Global will direct the Participant to a duly licensed attorney in or around the area where the Participant is located.

Language Services. UHC Global will provide immediate interpretation assistance to a Participant in a variety of languages in an emergency situation. If a requested interpretation is not available or the requested assistance is related to a non-emergency situation, UHC Global will provide the Participant with referrals to interpreter services. Written translations and other custom requests, including an on-site interpreter, will be subject to an additional fee.

Message Transmittals. Participants may send and receive emergency messages toll-free, 24-hours a day, through the UHC Global Emergency Response Center.

MEDICAL ASSISTANCE

Worldwide Medical and Dental Referrals. Upon a Participant's request, UHC Global will provide referrals to pre-approved physicians, hospitals, dentists, and dental clinics in the area the Participant is traveling in order to assist the Participant in locating appropriate treatment and quality care.

Monitoring of Treatment. As and to the extent permissible, UHC Global will continually monitor the Participant's medical condition. Physician Advisors will provide consultative and advisory services to UHC Global in relation to the Participant's medical condition, including review and analysis of the quality of medical care received by the Participant.

Relay of Insurance and Medical Information. Upon a Participant's request and authorization, UHC Global will relay the Participant's insurance benefit information and/or medical records and information to a health care provider or treating physician, as appropriate and permissible, to help prevent delays or denials of medical care. UHC Global will also assist with hospital admission and discharge planning.

24-Hour Health Information. UHC Global will provide access to registered nurses who are available 24 hours a day, 365 days a year, to deliver symptom decision support, evidence-based health information and education, and medication information. They will assist Participants in understanding treatment options to discuss with their doctor(s) and answer medication questions.

Medication and Vaccine Transfers. In the event a medication or vaccine is not available locally, or a prescription medication is lost or stolen, UHC Global will coordinate the transfer of the medication or vaccine to Participants upon the prescribing physician's authorization, if it is legally permissible.

Updates to Family, Employer, and Home Physician. Upon a Participant's approval, UHC Global will provide periodic case updates to appropriate individuals designated by the Participant in order to keep them informed.

Replacement of Corrective Lenses and Medical Devices. UHC Global will assist with the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

EMERGENCY TRANSPORTATION SERVICES

The services in this section are insurance benefits. Costs and expenses for these are covered as defined in your Arch Insurance policy. UHC Global coordinates the assistance services and facilitates payment on behalf of Arch Insurance.

Emergency Medical Evacuation*
Medically Necessary Repatriation*
Repatriation of Deceased Remains*
Return of Dependent Children*
Emergency Medical Reunion*
Emergency Political or Security Evacuation*

**All services outlined above must be coordinated and approved by* UnitedHealthcare Global.
This is only a brief outline of the services available to you. Please review your Arch Insurance policy for full terms, conditions, limitations and exclusions.